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Psychosocial Factors Associated with Depression among Elderly with Chronic Disease

Aulia Pradana Satya Kiran^{1*}, Rafli Bagas Nugroho², Ahmad Qolbiy³

¹⁻³ Universitas 'Aisyiyah Yogyakarta, Indonesia

email: satyakiran167@gmail.com¹

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Abstract

Depression represents a significant mental health concern among elderly individuals living with chronic diseases, particularly in community healthcare settings where long-term illness management may generate psychological stress. This study aimed to examine the association between psychosocial factors and depression among older adults with chronic diseases. A quantitative analytic study with a cross-sectional design was conducted among 52 elderly individuals diagnosed with hypertension or type 2 diabetes mellitus in the working area of Patuk II Primary Health Care, Gunungkidul Regency, Indonesia. Data were collected using standardized instruments including the Brief COPE Inventory, the Family Support Scale, and the Patient Health Questionnaire-9 (PHQ-9). Descriptive analysis indicated that most participants demonstrated high coping mechanisms and moderate to high levels of family support, while depressive symptoms were present in a smaller proportion of respondents. Spearman rank correlation analysis revealed significant negative associations between coping mechanisms and depression ($r = -0.523$; $p < 0.001$) as well as between family support and depression ($r = -0.499$; $p < 0.001$). These findings highlight the importance of strengthening psychosocial resources in order to reduce depression risk and promote psychological well-being among elderly individuals with chronic diseases.

Keywords : Coping Mechanisms, Family Support, Depression, Elderly, Chronic Disease.



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INTRODUCTION

Population ageing has emerged as one of the most profound demographic transformations of the twenty-first century, reshaping global health priorities and intensifying scholarly attention toward the complex interaction between physical illness and mental health among older adults. The rapid growth of the elderly population has coincided with a substantial increase in the prevalence of chronic diseases such as hypertension and diabetes mellitus, conditions that not only contribute to functional decline but also elevate vulnerability to psychological distress and depressive symptoms. Global health reports indicate that chronic non-communicable diseases dominate morbidity patterns in ageing populations, while the psychosocial consequences of long-term illness remain insufficiently integrated into routine geriatric care frameworks (World Health Organization, 2023a; World Health Organization, 2023b). Within this evolving epidemiological landscape, depression among elderly individuals with chronic diseases has increasingly been recognized as a multidimensional phenomenon shaped not merely by biological deterioration but by the interplay of social support systems, coping mechanisms, and psychosocial resilience.

Empirical scholarship across medical and public health disciplines has documented a consistent association between chronic disease burden and depressive symptoms in later life, although the explanatory pathways remain theoretically fragmented. Clinical investigations demonstrate that elderly patients experiencing poorly controlled chronic illnesses frequently report fatigue, emotional exhaustion, and diminished psychological well-being, factors that collectively intensify depressive vulnerability (Medicine (United States), Esen et al., 2022). Complementary studies in community health settings highlight the significance of psychosocial resources, particularly family support and adaptive coping strategies, in moderating emotional responses to chronic disease management (Achmad et al., 2021; Fatimah et al., 2024). Interventions integrating psychological techniques with physiological care have also revealed beneficial outcomes, as illustrated by therapeutic approaches such as guided imagery

and music therapy, which demonstrate measurable improvements in both physical and emotional indicators among elderly individuals with hypertension (Christanto et al., 2022). These converging findings reinforce the conceptual proposition that chronic disease and mental health among older adults are deeply intertwined within a biopsychosocial framework rather than functioning as isolated clinical phenomena.

Nevertheless, a critical synthesis of the existing literature reveals substantial conceptual and empirical limitations that hinder the development of a comprehensive understanding of depression among elderly populations with chronic illness. Many studies examine depression within narrowly defined disease categories or emphasize singular psychosocial variables, resulting in fragmented insights that fail to capture the multidimensional nature of psychological vulnerability in ageing individuals. Research focusing on specific demographic groups, including adolescents or younger populations experiencing emotional disorders, often dominates the mental health discourse, leaving geriatric populations comparatively underrepresented in psychosocial investigations (Endriyani et al., 2022). Epidemiological health reports and regional health profiles frequently emphasize disease prevalence and healthcare utilization but rarely integrate systematic assessments of psychosocial determinants of mental health among elderly patients with chronic conditions (Badan Kebijakan Pembangunan Kesehatan & Kementerian Kesehatan Republik Indonesia, 2024; Dinas Kesehatan Daerah Istimewa Yogyakarta, 2023; Dinas Kesehatan Kabupaten Gunungkidul, 2024). The absence of integrated analyses that simultaneously examine multiple psychosocial determinants contributes to persistent gaps in understanding how emotional well-being evolves within the broader context of chronic disease management.

