

## Description of Depression Levels in the Elderly at the Tresna Werdha Budi Mulia 3 Margaguna, South Jakarta

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### ABSTRACT

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**Background:** Depression is a type of disturbance in emotional feelings accompanied by psychological components, such as feeling sad, sad, hopeless, unhappy. Depression in the elderly can have a devastating effect if it persists. In addition, there are no appropriate interventions given to the elderly, the condition of the occurrence of further conditions such as physical illness, abuse of drugs, alcohol and nicotine. It could even be suicide.

**Aim:** The purpose of this study was to describe the level of depression in the elderly who live at the Tresna Werdha Budi Mulia Social Home. 3.

**Methods:** The design of this study was descriptive with a cross sectional approach. The instrument used was the Geriatric depression Scale (GDS). Sample: Total sampling technique was done using non-probability sampling technique and the sample size calculation in this study using the Slovin formula with the results of 155 respondents.

**Results:** The level of depression in the elderly at the Tresna Werdha Budi Mulia 3 Maraguna Social Institution was mild depression of 50 respondents (32.2%) and severe depression of 13 respondents (8.4%).

**Conclusion:** The level of depression in the elderly at the Tresna Werdha Budi Mulia 3 Maraguna Social Institution with the old characteristics of the institution.

### Keywords:

Depression, Elderly, Depression Levels

### PRELIMINARY

Humans are living things that will definitely experience changes from time to time. Starting from early life in the womb, being born into old adulthood, then there are changes in the physical, motor, mental, emotional and social aspects. The patterns of change initially increase, then decrease. This increase occurs in the process of growth, development and maturity. A decrease that occurs during the aging process (Sudirjo and Nur, 2018)

In the family, after someone is considered or has entered the elderly phase, it is considered as if they have finished their duties. Can no longer work, do hard activities, and begin to resign from socializing in the community. Sometimes there is no longer a role as a family or the role of the family will be replaced by children who are married.

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In the elderly the occurrence of an aging process that occurs naturally which cannot be prevented or avoided which is a common thing for people who are getting older. Furthermore, there will be changes physically and psychologically. The aging process that can occur in the elderly results in decreased neurotransmitters, norepineprine, dopamine and also serotonin which have an impact on emotional or emotional disturbances and cause depression. Not only that, these neurochemical changes also greatly affect an individual's ability to repeat bad stimulation which can conflict with emotional or feelings (Audet et al, 2011)

Aging is a process of slowly disappearing the ability of a network to repair itself or replace itself and maintain structure and function back to normal (Santoso and Ismail, 2009)

Old age or also called late adulthood is the final stage in the human life cycle. The occurrence of an aging process that occurs naturally that cannot be prevented and is a common thing for people who are getting older. In the elderly there are changes in physical biology, psychological

conditions, and changes in social conditions. What usually happens in the elderly is the occurrence of weakness, limitations and disability which causes the quality of life in the elderly to decline.

According to the Government Regulation of the Republic of Indonesia Number 43 of 2004, an elderly person is someone who has reached the age of 60 years and over. In both developed and developing countries the composition of the elderly population is increasing rapidly. The increase in the elderly is due to a decrease in birth and death rates, leading to an increase in life expectancy. The increase in the elderly has been predicted globally and will continue to increase (Kementrian Kesehatan RI, 2017)

Based on the Ministry of Health of the Republic of Indonesia, elderly data in 2017 reached 23.66 million or 9.03% of the total population of Indonesia. And it is predicted that in 2020 the number of elderly people will increase to 27.08 million, in 2025 the number of elderly will reach 33.69 million and in 2035 the number of elderly will reach 48.19 million. This increase in the elderly is caused by several factors, namely increased nutrition, sanitation facilities, health services, to progress in education and better socio-economic conditions (Kementrian Kesehatan RI, 2017)

Increasing life expectancy and increasing the number of elderly people is actually a success in social and economic development. However, this success has consequences and responsibilities for both society and government. Due to increasing age the condition and ability. (Indonesian Ministry of Health, 2017)

