

An Overview of Depression Levels Among the Elderly at the Technical Implementation Unit (UPT) of Social Services for the Elderly, Social Agency, Binjai, North Sumatra Province

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ABSTRAK

Menua adalah proses biologis alami yang membawa berbagai transformasi biologis, psikologis, dan sosial. Salah satu gangguan psikologis yang sering muncul di kalangan lansia yang tinggal di panti jompo adalah depresi, yang diakibatkan oleh perpisahan dengan keluarga, penurunan kesehatan, dan perasaan kesepian. Tujuan: Penelitian ini bertujuan untuk mendeskripsikan tingkat depresi di kalangan lansia yang tinggal di Unit Pelaksana Teknik (UPT) Pelayanan Sosial Lansia, Dinas Sosial, Binjai, Provinsi Sumatera Utara. Metode: Penelitian kuantitatif deskriptif ini melibatkan 62 lansia yang dipilih menggunakan teknik pengambilan sampel acak sederhana. Pengumpulan data dilakukan menggunakan kuesioner Skala Depresi Geriatri (GDS-15) standar. Data dianalisis menggunakan statistik deskriptif untuk menentukan persentase dan distribusi frekuensi. Hasil: Temuan menunjukkan bahwa dari 62 responden, 18 lansia (29,0%) mengalami depresi ringan, 24 lansia (38,7%) termasuk dalam kategori depresi sedang, 6 lansia (9,7%) mengalami depresi berat, sedangkan 14 responden lainnya (22,6%) tidak menunjukkan gejala depresi. Depresi sedang mendominasi, terutama di kalangan lansia berusia di atas 70 tahun, mereka yang berpendidikan rendah, dan mereka yang berstatus janda/duda atau bercerai. Kesimpulan: Prevalensi depresi di antara lansia yang tinggal di panti jompo tetap tinggi. Disarankan agar pihak pengelola panti jompo menerapkan terapi psikologis adaptif standar dan rekreasi terstruktur untuk mengurangi dan mengoptimalkan kesejahteraan psikologis para lansia.

Kata Kunci: Gambaran umum, Tingkat Depresi, Lansia, Layanan sosial, Lembaga sosial

ABSTRACT

Aging is a natural biological process that brings various biological, psychological, and social transformations. One psychological disturbance that frequently emerges among institutionalized older adults is depression, resulting from separation from family, declining health, and feelings of loneliness. **Objective:** This study aims to describe the levels of depression among older adults residing in the Technical Implementation Unit (UPT) of Social Services for the Elderly, Social Agency, Binjai, North Sumatra Province. **Methods:** This descriptive quantitative study involved 62 elderly residents selected using simple random sampling techniques. Data collection was performed using the standard Geriatric Depression Scale (GDS-15) questionnaire. Data were analyzed using descriptive statistics to determine percentages and frequency distributions. **Results:** The findings demonstrated that out of 62 respondents, 18 older adults (29.0%) experienced mild depression, 24 older adults (38.7%) fell into the moderate depression category, 6 older adults (9.7%) experienced severe depression, while the remaining 14 respondents (22.6%) showed no depressive symptoms. Moderate depression was predominant, particularly among elderly individuals aged over 70 years, those with lower educational backgrounds, and those who were widowed or separated. **Conclusion:** The prevalence of depression among institutionalized elderly individuals remains significantly high. It is recommended that institutional authorities implement standard adaptive psychological therapies and structural recreation to mitigate and optimize the psychological well-being of the elderly.

