

ORIGINAL ARTICLE

A Study to Evaluate the Effectiveness of Supportive Psychotherapy among the Elderly Depressed Clients at Selected Old Age Home, Krishnagiri

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ABSTRACT

Background: Depression is one of the most common psychiatric disorders among elderly individuals, particularly those residing in institutional settings such as old age homes. Social isolation, loss of autonomy, and reduced family interaction contribute significantly to psychological distress in this population.

Objective: To evaluate the effectiveness of supportive psychotherapy in reducing depression among elderly residents of a selected old-age home.

Methods: A quantitative pre-experimental one-group pre-test & post-test study was conducted among 50 elderly residents with depressive symptoms in an old age home in Krishnagiri, Tamil Nadu. Participants were selected using convenience sampling. Depression levels were assessed using the Geriatric Depression Scale (GDS-Long Form) before and after a 42-day supportive psychotherapy intervention consisting of individual counselling, group discussions, recreational activities, and activity therapy. Data were analysed using descriptive statistics, paired t-test, and chi-square test.

Results: The mean depression score significantly decreased from 16.49 ± 2.38 (pre-test) to 12.11 ± 2.02 (post-test) ($t = 38.54$, $p < 0.001$). Before intervention, 90% of participants had mild depression, and 10% had moderate-to-severe depression, whereas after intervention, 32% achieved normal mood, 66% had mild depression, and only 2% had moderate-to-severe depression.

Conclusion: Supportive psychotherapy is an effective, low-cost non-pharmacological intervention for reducing depression among institutionalized elderly individuals. Integrating structured psychosocial interventions into geriatric care settings can significantly improve mental health outcomes.

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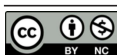
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KEYWORDS

• Supportive Psychotherapy • Elderly Depression • Geriatric Mental Health • Old Age Homes • Non-Pharmacological Therapy

INTRODUCTION

1. Background of the Study

Population ageing is one of the most significant demographic transitions occurring worldwide. Advances in healthcare, improved nutrition, and better living conditions have increased life expectancy, resulting in a growing elderly population. According to global estimates, the number of people aged 60 years and above is expected to increase rapidly in the coming decades, creating new challenges for healthcare systems, particularly in the area of mental health.¹

Depression is one of the most common psychiatric disorders affecting the elderly population and is associated with substantial morbidity, disability, and reduced quality of life. Studies have reported that depression in older adults often remains underdiagnosed and undertreated because its symptoms are frequently mistaken for normal ageing or physical illness.²

The prevalence of depression among the elderly varies across different populations and settings, but research indicates that depressive symptoms affect a considerable proportion of older adults worldwide.³

In India, the burden of geriatric depression is increasing due to demographic transition and changing social structures. A systematic review and meta-analysis reported that the pooled prevalence of depression among elderly individuals in India is approximately 34.4%, indicating a significant public health concern.⁴

Factors such as chronic illness, financial dependency, loss of a spouse, social isolation, and reduced family support contribute to the development of depression in older adults.

Institutionalization in old age homes is another important factor associated with increased psychological distress among elderly individuals. Older adults living in institutional settings often experience loneliness, separation

from family members, reduced autonomy, and limited social interaction. These factors may contribute to a higher risk of depression compared with elderly individuals living in the community.⁵

Studies have shown that the prevalence of depression among elderly residents of nursing homes is significantly higher than among community-dwelling elderly populations.⁶

Untreated depression in the elderly can lead to serious consequences, including poor physical health outcomes, increased healthcare utilization, cognitive decline, and increased risk of suicide. Therefore, early identification and effective management of depression among elderly individuals are essential to improve their overall well-being and quality of life.

While pharmacological treatments such as antidepressant medications are commonly used, non-pharmacological interventions have gained increasing attention for managing depression in older adults.

Psychosocial interventions, particularly supportive psychotherapy, are effective in improving emotional well-being, enhancing coping abilities, and reducing depressive symptoms among elderly individuals.⁷

Supportive psychotherapy focuses on providing emotional support, encouragement, and reassurance, and on strengthening adaptive coping mechanisms, making it particularly suitable for older adults who may have difficulty engaging in more cognitively demanding psychotherapeutic approaches.

