



Social Workers' Intervention to Address Depression among the Elderly

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Abstract

Depression is common in all ages, whether they are child, adult or senior citizens. The elderly population suffering from depression is not addressed and they are often undiagnosed and untreated. The characteristic risks associated with depression affect various aspects of their lives, including health, well-being, and ultimately deteriorate their self-esteem. The population suffering from depression are becoming many folds and this is becoming serious concern for the healthy society. Depression among the elderly is recognized through Health Fraternity and Psychiatric Social Case Work proceedings and simultaneously identifying proper diagnosis with appropriate treatment for the rehabilitation is provided to the elderly person's depression. The application of the social work practice in these paramount important issues of the subjects that are suffering from depression, is discussed at both micro and macro. The findings of this study will generate awareness, educate, and facilitate needful modifications in the diagnosis and treatment of depression in the elderly. Community may distinguish and intervene with depressed elderly more often, reducing their incidence of depressed elderly.

Keywords: Social Work, Depression, Elderly

1. Introduction

Krohn and Bergman-Evans assert that Depression, an affliction often overlooked and untreated, reigns as the most prevalent mental health issue among the elderly. Within the older population, any depression that persists beyond a fortnight is deemed problematic. It is categorized into three tiers: mild, moderate, and severe. In the absence of medication and intervention, depression can advance through these stages, ultimately culminating in severe desolation. The presence of untreated depression in later life, particularly when coupled with other age-related factors, exacerbates the symptoms of melancholy. Chronic medical ailments and cognitive decline, both intrinsically linked to the aging process, intensify the manifestations and severity of depression.

As per Alexopoulos, grappling with depression alongside medical conditions may yield physical and cognitive impairment. Startlingly, the elderly exhibit a suicide rate twice that of individuals below the age of 65. Among those who have taken their own lives, a staggering 80% aged 74 and above displayed depressive symptoms. Depression stands as the fundamental catalyst for elderly suicide. This profound despair, compounded by chronic illness, disruption in social dynamics, and coerced relocation for housing, can precipitate thoughts of self-harm. The social quandary of depression among seniors holds paramount importance in the realm of social work, for it can be effectively addressed through accurate diagnosis and appropriate treatment.

This profound sorrow, intertwined with other factors such as chronic infirmity, upheaval in social structures, and involuntary displacement for housing, has the potential to lead to suicide. The social predicament of depression among the elderly assumes great significance in the realm of social work, as it can be effectively tackled through meticulous diagnosis and suitable treatment.

The World Health Organization handpicked "depression" as the focal point for World Mental Health Day on October 10, 2012, with the intention of addressing the escalating prevalence and recognition of this issue. The initiative aimed to shed light on the fact that depression can impact anyone and that it is a treatable condition. It is crucial for individuals to recognize the early signs of depressive disorders, as they not only affect the individuals themselves but also their loved ones and colleagues. "Good health prolongs life," served as the central theme for World Health Day on April 7, 2012, which also delved into health concerns among the elderly population. The Director General of WHO underscored the significance of honouring the elderly as a valuable source of wisdom and experience, as well as a valuable asset to society.

2. Examining the Literature

2.1 Depression in the context of the elderly

As stated by Krohn & Bergman-Evans (2002), it is important to understand that depression in old age is not a natural part of the aging process; rather, it is a serious condition that requires proper recognition and treatment. Despite being the most common mental health issue among the elderly, depression often goes unnoticed and untreated. The American Psychiatric Association's Diagnostic and Statistical Manual (A.P.A.,1994) classifies this as depressive disorder or clinical depression. The Geriatric Depression Scale, a standardized assessment tool, can efficiently determine if an elderly individual is suffering from depression. Observable behaviours that hinder daily functioning are clear indicators of depression. Any depression lasting more than two weeks is considered a medical concern for the elderly. Aging-related factors, such as chronic illnesses and cognitive decline, can worsen symptoms and severity of depression.