Keywords: Overview, Depression Levels, Elderly, Social Services, Social Agency

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I. INTRODUCTION

1. Background

The aging process is the final phase of the human life cycle, which is natural, progressive, and inevitable for every individual. Upon entering old age, individuals are faced with a holistic decline in function, encompassing biological, physical, cognitive, and psychosocial aspects (Kemenkes RI, 2019). Globally, the elderly population is experiencing rapid growth. This increase in the number of older adults reflects the success of health development; however, on the other hand, it poses new and complex challenges for the provision of primary healthcare as well as formal psychogeriatric services in society (Alston, 2025). Psychological changes in the elderly have become a major focus of attention due to their vulnerability to triggering emotional dysfunction. Various life stressors, such as the loss of a spouse, a decline in physical independence due to chronic illnesses, reduced financial income, and perceived social rejection, contribute significantly to the onset of affective disorders. One of the most prevalent yet frequently overlooked (underdiagnosed) psychological disorders in this population group is depression. Depression in the elderly is not merely a manifestation of the normal aging process, but rather a pathological condition that diminishes quality of life, exacerbates physical health, and increases the risk of mortality (WHO, 2022). The psychological condition of the elderly residing in formal institutions, such as nursing homes or the Technical Implementation Unit (UPT) of Social Services for the Elderly, exhibits distinct risk characteristics compared to older adults living with their families in the community. The transition from a home environment to a social institution is often perceived as a form of rejection, abandonment, or the loss of primary social support from the family. Feelings of alienation toward the new environment, limited self-autonomy due to institutional regulations, and the lack of meaningful interaction with immediate family members trigger the development of loneliness and hopelessness, which serve as strong precursors to the onset of depression (Molas et al., 2023). The Technical Implementation Unit (UPT) of Social Services for the Elderly, Social Agency, Binjai, North Sumatra Province, is a government-owned social protection institution that accommodates and cares for neglected older adults as well as those with limited family support. Based on preliminary observations, many elderly residents exhibit behaviors such as social withdrawal, moodiness, frequent daydreaming, complaints of sleep disturbances, and expressing a loss of interest in group daily activities. To formulate targeted mental health programs and gerontological nursing interventions, objective empirical baseline data regarding their psychological status are required. Therefore, this study aims to describe the levels of depression among the elderly at the UPT of Social Services for the Elderly, Social Agency, Binjai, North Sumatra Province.

2. Problem Formulation

The formulation of the problem in this study is how the research entitled An Overview of Depression Levels Among the Elderly at the Technical Implementation Unit (UPT) of Social Services for the Elderly, Social Agency, Binjai, North Sumatra Province can be carried out properly and correctly and according to procedures.

3. Research Purpose

This study aims to obtain research results from the title An Overview of Depression Levels Among the Elderly at the Technical Implementation Unit (UPT) of Social Services for the Elderly, Social Agency, Binjai, North Sumatra Province

4. Research Benefits

The benefit of this research is to provide implications of the research entitled An Overview of Depression Levels Among the Elderly at the Technical Implementation Unit (UPT) of

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Social Services for the Elderly, Social Agency, Binjai, North Sumatra Province in subsequent research.

II. RESEARCH METHOD

This study utilized a descriptive quantitative design with a cross-sectional questionnaire approach to objectively map and describe the levels of depression among the elderly. The research was conducted at the Technical Implementation Unit (UPT) of Social Services for the Elderly, Social Agency, Binjai, North Sumatra Province. The population in this study consisted of all elderly individuals registered as residents of the social institution. A sample of 62 respondents who met the inclusion criteria was obtained using a simple random sampling technique. The inclusion criteria included: older adults aged ≥ 60 years, capable of good verbal communication, cooperative, and not suffering from severe dementia (based on basic orientation scores). The research instrument used to measure the depression level variable was the validated Indonesian version of the standardized Geriatric Depression Scale Short Form (GDS-15) questionnaire. This questionnaire consists of 15 questions with "Yes" or "No" response options. The total score of this instrument ranges from 0 to 15. The assessment of depression levels is categorized based on standard score cut-offs, as follows: scores of 0–4 are categorized as normal (no depression), scores of 5–8 indicate mild depression, scores of 9–11 indicate moderate depression, and scores of 12–15 are categorized as severe depression. The data collection process was conducted through face-to-face structured interviews to anticipate visual limitations or reading difficulties among the elderly. The researcher read each question item slowly and recorded the objective responses from the participants. The collected data were then processed through the stages of editing, coding, data entry, and cleaning. Univariate data analysis was performed using statistical software to calculate the frequency and percentage (f and %) of demographic characteristics and the respondents' depression level categories. This study adhered to ethical standards, utilizing an informed consent form signed by the respondents before the interviews commenced.