Despite the growing recognition of geriatric depression as a major health Number, there is still limited research evaluating the effectiveness of structured psychological interventions among institutionalized elderly populations in many regions. Therefore, the present study was undertaken to assess the effectiveness of supportive psychotherapy in reducing depression among elderly residents living in an old-age home.

2. Objectives of the Study:

- To assess the level of depression among elderly residents of an old-age home.
- To evaluate the effectiveness of supportive psychotherapy in reducing depression.
- To determine the association between depression levels and selected demographic variables.

3. Hypotheses

H₁: There will be a significant difference in depression levels before and after supportive psychotherapy.

H₂: There will be a significant association between depression levels and selected demographic variables.

REVIEW OF LITERATURE

Depression is one of the most common mental health problems among elderly individuals and is associated with decreased quality of life, increased morbidity, and higher healthcare utilization. The prevalence of depression among older adults varies widely depending on the population and setting. A systematic review and meta-analysis conducted by Manoj Pilonia *et al.* reported that the pooled prevalence of depression among elderly persons in India was 34.4%, indicating a significant public health concern.⁸

Studies have shown that depression is more common among elderly individuals living in institutional settings, such as old age homes, compared with those living with families. Research conducted by Dipesh D. Zalavadiya *et al.* found that elderly residents of old age homes had significantly higher levels of depression due to factors such as loneliness, lack of family support, and reduced social interaction.⁹ Similarly, a study by Kenneth I. Jongenelis *et al.* reported that nearly 40% of nursing home residents experience depressive symptoms, highlighting the vulnerability of institutionalized elderly populations.¹⁰

Psychosocial interventions have been increasingly recommended for managing depression among older adults. A meta-analysis by Pim Cuijpers *et al.* demonstrated that psychological therapies significantly reduce depressive symptoms and improve emotional well-being among elderly

individuals.¹¹ Among these interventions, supportive psychotherapy focuses on providing emotional support, strengthening coping strategies, and enhancing social interaction, making it particularly suitable for elderly populations.¹²

RESEARCH GAP

Although several studies have examined depression among elderly individuals, limited research has focused on structured psychosocial interventions such as supportive psychotherapy among institutionalized elderly residents in old age homes. In many institutional settings, mental health support programs remain inadequate. Therefore, the present study was undertaken to evaluate the effectiveness of supportive psychotherapy in reducing depression among elderly residents living in an old-age home.

MATERIAL AND METHODS

Study Design: A quantitative pre-experimental one-group pre-test & post-test design was used.

Study Setting

The study was conducted at People's Action Trust - Petror Aalayam Old Age Home, Krishnagiri, Tamil Nadu, which accommodates elderly residents requiring long-term care.

Population

Elderly residents aged ≥ 50 years with depressive symptoms residing in the selected old age home.

Sample Size

A total of 50 elderly participants were included.

Sampling Technique

Convenience sampling was used.

Inclusion Criteria:

- Elderly aged ≥ 50 years
- Residents of the selected old age home
- Having depressive symptoms
- Able to communicate in Tamil or English
- Willing to participate

Exclusion Criteria:

- Bedridden patients
- Severe psychiatric illness
- Severe cognitive impairment
- Severe medical conditions

Study Variables

Variable Type Variable

- **Independent variable:** Supportive Psychotherapy
- **Dependent variable:** Level of Depression
- **Demographic variables:** Age, gender, education, marital status, duration of stay

Study Tool

Geriatric Depression Scale (GDS-Long Form)

- 30 items
- Yes/No responses

Score Interpretation

- 0-9 Normal
- 10-19 Mild depression
- 20-30 Moderate to severe depression

The scale has 92% sensitivity and 89% specificity.