2.2 The Scenario in India is as follows

The importance of senior health care was emphatically emphasized in the esteemed policies of the Government of India back in 1999. This was done through the adoption of national commitments under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the National Policy for Older Persons (NPOP). To further solidify their dedication, the government enacted the Maintenance and Welfare of Parents and Senior Persons Act in 2007, which provided provisions for medical treatment and other forms of assistance for senior individuals.

In 2011, the National Programme for Health Care for the Elderly (NPHCE) was established as a refined embodiment of the aforementioned laws from 2007, UNCRPD, and NPOP. Through this program, the government aims to extend basic health care services to the elderly and elevate their overall quality of life. This noble endeavour is achieved by collaborating with various health care services, social welfare schemes, and rural health development-oriented initiatives (Verma et. al., 2013).

By employing a community-based primary health care strategy, this program ensures that the elderly have convenient access to preventive, curative, and rehabilitative treatments. Furthermore, India's recognition of the profound importance of mental health was made evident when it declared it a major noncommunicable disease (NCD) during the esteemed First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control in Moscow, held in April 2012.

Over the past few decades, life expectancy in India has experienced a significant increase, soaring from a mere 45 years in 1970 to a remarkable 65 years in 2010. This positive trend can be attributed to advancements in education, healthcare, and overall quality of life. As a result, the percentage of elderly individuals in the population has also seen a rise, climbing from 5.3% in 1971 to 7.5% in 2010. While India may have a lower proportion of individuals aged 60 and above compared to developed nations, the sheer number of older adults in the country is expected to surpass expectations by the year 2020. With an aging population comes an inevitable increase in chronic noncommunicable diseases, leading to a projected rise in the prevalence of depression (Perianayagam et. al., 2022; Gupta & Gupta, 2024).

2.3 Global Standing

The global landscape is undergoing a remarkable transformation as the senior population gracefully ascends to prominence, poised to surpass the number of children. A profound shift is anticipated, with the share of the world's esteemed senior citizens projected to burgeon from a modest 11% to an impressive 22% between the years 2000 and 2050. This momentous growth will witness an absolute population surge from 605 million to a staggering 2000 million. It is noteworthy that a substantial 80% of this venerable cohort will find solace in the embrace of low- and middle-income nations.

While Europe has been steadfastly traversing the path towards an older society for a century, it is intriguing to observe that this metamorphosis is unfolding at an accelerated pace in countries such as Brazil, China, and Thailand, where the transition will be accomplished within a mere quarter of a century. These nations, with their unique blend of tradition and progress, are at the forefront of this epochal change. Alas, amidst this grand transformation, a somber reality emerges. The burgeoning number of elderly individuals inevitably gives rise to an increase in the absolute count of seniors grappling with the harrowing burden of depression, particularly in developing nations. This disheartening consequence underscores the pressing need for comprehensive support systems and compassionate care to alleviate the suffering of our esteemed elders.

Indeed, the last century has witnessed a revolution of unparalleled magnitude, reshaping the very fabric of our existence. As we embark upon this new era, it is incumbent upon us to embrace the challenges and opportunities that lie ahead, ensuring that the golden years of our cherished seniors are adorned with dignity, love, and unwavering support.

2.4 The Seriousness of the issue

In the year 2001, the esteemed elderly, those who have gracefully reached the age of 60 and above, accounted for a distinguished 7.4% of the entire population. The noble gentlemen displayed a slightly lower rate of 7.1%, while the elegant ladies showcased a rate of 7.8%. This proportion, however, exhibited variations across different states, ranging from approximately 4% in the humble territories of Dadra & Nagar Haveli, Nagaland, Arunachal Pradesh, and Meghalaya, to an astonishing 10.5% in the opulent state of Kerala.

As time progresses, it is anticipated that the presence of the esteemed elderly will ascend to an impressive 12.4% of the population by the year 2026, a significant increase from the modest 5.6% recorded in the year 1961. The burden of old-age dependency in India has witnessed a notable rise, soaring from 10.9% in 1961 to 13.1% in 2001. During the year 2001, the ratios for the cherished women and distinguished gentlemen were recorded at 13.8% and 12.5%, respectively.