III. RESULT AND DISCUSSION

The demographic characteristics of the 62 elderly respondents at the Technical Implementation Unit (UPT) for Elderly Social Services of the Binjai Social Agency, North Sumatra Province, are comprehensively presented in Table 1 below:

Table 1. Frequency Distribution of Elderly Respondent Characteristics (N = 62)

No	Demographic Characteristics	Frequency (f)	Percentage (%)
1	Age Group		
	60 – 69 Years Old (<i>Elderly</i>)	23	37.1%
	70 – 79 Years Old (<i>Old</i>)	28	45.2%
	≥ 80 Years Old (<i>Very Old</i>)	11	17.7%
2	Gender		
	Male	26	41.9%
	Female	36	58.1%
3	Educational Attainment		
	Uneducated / Did Not Complete Elementary School	21	33.9%
	Elementary School	25	40.3%
	Junior High School	10	16.1%
	Senior High School / Higher Education	6	9.7%
4	Marital Status		
	Single / Divorced	14	22.6%
	Widowed	48	77.4%
	Total	62	100.0%

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Based on Table 1, the majority of respondents were in the 70–79 age range (45.2%), female (58.1%), had a low formal educational background with only an elementary school education (40.3%), and were widowed (77.4%). The results of the univariate analysis for the depression level variable among the elderly using the GDS-15 instrument can be seen in the data visualization in Table 2 below:

No	Depression Level Category	GDS-15 Score Range	Frequency (f)	Percentage (%)
1	Normal / Not Depressed	0 – 4	14	22.6%
2	Mild Depression	5 – 8	18	29.0%
3	Moderate Depression	9 – 11	24	38.7%
4	Severe Depression	12 – 15	6	9.7%
	Total		62	100.0%

Table 2. Overview of Elderly Depression Levels Based on the GDS-15 Questionnaire (N = 62)

Table 2, the majority of the elderly at the Technical Implementation Unit (UPT) for Elderly Social Services of the Binjai Social Agency, North Sumatra Province, experienced moderate depression, accounting for 24 respondents (38.7%). The cumulative total of elderly individuals exhibiting depressive symptoms (spanning mild, moderate, and severe categories) reached 48 respondents (77.4%), whereas those in a normal psychological condition or showing no symptoms of depression accounted for only 14 respondents (22.6%). The empirical findings of this study indicate that the incidence of depression among the elderly living at the Technical Implementation Unit (UPT) for Elderly Social Services of the Binjai Social Agency is categorized as high, with the largest proportions found at the moderate depression (38.7%) and mild depression (29.0%) levels. This phenomenon provides strong confirmation that the nursing home environment inherently contributes psychologically to the affective vulnerability of the elderly. This high rate of depression aligns with psychogeriatric theory, which states that changing one's living environment from a family home to an institutional facility triggers severe adaptive stressors. The elderly often perceive the institution as a space of social isolation, where interpersonal emotional proximity with children or relatives is structurally severed (Videbeck, 2020). The internal factors determining this high incidence of depression are also closely related to the respondents' demographic characteristics. Based on the data, the dominant age group experiencing depression is in the 'old' phase (70–79 years old). In this phase, massive physical decline occurs, characterized by the emergence of various chronic degenerative diseases, decreased sensory acuity, and mobility dependence. These physical limitations hinder the elderly's independent activities, creating feelings of powerlessness and lowering self-esteem, which ultimately lead to a pathological depressive status. The female gender characteristics that dominate the sample (58.1%) also reinforce this vulnerability. Biologically and psychologically, elderly women possess higher affective sensitivity and are more susceptible to experiencing anxiety disorders and post-menopausal depression due to hormonal fluctuations and a tendency toward emotion-focused coping mechanisms. This is further compounded by the respondents' marital status, the majority of whom are widowed (77.4%). The loss of a life partner is one of the most severe psychosocial stressors in the human life span. The loss of an attachment figure, without adequate substitute emotional support within the institutional care facility, causes the elderly to experience prolonged or complicated grief, which manifests as chronic depressive symptoms (Patinkin et al., 2022). The highest level of education completed, which is dominated by elementary school graduates (40.3%) and those with no formal schooling (33.9%), also influences how the elderly construct their psychological coping mechanisms. Education affects an individual's breadth of insight, cognitive abilities, and

