Psychological problems among elderly people at geriatric homes in the Middle Euphrates Governorates

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Abstract : Background: Anxiety and depression are more psychological problems afflicting the elderly which adversely affect the quality of their lives.

Objective: To assess the psychological problems among elderly people at geriatric homes in the Middle Euphrates Governorates.

Methodology: A descriptive correlation analytical study included a purposive (non – probability) sample of (82) elderly was selected for the present study. The data had been a collection from 17th February 2016 to 3rd April 2016. Data were collected through the use of the constructed questionnaire and the process of interviewing to elderly people. Data were analyzed through the application of descriptive statistical analysis (percentage, frequency and inferential data analysis) (Chi-square) with (SPSS, Version 20).

Results: The findings of the study indicate that most of the samples (43.9%) have moderate anxiety level, (37.8 %) have severe anxiety level and (18.3%) of the samples have mild anxiety. There is a high significant relationship in anxiety level with socio-demographic data (age, age at admission, residence years in geriatric homes, previous professions, educational level, social status, financial resources, smoking, and chronic diseases), there was a significant relationship in anxiety level with socio-demographic data (economic status, financial support by family). The findings of the study indicate that most of the samples (37.8%) have moderate depression, (32.9%) of the samples have severe depression level and (29.3%) have mild depression level. There is a high significant relationship in depression level with socio-demographic data (age, age at admission, residence years in geriatric homes, social status, financial resources, smoking, and chronic diseases), there was a significant relationship in depression level with socio-demographic data (educational level).

Conclusion: All elderly people affected with the psychological problems in different levels and there are a weak relationship between males and females in gender group with psychological problems.

Recommendations: The study recommends that give an psycho educational program for elderly people to increase their knowledge toward the psychological problems such as (anxiety, depression)and provide psychological support to improve their psychological status.

Keywords : elderly, anxiety, depression.

Introduction

Elderly or old age consistsof ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be definedexactly because it does not have the same meaning in all societies[1].

Ageing is an inevitable developmental phenomenon bringing along a number of changes in a physical, psychological, hormonal and the social conditions. Defineageing in terms of the biology, referring to 'the regular changes that occur in mature genetically representative organism living under reprehensive environmental conditions as they advance in chronological age'. Old age has been viewed, as problematic period of one's life. The old person's age become increasingly dependent on others[2].

The world's population is ageing rapidly Between 2015 and 2050, the population of the world's order adult is estimated to almostdouble from about 12% to 22%. In absolute terms, this is anexpectedincrease from 900 million to 2 billion people over the age of 60 [3]. The big shift towards in aging population is due to delayed effect of high fertility levels after the Second World War and further new improvements in health care which lead to decrease in death averages at advanced ages[4]. Elderly people resisted private physical and mental health challenges that should be an acknowledged[3].

Loss of a spouse takes aheavy toll on health and is one of the primary causes of depression. Being left alone oftenprevents many older persons from enjoying life. Retirementand interpersonal difficulties with family members, poverty and loneliness, use of multiple medicines, retirements, financial crisis, fear of death[2].

These situations greatly impact the psychological statuses of the elderly, making them prone to depression[5].

In addition to physical problems, mental conditions are commonin nursing home residents. In fact, dementia remains the most common problem, and affects in an estimated 50-70% of residents. More than three fourths of nursing-home residents have problems making daily decisions, and two thirds have problems with memory or knowing wherethey are from time to time[6].

Geriatric homes are licensed health care facilities that are inspected and regulated by a state's Department of Health Services. They offerlong- and short-term care for individuals who need rehabilitation services or who suffer from serious or persistent health issues, such as Alzheimer's disease, that are too complicated to be tended to at home or at an assisted in living facility[7].

The world's population has been experiencing significant ageing which that results in rising proportions of older persons in the total population- since the mid-twentieth century. Ageing has started earlier in the more developedregions and was beginning to take place in some developing countries[8].