India, a nation currently adorned with a population of 1.2 billion individuals, is poised to surpass China as the world's most populous country within the forthcoming decade. According to the esteemed United Nations Population Division, the proportion of Indians aged 50 and above is projected to reach an astounding 34% by the year 2050, a testament to the nation's enduring legacy. Furthermore, between the years 2010 and 2050, the percentage of those aged 65 and older is predicted to ascend from a mere 5% to a remarkable 14%, while the esteemed group of individuals aged 80 and above will experience a remarkable leap from 1% to an esteemed 3%.

2.5 Predisposing Factors

Across the globe, populations are experiencing an ongoing transformation in both demographics and epidemiology. Moreover, the emergence of nations has witnessed a remarkable surge in population growth. The advent of societal modernity has unfortunately led to the erosion of cherished family values and the very foundation of familial support. As the economy flourishes, children are drawn towards the allure of bustling cities, leaving their parents behind in solitude. When parents do decide to relocate with their offspring, they often find themselves grappling to adapt to their unfamiliar surroundings. This shift in family dynamics, coupled with economic uncertainty, has rendered the elderly bereft of relevance and significance within the confines of their own abode, thereby instilling within them a profound sense of desolation. Consequently, the mental well-being of the elderly has been grievously impacted. In today's culture, the enforced retirement of our esteemed elders has the potential to marginalize them. Regrettably, prospective employers tend to perceive the elderly as lacking in dynamism and value. This detrimental attitude perpetuates a societal divide between the young and the elderly, impeding the latter from fully participating in various spheres of life, be it social, political, economic, cultural, spiritual, or civic. All these factors render the elderly more susceptible to mental health afflictions. Despite depression being the most prevalent mental condition among the elderly, it is often misconstrued and inadequately treated. This may stem from the widely held belief that depression is an inevitable consequence of aging, rather than a curable disorder. Given the chronic and recurring nature of depression, the absence of therapy can have severe clinical and social repercussions in the lives of the elderly (Putran, Kunder & Choolayil, 2024).

2.6 The Emergence of Social Work in the Indian Context

In India, the field of social work flourished through significant societal transformations, such as Raja Ram Mohan Roy's abolition of Sati and Ishwar Chandra Vidya Sagar's relentless support for widow remarriage. Throughout the struggle for independence, M.K. Gandhi

dedicated himself to the empowerment of women and Dalits. The year 1925 marked the arrival of protestant missionary Clifford Marshal in India, marking the beginning of a new era of professionalism. He established the prestigious Sir Dorabji Tata School of Social Work, offering specialized training for aspiring social workers. Subsequently, the proliferation of social work education expanded to various regions across the nation, enriching diverse areas of focus.

2.7 The Social Worker's Role

According to the esteemed F.M. Loewenberg, the noble role of a social worker encompasses three paramount functions. Firstly, they possess the power to revive or instil a sense of functional capability in those who have lost their way. Secondly, they diligently provide both individual and societal resources, ensuring that no one is left without the necessary support. Lastly, they tirelessly strive to prevent any form of social dysfunction, safeguarding the harmony of our society. The intricate tapestry of social work practice comprises various elements. These include the values that guide their conduct, the problems they encounter and seek to remedy, the objectives that provide a clear direction towards a desired outcome, and the profound understanding they possess of each individual they encounter. Moreover, their solutions are not only effective, but also imbued with a sense of efficacy and motivation. Lastly, their unwavering ability and preparedness enable them to navigate any challenge that comes their way.

Marshalls (1990) define social work with the elderly. She believes that the function of social work may be found in:

- Communication, especially careful listening and knowledge of nonverbal communication;
- Taking time to assess needs, beginning where the older person is; and
- Assisting individuals in dealing with crises caused by loss and change, such as bereavement and deteriorating physical and mental health.
- Assisting those whose lives are hampered by sickness or handicap
- Real-world assistance
- Creating and managing resources
- Cooperation with other professions
- Assisting those who assist, including careers and coworkers
- Defeating ageism.