Intervention: Supportive Psychotherapy

The intervention was administered for **42 days** and included:

1. **Individual counselling**
2. **Group discussion**
3. **Activity therapy (gardening, art and painting, walking)**
4. **Recreational activities (storytelling, singing, exercises)**
5. **Group games (musical chairs, lemon and spoon race, passing the ball)**

Data Collection Procedure

1. Ethical approval obtained.
2. Written informed consent obtained.
3. Pre-test conducted using GDS.
4. Supportive psychotherapy intervention implemented.
5. Post-test conducted after 42 days.

Statistical Analysis

Data were analysed using:

- Descriptive statistics
- Paired t-test
- Chi-square test

Significance level: $p < 0.05$

RESULTS

Table 1: Demographic Characteristics of Participants

Demographic Variables	Frequency	Percentage
Age		
50-55 years	41	82
56-60 years	6	12
Above 60 years	3	6
Sex		
Male	-	-
Female	50	100
Educational status		
High school education	8	16
Secondary school education	1	2
Degree	-	-
Illiterate	41	82
Marital status		
Married	8	15
Unmarried	42	85
Occupational status		
Self employed	3	6
Employed in private	47	94
Employed in government	-	-
Unemployed	-	-
Religion		
Hindu	39	78
Christian	10	20
Muslim	1	2
Others	-	-
Period of stay in old age home		
Less than 1 year	9	18
1-2 years	18	36
2-5 years	17	34
More than 5 years	6	12
Type of family		
Nuclear family	46	92
Joint family	4	8
Number of children		
Nil	42	84
1-2	5	10
3-4	2	4
More than 4	1	2
Presence of spouse		
Yes	-	-
No	50	100
Associated with medical illness		
Yes	6	12
No	44	88
Reason for stay in old age home		
Lack of family support	37	74
Compulsion of family members	3	6
Willing by self	10	20

Table 2: Pre-test and Post-test Depression Scores

Test	Mean	SD	Mean %
Pre-test	16.49	3.37	55
Post-test	12.11	3.08	40

Table 3: Paired t-test Analysis to evaluate the effectiveness of supportive psychotherapy among the elderly depressed client

Area	Post test		Pre-test		t'-value	P-value
	Mean	SD	Mean	SD		
Overall	12.11	3.08	16.49	3.36	38.54	0.000***