Important alterations in the life that take place as we get advance in age may cause sensations of uneasiness, stress and unhappiness. For example, the dying of one of the family, transforms from function into pension, or treated with a dangerous disease can left people sensation sad or concern[9].

Various studies have been conducted to analyze the health and related issues associated with old age, which needs further exploration, so the present study was focused on various socio-demographic profiles and its association with Psycho-social problems[1].

Objectives of the Study

1. To assess the psychological problems among elderly people at geriatric homes.
2. To find out the relationship between the psychological problems of elderly people with their demographical data such as (age, age at admission, residence years in geriatric homes, previous professions, educational level, social status, economic status, financial support by family, the financial resources, smoking, chronic diseases).

Methodology

A descriptive analytical study using the technique of assessment to assess the psychosocial problems among elderly people at geriatric homes in the Middle Euphrates Governorates. The study was carried out to assess the psychological problems among elderly people which are (anxiety, depression).

To achieve the purpose of the study, questionnaire was constructed by the researcher.

The questionnaire items based on: Extensive review of related studies and literature.

Scales such as: Taylor Anxiety, Beck Depression.

The questionnaire consistof psychological problems which contain 29 items distributed as following:-

● 14 items concerned with the anxiety disorder.

● 15 items concerned with the depression disorder.

In order to test the validity of the questionnaires, the instrument was presented to panel of experts in different fields to make it more valid.

The data collection was carried out from February 17th 2016 to April 3rd 2016. The questionnaire has been administrated personally by the researcher to elderly people. Data were analyzed through the application of descriptive statistical analysis (Frequency F., Percentage P.),and inferential data analysis plan (Chi-square) with (SPSS, Version 20).

Results

Table (1): Socio-demographic characteristics of the sample

No.	Variable		
1-a	**Age (year)**	**F.**	**%**
1	55 – 64	5	6.1
2	65 – 74	28	34.1
3	75 – 84	**36**	**43.9**
4	85 and more	13	15.9
	Total	82	100.0
1-b	**Age at admission**	**F.**	**%**
1	55 – 64	20	24.4
2	65 – 74	**39**	**47.6**
3	75 – 84	9	11.0
4	85 and more	14	17.1
	Total	82	100.0
1-c	**Residence years in geriatric homes**	**F.**	**%**
1	1 – 4	**54**	**65.9**
2	5 – 8	12	14.6
3	9 – 12	7	8.5
4	13 – 16	9	11.0
	Total	82	100.0
2	**Gender**	**F.**	**%**
1	Female	33	40.2
2	Male	**49**	**59.8**
	Total	82	100.0
3	**Previous professions**	**F.**	**%**
1	Retired	27	32.9
2	Free business	27	32.9
3	Housewife	**28**	**34.1**
	Total	82	100.0
4	**Educational level**	**F.**	**%**
1	Illiterate	**35**	**42.7**
2	Primary school graduate	27	32.9
3	Secondary school graduate	12	14.6
4	Diploma or more	8	9.8
	Total	82	100.0

Table (1) shows that the majority (43.9%) of elderly sample with in the age group (65-74) years,regarding to their age at admission (47.6 %) their age (65-74) years.

Regarding their residence years in geriatric homes (65.9 %) of the sample their residence years in geriatric homes (1-4 years).

According to gender the majority of the sample (59.8%) were male and (40.2%) were female, In regards to previous professions (32.9%) is retired, (32.9%) free business, (34.1%) housewife.

The table shows also educational level (42.7%) of the sample were illiterates, (32.9%) primary school graduate.