2.8 Gerontological Specialization as a Paradigm Shift in Social Work Perspectives

Gerontological social workers are dedicated to comprehending the multifaceted challenges faced by older individuals, including physical and mental health issues, socio-political influences, economic factors, and environmental obstacles. They work closely with the elderly, their families, and the community at large, navigating through situations marked by loss, complexity, and transition. These professionals often find themselves guiding difficult decisions, such as transitioning an elderly person into a care facility. Their expertise encompasses a wide range of topics, from the ageing process and health conditions to end-of-life care, family dynamics, legal aspects, social work theory, and evidence-based interventions. Familiarity with local resources and community services is also crucial in their line of work.

2.9 Gerontological Social Work Applications and Functions

Gerontological social work entails the dedicated practice of assisting the elderly population. The primary objective is to uphold and enhance the well-being and quality of life of older

individuals and their families, while also advocating for independence, autonomy, and dignity (Mohan et. al., 2024)

Gerontological social workers focus on comprehending the physical and mental health challenges that older adults encounter within the framework of economic, social, and environmental factors. They work closely with the elderly person, their family, and community resources to navigate difficult decisions, such as transitioning to a care facility.

Expertise in the aging process, various models of aging, health issues in later stages of life, end-of-life concerns, the needs of family caregivers, policies and legal frameworks concerning older individuals and caregivers, effective handling of loss, change, and transitions, as well as evidence-based interventions in working with the elderly, are among the specialized skills and knowledge possessed by gerontological social workers (Bandyopadhyay, & Singh, 2024).

Investing in gerontological social work is crucial for several reasons, including the increasing number and diversity of the elderly population, particularly the rising percentage of older individuals with complex long-term conditions. Having a wealth of social work expertise to support these older adults and caregivers who rely on health and social services is essential not only for individual well-being but also for the effectiveness and efficiency of the healthcare and social care systems.

The intricate web of preventive measures and the delivery of tailored support services to elderly individuals with complex needs is a pressing concern. Doubts linger over the suitability of the self-directed care model for providing personalized assistance to vulnerable seniors with dementia. Addressing the needs of older adults who are unable or unwilling to access self-directed care poses a significant challenge. Furthermore, specific attention must be given to subgroups of elderly individuals, including those with dementia, seniors in poverty, and residents of care facilities, whose autonomy is at risk. Research suggests that budget cuts in the public sector are heightening the likelihood of readmissions, delayed discharges, unnecessary care home placements, limited-service options, and instances of mistreatment towards older individuals. The development of a robust social work framework to support elderly individuals in accessing health and social services is not only crucial for their well-being but also for the overall effectiveness and efficiency of the care system.

3. Research Methodology

3.1 Aims

1. To explore the reason and causes of depression and hopelessness among elder population.
2. To study the role of Social Worker therapeutic intervention in enhancing the quality of life of senior citizens and about their benefits.

3.2 Hypothesis

- **H1.** The golden years, which typically begin around the age of 65, mark the inevitable decline of all living beings, leading to a decrease in cognitive and physical abilities, as well as various physiological hurdles that come with aging is the prime cause of depression and hopelessness among elder population.
- **H2.** The examination of the impact of Social Worker therapeutic intervention on improving the quality of life for elderly individuals and the extent of their resulting benefits.

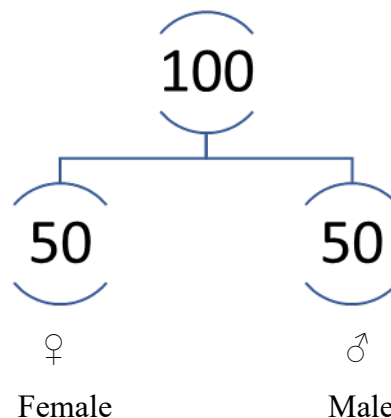
3.3 Methodology

Sample: 100 sample were selected

Sample area: The sample were from rural urban district of Mohali

Sample Selection: The researchers utilize a combination of random and purposive sampling techniques due to their appropriateness for the exploratory nature of the study.

