Journal of Chemical Health Risks

www.jchr.org

JCHR (2026) 16(2), 284-291 | ISSN:2251-6727

# A Study to Assess the Psychiatric Morbidity among Elderly Peoples Residing in Selected Urban Area

[1] **Narayan Pawar**, Clinical Instructor, .

[2]**Nitin B.Nirmal** , Assistant Professor, Dr.V.V.P.F's College of Nursing, Ahilyanagar.

[3]**Amit Kadu**, Professor, Dr.V.V.P.F's College of Nursing, Ahilyanagar

***(Received: 05 January 2026 Revised: 15 February 2026 Accepted: 05 March 2026)***

**KEYWORDS**

Psychiatric morbidity, elderly peoples, psychological distress, anxiety, depression, cognitive impairment.

**ABSTRACT:**

INTRODUCTION: Aging is a universal phenomenon characterized by an increased risk of illness, disability, reduced functional capacity, and eventual mortality. Advances in medical science, improved accessibility, and the availability of quality health care services have significantly enhanced the quality of life of older adults. These improvements have contributed to a global demographic transition, resulting in increased life expectancy and a growing proportion of the geriatric population worldwide. Over the years, the percentage of individuals aged 60 years and above has steadily increased, making aging a major public health concern.. According to studies by the National Institute of Mental Health and reports published by the World Health Organization, individuals above 65 years of age represent one of the most vulnerable groups for mental illness. Addressing the mental health needs of the elderly is therefore essential for promoting healthy aging and overall well-being.

Material and method: A Descriptive study with Quantitative approach used. Research Design was Cross sectional survey research design. Setting of the study was at selected urban area. Samples are taken among 100 elderly peoples residing in selected urban area, by using non probability purposive sampling technique.

Result: In age 55% peoples were from belong to 61-70, 30% belongs to 71-80 .In gender 68 were male peoples. In religion 40 elderly peoples are Hindu 10% had belong to christen and 5% belong to other. In monthly income 35 i.e.35% were having 10001- 20000 family income. In types of family 33% participants were having nuclear type of family. 77% belongs to joints family. In survey It found that in cognitive impairment 4% participants were have severe impairment in cognitive functioning. 5% have depression, 4% participants have severe psychological distress. 4% found that they have extreme anxiety. There is significant association found between level of cognitive impairment with age and depression with family income.

Conclusion: In India as well as in Western nations, health issues among the elderly are prevalent. Research studies on senior people are required to rule out such issues because it has been found that these individuals frequently experience psychological and emotional problems, such as discomfort, depression, and anxiety. I therefore included a few elements in this study as well, such as psychological distress, anxiety, depression, and cognitive impairments.

## Introduction

Aging is a universal phenomenon associated with increased morbidity, disability, reduced functional capacity, and death. Improved access to quality health care has enhanced the quality of life of older adults, leading to increased life expectancy and a global demographic transition. Consequently, the proportion of individuals aged 60 years and above is steadily rising. Studies by the National Institute of Mental Health, reported by the World Health Organization, identify individuals over 65 years as highly vulnerable to mental illness. In India, mental disorders affect 20–40% of the elderly, with risk factors including female gender, low education, absence of a spouse, physical disability, medical comorbidities, and poor socioeconomic status. Community surveys reveal a high burden of untreated mental illness..[1]

The National Mental Health Survey (2023) reported that in Madhya Pradesh, the prevalence of common mental disorders was 13.5%, severe mental disorders 0.4%, alcohol use disorders 10.3%, depressive disorders 1.4%, and high suicidal risk 0.8%. However, no district-level

Journal of Chemical Health Risks

www.jchr.org

JCHR (2026) 16(2), 284-291 | ISSN:2251-6727

data, including for Sagar district, are available, limiting the identification and management of local mental health needs. The absence of research on mental health in Sagar district highlights a significant knowledge gap and the need for focused investigation. Strengthening district-level data is essential for effective planning and targeted interventions. Government Bundelkhand Medical College, the only medical college in Sagar district, serves as a tertiary care center for both urban and rural populations from Sagar and neighboring districts. Therefore, the present study aims to assess the pattern of psychiatric disorders among patients attending the psychiatry outpatient department of this tertiary care hospital.[2]