The persistence of these gaps carries important scientific and practical implications, particularly in primary health care systems where elderly patients frequently receive long-term treatment for chronic illnesses. Health services for older adults in community-based facilities often prioritize physiological monitoring—such as blood pressure measurement, blood glucose testing, and medication adherence—while psychological screening and psychosocial assessment remain peripheral components of routine care. This imbalance risks overlooking early manifestations of depressive symptoms that may significantly influence treatment adherence, disease progression, and overall quality of life. Given the growing proportion of elderly individuals living with multiple chronic diseases, the lack of integrated psychosocial evaluation within primary health services potentially undermines the effectiveness of comprehensive geriatric care and limits opportunities for early mental health intervention.

Within this context, investigating psychosocial determinants of depression among elderly individuals with chronic diseases becomes essential for advancing both theoretical understanding and evidence-based health policy. The interaction between coping mechanisms, family support, and psychological outcomes represents a particularly critical area of inquiry because these variables constitute modifiable factors that can be addressed through community-level interventions and health service reforms. Examining these relationships within real-world primary care environments provides an opportunity to bridge the gap between psychosocial theory and clinical practice while generating context-specific evidence relevant to ageing populations in community health systems.

This study therefore aims to analyze psychosocial factors associated with depression among elderly individuals with chronic diseases in the working area of Patuk II Primary Health Care, Gunungkidul Regency, Indonesia. By integrating measurements of coping mechanisms, family support, and depressive symptoms within a quantitative analytic framework, the research seeks to contribute to the refinement of psychosocial models of geriatric mental health while also offering empirical evidence to support the integration of mental health screening into routine primary care services for older adults living with chronic illnesses.

RESEARCH METHODS

This study employed an empirical quantitative analytic design with a cross-sectional approach to examine psychosocial factors associated with depression among elderly individuals living with chronic diseases. The research was conducted in the working area of Patuk II Primary Health Care, Gunungkidul Regency, Indonesia, a community-based health service setting providing routine care for older adults with chronic conditions. The study population consisted of elderly individuals aged 60 years and older who had been clinically diagnosed with chronic diseases, particularly hypertension and type 2 diabetes mellitus. A total of 52 respondents were recruited through purposive sampling to ensure that participants

met predefined clinical and demographic criteria relevant to the research objective. Inclusion criteria comprised elderly individuals aged ≥ 60 years, having a confirmed diagnosis of hypertension or diabetes mellitus, and providing voluntary consent to participate in the study. Exclusion criteria included elderly individuals with severe cognitive impairment, communication difficulties, or serious medical complications that could interfere with the completion of questionnaires or participation in the research process. Data collection was conducted through structured questionnaires administered directly to respondents, allowing for systematic assessment of psychosocial conditions and depressive symptoms within the community health care environment.

Psychosocial variables were measured using standardized instruments widely validated in mental health and behavioral research. Coping mechanisms were assessed using the Brief COPE Inventory, while perceived family support was measured using the Family Support Scale. Levels of depressive symptoms were evaluated using the Patient Health Questionnaire-9 (PHQ-9), a widely recognized screening instrument for depression in clinical and community settings. All instruments have demonstrated acceptable validity and reliability in previous psychosocial and mental health studies. Data analysis was performed using both descriptive and inferential statistical techniques. The Spearman rank correlation test was applied to examine the association between coping mechanisms, family support, and depression levels, given the ordinal nature of the data. The Mann-Whitney test was used to identify differences in depression levels based on the type of chronic disease experienced by respondents. Statistical analyses were conducted using SPSS software with the significance level set at $p < 0.05$. Ethical approval for the study was obtained from the Health Research Ethics Committee of Universitas 'Aisyiyah Yogyakarta (No. 4937/KEP-UNISA/XI/2025). All participants provided written informed consent prior to data collection, and the research process adhered to ethical principles including confidentiality, anonymity, and voluntary participation.