Sample distribution:



Demographic characteristics of the samples: The chosen samples ranged from 60 to 70 years of age.

Tools used: Three tools were utilized to contemplate the aforementioned aims and objectives of the research.

Personal Data Sheet (PDS): The researchers developed the Personal Data Sheet to gather information on various demographic variables, including name, gender, educational background, past experiences with depressive symptoms, and degrees of hopelessness. This instrument serves as a tool for acquiring data on the current treatments for depression that individuals are receiving.

Beck Depression Inventory (BDI): - The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression (Beck, et al., 1961).

Beck Hopelessness Scale: - Hopelessness Scale (HS: Beck, & Eissman, Lester, & Trexler, 1974)

Data Collection: After carefully determining the sample's location and selection method, the researchers proceeded to visit various health centres and specifically targeted clinics where

physicians specialized in treating Geriatric complications. The researcher established contact with senior citizens and promptly gained their trust and consent. Some respondents completed the questionnaire on the same day, while others were taken to their homes with a promise to collect it during the next visit. This approach ensured the acquisition of a well-administered sample, which was then scored in accordance with the provided manual. Subsequently, data was collected and analysed using standard statistical techniques.

4. Results and their interpretations

4.1 Discussion of Results

Table 1. Result

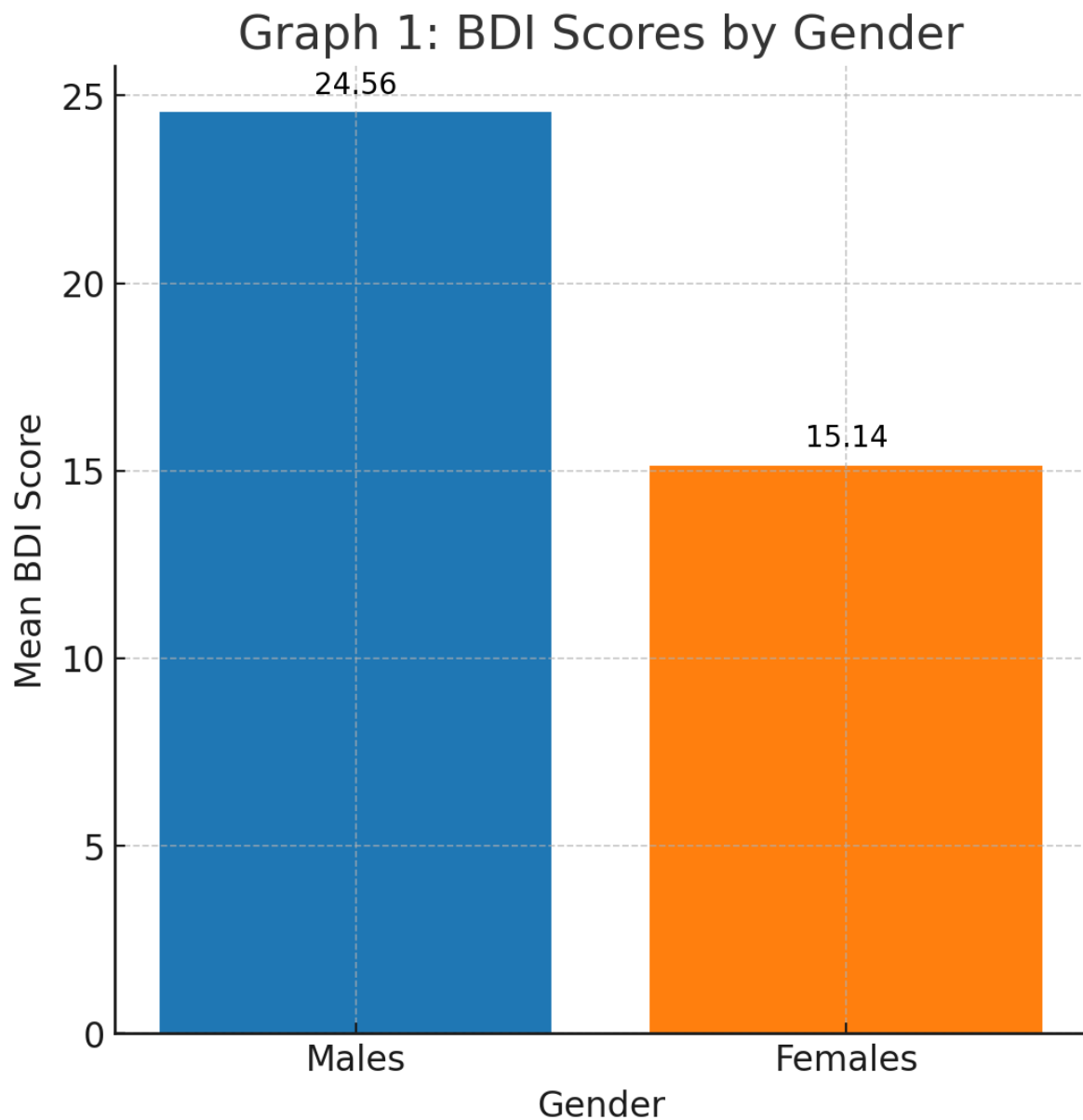
Sr. No	List of intervention services used by the Social Workers	% (12
1	Using Counselling Services	100 (12)
2	Establishing the rapport during counselling	83 (10)
3	Using CBT therapy	00 (00)
4	Prepared case studies	91.6 (11)
5	Counselling Session given to the elderly one a week	58 (07)
6	Counselling Session given to the elderly twice a week	42 (05)
7	Knowledge about first add mental health	8.3 (01)
8	Knowledge about the symptom of depression/ mood disorders	33 (04)
9	Using reminiscence interventions (social activities)	75 (09)
10	Using group support intervention	75 (09)
11	Using physical exercise interventions	80 (10)
12	Using of skill training /cognitive training to elderly	8.3 (01)
13	Using any psychosocial interventions	42 (05)
Total Number of Social Workers		N-12