An increase in life expectancy can lead to high levels of disorders and diseases in the elderly. The health problems that are often faced by the elderly are related to the setbacks experienced both physically and mentally. One of them is depression, which is a mental disorder that is often found in the elderly (Kaplan, 2011). WHO predicts that in 2020 depression will become one of the mental illnesses that many elderly people experience. Especially in major depression, it will become the second cause of death after heart attack in developing countries (Juwanita, 2018). The common problems of siatry among the elderly are depression which is 42%, schizophrenia is 22% and bipolar disorder is 13% (Kusbaryanto and Nurulita, 2009).

According to WHO in 2013, around 5-10% of elderly people in the world have experienced depression in 2013, about 60% of patients in the geriatric unit. In Indonesia, the prevalence is estimated to be 10-15% of the elderly population (Soejono, 2013). The prevalence of depression in the elderly in a primary health service is 5-17%, the elderly are in the community amounting to 20%, the elderly are in hospital, namely 25% and the elderly are in nursing homes, namely 40% (Handayani and Oktaviani, 2018 )

The main symptom of depression occurs in about 10-15% of all people who are over 65 years of age or have entered uninstituted old age. These depressive symptoms have much to do with late adjustment to life losses and other physical stressors and illnesses. The incidence of depression is more prevalent in the Nursing Home or Social Institution which covers the elderly. The rate of depression in the elderly has increased drastically who live in an institution around 50-75% (Handayani and Oktaviani, 2018)

Even though depression is not a normal part of the aging process. However, depression is a problem that often occurs in the elderly. Depression in the elderly can usually result from several factors. Factors that influence depression in the elderly, namely psychological factors, physical factors and social factors which are interrelated, so that they can directly worsen the condition and quality of life of the elderly. Psychological factors include conditions of low economic status, a sense of loss due to the death of spouses and families, and also the personality of the elderly. Physical factors include disease conditions that commonly occur in the elderly such as hypertension, anemia, diabetes, stroke, physical weakness and others. Social factors include reduced interaction between the elderly and the community, social support,

Depression is a type of disturbance in emotional feelings that is accompanied by psychological components, such as feelings of distress, sadness, hopelessness, and unhappiness. As for somatic components such as anorexia, constipation, skin irritation, decreased blood pressure and pulse (Yosep, 2010)

The manifestations of depressive disorders in the elderly include self-deprecating remarks, such as saying that they are useless, difficult to concentrate, increased emotional levels, decreased appetite, sleep disturbances and social isolation. Elderly who experience depression in general will experience symptoms such as feeling unhappy in life, changes in eating behavior, disturbances in carrying out activities, lack of energy, having useless life beliefs and also decreased self-confidence, self-destructive behavior even though indirectly such as abuse of alcohol, smoking, drugs, nicotine and other drugs. (Syamsuddin, 2010).

Depression in the elderly can have a devastating effect if it persists. In addition, there are no appropriate interventions given to the elderly, the condition of the occurrence of further conditions such as physical illness, abuse of drugs, alcohol and nicotine. It can even occur suicide (Suandana. 2011)

In Indonesia, most of the elderly people live with their respective families. But on the other hand, due to work guidance in the family, it has an impact on the reduced time to do care for the elderly. Not only that, a shift in the structure of family members and a lack of kinship between family members. There are some elderly who live in social institutions that are facilitated by the government, which are

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homes for the elderly who have family problems or problems with economic status or physical illness. However, with this, there will be differences in environmental conditions between social institutions and home environment with family. The difference in environmental aspects is what can affect mental health status, psychology and spirituality.

Tresna Budi Mulia 3 Social Institution is a government institution that provides protection and social welfare services for the elderly. This social institution is a protection from the Indonesian Ministry of Social Affairs. Tresna Budi Mulia 3 Social Institution is a place for elderly people who do not have a partner, children, relatives and friends who can accept all conditions in their life, therefore the government needs to provide special protection with this social home.

