IMPACT ON THE BIOPSYCHOSOCIAL WELLNESS OF SENIOR CITIZENS RESIDING IN OLD HOMES

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Abstract

This research was conducted in Islamabad, an urban city in Pakistan, to determine the effect that seniors living in older homes had on their biopsychosocial wellness. The research also determined the different factors based on the three components of the biopsychosocial model as well as the correlation of mental health with other important socio-demographic variables. The objectives of this study were based on: the ways in which the mental health of the people had been affected; the reasons behind depression and sadness; and the effect on the mental health of senior citizens residing in old homes. The sample size of the research was comprising 35-40. The sampling method used was "Non- Probability Sampling". The reason for choosing a 35-40 sample was because our data had reached its saturation point and we had to stop data collection. The Inclusive Criteria was that the individual had been living in old house. The required age limit for senior citizens was above 50 years. While the Exclusive Criteria: Age not less than 50. The research was based on qualitative measures. Research used "interviews" as a mean of research instrument.

***Keywords*:** Biological; Psychological; Social; Mental Health; Aging and Senior Citizens

Introduction

Older homes can be used by the elderly as a place to live after retirement or when they require care. For some people who don't have a home or a caretaker, old homes are a blessing. Older people can receive medical attention and have their basic needs met in elderly houses. Their social needs get taken care of as they spend time with people of their own age. The downside of having old homes can have a mental and psychological impact on a senior citizen.

Modernization has resulted in families becoming smaller and preferring to live separately. As a result, they move their elderly loved ones to nursing facilities because the traditional family system that cares for the elderly has been disrupted. Some children are not able to take care of their elderly because of their financial situations. Due to the senior citizens age, bodily functions are deteriorating so they age they need extra care and want to spend time with their families but when they are out in old homes they don't feel needed, safe

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or protected which can cause mental distress. They don't feel at home and crave the place they knew it as home.

Becoming old is inevitable and part of life that everyone has to face. It's a life process that starts with being born as a baby, then go into adulthood and ends in late adulthood.

The conceptual basis for the experimental analysis of behavior was proposed by B. F. Skinner in 1938 and is known as radical behaviorism. According to the behaviorist learning theory, conditioning, and all behaviors are acquired through contact with the environment. Therefore, behavior is just a reaction to external cues.

A learning theory known as behaviorism ignores any independently occurring mental processes in favor of just emphasizing behaviors that can be seen with objectivity. Psychology and Mental Health Since studying behavior is simpler than examining emotions, behaviorist principles can be useful in a clinical context.

Drs. George Engel and John Romano[1] pioneered the biopsychosocial method at Rochester many years ago (1977). To determine why a person may experience a problem, the biopsychosocial (BPS) model takes interactions between biological, psychological, and social aspects into account.

The "biological" part of this approach looks at biological factors that affect health. The functioning of important body systems like the liver, kidneys, or even the motor system may be among them, as well as alterations in the brain or genetics. Let's imagine, for illustration purposes, that Joan has an injury that limits the range of motion in her right arm. Her self-perception may be impacted by this bodily alteration, which under some conditions may result in depression or anxiety.

The theory's "psychological" element looks at psychological elements, such as thoughts, emotions, and behaviors. Joan, for instance, might experience a wide range of psychological changes. She can feel less confident, fear criticism, and inadequacy in her life and career. All these mental shifts could result in altered actions, such as staying home or quitting her work, or avoiding particular circumstances. If she continues to act in this way, her injuries can get worse and she might experience more depression and anxiety.

The BPS model's "social" component looks at societal elements, such as social interactions, culture, and economic status that may have an impact on an individual's health. Environment, living conditions, economic standing, social interactions, culture, and society have all been given attention as social factors. In the prior example, Joan's function in her family may be a potential social element. Maybe Joan just became a mother. She might be less able to care for her newborn if she has an injured arm. Because she might have issues with her husband and other family members if she is unable to perform this social function, Joan might experience stress that could result in additional biological and psychological issues.