Table (1) continued

5	Social status	F.	%
1	Single	20	24.4
2	Married	22	26.8
3	Divorced	**24**	**29.3**
4	Widowed	13	15.9
5	Separated	3	3.7
	Total	82	100.0
6-a	Economic status	F.	%
1	Have pension	36	43.9
2	Have salary from the social welfare	**46**	**56.1**
	Total	82	100.0
6-b	Financial support by family	F.	%
1	No	**73**	**89.0**
2	Yes	09	11.0
	Total	82	100.0
6-c	The financial resources	F.	%
1	Not enough	**39**	**47.6**
2	Semi-enough	12	14.6
3	Enough	31	37.8
	Total	82	100.0

Also the table shows social status (24.4%) single, (26.8%) married, (29.3%)divorced.Regarding to economic status (43.9%) have pension, (56.1%) have salary from the social welfare, As regards to financial support by family (89.0%) they have no supported from their family, (11.0%) they have supported from their family, In regards to the financial resources (47.6%) of the sample their financial resources not enough while (14.6%) semi-enough, (37.8%) enough.

Table (2): Distribution of the sample according to their levels of psychological problems.

Psychological problem	Anxiety		Depression	
Levels	F.	%	F.	%
Mild	15	18.3	24	29.3
Moderate	**36**	**43.9**	**31**	**37.8**
Severe	31	37.8	27	32.9
Total	82	100.0	82	100.0

According to levels of psychological problems table (2) that the majority of the samples (43.9 %) have moderate anxiety level,)37.8 %) have severe anxiety level and (18.3%) of the samples have mild anxiety level.

The table indicates that the majority of the samples (37.8 %) have moderate, (32.9 %) severe level and (29.3 %) of them have mild depression level.

Table (3a): Association between anxiety levels and socio-demographic data

No.	Variable	Anxiety Levels			Chi-Square tests		
1-a	Age	Mild	Moderate	Severe	Value	Df	Expected
1	55-64	2	2	1	7.125	6	0.91
2	65-74	3	16	9			
3	75-84	**9**	**13**	**14**			
4	85 and more	1	5	7			
	Total	15	36	31			
1-b	Age at admission						
1	55-64	6	9	5	6.198	6	1.65
2	65-74	**5**	**20**	**14**			
3	75-84	2	3	4			
4	85 and more	2	4	8			
	Total	15	36	31			
1-c	Residence years in geriatric homes						
1	1-4	9	22	23	3.753	6	1.28
2	5-8	2	7	3			
3	9-12	2	4	1			
4	13-16	2	3	4			
	Total	15	36	31			
2	Gender						
1	Female	5	12	16	2.679	2	6.04
2	Male	10	24	15			
	Total	15	36	31			

Table (3b): Association between anxiety levels and socio-demographic data

No.	Variable	Anxiety Levels			Chi-Square tests		
3	**Previous professions**						
1	Retired	7	15	5	7.562	4	4.94
2	Free business	4	12	11			
3	Housewife	4	9	15			
	Total	15	36	31			
4	**Educational level**						
1	Illiterate	8	14	13	10.756	6	1.46
2	Primary school graduate	2	16	9			
3	Secondary school graduate	4	5	3			
4	Diploma or more	1	1	6			
	Total	15	36	31			
5	**Social status**						
1	Single	3	8	9	9.803	8	0.55
2	Married	3	14	5			
3	Divorced	4	8	12			
4	Widowed	4	6	3			
5	Separated	1	0	2			
	Total	15	36	31			

Table (3c): Association between anxiety levels and socio-demographic data

No.	Variable	Anxiety Levels			Chi-Square tests		
6-a	**Economic status**						
1	Have pension	5	12	19	6.119	2	6.59
2	Have salary from the social welfare	10	24	12			
	Total	15	36	31			
6-b	**Financial support by family**						
1	No	15	32	26	2.693	2	1.65
2	Yes	0	4	5			
	Total	15	36	31			
6-c	**The financial resources**						
1	Not enough	11	16	12	6.166	4	2.20
2	Semi-enough	1	7	4			
3	Enough	3	13	15			
	Total	15	36	31			