Researchers have conducted a preliminary study at the Tresna Werdha Budi Mulia 3 Social Home, Margaguna, South Jakarta. In February 2019 the number of residents of the Social Home of Tresna Werdha Budi Mulia 3 Margaguna was 248 people. This social institution is managed by the DKI Jakarta Social Service. The number of elderly people who were brought to the Social Institution was due to social problems. According to several elderly people who had been interviewed, they were taken and assigned to live in social institutions because their families had been neglected or the family was unable to care for the elderly due to economic problems. Many elderly people who migrate to look for their fortune outside the city by begging, busking or scavenging are then caught by the Satpol PP. There are also elderly people who no longer have a family,

In research studies that have been conducted by researchers, many elderly suffer from cognitive and psychiatric disorders. Where is the impact of the depression he has experienced. So there are possible factors that cause depression that is experienced and occurs during before living at the institution and during the stay at the institution. The incident that lasted for a long time, and the lack of care by the officers for the elderly then led to depression and this depression continued. Therefore it is necessary to detect depression that needs to be done to make the beginning of treating depression so that it is not sustainable.

Researchers also made observations when visiting the orphanage, observing the situation and activities of the elderly in general. Researchers also conducted interviews with the nursing staff to get more information about the condition of the elderly in the home. The staff at the orphanage said that there were many routine activities carried out at the orphanage such as morning exercise, receiving guest visits, religious studies, art activities and training in making handicrafts. There is no compulsion for elderly officers to participate in all these activities. Active elderly people can mobilize and fulfill basic needs independently. Those who are active usually just sit in the teras room, doze off in their respective rooms and go back

and forth in the orphanage. There are no meaningful activities every day.

Passive elderly because they experience impaired mobilization and only do activities in bed. All of their basic needs are assisted by the orphanage personnel, such as delivering food, washing them, giving medicine, and guiding when there is a checkup.

In general, the environmental conditions inside and outside the nursing home are clean and beautiful because of the abundance of trees, clean air, facilities for adequate mobilization for the elderly and avoiding the risk of falls, the need for adequate water, clean and easily accessible to the elderly. However, there are some in the elderly's room who are passive or have an impaired mobilization that smells bad. This can cause discomfort for the elderly.

**RESEARCH METHODOLOGY**

This study is a non-experimental quantitative study because in this study there was no experiment or intervention to the respondents. (definition of quantitative research). This research uses a simple descriptive design which is a research design carried out with the aim of describing or describing a situation, condition, situation, event, and activity objectively.

This study used a cross sectional approach. Researchers measure one variable with another. Each subject is only observed once and the measurement of the subject variable is carried out on that examination. The research plan was to determine the variable description, namely the elderly with depression levels.

**RESULTS**

**Table 1. Depression Rates for the Elderly by Gender (n = 155)**

Gender	Depression level			
	Normal	Light	Weight	Total
Male	47 77.0%	13 21.3%	1 1.6%	61 100.0%
Women	45 47.9%	37 39.4%	12 12.8%	94 100.0%
<b>Total</b>	<b>92 59.4%</b>	<b>50 32.3%</b>	<b>13 8.4%</b>	<b>155 100.0%</b>

**Table 2. Depression Levels of Elderly with Age (n = 155)**

Age	Depression level			
	Normal	Light	Weight	Total
45-59 years	9 90.0%	1 10.0%	0 0.0%	10 100.0%
60-74 years	37 42.5%	39 44.8%	11 12.6%	87 100.0%

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70-90 years	43	10	2	55
	78.2%	18.2%	3.6%	100.0%
90 years and above	3	0	0	3
	100.0%	0.0%	0.0%	100.0%
<b>Total</b>	<b>92</b>	<b>50</b>	<b>13</b>	<b>155</b>
	<b>59.4%</b>	<b>32.3%</b>	<b>8.4%</b>	<b>100.0%</b>