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flexibility in seeking solutions to emotional problems. Elderly individuals with low education levels tend to have limitations in understanding the self-changes that occur, are less adaptive to the stressors of the nursing home environment, and have minimal access to independent emotion regulation strategies. They express psychological stress in the form of somatic complaints as well as social withdrawal, which are typical manifestations of geriatric depression (Kauzar et al., 2025). Given the high number of elderly individuals experiencing moderate and mild depression in this facility, specific gerontological nursing interventions are absolutely imperative. If left without intensive psychological intervention, moderate depression carries a high risk of exacerbating into severe depression, which is characterized by food refusal, total communication restriction, and the emergence of suicidal ideation (Luthfiah, 2026). Based on prior literature, the application of non-pharmacological psychological therapies—such as Life Review Therapy, cognitive behavioral therapy, and structured recreational group activities—has proven effective in significantly reducing GDS scores (Tampubolon et al., 2023). These therapies provide space for the elderly to integrate past experiences, discover new meaning in life, and enhance social engagement among fellow residents. The management of the Technical Implementation Unit (UPT) for Elderly Social Services of Binjai is highly recommended to integrate this gerontological psychiatric nursing care approach into the facility's daily service agenda.

Discussion

The present study, "**An Overview of Depression Levels Among the Elderly at the Technical Implementation Unit (UPT) of Social Services for the Elderly, Social Agency, Binjai, North Sumatra Province,**" provides an overview of depressive symptoms among institutionalized older adults. Depression remains one of the most prevalent mental health disorders in late life and is recognized as a major contributor to disability, decreased quality of life, and increased mortality among older populations. Elderly individuals residing in long-term care institutions are generally more vulnerable to depression than those living in community settings because they frequently experience social isolation, loss of family support, chronic illnesses, declining physical function, and reduced autonomy. The findings of this study indicate that the majority of respondents experienced **mild to moderate depression**, while only a small proportion presented with severe depressive symptoms. This pattern suggests that although many elderly residents are still capable of adapting to institutional living, psychological distress remains common and requires continuous monitoring. Mild depression should not be underestimated because untreated depressive symptoms may gradually progress into more severe conditions, negatively affecting cognitive performance, physical health, nutritional status, sleep quality, and overall well-being. The relatively high prevalence of depressive symptoms observed in this study is consistent with previous research conducted in Indonesian nursing homes. A cross-sectional study involving elderly residents from several nursing homes in Bandung reported that more than half of the participants experienced depression, with moderate depression representing the largest proportion. The authors suggested that institutionalized elderly individuals often encounter multiple psychosocial stressors, including loneliness, separation from family members, chronic disease burden, and reduced opportunities for meaningful social interaction. One important explanation for these findings is the **loss of social and emotional support**. Many elderly individuals living in residential care facilities have limited contact with family members or receive infrequent visits. Family interaction serves as an important protective factor against depression because emotional support promotes feelings of belonging, self-worth, and life satisfaction. Conversely, prolonged separation from family may increase feelings of abandonment, loneliness, and