This table indicates that there is a high significant relationship between anxiety levels with socio-demographic data (age, age at admission, residence years in geriatric homes, previous professions, educational level, social status, the financial resources) at the subject according to account chi-square value and expected value(7.125> 0.91, 6.198 > 1.65, 3.753 > 1.28, 7.562 > 4.94, 10.756 > 1.46, 9.803 > 0.55, 6.166 >2.20)respectively that indicate the relationship is acceptable, this table indicates that there is a significant relationship between anxiety levels with socio-demographic data (economic status, financial support by family)

at the subject according to account chi-square value and expected value (6.119= 6.59, 2.693= 1.65) respectively that indicate the relationship is equal, also the table indicates that there is a non-significant relationship between anxiety levels with socio-demographic data (gender) at the subject according to account chi-square value and expected value (2.679 < 6.04) that indicate the relationship is not acceptable.

Table (4a): Association between depression levels and socio-demographic data.

No.	Variable	Anxiety Levels			Chi-Square tests		
1-a	Age	Mild	Moderate	Severe	Value	Df	Expected
1	55-64	2	2	1	7.125	6	0.91
2	65-74	3	16	9			
3	75-84	**9**	**13**	**14**			
4	85 and more	1	5	7			
	Total	15	36	31			
1-b	Age at admission						
1	55-64	6	9	5	6.198	6	1.65
2	65-74	**5**	**20**	**14**			
3	75-84	2	3	4			
4	85 and more	2	4	8			
	Total	15	36	31			
1-c	Residence years in geriatric homes						
1	1-4	9	22	23	3.753	6	1.28
2	5-8	2	7	3			
3	9-12	2	4	1			
4	13-16	2	3	4			
	Total	15	36	31			
2	Gender						
1	Female	5	12	16	2.679	2	6.04
2	Male	10	24	15			
	Total	15	36	31			

Table (4b): Association between depression levels and socio-demographic data.

No.	Variable	Anxiety Levels			Chi-Square tests		
3	Previous professions						
1	Retired	7	15	5	7.562	4	4.94
2	Free business	4	12	11			
3	Housewife	4	9	15			
	Total	15	36	31			
4	Educational level						
1	Illiterate	8	14	13	10.756	6	1.46
2	Primary school graduate	2	16	9			
3	Secondary school graduate	4	5	3			
4	Diploma or more	1	1	6			
	Total	15	36	31			

Table (4c): Association between depression levels and socio-demographic data.

No.	Variable	Anxiety Levels			Chi-Square tests		
5	Social status						
1	Single	3	8	9	9.803	8	0.55
2	Married	3	14	5			
3	Divorced	4	8	12			
4	Widowed	4	6	3			
5	Separated	1	0	2			
	Total	15	36	31			
6-a	Economic status						
1	Have pension	5	12	19	6.119	2	6.59
2	Have salary from the social welfare	10	24	12			
	Total	15	36	31			
6-b	Financial support by family						
1	No	15	32	26	2.693	2	1.65
2	Yes	0	4	5			
	Total	15	36	31			
6-c	The financial resources						
1	Not enough	11	16	12	6.166	4	2.20
2	Semi-enough	1	7	4			
3	Enough	3	13	15			
	Total	15	36	31			

This table indicates that there is a high significant relationship between depression levels with socio-demographic data (age, age at admission, residence years in geriatric homes, social status, the financial resources) at the subject according to account chi-square value and expected value (13.200 > 1.46, 11.235 > 2.63, 4.711>2.05, 11.514 > 0.88, 7.617 > 3.51) respectively that indicate the relationship is acceptable, this table indicates that there is a significant relationship between depression levels with socio-demographic data (educational level) at the subject according to account chi-square value and expected value (3.706 = 2.34) that indicate the relationship is equal, also the table indicates that there is a non-significant relationship between depression levels with socio-demographic data (gender, previous professions, economic status, financial support by family) at the subject according to account chi-square value and expected value (3.869 < 9.66, 5.491 < 7.90, 6.089 < 10.54, 0.290 < 2.63) respectively that indicate the relationship is not acceptable.