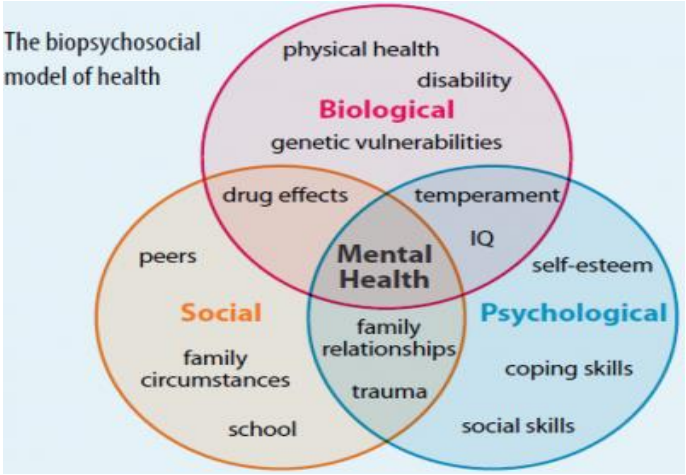
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[1] George, L. and Iping, A "Comparative Distribution of Organic Phosphates in the Skeletal and Cardiac Muscles of Limulus Polyphemus," *The Journal of Biological Chemistry*, 108 (1977): 389-393.

Theoretical Framework

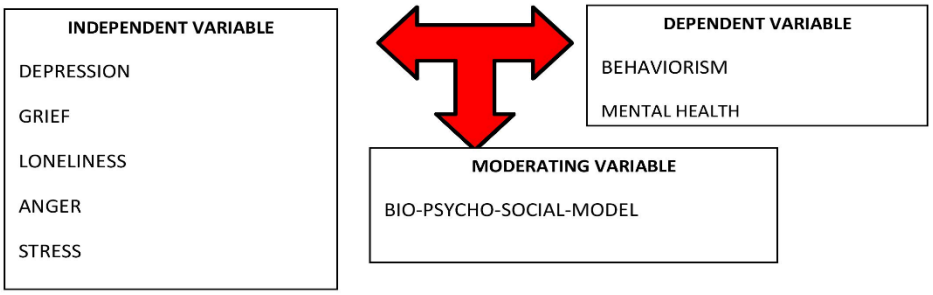
George L. Engel proposed the biopsychosocial model in 1977, arguing that other aspects, including as psychological and social factors, should also be taken into account in order to completely comprehend a person's physical condition. This model acknowledges that occurrence of stress and poor mental health could lead to bodily illness. It focuses on how these many aspects have a part in issues such as human development, health, and disease. to conflict and information processing.

The model is often used in chronic pain, with the prospect that the pain is a psycho-physiological behavior pattern that cannot be classified into biological, social, or psychological factors alone.



The research looked at the biopsychosocial model and tried to get the implication of this model with the reference of impact on biopsychosocial wellness of senior citizens residing in old homes. We have used this model to understand the biological, social, and psychological factors that are affecting those senior citizens lives who are living in old homes.

Loneliness, rage, and grief were chosen as independent variables in this category because they have a direct influence on the conduct of older citizens living in old homes. Behaviorism and mental health, which were listed as dependent variables, are closely related to the independent variables since they directly affect senior persons' mental health, which in turn affects their behavior. The biopsychosocial model, which serves as a link between the independent and dependent variables and essentially explains all types of behavioral and mental effects on the health of senior citizens living in nursing homes, was included as the moderating variable.



Literature Review

Following explained are some reviews of past researches related to this topic:

Maciel & Guerra[2] targeted at finding the characteristics that put older people in the Brazilian state of Rio Grande do Norte (RN) at danger for survival. Sociodemographic, physical health, neuropsychiatric, and functional ability data were broken up into the predicted variables.

Colvin & Bullock[3] reviews the biological, psychological, and social effects of providing care to care givers while looking at the issue of caregiving. In order to investigate the biological, psychological, and social elements that may have an impact on a caregiver's health and well-being, George Engel's biopsychosocial model is investigated. This article goes into further detail on the implications for social work practice and future intervention strategies to lessen career burnout and help them maintain their own well-being.

Lambrini[4] focuses on the psychosocial issues an elderly goes through in the old age of life. These issues cause psychological depression in people, which has negative impacts on their health. Exploring the psycho-social issues is crucial because this age is marked by negative emotions including loneliness, fear, depression, and isolation from others as well as unpleasant ideas.