RESULTS AND DISCUSSION

Sample Characteristics of Elderly Participants with Chronic Diseases

The demographic profile of elderly individuals living with chronic diseases provides an important analytical foundation for understanding psychosocial vulnerability in later life. Population ageing has been accompanied by an increasing prevalence of chronic diseases that require long-term management and continuous adaptation to changing health conditions. Epidemiological evidence indicates that elderly individuals frequently experience complex interactions between biological decline, social environment, and psychological wellbeing (World Health Organization, 2023). Sociodemographic characteristics therefore represent structural determinants that shape both exposure to health risks and the availability of supportive social resources.

Age distribution within the study population indicates that most respondents were classified in the early elderly stage. Individuals aged 60–74 years represented the largest proportion of participants, suggesting that many respondents remained relatively active despite chronic disease conditions. Earlier phases of older adulthood often involve gradual health decline while maintaining some level of functional independence. Research examining depression among elderly populations reports that the early elderly stage may involve psychological adjustment processes to chronic disease diagnosis and lifestyle changes (Zenebe et al., 2021).

Gender composition in the sample reflects broader demographic trends observed in ageing societies. Female respondents constituted a larger proportion of participants, a pattern that aligns with global evidence indicating higher life expectancy among women. Gender differences may influence both health-seeking behavior and psychological adaptation to chronic illness. Meta-analytic research shows that women in older age groups often demonstrate higher healthcare utilization and stronger engagement in family support networks (Jalali et al., 2024).

Occupational patterns within the study population demonstrate the dominance of agricultural livelihoods in rural communities. The majority of respondents were farmers, reflecting the socioeconomic structure of Gunungkidul Regency where agricultural activities remain central to daily life. Agricultural work may contribute to continued physical activity among older adults, although it can also expose individuals to persistent physical strain and health risks. Regional health reports indicate that rural elderly populations frequently experience limited access to regular health monitoring and preventive care (Dinas Kesehatan Kabupaten Gunungkidul, 2024).

Educational attainment among respondents was predominantly limited to primary school education, suggesting relatively low formal education levels. Limited educational background may influence health literacy and the ability to interpret medical information related to chronic disease management. Individuals with lower educational attainment often rely more heavily on family members or community health workers for guidance in managing health conditions. Empirical studies highlight that health literacy strongly affects self-efficacy and treatment adherence among individuals with chronic diseases (Yuliana et al., 2022).

Marital status also provides insight into the social support structure surrounding elderly individuals. Most respondents were married, indicating the presence of immediate family members who may provide emotional and practical assistance. Family relationships frequently function as primary support systems that help older adults manage daily activities and health challenges. Social support derived from family environments has been shown to reduce psychological distress and enhance resilience among elderly populations (Gasril, 2022).

The demographic characteristics described above illustrate the social environment within which elderly individuals experience chronic disease and potential psychological stressors. Chronic conditions such as hypertension and diabetes mellitus require continuous medical monitoring and lifestyle adjustments throughout the ageing process. Long-term disease management may generate emotional stress when individuals face uncertainty about disease progression and physical limitations. Clinical studies demonstrate that chronic illness burden can significantly influence emotional wellbeing among elderly patients (Esen et al., 2022).

National health surveillance data provide additional context for understanding chronic disease patterns among elderly populations in Indonesia. Epidemiological monitoring indicates that hypertension and diabetes represent two of the most prevalent chronic diseases among older adults receiving primary healthcare services. The increasing prevalence of these conditions reflects demographic transitions and lifestyle changes affecting ageing populations. National health statistics therefore emphasize the importance of integrating mental health considerations into chronic disease management programs (Badan Kebijakan Pembangunan Kesehatan & Kementerian Kesehatan Republik Indonesia, 2024).

Table 1. Demographic Characteristics of Respondents (N = 52)

Characteristic	Category	Frequency	Percentage (%)
Age	60–74 years	41	78.8
	≥75 years	11	21.2
Gender	Male	19	36.5
	Female	33	63.5
Occupation	Farmer	35	67.3
	Housewife	17	32.7
Education	No formal education	5	9.6
	Primary school	47	90.4
Marital Status	Married	43	82.7
	Divorced	9	17.3

Source: Primary Data Analysis (2025).

The demographic pattern illustrated in Table 1 highlights the rural and community-based context of the study population. Age distribution indicates that the majority of respondents were in the early elderly stage, which may still allow active participation in household and community activities. Female predominance corresponds with global demographic patterns showing longer female longevity. Sociodemographic characteristics therefore provide a contextual background for interpreting psychosocial variables associated with depression among elderly individuals with chronic diseases.