Discussion

The findings of the study shows that the majority of the sample (43.9%) were in the age group (75-84) years. This mean that is the age group who need to be in geriatric homes when there is no one give care to them. This result is supported by (Bruce et al., 2002) who found that (41.4%) were in the age group (75-84) years[10], while (Kaur et al., 2006) who found that (46.6% and 57%) of his family sample were at age group (60-70) years[11].

According to the age at admission to geriatric home the result indicates that most of sample (47.6%) were in the age group (65-74) years. This means that a large proportion of elderly in the Middle Euphrates governorates they entering geriatric homes in this age groups from their lives because most of the elderly were

suffering from losing their abilities and motor skills and they need someone to give care. This result were supported by (Abolfotouh et al., 2001) who found that (65.6%) were in the aged group (65-74) years[12].

Regarding to the residence years in geriatric homes the most of the sample (65.9%) their residence years in geriatric homes were (1-4) years. This result is supported by (Mecheser, A. 2005) who found that the elderly people residents in the geriatric homes (66%) between (1-5) years[13].

Concerning with the gender the present study show that the most of the sample (59.8%) were male, (40.2%) were female. This means the present of elderly men is more than elderly women. These results were supported by (Mecheser, A. 2005) who found that (60%) were male and (40%) were female[13].

Furthermore, the study results revealed that previous professions that majority of the sample (34.1%) were housewife, (32.9%) were retired, (32.9%) were free business. This result may be because the women in our society not work and stay in home and take care to children. This result is against the finding of (Mecheser, A. 2005) who found that (62%) retired, (36%) unemployed[13].

According to educational levels the results indicated that the majority (42.7%) were illiterates. This may be because these individuals were unfortunately did not have the chance to be enrolled in the education system because the nature of their life.. This outcome is supported by (Mecheser, A. 2005) who found that (38%) of his sample were illiterates[13],also (Boralingaiah et al., 2012) revealed that (50.4%) of his result were illiterates[1], also (Gupta et al., 2012) found that (57.7%) of the sample were illiterates[14].

Relative to social status that the most of the sample (29.3%) were divorced. This result is supported by (Mecheser, A. 2005) who found that (34%) of the sample were divorced[13].

The study result of the economic status indicates that the most of the sample (56.1%) were received salary from the social welfare. The social welfare gives salary to people who don't work and they have no salary and they need salary to service. This result is supported by (Mecheser, A. 2005) who found that (66%) of the sample were received salary from the social welfare[13] and (Abolfotouh et al., 2001) who found that (36.3%) of the sample were received salary from the social welfare[12], (Ubaidulla et al., 2014) who found that (26.56%) of the sample were received salary from the social welfare[15].

In regard to financial support by family the results show that (89%) of the sample they were not supported by their families financially .This may be because a large proportion of the elderly are neglected they are from their family and not supported by them. This result is supported by (Mecheser, A. 2005) who found that (94%) were not supported financially by their family[13], the same result shows by (Boralingaiah, et al., 2012) who found that (45.6%) were not supported financially by their family[1].

The study results shown the financial resources that the most of the sample (47.6%) their financial resources were not enough. The reason for that lack of adequate financial support from the families and their salary not enough to them. This result is supported by (Mecheser, A. 2005) who found that (46%) their financial resources were insufficient[13].

This result indicates that the most of the sample (43.9%) have moderate anxiety level, (37.8%) have severe anxiety level. These results disagree with (Boralingaiah et al., 2012) who found that (3.4%) of the sample have anxiety[1] and (Smalbrugge et al., 2004) who found that (5.7%) of the sample have anxiety[16].