Panday et al[5] focuses on the quality of life a senior citizen goes through living in old homes. Quality of life is widely acknowledged as a crucial idea and metric for success in healthcare, and it is becoming more and more frequently associated with long-term care.

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[2] Macial, A and Guerra, R." Influence of Biopsychosocial Factors On The Survival Of The Elderly In Northeast Brazil-A Prospective Study". *Current Gerontology and Geriatrics Research. 2010.15-20.*
[3] Colvin, A and Bullock, A. N. "A Review Of The Biopsychosocial Aspects Of Caregiving For Aging Family Members". *Journal of Family Social Work*. 2016. 19. 5.
[4] Lambrini, K. "Social Exclusion of Elderly". *Journal of Healthcare Communications*. 2016. (1) 3.
[5] Panday, R., Islamia, J. and Kumar, P. "Quality of life among elderly living on Old Age: A Brief overview". *Delhi Psychiatry Journal*. (2017) (20) 2.

Dubey et al[6] undertook a survey to explore how the elderly in Jammu felt about living in old age homes and in families. Using the "Purposive sampling" technique, 30 elderly women from the old age home and a comparable number from family settings were chosen for the sample of elderly women. For those residing in the families, information was gathered through a house-to-house survey and an observational technique with a carefully developed interview schedule.

Chalise[7] the goal of this study was to evaluate the incidence of depression and its associated among senior Briddashram residents (old age home). This 2013 cross-sectional study was conducted. The brief Geriatric Depression Scale was used to collect data during face-to-face interviews. Regression, simple correlation, mean, percentage, and mean were used to examine the data.

B. Singh & Kiran[8] studied the impact of psychological health on a sample of 200 aged people, including seniors from nursing homes, seniors living with family, and seniors living alone. The sample was deliberately chosen from the Luck now district's rural and urban sectors. With a range of 65 to 96, the average age was between 70 and 80. The psychological health of elderly people was investigated using a self-structured questionnaire.

Rioux[9] study examines the house, which is viewed as a holistic structure made up of interrelated aspects of people, their time, environments, and activities. The objective of this study is the well-being and enjoyment of elderly women who are living in their own houses and apartments, which is guided by the congruence model of ageing people/environment interactions first In France, where this study was conducted, 114 women who were residents of the Region center responded to questions with a specific objective. The research for the aforementioned paper focused on how senior citizens' living habits are affected by ageing in place.

Oluwagbemiga[10] focuses on the impact of social support on the psychological health of elderly Ibadan residents living in ancient homes. Old age is not altogether a bad thing, but it is still a challenging time, and because of the weak social institutions, the problem is made worse. The sample included 122 seniors who were 65 years of age or older, and the data were taken from three historic houses in Ibadan that provide both residential and non-residential services. The results of the research indicated above lead us to the conclusion that the psychological wellbeing of older persons living in old houses is significantly influenced by social support, emotional support, companionship, family, and financial assistance.

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[6] Dubey, A., Bhasin, S., Gupta, N., and Sharma, N. "A Study of Elderly living in Old Age Home and Within Family Set-up in Jammu". *Studies on Home and Community Science*. 2011. 5(2)
[7] Chalise, H. N. "Depression among Elderly Living Briddashram". *Advance in Aging Research*. 2014. (3)1.
[8] Singh, B., and Kiran, U.V. "Loneliness among Elderly Women". *International Journal of Humanities and Social Sciences Invention*. 2013. (2)1.
[9] Rioux, L. "The Well-Being of Aging People Living in their Own Homes". *Journal of Environmental Psychology*. 2005. (25)2.
[10] Oluwagbemiga, O. "Effect of Social Support Systems on the Psychosocial Well-being of the Elderly in Old People Homes in Ibadan". *Journal of Gerontology & Geriatric Research*. 2016. (5)5.

Bar-Tur[11] gives a summary of the positive ageing ideas and tactics that could improve elderly people's quality of life. It also shows how positive ageing theories can be used in real-world situations. The goal of this study is to assist older persons in improving their well-being by equipping them with coping mechanisms for both immediate and long-term issues.