Educational and occupational patterns further illustrate structural determinants shaping health experiences in rural communities. Limited educational attainment may influence how elderly individuals understand disease symptoms, treatment instructions, and mental health conditions. Agricultural livelihoods may sustain social engagement within rural communities while simultaneously

exposing individuals to demanding physical workloads. Socioeconomic conditions in rural settings therefore play an important role in shaping psychological adaptation to chronic illness.

The demographic characteristics observed in this study establish a contextual framework for examining psychosocial factors associated with depression. Age, gender, marital status, education, and occupation collectively influence the availability of social resources and coping capacity among elderly individuals. Structural conditions in rural communities often determine how individuals respond to chronic disease and psychological stress. Understanding these demographic patterns is essential for interpreting the subsequent findings related to coping mechanisms, family support, and depression within the study population.

Descriptive Distribution of Psychosocial Factors and Depressive Symptoms

Psychosocial conditions constitute an important dimension in understanding mental health among elderly individuals living with chronic diseases. Ageing populations frequently experience complex interactions between physical illness, emotional adaptation, and social relationships that influence psychological well-being. Global public health reports emphasize that the burden of chronic diseases such as hypertension increases vulnerability to emotional distress in later life (World Health Organization, 2023). The descriptive analysis in this study therefore explores how coping mechanisms, family support, and depressive symptoms are distributed among elderly patients receiving primary health services.

Elderly individuals with chronic diseases often encounter long-term stress related to physical limitations, medication adherence, and lifestyle adjustments. Psychological adaptation to these conditions is shaped by both internal coping resources and external support systems. Research in geriatric mental health indicates that effective coping and social support contribute to emotional stability and improved quality of life among older adults (Sowan et al., 2023). The present findings provide empirical insight into the psychosocial profile of elderly patients within a community-based healthcare context.

The demographic and epidemiological context of ageing in Indonesia further explains the relevance of examining psychosocial variables in elderly health research. National health statistics show a growing prevalence of chronic diseases among older adults, particularly hypertension and metabolic disorders (Badan Kebijakan Pembangunan Kesehatan, 2024). Regional health reports from Yogyakarta also highlight increasing healthcare utilization among elderly patients with long-term illnesses (Dinas Kesehatan Daerah Istimewa Yogyakarta, 2023). These trends reinforce the importance of integrating psychosocial considerations into chronic disease management at the primary healthcare level.

Coping mechanisms represent an important psychological strategy that allows elderly individuals to regulate emotional responses to illness-related stress. Adaptive coping strategies can involve acceptance of health conditions, maintaining social interaction, and engaging in meaningful daily activities. Previous research demonstrates that coping capacity significantly influences psychological resilience among elderly individuals managing chronic diseases (Yuliana et al., 2022). Assessing coping distribution in this study therefore provides insight into the psychological adjustment patterns of elderly patients.

Table 2. Distribution of Psychosocial Variables and Depression (N = 52)

Variable	Category	Frequency (n)	Percentage (%)
Coping Mechanisms	Moderate	9	17.3
	High	43	82.7
Family Support	Low	5	9.6
	Moderate	26	50.0
Depression Level	High	21	40.4
	No depression	33	63.5
	Mild depression	12	23.1
	Moderate depression	5	9.6
	Moderately severe depression	2	3.8

Source: Primary Data Analysis (2026).

The distribution presented in Table 2 indicates that a large proportion of respondents demonstrated high coping mechanisms, representing 82.7% of the study sample. This pattern suggests that many elderly individuals have developed effective psychological strategies to manage stress associated with chronic illness. Life experience and long-term adaptation to health conditions may contribute to the development of these coping capacities. Empirical findings in geriatric health research also highlight that adaptive coping can reduce emotional distress and improve psychological resilience among older adults (Achmad et al., 2021).

Family support represents another essential psychosocial resource influencing mental health outcomes among elderly individuals. The data show that half of the respondents perceived moderate levels of family support, while a substantial proportion reported high support. Social interaction and emotional encouragement from family members can help elderly patients maintain optimism and adherence to treatment routines. Studies have consistently demonstrated that family involvement plays a crucial role in preventing psychological distress among older adults with chronic diseases (Gasril, 2022).