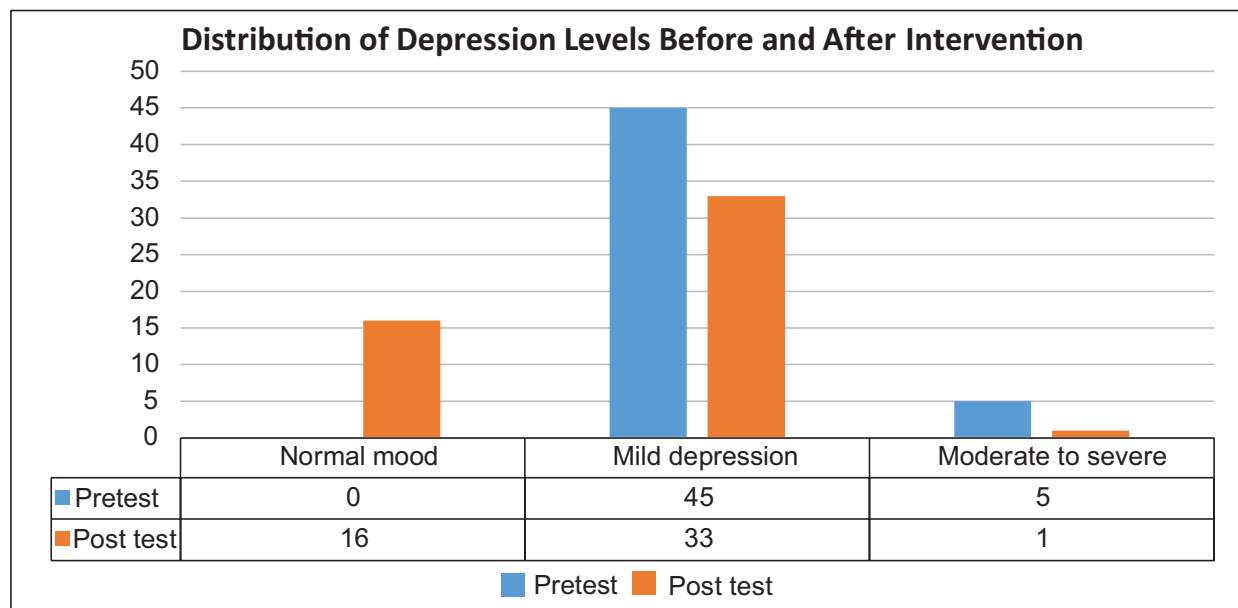


Figure 1: Distribution of Depression Levels Before and After Intervention

Table 4: Pre-test association for level of depression regarding supportive psychotherapy among the elderly depressed clients with selected demographic variables

Demographic Variables		Normal mood		Mild depression		Moderate to severe depression		χ ²	p-value
		%	f	%	f	%			
Age	50-55 years	-	-	35	70	5	10	1.14 (df=2)	0.567
	56-60 years	-	-	5	10	2	4		
	Above 60 years	-	-	3	6	0	0		
Sex	Male	-	-	-	-	-	-	-	-
	Female	-	-	44	88	6	12	0	1
Educational status	High school education	-	-	8	16	0	0	2.71 (df=2)	0.258
	Secondary school education	-	-	1	2	0	0		
	Degree	-	-	-	-	0	0		
	Illiterate	-	-	35	70	6	12		
Marital status	Married	-	-	7	14	1	2	0.33 (df=1)	0.561
	Unmarried	-	-	38	76	5	10		
Pre-occupational status	Self employed	-	-	2	4	1	2	0.209 (df=2)	0.647
	Employed in private	-	-	42	84	5	10		
	Employed in government	-	-	-	-	-	-		
	Unemployed	-	-	-	-	-	-		
Religion	Hindu	-	-	34	68	4	8	2.19 (df=2)	0.334
	Christian	-	-	9	18	1	2		
	Muslim	-	-	1	2	1	2		
	Others	-	-	0	0	0	0		

Demographic Variables		Normal mood		Mild depression		Moderate to severe depression		χ^2	p-value
		%	f	%	f	%			
Period of stay in old age home	Less than 1 year	-	-	-	-	-	-	2.54 (df=3)	0.467
	1-2 years	-	-	15	30	2	4		
	2-5 years	-	-	15	30	3	6		
	More than 5 years	-	-	6	12	0	0		
Type of family	Nuclear family	-	-	40	80	5	10	1.27 (df=1)	0.257
	Joint family	-	-	7	14	2	4		
Number of children	Nil	-	-	36	72	5	10	2.501	0.475
	1-2	-	-	4	8	0	0		
	3-4	-	-	2	4	0	0		
	More than 4	-	-	2	4	1	1		
Presence of spouse	Yes	-	-	-	-	-	-	0	1
	No	-	-	44	88	6	12		
Associated with medical illness	Yes	-	-	6	12	1	2	0.099 (df=1)	0.753
	No	-	-	39	78	4	8		
Reason for stay in old age home	Lack of family support,	-	-	33	66	3	6	2.16 (df=2)	0.339
	Compulsion of family members	-	-	3	6	1	2		
	Willing by self	-	-	8	16	2	4		

Table 5 Post-test association for level of depression regarding supportive psychotherapy among the elderly depressed client with selected demographic variables