Vahia et al[12] carried out this study in 2020. Due to lack of interaction with family, friends, and caretakers in homes and residential care institutions during the coronavirus epidemic, older individuals were most severely affected. Numerous studies have found that older persons may be less affected by the epidemic and experience less psychological distress and suicide ideation than other age groups after about 8 months.

Maheshwari et al[13] study was carried out to evaluate the impact of psych education on psychological distress and self-esteem in senior residents of Punjab, India. 60 older persons were chosen at random to receive a psych educational intervention that was administered daily and included 14 sessions. Every session lasted one hour. According to the study, elderly persons experience psychological anguish. This information leads to the conclusion that elderly people living in old homes may experience emotional and psychological distress due to their inability to adjust to rigid schedules, a lack of social support, being separated from family, anxiety related to a new environment, a sense of helplessness, and a decrease in self-esteem.

Shivarudraiah et al[14]., The goal was to concentrate on the opinions of the elderly who are residing in old age homes on whether their psychological care needs are being addressed in order to improve the experience of these facilities as the elderly who occupy them have a multitude of demands that need to be met. Out of four senior living facilities in Bengaluru Metropolitan City, twenty residents were chosen through interviews. The relevance of psychosocial care services for providing the better care that senior persons in nursing homes require is very high.

Banerjee et al[15]. This study emphasizes how prevalent mental illness is among older people, which has a substantial negative influence on their rights, autonomy, quality of life, and functionality. Independence, social inclusion, justice, equality, respect, and acknowledgement of one's identity—both subjective and objective elements—are all parts of the dignity in question. Healthcare facilities are in a position to implement measures that support dignity.

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[11] Bar-Tur, L. "Fostering Well-Bing in the Elderly: Translating Theories on Positive Aging to Practical Approaches*". Frontiers in Medicine*. 2021. (8)2.
[12] Vahia, I. V., Jeste, D. V. and Reynolds, C. F. "Older Adults and the Mental Health Effects of CoVID-19. *Journal of the American Medical Association*. 2020. (324)22.
[13] Maheshwari, S. K., Chaturvedi, R., and Sharma, P. "Effectiveness of Psycho-Educational Intervention on Psychological Distress and Self-Esteem among resident Elderly". *Clinical Epidemiology and Global Health*. 2021. (11)2.
[14] Shivarudraiah, M., Ammapattian, T., Antony, S., and Thangareju, S. "Views of the Elderly Living in Old-Age Homes on Psychosocial Care Needs. *Journal of Geriatric Mental health*. 2021. (8)2.
[15] Banerjee, D., Rabheru, K., Mendonca Lima and Ivbijaro. "Role of Dignity in Mental Healthcare: Impact on Ageism and Human Rights of Older Persons". *American Journal of Geriatric Psychiatry*. 2021. 29(10).

In 2008 Kanning & Schlicht[16] summarize and describe the bio-psycho-social paradigm of successful ageing, which uses subjective well-being as a yardstick. Because it is an essential behavior, physical activity has received special attention In order to comprehend the role of diet and exercise on both physical and mental health, an analysis of these factors was conducted. Researcher studied how factors like psychological influences—including depression—mindset, self-esteem, and mental simulation play a part in ageing. Additionally, social interactions and cultural values were taken into account when assessing emotional wellbeing.

Objectives

1. To focus in what ways, the mental health of people has been affected.
2. To find out in what ways the social life of people has been affected.
3. To study effect of old homes on the physical health of people after living in old homes.
4. In order to understand if living in old homes is due to social factors such as family, finance, society.
5. To know if biological aspects such as diseases play a role in senior citizens living in old homes.

Research Questions

1. Does living in old homes effect the mental health of aging people?
2. How does loneliness become a derailing factor in health of aging people?
3. What factors affect the mental health of aging people?
4. What social factors are affecting the life of senior citizens living in old age homes?
5. Which biological factors are affecting the stay in old homes?
6. Do diseases and chronic illness lead to the stay in old homes?
7. Are there mentally ill people living in old homes?