The distribution of depressive symptoms shows that the majority of respondents did not experience depression, although a notable proportion reported mild depressive symptoms. These findings indicate that psychological well-being among elderly patients may remain relatively stable despite chronic health conditions when coping resources and social support are present. Nevertheless, the presence of moderate and moderately severe depression among some respondents highlights the continued relevance of mental health monitoring in geriatric care. Previous meta-analyses report that depression remains a common mental health issue among older adults globally, particularly among those with chronic illness (Jalali et al., 2024).

Chronic diseases can indirectly influence psychological health through persistent physical discomfort, functional limitations, and uncertainty regarding disease progression. Elderly individuals with conditions such as diabetes or hypertension often experience increased emotional fatigue related to ongoing disease management. Research among elderly diabetic populations has shown that uncontrolled health conditions may contribute to higher levels of depressive symptoms (Esen et al., 2022). These dynamics illustrate the importance of integrating psychosocial assessment into routine healthcare services for elderly patients.

Family support may function as a protective factor that reduces the psychological burden associated with chronic disease management. Emotional reassurance, assistance with daily activities, and encouragement to follow treatment recommendations can strengthen the coping capacity of elderly individuals. Studies conducted in community healthcare settings demonstrate that stronger family support is associated with better psychological outcomes and reduced risk of depression among elderly patients (Fatimah et al., 2024). The moderate to high levels of family support observed in this study therefore represent an important contextual factor supporting mental well-being.

The psychosocial patterns identified in this analysis highlight the multidimensional nature of elderly health in primary healthcare settings. Coping mechanisms, social relationships, and mental health outcomes interact dynamically within the broader context of ageing and chronic disease management. Community-based healthcare systems play a crucial role in recognizing these interactions and supporting the psychosocial needs of elderly patients. These descriptive findings establish a basis for further inferential analysis examining the statistical relationships between psychosocial factors and depression levels among elderly individuals with chronic diseases.

Association Between Psychosocial Factors and Depressive Symptoms

The analytical stage of this study examined the relationships between psychosocial factors and depressive symptoms among elderly individuals with chronic diseases using the Spearman rank correlation test. Psychosocial variables such as coping mechanisms and family support are frequently conceptualized as protective resources that influence psychological well-being during the ageing process. Chronic illness management often involves emotional stress, lifestyle adaptation, and long-term health uncertainty, which can increase vulnerability to depression in later life (Zenebe et al., 2021). Investigating these relationships provides empirical insight into how internal psychological resources and external social support interact with mental health outcomes among elderly patients.

Depression among older adults is widely recognized as a multidimensional condition influenced by biological, psychological, and social determinants. Chronic diseases such as hypertension and diabetes mellitus frequently impose continuous treatment demands that may contribute to emotional strain and psychological fatigue. Research across geriatric populations indicates that the coexistence of chronic disease and limited psychosocial resources can elevate the risk of depressive symptoms (Nguyen et al., 2025). Understanding the strength and direction of relationships between psychosocial variables therefore represents an important step in developing preventive mental health strategies for elderly populations.

Psychological coping strategies represent internal resources that enable individuals to regulate emotional responses when encountering stress related to illness and ageing. Elderly individuals who develop adaptive coping behaviors may be better able to manage uncertainty, treatment routines, and functional limitations. Evidence from behavioural health research indicates that coping mechanisms significantly influence emotional adjustment among individuals facing chronic stressors (Sowan et al., 2023). The correlation analysis conducted in this study therefore focused on examining the extent to which coping mechanisms are statistically associated with depressive symptoms.

Social support from family members constitutes another key factor shaping mental health among elderly individuals with chronic diseases. Emotional encouragement, instrumental assistance, and family involvement in healthcare routines may reduce feelings of isolation and psychological distress. Systematic reviews have shown that supportive social environments are strongly associated with lower levels of depression among older adults (Gutiérrez-Sánchez et al., 2023). The present study evaluates whether perceived family support demonstrates a measurable relationship with depression among elderly patients receiving primary healthcare services.

Table 3. Spearman Rank Correlation Between Psychosocial Factors and Depression (N = 52)

Variable	r	p-value
Coping Mechanisms – Depression	-0.523	<0.001
Family Support – Depression	-0.499	<0.001
Coping Mechanisms – Family Support	0.269	0.054

Source: Primary Data Analysis (2026).