The study has revealed that (37.8%) have moderate depression level, (32.9%) have severe depression level and (29.3%) of the sample has mild depression level. This results were supported by (Goldberg et al., 2011) who found that (32%) of the sample have depression[17], not support by the findings of (Abolfotouh et al., 2001) who found that (17.5%) of the sample have depression[12] and (Robison et al., 2009) who found that (1.18%) of the sample have depression[18] and (Gupta et al., 2012) who found that (9.6%) of the sample have depression[14] and (Boralingaiah, 2012) who found that (1.1%) of the sample have depression[1].

The findings of the study indicate that there is a high significant relationship between anxiety levels and the age of elderly people at account chi-square value 7.125 and expected value 0.91. The reason for this result whenever advance of human age will suffer from increased anxiety due to which afraid vulnerability to physical disabilities and losing the life. This study were compatible with (Smalbrugge et al., 2004) who found relationship between anxiety and age[16].

According to the age at admission which revealed that there is a high significant relationship between anxiety levels and the age at admission of elderly people at account chi-square value 6.198 and expected value 1.65. This may be because social and economic problems which faced by the elderly and impeding the

psychological and social compatibility. This study was compatible with (Smalbrugge et al., 2004) who found relationship between anxiety and age at admission[16].

Regarding to the residence years in geriatric homes which revealed that, there is a high significant relationship between anxiety levels and the residence years in geriatric homes of elderly people at account chi-square value 3.753 and expected value 1.28. This may be because that the stays of the elderly for a long time in geriatric homes will have adaptable more than the others elderly who enter recently. This study were does not support with (Mecheser, A. 2005) who found no relationship between anxiety and residence years in geriatric homes[13].

Concerning with gender the findings of the study shows that there is non-significant relationship n between anxiety levels and gender of elderly people at account chi-square value 2.679 and expected value 6.04. The reason for that the women need to support, care and help because she's affected by life events than men. The study of (Mecheser, A. 2005) and (Singh et al., 2013) disagree with the present study findings[13,19].

Furthermore, the study results about previous professions indicates that there is a high significant relationship between anxiety levels and previous professions of elderly people at account chi-square value 7.562 and expected value 4.94. This may be because the retired person has pension covering costs and living expenses to an elderly person who had the pension were more stable from the persons who didn't have the pension. This study was compatible with (Mecheser, A. 2005) who found relationship between anxiety and previous professions[13].

The study about educational level indicates that there is a high significant relationship between anxiety levels and educational level of elderly people at account chi-square value 10.756 and expected value 1.46. This is because the human who has learning achievement and cultural were the lowest level of anxiety from illiterate people because the educated person has the ability to understand the situation and deal with it correctly. This study were not compatible with (Singh et al., 2013) who found no relationship between anxiety and educational level[19].

Relative to social status indicate that there is a high significant relationship between anxiety levels and the social status of elderly people at account chi-square value 9.803 and expected value 0.55. The reason for this result, the social status were effected directly impact on anxiety level because of the social status and family connections leading to constant thinking with their families and missing them. This study were not compatible with (Singh et al., 2013) who found no relationship between anxiety and social status[19].

The study result about the economic status indicates that there is a significant relationship between anxiety levels and the economic status of elderly people at account chi-square value 6.119 and expected value 6.59. The reason for this result, the elderly person who had the pension getting an income more than the social welfare,this study were not compatible with (Mecheser, A. 2005) who found no relationship between anxiety and economic status[13].

In regard to financial support by family indicate that there is a significant relationship between anxiety levels and financial support by family of elderly people at account chi-square value 2.693 and expected value 1.65. The reason for that the financial support by family has two aspect emotional aspect through elderly feeling with attention and love their family for them and the financial support aspect which helps the elderly in meet the need it. This study were not compatible with (Mecheser, A. 2005) who foundrelationship between anxiety and financial support by family[13].