Methodology

The sample size for the research would be 35-40. The sampling method used is "Non-Probability Sampling". The reason for choosing a 35-40 sample was because our data had reached its saturation point and had to stop data collection. The Inclusive Criteria was that the individual had been living in old house. The required age limit for senior citizens was above 50 years. While the Exclusive Criteria: Age not less than 50. The research is based on qualitative measures. Research used "interviews" as a mean of research instrument. List of questions were asked from them to complete the data of research. Research made a list of old houses to visit and collect information from. Those that match the criteria for our inclusive sampling were interviewed. The data was then put together under the supervision of an experienced researcher to avoid mistakes. The main analysis of the data was done through interviews. The informed consent was given to the manager of the old age home and the person we were interviewing. Each and every data sample was collected

[16] Kanning, M. and Schlicht, W. "A Bio-Psycho-Model of Successful aging as shown thought the Variable". *European Review of Aging and Psysical Activity*. 2008. (5)2.

with voluntary participation. The respondents were clearly told about why and for what reason the data was being collected.

Results

The outcomes of this study's data analysis are presented and discussed in detail in this chapter. The research results are organized under the following key headings:

Socio Demographic Characteristics, Education and Socio-Economic Status

Age and Sex of Respondents

There were respondents aged 50 to over 99. The lowest age groups, 60 to 69 and 70 to 79, had slightly more participants, accounting for 17 (42.5%) and 13 (32.5%) of the respondents, respectively (Table 1). 80 and older was the oldest age group, which included 9 (22.5%) of the responses. In all age categories, the ratio of male to female age was roughly 62.5% to 37.5%.

Marital Status of Respondents

The findings of this study showed that majority the respondents 34(85.00%) were married and living with their spouses, while 6(15.00%) respondents were unmarried.

Socio-Economic Status of Respondents

The findings of the study showed that majority of the respondents 28(70.00%) belonged to a Lower status. While, 11(27.50%) respondents belonged to Middle status and 1(2.5%) belonged to Elite status.

Table - 1
Demographic Data of the Respondents

Variable	Category	Sample Count
Age	50-59	1
	60-69	17
	70-79	13
	80-89	8
	90-99	1
Total		**40**
Gender	Male	25
	Female	15
Total		**40**
Marital Status	Married	34
	Unmarried	6
Total		**40**
Socio-Economic Status	Elite class	1
	Middle class	11
	Lower class	28
Total		**40**

Family Structure, Siblings and Children of Respondents

The findings of the study showed that majority of the respondents 26(65.00%) had a nuclear family structure. While, 14(35.00%) respondents had a joint family structure.

Table - 2
Familial Statistics of Respondents

Variable	Category	Sample Count
Family Structure	Joint	14
	Nuclear	26
Total		**40**
Siblings	0	14
	1	4
	2	6
	3	5
	4	7
	5	2
	8	2
Total		**40**
Children	0	9
	1	3
	2	12
	3	8
	4	2
	5	1
	6	3
	7	1
	10	1
Total		**40**

Main Source Of Income In Households And Job Type Of Respondents

The findings of the study showed that majority of the respondents 14(35.00%) worked in a private sector. While, 11(27.50%) respondents worked in a government sector. 16(40.00%) respondents had no job source.

Also we get to know that majority respondents were jobless and some worked at a lower level staff and horticulture designation.

Table - 3
Income Source of Respondents

Variable	Category	Sample Count
Job Type	Private sector	14
	Government sector	11
	None	16
Total		**40**
Main income source	Subsistence Farmer	3
	Business	3
	Skilled artisan	9
	Lower Level Staff	9
	Jobless	14
Total		**40**

Mental Health Checklist Analysis

This mental health analysis was done to find out about the basic mental health analysis of the respondents. It was based on basic health questions and feelings about their mental health. It was based on a 10 question status which was a mixture of some questions.

No respondent was forced to answer any question which he/she didn't want to answer.