Sagar et al. reported that mental disorders are a major cause of non-fatal disease burden in India, though state-specific data remain limited. Using Global Burden of Disease data from 1990–2017, the study estimated prevalence, years lived with disability (YLDs), and disability-adjusted life-years (DALYs) across Indian states. In 2017, approximately 197.3 million people in India had mental disorders, with depressive (45.7 million) and anxiety disorders (44.9 million) being the most prevalent. The contribution of mental disorders to total DALYs increased from 2.5% in 1990 to 4.7% in 2017, with depressive disorders contributing the highest share. Nearly all DALYs resulted from disability rather than mortality. Childhood-onset disorders were more prevalent in low Socio-demographic Index states, while adult-onset disorders increased over time. A modest but significant correlation between depressive disorders and suicide rates was also observed.[3]

**Need For Study :**

Age is a significant determinant of mental illness, with the prevalence of mental and behavioral disorders increasing with advancing age. This rise is attributed to normal brain aging, declining physical health, and cerebral pathology. Social factors such as lack of family support and reduced personal autonomy further contribute to psychiatric morbidity among the elderly. Mental health disorders in this population are common, severe, and varied, with depression, anxiety, cognitive, and psychotic disorders being particularly prevalent.[4]

Older adults represent the fastest growing segment of the population and are at increased risk of mental illness. According to the World Health Organization (2004), mental disorders among the elderly are commonly associated with stress, cardiovascular diseases, stroke, and cancer. Dementia, a major disabling condition in old age, affects approximately 1 in 20 individuals over 65 years, with an estimated 4 million Indians projected to be affected by 2025. Age-related brain changes, physical illnesses, cerebral pathology, sociodemographic factors, family structure, and emotional factors contribute to this vulnerability. Mental illnesses often coexist with chronic physical conditions and sensory impairments such as visual and hearing deficits. The elderly also have a disproportionately high risk of suicide. Dementia and sleep disorders are among the most common psychiatric conditions. Social changes such as retirement, urbanization, migration, and the breakdown of joint family systems further impact the mental health of older adults.[5]

Gautham et al. (2016) conducted the National Mental Health Survey across 12 Indian states, interviewing 34,802 adults using tablet-assisted methods and standardized diagnostic tools (MINI 6; ICD-10 DCR). The weighted lifetime prevalence of any mental morbidity was 13.67%, while current prevalence was 10.56%. Substance use disorders (22.44%), mood disorders (5.61%), and neurotic and stress-related disorders (3.70%) were the most common. Mental morbidity was higher among males, middle-aged adults, urban residents, the less educated, and lower-income groups. The study revealed a large treatment gap of 84.5%, highlighting unmet mental health needs in India.[6]

**Methodology :** A quantitative research approach with a cross-sectional survey design will be adopted. The study will be conducted in a selected urban area. The study population comprises elderly people residing in the selected urban area, while the target population includes all elderly individuals living in that area. A sample of 100 elderly people will be selected using a non-probability purposive sampling technique. The duration of the study will be four weeks. Elderly individuals who are willing to participate and present during the study period will be included. Those unwilling, unconscious, terminally ill, or already participating in other studies will be excluded. Data will be collected using standardized tools to assess psychiatric morbidities and analyzed accordingly.

Journal of Chemical Health Risks

www.jchr.org

JCHR (2026) 16(2), 284-291 | ISSN:2251-6727

Data collection will be conducted after obtaining written permission from the college and concerned authorities for both the pilot and main study. Written informed consent will be obtained from all participants, and data will be collected by the researcher. The study is limited to elderly individuals residing in the selected urban area who are willing to participate. Standardized tools will be used to ensure validity and reliability. Content validity will be established using the Content Validity Index, with scores above 0.79 considered relevant. Reliability will be assessed using correlation coefficients, with values above 0.70 indicating acceptable reliability. The calculated reliability for all tools was 1. Ethical clearance will be obtained, and confidentiality and anonymity will be ensured.[7]

**Result** :

**Sociodemographic variable of elderly people :** The demographic profile of the participants shows that the majority (55%) were aged 61–70 years, followed by 30% in the 71–80 age group and 15% aged 80 years and above. With regard to gender, males constituted 68% of the participants, while females accounted for 32%. In terms of religion, 45% of the elderly belonged to the Muslim community, 40% were Hindu, 10% were Christian, and 5% belonged to other religions. Regarding monthly family income, 15% of participants had an income below ₹10,000, 35% reported an income of ₹10,001–20,000, 30% had ₹20,001–30,000, and 20% had an income above ₹30,001. Concerning family type, the majority (77%) belonged to joint families, whereas 33% were from nuclear families.