In this analysis, we explored the distribution of depressive symptoms and hopelessness among elderly males and females, age ranges 60-70. Using the Beck Depression Inventory (BDI) and the Beck Hopelessness Scale, we calculated the prevalence of high depressive symptoms and low hopelessness levels across these groups. The objective was to identify patterns that could inform targeted mental health interventions.

Table 2. Independent Samples T-Test Results

Variable	Group	N	Mean	SD	t-value	df	p-value	Cohen's d
BDI	Males	50	24.56	5.07	10.47	98	<0.001	1.05
	Females	50	15.14	4.97				
Hopelessness	Males	50	9.70	1.92	13.03	98	<0.001	1.31
	Females	50	4.48	1.88				

An Independent Samples T-Test was conducted to examine differences in Beck Depression Inventory (BDI) scores and Hopelessness scores between males and females aged 60-70. The results indicated a significant difference in BDI scores between males ($M = 24.56$, $SD = 5.07$) and females ($M = 15.14$, $SD = 4.97$); $t(98) = 10.47$, $p < 0.001$. This suggests that males exhibited higher levels of depressive symptoms than females. Similarly, there was a significant difference in Hopelessness scores between males ($M = 9.70$, $SD = 1.92$) and females ($M = 4.48$, $SD = 1.88$); $t(98) = 13.03$, $p < 0.001$, indicating higher levels of hopelessness among males.