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hopelessness, thereby contributing to depressive symptoms. Previous studies have demonstrated that the frequency of family visits is significantly associated with lower depression scores among institutionalized older adults. Another contributing factor is the **presence of chronic medical conditions**. Aging is naturally accompanied by an increased prevalence of hypertension, diabetes mellitus, arthritis, cardiovascular disease, visual impairment, and other chronic illnesses. These conditions often reduce physical independence, increase pain, and limit participation in daily activities. Functional limitations may create a sense of helplessness and dependency, which subsequently elevates the risk of depression. Earlier studies have consistently identified chronic illness, pain, disability, and impaired mobility as significant predictors of depressive symptoms among nursing home residents. Gender may also influence depression among older adults. Numerous epidemiological studies have shown that elderly women generally report higher levels of depression than elderly men. Biological factors, hormonal changes, greater life expectancy, widowhood, caregiving experiences, and socioeconomic disadvantages have been proposed as explanations for this difference. Although the present study focused primarily on describing depression levels rather than examining causal relationships, the observed distribution is consistent with previous literature indicating that female elderly residents often exhibit greater vulnerability to depressive disorders. Age is another important consideration. Increasing age is frequently associated with declining physical health, cognitive impairment, sensory deficits, and loss of independence. Older adults in the oldest age groups often experience greater psychological adjustment difficulties due to accumulated health problems and social losses. Consequently, depressive symptoms may become more common with advancing age, although resilience and individual coping abilities may moderate this relationship. The findings also emphasize the importance of using standardized screening instruments such as the **Geriatric Depression Scale (GDS)**. The GDS is specifically designed for older adults and minimizes the influence of physical symptoms that may overlap with chronic illnesses. Because of its simplicity, good reliability, and ease of administration, the GDS has become one of the most widely recommended screening tools in geriatric settings and nursing homes worldwide. Early identification through routine screening enables healthcare providers to implement timely interventions before depressive symptoms become severe. From a practical perspective, the findings suggest that depression management in the UPT Social Services for the Elderly should extend beyond pharmacological treatment. Comprehensive interventions should incorporate psychosocial support programs, recreational activities, physical exercise, spiritual counseling, group therapy, and family involvement whenever possible. Encouraging regular social interaction among residents, organizing meaningful daily activities, and maintaining communication with family members may reduce loneliness and improve emotional well-being. International evidence indicates that multidisciplinary approaches integrating psychological, social, and physical interventions are more effective in reducing depressive symptoms among institutionalized older adults than relying solely on medication. Furthermore, nursing staff play a central role in recognizing depressive symptoms because they interact with residents on a daily basis. However, studies have shown that depression in nursing homes is frequently under-recognized without standardized assessment tools. Therefore, continuous training for nurses and caregivers regarding depression screening, communication skills, and mental health promotion is essential to improve early detection and appropriate management. Overall, this study demonstrates that depression is a significant mental health concern among elderly residents of the Technical Implementation Unit (UPT) of Social Services for the Elderly in Binjai, North Sumatra Province. Although severe depression affected only a minority of

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participants, the presence of mild and moderate depressive symptoms in many residents highlights the need for continuous mental health surveillance and comprehensive psychosocial interventions. Strengthening family engagement, promoting social participation, improving caregiver competency, and implementing regular depression screening programs are recommended to enhance the psychological well-being and quality of life of institutionalized older adults.

IV. CONCLUSION

Based on the results of data analysis and discussion, it can be concluded that the majority of the elderly at the Technical Implementation Unit (UPT) for Elderly Social Services of the Binjai Social Agency, North Sumatra Province, experience depression, with moderate depression being the most dominant proportion (38.7%), followed by mild depression (29.0%) and severe depression (9.7%). This condition is predominantly found among the elderly characterized by advanced age (>70 years old), female gender, low educational attainment, and widowed marital status.

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