**Table no.2 Distribution according to the level of cognitive impairment among the elderly.**

| SN | Level of Cognitive impairment | Range of score | Frequency |
|---|---|---|---|
| **1** | No impairment | 55 | 55% |
| **2** | Mild | 35 | 35% |
| **3** | Moderate | 6 | 6% |

There was no cognitive impairment among 55 participants (55%). Mild cognitive impairment was observed in 35% of participants, while 6% had moderate impairment and the remaining 4% had severe cognitive impairment.

**Table no.3 Frequency and percentagewise distribution of level of anxiety among elderly peoples.**

| Level Of Anxiety | Frequency | Percentages |
|---|---|---|
| Minimal anxiety | 67 | 67% |
| Mild anxiety | 18 | 18% |
| Moderate anxiety | 6 | 6% |
| High anxiety | 5 | 5% |
| Extreme anxiety | 4 | 4% |

Out of 100 participants, 67% had minimal anxiety, 18% had mild anxiety, 6% had moderate anxiety, 5% had high anxiety, and the remaining 4% were identified with extreme anxiety.

**Table 4. Frequency and percentagewise distribution of level of psychological distress among elderly peoples.**

| Level of distress | Frequency | Percentage |
|---|---|---|
| Likely to well | 79 | 79% |
| Mild distress | 10 | 10% |
| Moderate distress | 7 | 7% |
| Severe distress | 4 | 4% |

Majority of the participants 79 % are likely well, 10 peoples have mild distress., 7% have moderate distress and other 4% have severe distress.

Journal of Chemical Health Risks

www.jchr.org

JCHR (2026) 16(2), 284-291 | ISSN:2251-6727

**Table 5. Association between selected demographic variables with study finding of cognitive impairment assessment scale .**

| Sr .No | Demographic variable | No impairment | Mild | Moderate | Severe | P value | Inference |
|---|---|---|---|---|---|---|---|
| 1. | Age | | | | | 0.001 | significance |
| | 60-70 | 10 | 0 | 20 | 5 | | |
| | 71-80 | 0 | 5 | 10 | 10 | | |
| | 80 above | 0 | 5 | 20 | 15 | | |
| 2. | Gender | | | | | 0.788 | No significance |
| | Male | 20 | 0 | 30 | 10 | | |
| | Female | 30 | 10 | 20 | 0 | | |
| | | | | | | | |
| 3. | Religion | | | | | 0.999 | No significance |
| | Hindu | 0 | 10 | 15 | 5 | | |
| | Muslim | 0 | 5 | 5 | 5 | | |
| | Christen | 5 | 0 | 20 | 10 | | |
| | Other | 0 | 3 | 5 | 2 | | |
| | | | | | | | |
| 4. | Family monthly income | | | | | | |
| | Below 10000 | 0 | 10 | 10 | 20 | 0.777 | No significance |
| | 10001-20000 | 0 | 5 | 5 | 5 | | |
| | 20001-30000 | 10 | 0 | 3 | 2 | | |
| | 30001 above | 10 | 0 | 15 | 5 | | |
| | | | | | | | |
| 5. | Type of family | | | | | 0.756 | No significance |
| | Nuclear | 0 | 0 | 30 | 10 | | |
| | Joint family | 0 | 10 | 30 | 20 | | |
| | | | | | | | |

Journal of Chemical Health Risks

www.jchr.org

JCHR (2026) 16(2), 284-291 | ISSN:2251-6727

A significant association was found between the level of cognitive impairment and age, as the calculated p-value was ≤ 0.05. However, no significant association was observed between cognitive impairment and other demographic variables.