Table - 1
This table contains the statistical analysis of mental health checklist of respondents

QUESTION NUMBER 01	Excellent	Very good	Good	Fair	Poor	Don't know	
In general, would you say your health is:		2	7	12	19		
QUESTION NUMBER 02	All of the time	Most of the time	Some of the time	Little of the time	None of the time	Don't know	
How often do you feel nervous?	4	11	13	6	4	2	
QUESTION NUMBER 03	Yes	No	Don't know				
Can you get to places by car, bus or train on your own?	17	14	9				
QUESTION NUMBER 04	Yes	No	Don't know	Refused			
Are there people with whom you can enjoy joint activities and outings?	13	14	4	9			
QUESTION NUMBER 05	Yes	No	Don't know	Refused			
Do you have any children?	31	9					
QUESTION NUMBER 06	Yes	No					
Do you miss your family?	38	2					
QUESTION NUMBER 07	Yes	No					
Do you feel safe in your old age home?	34	6					
QUESTION NUMBER 08	Family	Disease	Medical	Society	Psychological	Financial	Space
What are the main reasons of your move?	31	5	20	2	16	16	5
QUESTION NUMBER 09	Yes	No					
Do you feel burdened on your mind?	30	10					
QUESTION NUMBER 10	Yes	No					
10. Are you happy?	20	20					

Discussion

The present study is conducted to examine for the better understanding of the mental health of senior citizen residing in old homes aging between 50 years to 99 years. All the data has been collected using the biopsychosocial model, according to which the major and moderating variables of this research are biological, psychological and social derivatives.

The objectives of this study are:

1. To focus on in what ways, the mental health of people has been affected.
2. To find out in what ways the social life of people has been affected.

3. To study effect of old homes on the physical health of people after living in old homes.
4. In order to understand if living in old homes is due to social factors such as family, finance, society.
5. To know if biological aspects such as diseases play a role in senior citizens living in old homes.

Comparison with Biopsychosocial Model

The 3 major factors are based on the biopsychosocial model of health.

Biological Components

The first factor is the biological factor, which looks at the biological aspects that have an impact on health. This includes factors like changes in the brain, genetics, or the way important body organs like the liver, kidneys, or even the motor systems function.

Accidents and Biological Problems

The data indicated that at a particular age due to any kind of accident or physical disability some people were left or forced to live in old age homes. Majority people claimed that they have met an accident that led to disabilities. A bulk of findings resulted that the accidents happened involving some kind of vehicle. Some people claimed that they have never met with any accident while minority of the respondents claimed that due to accidents they have movement disorders such as: paralysis and seizures.

Medications and Biological Problems

In reference to medications related to biological health of respondents, it was claimed that they take medications for different medical purposes. Some of them are because of blood pressure, diabetes, sleep, joint pain, depression, stomach issues. While minority of the respondents claimed that they don't take any kind of medications.

Due to ongoing age, people are contracting medical illnesses and taking medications which cause reverse side effects on their health such as: lack of sleep, lack of appetite, mood swings, anxiety, loss of memory and foggy mind.

Medical or Biological Reasons Behind Residence in Old Homes

One of the factor of the Biological component was to find out if the respondents were living in old homes due to medical reasons or were here due to their own will. According to the findings of the study, majority respondents claimed that they live in old age homes due to their medical illnesses. As stated by the respondents, their family members couldn't take care of them, weren't financially stable to pay their bills and some of the family members would think that certain medical illness could spread and cause harm to their children. It is claimed by the respondents that at old age homes, they take care of their medical needs and their basic necessities are fulfilled timely. Many of the respondents

stated that they are not living in the old homes because of their own will, but rather due to other reasons.

Respondents Level of Happiness Residing in Old Homes or Their Real Homes

Further Biological component was to find out if the respondents feel better in old homes or in their own homes. According to the findings, majority respondents claimed that they live happily in old age homes while minority respondents claimed that they are happier in their homes rather than in old age homes. Some respondents claimed that they are happy neither way while several respondents claimed that due to their helplessness they live in old homes.

Genetics and Biological Factors

In addition to the last biological component which was to find out if any disease runs in the respondent's genes. According to findings, majority chunk of respondents claimed that they don't have any kind of disease running in their family while minority claimed that they have some medical illnesses running in their genes. Some of them are: cancer, liver diseases, stomach diseases, diabetes and heart diseases.