**Table 3. Depression Levels of Elderly with Marital Status (n = 155)**

Marital status	Depression Level			
	Normal	Light	Weight	Total
Widow	57	43	12	112
widower	50.9%	38.3%	10.7%	100.0%
Married	31	5	1	37
	83.8%	13.5%	2.7%	100.0%
Not Married	4	2	0	6
	66.7%	33.3%	0.0%	100.0%
<b>Total</b>	<b>92</b>	<b>50</b>	<b>13</b>	<b>155</b>
	<b>59.4%</b>	<b>32.3%</b>	<b>8.4%</b>	<b>100.0%</b>

**Table 4. Level of Depression with Religion (n = 155)**

Religion	Depression Level			
	Normal	Light	Weight	Total
Islam	74	48	13	135
	54.8%	35.6%	9.6%	100.0%
Catholic	8	0	0	8
	100.0%	0.0%	0.0%	100.0%
Protestant	10	2	0	12
	83.3%	16.7%	0.0%	100.0%
<b>Total</b>	<b>92</b>	<b>50</b>	<b>13</b>	<b>155</b>
	<b>59.4%</b>	<b>32.3%</b>	<b>8.4%</b>	<b>100.0%</b>

**Table 5. Elderly Depression Levels by Education Level (n = 155)**

Level of education	Depression Level			
	Normal	Light	Weight	Total
No school	20	23	8	51
	39.2%	45.1%	15.7%	100.0%
SD	29	18	2	49
	59.2%	36.7%	4.1%	100.0%
Junior High	23	6	3	32
	71.9%	18.8%	9.4%	100.0%
High school	17	1	0	18
	94.4%	5.6%	0.0%	100.0%
Diploma	3	0	0	3
	100.0%	0.0%	0.0%	100.0%
PT	0	2	0	2
	0.0%	100.0%	0.0%	100.0%
<b>Total</b>	<b>92</b>	<b>50</b>	<b>13</b>	<b>155</b>
	<b>59.4%</b>	<b>32.3%</b>	<b>8.4%</b>	<b>100.0%</b>

**Table 6. Depression Levels of Elderly with Main Complaints (n = 155)**

Main complaint	Depression Level			
	Normal	Light	Weight	Total
Tingling easily	15	5	1	21
	71.4%	23.8%	4.8%	100.0%
No appetite	0	1	2	3
	0.0%	33.3%	66.7%	100.0%
Joint pain	28	16	2	45
	60.9%	34.8%	4.3%	100.0%
Dizzy	16	14	8	38
	42.1%	36.8%	21.1%	100.0%
Crowded	1	4	0	5
	20.0%	80.0%	0.0%	100.0%
Etc	32	10	0	42
	76.2%	23.8%	0.0%	100.0%
<b>Total</b>	<b>92</b>	<b>50</b>	<b>13</b>	<b>155</b>
	<b>59.4%</b>	<b>32.3%</b>	<b>8.4%</b>	<b>100.0%</b>

**Table 7. Depression Rates for Elderly People in Nursing Home (n = 155)**

Long time at the orphanage	Depression Level			
	Normal	Light	Weight	Total
<1 year	35	1	0	36
	97.2%	2.8%	0.0%	100.0%
1-5 years	35	41	13	89
	39.3%	46.1%	14.6%	100.0%
> 5 years	22	8	0	30
	73.3%	26.7%	0.0%	100.0%
<b>Total</b>	<b>92</b>	<b>50</b>	<b>13</b>	<b>155</b>
	<b>59.4%</b>	<b>32.3%</b>	<b>8.4%</b>	<b>100%</b>

**Table 8. Depression Rates for the Elderly with Reasons for Admission (n = 155)**

Reason for entry	Depression Level			
	Normal	Moderate	Weight	Total
No family	19	14	2	35
	54.2%	40.0%	5.8%	100.0%
Family advice	14	5	2	21
	66.7%	23.8%	9.5%	100.0%
Own desire	19	4	0	23
	82.6%	17.4%	0.0%	100.0%
Satpol PP control	24	22	7	53
	45.3%	41.5%	13.2%	100.0%