Table 6. Association between selected demographic variables with study finding of geriatric depression scale.

| Sr.No | Demographic variable | No depression | Depression | P value | Inference |
|---|---|---|---|---|---|
| 1. | Age | | | 0.727 | No significance |
| | 60-70 | 50 | 5 | | |
| | 71-80 | 30 | 0 | | |
| | 80 above | 15 | 0 | | |
| 2. | Gender | | | 0.848 | No significance |
| | Male | 65 | 3 | | |
| | Female | 30 | 2 | | |
| | | | | | |
| 3. | Religion | | | 0.829 | No significance |
| | Hindu | 38 | 2 | | |
| | Muslim | 42 | 3 | | |
| | Christen | 10 | 0 | | |
| | Other | 5 | 0 | | |
| | | | | | |
| 4. | Family monthly income | | | | |
| | Below 10000 | 14 | 1 | 0.0012 | significance |
| | 10001-20000 | 33 | 2 | | |
| | 20001-30000 | 29 | 1 | | |
| | 30001 above | 19 | 1 | | |
| | | | | | |
| 5. | Type of family | | | 0.778 | No significant |
| | Nuclear | 32 | 1 | | |
| | Joint family | 64 | 4 | | |
| | | | | | |

There is significant association found between level of depression and demographic variables monthly income . As calculated P value is less than ≤0.05% of confidence interval. But there is no significant association between level of

Journal of Chemical Health Risks
www.jchr.org
JCHR (2026) 16(2), 284-291 | ISSN:2251-6727

depression and other demographic variables.

Table 7. Association between selected demographic variables with level of anxiety among elderly peoples.

| **Sr .NO** | **Demographic variable** | **Minimal anxiety** | **Mild** | **Moderate anxiety** | **High anxiety** | **Extreme anxiety** | **P value** | **Inference** |
|---|---|---|---|---|---|---|---|---|
| 1. | Age | | | | | | 0.627 | No significance |
| | 60-70 | 48 | 0 | 3 | 2 | 2 | | |
| | 71-80 | 12 | 6 | 3 | 1 | 1 | | |
| | 80 above | 7 | 4 | 1 | 2 | 1 | | |
| 2. | Gender | | | | | | 0.748 | No significance |
| | Male | 45 | 12 | 5 | 3 | 3 | | |
| | Female | 22 | 6 | 1 | 2 | 1 | | |
| | | | | | | | | |
| 3. | Religion | | | | | | 0.929 | No significance |
| | Hindu | 28 | 10 | 2 | 1 | 0 | | |
| | Muslim | 30 | 7 | 2 | 2 | 4 | | |
| | Christen | 8 | 0 | 1 | 2 | 0 | | |
| | Other | 1 | 1 | 1 | 0 | 2 | | |
| | | | | | | | | |
| 4. | Family monthly income | | | | | | | |
| | Below 10000 | 8 | 2 | 3 | 2 | 1 | 0.767 | NO significant |
| | 10001-20000 | 30 | 10 | 0 | 3 | 1 | | |
| | 20001-30000 | 20 | 0 | 2 | 2 | 2 | | |
| | 30001 above | 9 | 8 | 6 | 0 | 0 | | |
| | | | | | | | | |
| 5. | Type of family | | | | | | 0.878 | No significant |
| | Nuclear | 22 | 6 | 1 | 2 | 2 | | |
| | Joint family | 46 | 12 | 5 | 3 | 3 | | |
| | | | | | | | | |

There is no any significant association found between level of anxiety and selected demographic variables, As calculated P value is less than ≤0.05% of confidence interval.

Journal of Chemical Health Risks

www.jchr.org

JCHR (2026) 16(2), 284-291 | ISSN:2251-6727

Table 9 Association between selected demographic variables with psychological distress.

| Sr .No | Demographic variable | Likely to well | Mild distress | Moderate distress | Severe distress | P value | Inference |
|---|---|---|---|---|---|---|---|
| 1. | Age | | | | | 0.001 | significance |
| | 60-70 | 50 | 0 | 3 | 2 | | |
| | 71-80 | 19 | 6 | 4 | 1 | | |
| | 80 above | 10 | 4 | 0 | 1 | | |
| 2. | Gender | | | | | 0.748 | No significance |
| | Male | 60 | 4 | 2 | 2 | | |
| | Female | 19 | 6 | 5 | 2 | | |
| | | | | | | | |
| 3. | Religion | | | | | 0.929 | No significance |
| | Hindu | 32 | 4 | 3 | 2 | | |
| | Muslim | 34 | 5 | 4 | 2 | | |
| | Christen | 10 | 0 | 0 | 0 | | |
| | Other | 4 | 1 | 0 | 0 | | |
| | | | | | | | |
| 4. | Family monthly income | | | | | | |
| | Below 10000 | 9 | 2 | 2 | 2 | 0.767 | NO significance |
| | 10001-20000 | 30 | 3 | 2 | 0 | | |
| | 20001-30000 | 25 | 0 | 3 | 2 | | |
| | 30001 above | 15 | 5 | 0 | 5 | | |
| | | | | | | | |
| 5. | Type of family | | | | | 0.878 | No significant |
| | Nuclear | 21 | 6 | 5 | 2 | | |
| | Joint family | 58 | 4 | 2 | 2 | | |
| | | | | | | | |

There is no any significant association found between psychological distress and selected demographic variables, As calculated P value is less than ≤0.05% of confidence interval.