Social Dimensions
Friends and Social Factor

The social dimension examines the social life of the respondents and asked if they had any friends or were still in contact with them. Majority respondents claimed that they have no friends and that they were not in contact with them. While minority people said that they have friends and occasionally meet them as well.

Being socially active can lower the chances of feeling lonely when they are alone in the old age home. The respondents felt more at ease when they had friends coming over to visit them or they were going out to visit them. Being around their children can also put their mind at ease because a lot of respondent's children did not come to visit them which made them very sad. Some of the respondents thought that the reasons behind everyday fights in their houses were because of them, their health and that they were a burden on their family.

Talking to Other Compared to Social Factor

Some of the people claimed that they don't like to talk to people while majority claimed that they talk to people only when they talk to them.

Loneliness and Social Factor

Majority of the people claimed that they feel lonely while living here in these old homes but minority claimed that they didn't feel lonely either here or in their actual homes.

While some people claimed that they have felt lonely since ever and they have no one that is why they feel lonely every time.

Loneliness can cause a very bad influence on a person's mental health. It can create and cause many negative effects on a person's mind which will affect them badlyThe loss of spouses and close friends, the move of family members, the onset of incapacitating illnesses, and other factors that come along with ageing all contribute to a greater sense of isolation and loneliness. This problem is further complicated by the fact that loneliness has been associated to a wide range of health issues in older people, including an increased risk of death, depression, cognitive decline, dementia care, elevated blood pressure, and a variety of other ailments

Role of a Senior in House as a Social Factor

The role of senior in their house was kept as a social factor and asks to respondents, what did they think about it? Majority of the respondents claimed that having a senior in house allows the environment to be pure and happy. A senior helps others and keeps them bonded. They keep the rules and traditions alive.

Psychological Antecedents

The psychological antecedents basically revolve around the psychological health of the respondents. What their interests are and if they have any hobbies that they still pursue in the old age home. Due to an increase in the population of older people worldwide and an increase in life expectancy, attention has been drawn more to the psychological impacts of ageing. More and more studies are demonstrating that healthy ageing involves a variety of factors, including psychological, physical, and social well-being.

As people age, the study of Geropsychology is becoming more and more significant. The field of Geropsychology is dedicated to comprehending, treating, and enhancing the mental well-being of senior citizens. Many elderly people with mental health problems may not be getting the proper care right now. It is crucial to identify and treat mental health problems in older persons as soon as possible. Medicines and psychosocial therapies are advised.

Interest in Relation to Psychological Factors

Some elderly persons may decide to give up their interests or activities because of bodily changes and health issues. Some older folks simply stop enjoying things over time, which causes them to give up their interests. Anhedonia is a psychological disorder that may be to blame for this. Anhedonia can occasionally show up as a general lack of interest in activities or indifference. In other cases, older people may not enjoy the things they do, which makes them grow to despise their interests and hobbies.

Regardless of the reason, it can be upsetting to witness an older adult in your life lose interest in the relationships, hobbies, and activities they formerly found enjoyable. A person loses some of oneself when they lose the things they are passionate about. These changes, whether significant or slight, can be extremely upsetting or frightening to witness as a caring friend or family member. To make matters worse, some major health issues in older persons have been associated to apathy, loss of interest, and Anhedonia.

Happiness in Relation to Psychological Factors

Respondents were asked if they are happy in their lives and if the respondents lived and are living a fulfilling life according to the data we got to know that majority of them were happy with the blessings of Allah Almighty.

While minority claimed that they have nothing left to be happy off or some even claimed that there is no reason to be happy in life anymore.

Mental Health as a Psychological Factor

Older adults may have life pressures that affect everyone, in addition to stressors that are more common in later life, such as a significant ongoing loss in capacities and a deterioration in functional ability. Elderly people may, for example, have decreased mobility, ongoing discomfort, frailty, or other health concerns that call for some sort of long-term care. In addition, elderly people are more likely to face grief and a drop in socioeconomic position with retirement. These pressures could all make elderly people feel alone, lonely, or psychologically upset, which could make long-term care necessary.

Majority of the respondents claimed that their mental health is not okay which is disturbing them a lot. Minority claimed that they have a good mental health. Some even claimed that their mental health is disturbed due to sadness in their lives.