Have no place stay	5	3	1	9
to	55.6%	33.3%	11.1%	100.0%
Sent by communit y leaders	11	2	1	14
	78.6%	14.3%	7.1%	100.0%
<b>Total</b>	<b>92</b>	<b>50</b>	<b>13</b>	<b>155</b>
	<b>59.4%</b>	<b>32.3%</b>	<b>8.4%</b>	<b>100.0</b>

**Table 9. Frequency Distribution of Respondents Based on Depression Levels at the Tresna Budi Mulia 3 Margaguna South Jakarta Social Institution in 2019 (n = 155)**

Depression Depth	Frequency	Percentage
Normal	92	59.4%
Mild Depression	50	32.2%
Major Depression	13	8.4%
<b>Total</b>	<b>155</b>	<b>100.0%</b>

**DISCUSSION**

**Gender**

The results of this study indicate that the number of elderly who experience depression is quite large. Comparison between depressed and non-depressed elderly, namely 93 respondents (60%) elderly suffering from depression both moderate depression and severe depression while 62 respondents (40%) for elderly without depression.

This figure proves that the number of elderly who experience depression is quite high, which is almost half of the total number of respondents who live in an institution. In this study, depression was divided into two, namely moderate depression and major depression. However, moderate depression can also turn into major depression if it is not given early intervention.

The results of this study are in line with research conducted by Kartika Sari (2012), the comparison of elderly people who experience depression is 40.6% and elderly people who do not experience depression are 59.4%.

The distribution of elderly people can be seen from the characteristics of gender that depression is more experienced by elderly women. Depression in women is associated with hormonal imbalances that increase the prevalence of depression. Hormonal imbalance occurs in women who experience menopause or postpartum. Menopause that occurs can certainly affect the psychological state of women such as irritability, irritability, forgetfulness and mild depression due to hormonal changes (Kurniawan, 2016)

Changes in roles, lack of social interaction and job losses in the elderly are prone to mental problems including depression, especially in older men who are actually in the family to lead and are obliged to protect the family. Every elderly male and female character is in a psychological condition that is experienced and must be given support so

that things that have a bad impact can be immediately resolved or minimized (Astuti, 2010)

The results of this study were also supported by research conducted by Livana et al. (2010) in the Bandengan Village, it was found that the number of elderly women suffering from depression was 63.4% while men were 36.6%. The results of this study are in line with research by Kim et al (2009), which states that elderly women have a tendency of 20.9% to suffer from depression than men (9.2%) and according to Kaplan and Saddock (2011) where women experience depression twice as much. risk than men.

Depression that occurs in elderly women results in excess secretion of corticotropin-releasing hormone as a result of hypothalamic-pituitary-adrenal (HPA-axis) hyperactivity, which can impact depression (Monteleone, 2011).

In terms of age, there is a classification of the age limit for the elderly, namely elderly (60-74), old (75-90 years, very old (more than 90 years) according to WHO. In the table, the most elderly people are elderly or aged 60-74 years. The elderly are 45 years old and the highest age reaches 92. This increases the risk of depression when exposed to other causes and risk factors for depression.

**Age**

The increasing age, the risk of depression will also be doubled (Ayudhita and Tjumatja, 2013). This is also because at that time there were many changes in a person. Changes that occur both psychologically, physically, economically, socially and spiritually that affect the quality of life of the elderly (Santoso, et al, 2009). Social factors often place a young person at a higher risk of developing depression. Biological factors such as genetics also often have an influence on a young person. However, depression can also occur in children and the elderly (Kurniawan, 2016).