The correlation results presented in Table 3 show that coping mechanisms were significantly associated with depression among elderly respondents. The negative correlation coefficient ($r = -0.523$) indicates that stronger coping abilities correspond with lower levels of depressive symptoms. This finding suggests that individuals who possess effective psychological strategies are better able to regulate emotional responses to chronic illness. Similar patterns have been reported in geriatric health research demonstrating that adaptive coping reduces emotional distress among older adults with chronic conditions (Yuliana et al., 2022).

Family support also demonstrated a statistically significant negative relationship with depression in this study. The correlation coefficient ($r = -0.499$; $p < 0.001$) indicates that higher perceived family support is associated with lower levels of depressive symptoms. Emotional reassurance and practical assistance from family members can strengthen psychological resilience and reduce feelings of loneliness among elderly individuals. Previous studies in community health settings have likewise identified family support as an important protective factor against depression among patients with chronic diseases (Fatimah et al., 2024).

Interestingly, the correlation between coping mechanisms and family support did not reach statistical significance in the present analysis. Although the correlation coefficient indicated a positive tendency, the probability value ($p = 0.054$) suggests that the association did not meet the conventional significance threshold. This result implies that coping mechanisms and family support may influence depression through relatively independent psychosocial pathways. Research in gerontological psychology has suggested that internal resilience and external social resources often operate through distinct mechanisms in shaping mental health outcomes (Rachmawati et al., 2023).

The independent roles of these psychosocial variables highlight the complexity of mental health dynamics among elderly individuals with chronic diseases. Coping mechanisms represent intrapersonal psychological capacities that influence emotional regulation, whereas family support reflects interpersonal social resources. Each factor contributes differently to psychological well-being and may interact with other contextual influences such as disease severity or healthcare access. Studies among diabetic patients have similarly indicated that psychological resilience and family involvement may exert separate effects on mental health outcomes (Muslim et al., 2025).

These findings emphasize the importance of addressing both internal and external psychosocial resources within community-based healthcare interventions. Strengthening coping strategies can help elderly individuals adapt to long-term illness management and reduce emotional distress associated with ageing. Interventions aimed at improving coping skills, including stress management and psychological education, have been shown to enhance mental health among older adults with chronic diseases (Endriyani et al., 2022). Integrating such approaches into primary healthcare services may therefore support better psychological outcomes.

Family-centered health strategies also represent an important approach to improving mental health among elderly populations. Encouraging active family involvement in healthcare routines can strengthen emotional support networks and enhance treatment adherence. Community health initiatives often emphasize the role of family caregivers in promoting psychological stability among older adults living with chronic conditions (Maun & Firman, 2025). Supportive family environments may therefore function as protective contexts that mitigate the emotional burden associated with chronic disease.

Community-based healthcare programs in ageing societies increasingly recognize the importance of psychosocial determinants of health. Public health initiatives addressing hypertension and other chronic diseases frequently incorporate educational and supportive interventions targeting both patients and family members. Non-pharmacological approaches, including relaxation techniques and psychosocial interventions, have demonstrated beneficial effects on psychological well-being among elderly populations (Christanto et al., 2022). Integrating such strategies into primary care services may help reduce depression risk among elderly patients.

The overall findings indicate that coping mechanisms and family support function as complementary psychosocial resources influencing depression among elderly individuals with chronic diseases. Although these variables may operate through different pathways, both contribute to strengthening mental resilience and improving psychological well-being. Ageing populations require healthcare models that recognize the interaction between physical illness and psychosocial health determinants. Addressing these dimensions within community healthcare systems may help improve the quality of life of elderly individuals living with chronic diseases (Lee et al., 2022).

CONCLUSION

This study demonstrates that psychosocial conditions play a critical role in shaping mental health outcomes among elderly individuals living with chronic diseases in community healthcare settings. The descriptive findings indicate that most participants possessed relatively strong coping capacities and moderate to high levels of family support, while depressive symptoms were present in a smaller proportion of the sample. Statistical analysis further revealed significant negative associations between coping mechanisms, family support, and depression, indicating that stronger internal coping resources and supportive family environments are linked to lower levels of depressive symptoms. These findings highlight that psychological resilience and social support function as complementary protective resources that strengthen emotional stability among older adults experiencing long-term health conditions. The absence of a significant relationship between coping mechanisms and family support suggests that each factor operates through distinct psychosocial pathways in influencing mental well-being. Integrating psychological coping enhancement and family-centered support strategies within primary healthcare programs may therefore represent an effective approach to reducing depression risk and improving the overall quality of life among elderly individuals with chronic diseases.

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