Demographic Variables		Normal mood		Mild depression		Moderate to severe depression		χ^2	p-value
		%	f	%	f	%			
Age	50-55 years	13	26	25	50	2	4	6.84 (df=4)	0.145
	56-60 years	1	2	5	10	1	1		
	Above 60 years	2	4	1	2	0	0		
Sex	Male	-	-	-	-	-	-	0	1
Sex	Female	15	30	33	66	2	4		
Educational status	High school education	3	6	5	10	0	0	2.12 (df=4)	0.714
	Secondary school education	0	0	2	4	0	0		
	Degree	0	0	0	0	0	0		
	Illiterate	12	24	26	52	4	4		
Marital status	Married	2	4	6	12	0	0	1.001 (df=2)	0.606
	Unmarried	13	26	27	54	2	4		
Pre-occupational status	Self-employed	4	4	1	1	1	1	7.47 (df=2)	0.025*
	Employed in private	27	27	64	64	3	3		
	Employed in government	-	-	-	-	-	-		
	Unemployed	-	-	-	-	-	-		
Religion	Hindu	11	22	25	50	3	6	3.59 (df=4)	0.465
	Christian	4	8	6	12	0	0		
	Muslim	0	0	1	2	0	0		
	Others	-	-	-	-	-	-		
Period of stay in old age home	Less than 1 year	6	12	4	8	0	0	13.43 (df=6)	0.032*
	1-2 years	4	8	13	26	2	4		
	2-5 years	5	10	10	20	1	2		
	More than 5 years	1	2	4	8	0	0		
Type of family	Nuclear family	14	29	29	58	2	4	0.88 (df=2)	0.641
	Joint family	1	2	4	8	0	0		

Demographic Variables		Normal mood		Mild depression		Moderate to severe depression		χ^2	p-value
		%	f	%	f	%			
Number of children	Nil	13	26	26	52	2	4	6.37 (df=6)	0.383
	1-2	1	2	4	8	0	0		
	3-4	1	2	1	2	0	0		
	More than 4	1	2	1	2	0	0		
Presence of spouse	Yes	—	—	—	—	—	—	0 (df=1)	1
	No	15	30	32	64	3	6		
Associated with medical illness	Yes	1	2	5	10	0	0	2.15 (df=2)	0.341
	No	14	28	27	54	3	6		
	Lack of family support	11	22	23	46	3	4		
Reason for stay in old age home	Compulsion of family	1	2	2	4	0	0	1.56 (df=2)	0.816
	Members	—	—	—	—	—	—		
	Willing by self	3	6	7	14	0	0		

DISCUSSION

The present study demonstrates that supportive psychotherapy leads to a significant reduction in depressive symptoms among institutionalized elderly residents. These findings are consistent with previous research indicating that psychosocial interventions contribute to improved emotional well-being and reduced loneliness in older adults.⁸ Furthermore, evidence from a systematic review suggests that supportive psychotherapy is effective in significantly alleviating depressive symptoms among elderly individuals residing in institutional settings.⁹ The therapeutic effectiveness of supportive psychotherapy may be attributed to several key mechanisms, including the facilitation of emotional expression, enhancement of coping strategies, strengthening of interpersonal relationships, and reduction of social isolation. These factors are particularly relevant in institutional environments, where elderly individuals are often exposed to diminished social interaction and limited family support.

Nursing Implications

Nursing Practice: Supportive psychotherapy can be integrated into routine geriatric nursing care to address the psychological needs of elderly individuals, particularly those in institutional settings.

Nursing Education: Curricula for nursing education should incorporate training in geriatric mental health interventions, with emphasis on psychosocial approaches such as supportive psychotherapy.

Nursing Administration: Healthcare administrators should develop and implement institutional policies that incorporate structured psychosocial care programs as a core component of elderly care services.

Nursing Research: Further research, particularly well-designed randomized controlled trials, is recommended to strengthen the evidence base regarding the effectiveness of supportive psychotherapy in diverse elderly populations.

Limitations

The findings of this study should be interpreted in light of certain limitations. The study was conducted with a relatively small sample size and within a single institutional setting, which may limit the generalizability of the results. Additionally, the absence of a control group restricts the ability to establish causal inferences.

CONCLUSION

In conclusion, supportive psychotherapy was found to significantly reduce depressive symptoms among institutionalized elderly individuals. These findings underscore the importance of integrating structured psychosocial interventions into geriatric care services. Given its low cost, ease of implementation, and demonstrated effectiveness, supportive psychotherapy represents a practical and scalable intervention that can be widely adopted in old age homes as well as community-based elderly care settings.

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