**Marital status**

In the marital status of the elderly who are divorced or separated, they will experience depression more often than the elderly who are married or unmarried. Losing your spouse due to divorce or the death of your partner puts you at a high risk of suffering from depression. Elderly who live alone are more likely to experience depression than elderly people who live with their family (Kurniawan, 2016). The marital status of a widow / widower is 43 respondents (38.3%) with mild depression and 12 respondents (10.7%) with severe depression. This indicates that the elderly at the orphanage feel the loss of both their family and former friends because they have lived in an institution and cannot meet ata interact every day. Feeling lost is supported because of broken communication with friends and family who do not know that the elderly are in the institution. Losing support from family and partners (husband / wife), friends is one of the risk factors that increase depression (Sari, 2012).

### **Religion**

Religious activity does not only occur when a person performs ritual or worship behavior, but also when other activities are driven by supernatural forces. Not only those related to the visible and visible activities to the eye, but also activities that are not visible and occur in the heart of every individual. Therefore, the diversity of a person will include various sides or dimensions. Thus, religion is a multi-dimensional system. religious beliefs, practices, experiences and knowledge that a person will be able to think and act in everyday life (Andami, 2015)

The existence of a strong belief in religion and doing worship will result in feelings, perceptions, sensations experienced by a person or religious group in a divine essence. This means that someone who performs worship according to his belief will create a calm sensation or a feeling of comfort when communicating with God. Of course this will help relieve thoughts that cannot be controlled by emotions

### **Level of education**

The level of education is one of the important things in dealing with problems. The higher a person's education, the more life experiences he has faced, so that he will be better prepared to deal with problems that occur. In general, elderly people who have height can be productive, so that they will contribute more such as writing books, reading scientific books or biographies (Bhayu, et al, 2014)

The level of education will greatly influence the incidence of depression because the level of education of the elderly from elementary, junior high, high school to college will affect the elderly in making decisions about the problems they face. This condition is sometimes the cause of depression which is influenced by the knowledge and economy of the elderly (Kurniawan, 2016)

### **Main complaint**

Depression in the elderly is very much influenced by the decline in health status experienced. Physical illness can result in decreased functional ability of a person, inhibits a person from being able to do fun activities and this limitation encourages depression (Kathryn, 2009) Physical diseases that can cause depressive symptoms are metabolic, endocrine, neurological, cancer, heart, lung diseases. , blood vessels and anemia (Stanley et al, 2005). Body functional disorders are a major contribution to major depression in individuals suffering from chronic diseases (Dunlop, et al, 2004). This is in line with the high rate of depression in line with the many physical problems that the elderly have at the nursing home

Elderly people who have chronic disease for years will usually experience depression in the elderly. The prevalence occurs in the elderly who experience heart disease, which is one of the acute coronary syndromes. Depression is also a significant factor in the increase in

disease. Depressive symptoms that will arise are often unknown to the elderly so that the absence of proper therapy is given to the elderly which causes these depressive symptoms to occur for 30 months.

Depression can be a direct manifestation of somatic disease or the effect of medication, a reaction to a diagnosis of chronic disease, or it can coincide with physical complaints.

### **Length of Stay at the Institution**

Elderly who have lived for a long time in the nursing home have the highest level of depression than those less than 5 years old. This is due to the emergence of feeling bored with the orphanage environment and unproductive daily activities that occur continuously. Although in the orphanage interesting activities are often carried out, such as art activities, making handicrafts, cooking, gymnastics, community service, and religious activities, the elderly who live in the institution are free to participate in the activities that have been held. The elderly are not forced to directly contribute to existing activities, there are even some elderly who do meaningless activities such as walking around the orphanage, sleeping continuously, sitting in a bed or chair in a room and they are all carried out every day continuously. Tom and Alisoun (2009) argue that a lack of interpersonal relationship between the elderly and the absence of meaningful or likable activities at an institution will exacerbate the condition of depression. Lack of motivation in the elderly certainly makes the elderly people less interested in doing more activities. Not all elderly are reluctant to participate in activities, but there could be other factors such as disability due to physical weakness or these activities are considered unpleasant for the elderly.