Journal of Chemical Health Risks

www.jchr.org

JCHR (2026) 16(2), 284-291 | ISSN:2251-6727

**Discussion:**

The study assessed cognitive impairment, depression, anxiety, and psychological distress among elderly participants. In terms of cognition, 55% of participants had no impairment, 35% had mild impairment, 6% had moderate impairment, and 4% had severe impairment. These findings align with a study by Tripathi et al. (2019), which reported a high prevalence of mild cognitive impairment among older adults, particularly in the 60–70 age group. Regarding depression, 95% of participants were normal, while 5% exhibited depressive symptoms, consistent with findings from Gautham et al. (2016), which observed low rates of major depression in community-dwelling elderly. For anxiety, 67% had minimal anxiety, 18% mild, 6% moderate, 5% high, and 4% extreme anxiety, supporting previous research indicating that anxiety often coexists with other health issues in the elderly. Concerning psychological distress, 79% were likely well, 10% had mild distress, 7% moderate, and 4% severe, reflecting global trends reported by WHO (2017) on mental health burdens among older adults. These findings highlight the importance of early screening and intervention to address mental health concerns in aging populations.

**Conclusion:**

The study concludes that psychiatric morbidities, including cognitive impairment, anxiety, depression, and psychological distress, are present among elderly individuals in the selected urban area. While most participants showed minimal or no symptoms, a notable proportion experienced mild to severe difficulties. Age was significantly associated with cognitive impairment, whereas other demographic factors were not. These findings highlight the need for regular mental health screening, early intervention, and awareness programs to promote psychological well-being and improve the quality of life among the elderly.

**Recommendations**

Based on the study finding the following recommendations have made for the further study

- **Regular Mental Health Screening:** Conduct periodic assessments for cognitive impairment, depression, anxiety, and psychological distress among the elderly to ensure early detection.
- **Awareness Programs:** Organize community-based programs to educate elderly individuals and their families about mental health issues and coping strategies.
- **Psychological Support Services:** Establish counseling and support services in urban areas to provide timely intervention for elderly individuals experiencing psychiatric morbidities.
- **Training for Caregivers:** Provide training for family members and caregivers to recognize early signs of mental health problems and offer appropriate support.
- **Further Research:** Conduct larger, multi-centered studies to explore psychiatric morbidities and their risk factors among diverse elderly populations.

**References :**

1. World Health Organization. Ageing Well Must be a Global Priority [Internet]. Available from: https://www.who.int/mediacentre/news/release/2014/lancet-ageing-series/en/ [cited 2020 Mar 11].
2. Nair SS, Hiremath SG, Ramesh P, Nair SS. Depression among geriatrics: Prevalence and associated factors. Int J Curr Res Rev. 2013;5(8):110–2.
3. Sagar R, Dandona R, Gururaj G, Dhaliwal RS, Singh A, Ferrari A, et al. The burden of mental disorders across the states of India: the Global Burden of Disease Study 1990–2017. Lancet Psychiatry [Internet]. 2020;7(2):148–61. Available from: http://dx.doi.org/10.1016/s2215-0366(19)30475-4.
4. Lodha P, De Sousa A. Geriatric mental health: The challenges for India's geriatric mental health. Indian J Psychiatry. 2018;5:16–29..
5. Guha S, Valdhia PS. Psychiatric morbidity among the inmates of old age home. Indian J Psychiatry. 2000;42(Suppl):S44.
6. Mills TL, Copy-Rydzewski S. Psychology of older adults: Exploring the effects of class and culture on the mental health of African Americans. In: Chang EC, Downey CA, editors. Handbook of Race and Development in Mental Health. New York: Springer; 2012. p. 67–85.
7. Sharma S. K , Nursing Research & Statistics, Second Edition (2017), Elsevier publication, Page no: 98,85,116,105,163,168,43,109,251-252,305-306.