The study revealed to the financial resources indicate that there is a high significant relationship between anxiety levels and the financial resources of elderly people at account chi-square value 6.166 and expected value 2.20. This mean whenever income sufficient and meet the needs of the elderly will have important factor in stability their psychological status. This study were not compatible with (Mecheser, A. 2005) and (Singh et al., 2013) who found no relationship between anxiety and financial resources[13,19].

The findings of the study indicate that there is a high significant relationship between depression levels and the age of elderly people at account chi-square value 13.200 and expected value 1.46. The reason for this result that had the experience of age and experiments acquired from the life which considered important to overcome depression. This study were compatible with (Mecheser, A. 2005) and (Boralingaiah et al., 2012) and (Abolfotouh et al., 2001) who found relationship between depression and age[1,12,13].

According to the age at admission which revealed that there is a high significant relationship between depression levels and the age at admission of elderly people at account chi-square value 11.235 and expected

value 2.63. This may be because socio-economic problems which leads to psychosocial disorders. This study were compatible with (Abolfotouh et al., 2001) who found relationship between depression and age at admission[12].

Regarding to the residence years in geriatric homes which revealed that there is a high significant relationship between depression levels and the residence years in geriatric homes of elderly population at account chi-square value 4.711 and expected value 2.05. This may be because whenever the longer stay of the elderly in geriatric homes will change the depressive symptoms were increasing or decrease depression depending on their period of stay in geriatric homes. This study were does not support with (Mecheser, A. 2005) who found no relationship between depression and residence years in geriatric homes[13].

Concerning with gender the findings of the study shows that there is non-significant relationship between depression levels and gender of elderly people at account chi-square value 3.869 and expected value 9.66. The reason for that women's may need more support and care than males and they need more help from others due to their nature as women's. The study of (Singh et al., 2013) not compatible with the present study findings[19].

Furthermore, the study results about previous professions indicates that there is non-significant relationship between depression levels and previous professions of elderly people at account chi-square value 5.491 and expected value 7.90. This may be due to made adaptable the individuals with their life events in geriatric homes. This study was compatible with (Singh et al., 2013) who found no relationship between depression and previous professions[19].

The study about educational level indicates that there is a significant relationship between depression levels and educational level of elderly people at account chi-square value 3.706 and expected value 2.34. This is because the cultural level were an indicator of vulnerability of elderly about psychological problems faced by (depression), where used their cultural background to dealing and coping with these problems. This study were not compatible with (Ramchandra and Salunkhe, 2014) who found no relationship between depression and educational level[20]

Relative to social status indicate that there is a high significant relationship between depression levels and the social status of elderly people at account chi-square value 11.514 and expected value 0.88. The reason for this result the social situation were one the factors influencing human emotions that give it a sense of stability as an image reflected on the psychological condition of the elderly. This study were not compatible with (Ramchandra and Salunkhe, 2014) who found no relationship between depression and social status[20].

The study result about the economic status indicates that there is non-significant relationship of depression levels and the economic status of elderly people at account chi-square value 6.089 and expected value 10.54. This mean the low economic situation were negatively affected elderly people because of the financial deficit and low economic situation. This study was compatible with (Mecheser, A. 2005) who found no relationship between depression and economic status[13].

In regard to financial support by family indicate that there is non-significant relationship between depression levels and financial support by family of elderly population at account chi-square value 0.290 and expected value 2.63. The reason for that the financial support by family with a significant impact on the psychology of the elderly so that this support reduces the level of depression for elderly. This study was compatible with (Mecheser, A. 2005) who found no relationship between depression and financial support by family[13].

The study revealed to the financial resources indicate that there is a high significant relationship between depression levels and the financial resources of elderly people at account chi-square value 7.617 and expected value 3.51. This mean the financial support is an important element in stability of the psychological state of the elderly because it provided comfort and well-being in geriatric homes. This study were not compatible with (Singh et al., 2013) who found no relationship between depression and financial resources[19].

Conclusion

All elderly people affected with the psychological problems in different levels and there are a weak relationship between males and females in gender group with psychological problems.

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