Elderly people who do not have the motivation to stay and do activities at the institution spend their time lacking enthusiasm. This lack of activity promotes feelings of emptiness, boredom and emptiness which can lead to depression. (research activities)

In addition, the relationship between the elderly living in the orphanage is less harmonious or there is no closeness. Human thinking is the same as in an institution, even though living in a safe environment, sometimes there are some who have a mismatch between the elderly, in terms of characteristics, attitudes, habits, ways of speaking and thought patterns.

### **Reason for Entry**

The elderly who live at the institution have many reasons why they can live at the institution. Most of the elderly men who live in the institutions because of the control by the Satpol PP. For men, especially when they are married, they are obliged to find and provide for their families because they are the leader or head of the family even though they are already old. They will look for work in the city especially in the DKI Jakarta area and think that

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working in the city will be easier to earn income. Unfortunately because of old age, many workplaces refuse to employ elderly people, of course, due to physical disabilities. Another reason for not having the ability and work experience, there is no place to live for sure they choose to beg or busk because only this way can make money. However, it is in accordance with the applicable DKI Jakarta regulations that there is control for beggars and buskers. Especially for the elderly who do not have a place to live or do not have a family, they will be taken to a social institution.

Meanwhile, the reason for entering the elderly women is mostly because of surrender or self-desire. This reason is usually supported by economic conditions such as no property and place to live, not wanting to trouble their children if they live together, and because they are sick, they will be treated in the orphanage. The reasons included in the scope of all elderly men and women are due to economic factors and not having a family that can care for them properly and properly.

### CONCLUSION

1. The level of depression in the elderly at the Tresna Werdha Budi Mulia 3 Maraguna Social Institution was mild depression by 50 respondents (32.2%) and severe depression by 13 respondents (8.4%).
2. The level of depression in the elderly at the Tresna Werdha Budi Mulia 3 Maraguna Social Institution with the highest gender characteristics was female, namely mild depression of 50 respondents (32.2%)
3. The level of depression in the elderly at the Tresna Werdha Budi Mulia 3 Maraguna Social Institution with the highest age characteristics was 60-74 years old with mild depression 39 respondents (44.8%)
4. The level of depression in the elderly at the Tresna Werdha Budi Mulia 3 Maraguna Social Institution with the most marital status characteristics was widow / widower with mild depression, namely 43 respondents (38.3%)
5. The level of depression in the elderly at the Tresna Werdha Budi Mulia 3 Maraguna Social Institution with religious characteristics, namely being Muslim with mild depression 48 respondents (35.6%)
6. The level of depression in the elderly at the Tresna Werdha Budi Mulia 3 Maraguna Social Institution with the latest educational characteristics, namely not going to school with mild depression 23 respondents (45.1%)
7. The level of depression in the elderly at the Tresna Werdha Budi Mulia Social Home 3 Maraguna, the main complaint characteristics, namely joint pain with mild depression, 16 respondents (34.8%)
8. The level of depression in the elderly at the Tresna Werdha Budi Mulia 3 Maraguna Social Institution with

the old characteristics of the institution, namely 1-5 years with mild depression 41 respondents (46.1%)

9. The level of depression in the elderly at the Tresna Werdha Budi Mulia 3 Maraguna Social Institution with the characteristics of the reason for entry, namely being arrested by policing police officers with mild depression 22 respondents (41.5%)

### SUGGESTION

#### Health Service Sector

The need to improve health services in the gerontik group. The results of this study illustrate that the level of depression in the elderly in the nursing home can be used as data for the institution so that it can be maximized for professional health services, especially in nursing. The high rate of depression in the elderly in the nursing home indicates that the symptoms of depression occur continuously, identifying the risk factors that play a role in the incidence of depression in the nursing home. So it becomes an important task for the nursing home workers to provide relevant solutions to reduce depression rates with the existing and available facilities. The need for cooperation between related parties.

#### Health education sector

This study only describes the level of depression in the elderly in nursing. The results of this data can be used as initial data in community nursing and gerontic nursing in conducting further research. The results of several studies need to be studied in full, namely the factors that cause depression, the relationship between characteristics and depression and the effective means of therapy or intervention given to the elderly living in the institution.

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