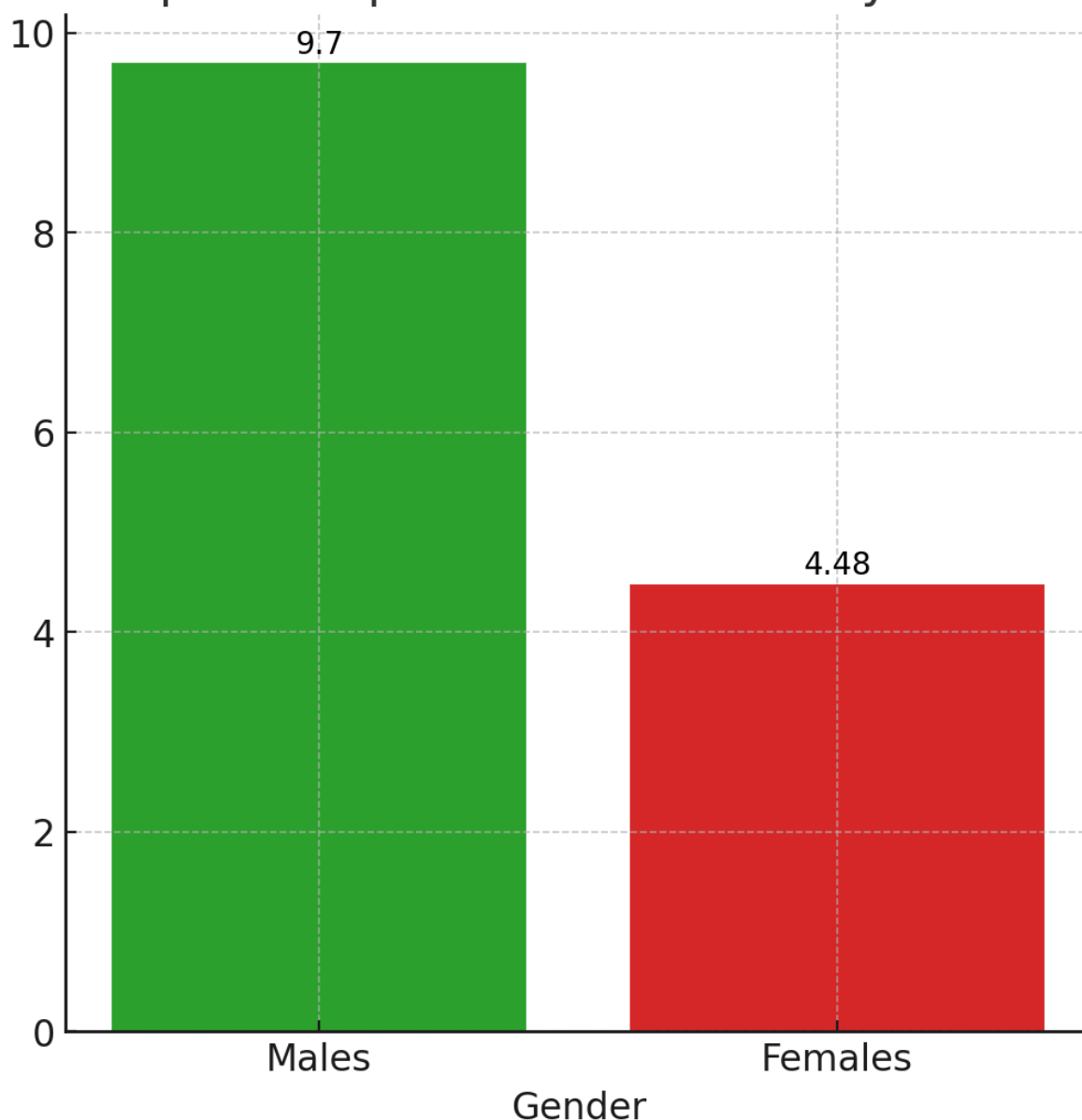


Graph 1. BDI Scores by Gender - This bar graph clearly displays the mean BDI scores

Figure 1. Distribution of Depression and Hopelessness by Gender and Age Group

This bar graph represents the mean BDI scores across the gender and age groups. The results indicate significant differences in depression is generally exhibiting higher rates of both conditions for males and females, with annotations showing the exact values.