Tension as a Psychological Factor

We asked respondents if they have tensions ever bothered them or not? Majority answered that tensions do bother them every now and then. Either it's because of their family, financial, health related, they have been bothered in every way. Minority claimed that they don't get bothered by tensions because it is a part of life and they come and go as a hard time.

While some of the respondents claimed that tensions are due to loneliness, the more they get lonely and suffer, the more they get bothered by things and situations happening around them.

Unusual Thoughts as a Psychological Factor

We asked respondents if they ever had any kind of unusual thoughts which disrupted their thinking or mental health. Majority claimed that they have disrupted and strange thoughts which disturb them while minority claimed that they don't have such thoughts.

Extreme stress, emotional depletion, weariness, posttraumatic stress disorder, the death of a loved one, lack of sleep, despair, or insomnia can all lead to hallucinations. The same could potentially happen as a result of serious conditions including brain cancer, liver failure, kidney failure, etc.

It's possible that an alteration in the brain's chemical substances is the cause of an elderly person's aura of scent or touch. This might also suggest that you are more likely to

experience a migraine or an epileptic attack. Similar to how sensory deprivation can cause hallucinations, deaf persons are more prone to experience audio hallucinations whereas blind people may experience visual hallucinations.

Panic Attacks as a Psychological Factor

Researcher asked respondents if they have ever faced panic attacks or not comparing to their psychological health. Majority people claimed that they have never faced any kind of panic attacks while minority claimed that they face panic attacks on regular basis especially once a day.

Mental Pressure as a Component of Psychological Antecedents

Respondents were asked if they feel any kind of mental pressure and Majority claimed that they are under mental pressure because they don't get to meet their family and they are living alone. They face these situations due to living like this, away from their family and living under stress. Some people claimed that their certain things which have their minds burdened e.g. family, memories, health, kids, deceased loved ones, financial issues, marital concerns etc. Some people claimed that the thought of death is burdening their mind. Some people claimed that the unfair and unjust behavior of their family members have burdened their mind

Traumatic Events as a Component of Psychological Antecedents

Researcher asked respondents if they have faced any kind of traumatic event in their life. Majority people claimed that they have faced some kind of accident in their lives e.g. earthquakes, bullying, loss in business, rape, death of loved ones etc. Some people claimed that the biggest accident of their life was death of their loved ones. While minority claimed that they didn't face any kind of traumatic event.

Suicidal Ideation as a Psychological Antecedents

Research asked respondents if they have ever felt in a way that their life should end.

Majority claimed that they neither have they ever thought that life should end nor have they ever tried to end their lives while, minority people claimed that they have thought to end their lives and even tried to. Some people claimed that now at this moment of life the thought of ending their lives often strike them. Few women claimed that they tried to kill themselves twice.

According to data from the National Council on Aging, suicide rates are highest among people 85 and above. It exceeds the country's average suicide rate by more than four times. The majority of elderly people who commit suicide are men, as is the case for most age groups.

Despite the high numbers, according to the American Association for Marriage and Family Therapy (AAMFT), the rates of elder suicide are likely underreported by at least 40% because of what they call "silent suicides." These would include overdoses,

starvation caused by oneself, dehydration, and accidents. Due to the deadly nature of the techniques used, the rate of successful suicide in this age bracket is also high.

Conclusion

The current study discovered that elderly people living in older homes are affected by biopsychosocial factors. Due to biological, psychological, and social factors, they were abandoned by their families and many of the respondents said they were orphans without a family to care for them. Each element (biological, psychological, and social) has an effect on people's mental health, according to thematic analysis. According to the study's findings, people have been abandoned here statistically mostly for family and medical reasons. As we know that Pakistani families have tend to move towards nuclear and single family concept copying the West. But now when we how the West is moving back to joint families, the era is just revolving around itself. Family shifts in generations are the major drawback of old age homes in this era. Their relatives have abandoned or deceived them, and they are left with nothing. Seniors who reside in nursing homes should keep up their health, lead healthy lifestyles, become involved in the community, and attempt to find an activity that will help them forget about their troubles. Some of the respondents had a method for keeping oneself active by engaging in tasks that made them feel young and busy.

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