Graph 2: Hopelessness Scores by Gender



Graph 2. Hopelessness Scores by Gender - Similarly, this graph shows the mean Hopelessness scores for each gender, also annotated with the exact values.

Figure 2. Detailed Distribution of Hopelessness by Age and Gender

This donut chart provides a detailed breakdown of the distribution of high depression and low hopelessness across different demographic segments. It visualizes the proportion of each group affected by these mental health challenges.

4.2 Interpretation

These findings suggest significant gender differences in both depressive symptoms and hopelessness among the elderly, with males reporting higher levels on both scales. The large effect sizes (Cohen's d for BDI = 1.05, Hopelessness = 1.31) indicate that these differences are not only statistically significant but also practically meaningful. These results underscore the importance of targeted interventions to address these disparities in mental health outcomes between older men and women. This comprehensive analysis underscores the need

for gender-specific approaches to mental health care in elderly populations, particularly focusing on the heightened vulnerability among elderly men.

These insights into the mental health disparities highlighted through both the statistical analysis and visual representations call for enhanced clinical awareness and potentially, the development of gender and age-specific mental health programs to effectively address and manage the higher levels of depression and hopelessness observed in elderly males.

4.3 Key Points on Social Workers' Intervention to Address Depression Among the Elderly

1. Assessment and Diagnosis

Thorough Evaluation: Perform comprehensive biopsychosocial assessments to identify depression and its contributing factors.

Use of Screening Tools: Employ validated screening tools such as the Geriatric Depression Scale (GDS) to evaluate the severity of depression.

2. Personalized Care Plans

Tailored Interventions: Create individualized care plans based on specific needs, preferences, and cultural backgrounds.

Setting Achievable Goals: Work together with the elderly to establish realistic and meaningful goals for their mental well-being.

3. Therapeutic Approaches

Therapy and Counselling: Offer individual or group therapy using methods like Cognitive Behavioural Therapy (CBT) and reminiscence therapy.

Intervention during Crises: Provide immediate support and interventions during mental health crises to prevent harm and stabilize the individual.

4. Advocacy and Coordination of Resources

Access to Services: Advocate for access to mental health services, healthcare, and community resources.

Coordination of Care: Facilitate communication and coordination among healthcare providers, families, and community services.

5. Social Support and Engagement

Breakdown of joint families also lead to social control and weaken value system that also bring occupational mobility and migration of children to far off that dishearten the bond of elder people.

Strengthening Social Networks: Encourage participation in social activities and support groups to reduce isolation and build social connections.

Community Programs: Connect the elderly with community programs that promote physical and mental well-being.

6. Education and Empowerment

Providing Psychoeducation: Educate the elderly and their families about depression, treatment options, and self-care strategies.

Empowerment: Encourage the elderly to take an active role in their treatment and recovery process.

7. Monitoring and Follow-Up

Regular Check-ins: Schedule regular follow-up visits to monitor progress, adjust care plans, and provide ongoing support.

Evaluation of Outcomes: Assess the effectiveness of interventions and make necessary adjustments based on outcomes.

8. Collaboration with Multidisciplinary Teams

Interdisciplinary Collaboration: Work closely with various healthcare professionals to ensure comprehensive and holistic care for the elderly.

4.4 The end of the road and its implications for positive outcomes

Social workers are essential in developing and executing preventative measures to enhance the well-being of the elderly, leading to significant financial savings in the long run. They help in providing timely preventive services to seniors, reducing the need for home care, preventing falls, and delaying admission to care facilities. Caregivers can also benefit from their support by maintaining their own health and wellness. Additionally, social workers have a profound impact on the lives of older individuals with complex needs who may be hesitant to seek help. Their expertise in building trust, understanding the preferences of seniors, exploring different options, and promoting autonomy and dignity are crucial in making informed decisions in later life, while also fostering independence and respect.

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