

Research Paper

Regional Differences in Psychological Well-being of Elderly: A Comparative Study Across Districts of Uttarakhand

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ABSTRACT

Geography often dictates destiny, especially for vulnerable populations. This study, however, reveals a surprising finding on the psychological Well-being of the elderly in Uttarakhand's diverse landscape. The research investigated the psychological well-being (PWB) of older adults across the geographically distinct districts of Almora, Pithoragarh and U.S. Nagar. It was expected that the severe challenges in the hill areas—namely poor road connectivity, migration and limited access to health services—would significantly decrease PWB. Yet, the findings demonstrate that the elderly in Pithoragarh achieved the highest overall PWB among the three districts. It shows that the negative pressures of geographical and infrastructural isolation do not deteriorate the well-being to that extent. Though, improving physical infrastructure remains important, effective interventions must prioritize strengthening these resilient social support systems to truly enhance the mental health of elderly populations in remote, challenging environments.

Keywords: *Psychological Well-Being, Uttarakhand, Geography, Elderly, Migration*

What is the state of our elderly people's psychological wellbeing in Uttarakhand? Or in India? Or in the world? This is a really straightforward question with a very complicated answer. Let's investigate this response in more detail. The Indian government's National Policy for Older Persons, which was passed in January 1999, defines senior citizens as individuals who are 60 years of age or older (Shraddha et al., 2012). In 2001, just 7.5% of Indians were elderly; by 2011, that percentage had increased to 8.6%. It is projected that the senior citizens will comprise around 19% of the country's total population by 2050 and nearly 34% by the end of the century. Additionally, the percentage of senior citizens in Uttarakhand increased from 7.3% in 2001 to 8.5% in 2011 (The United Nations Population Fund, 2017). Apart from the subtle onset of chronic diseases like diabetes, cancer, heart disease, cerebrovascular accidents, and musculoskeletal ailments,

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Received: May 12, 2026; Revision Received: September 22, 2026; Accepted: September 28, 2026

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older persons have major physical, mental, social, and economic challenges (United Nations Population Fund, 2017). Even, Comparing the prevalence of various physical and psychological morbidities among older persons residing in plain and hilly locations has not been the subject of many studies. The study, which involved 400 participants in the villages of the Tehri region of Uttarakhand, revealed that psychosocial morbidities such as loneliness, depression and social insecurity were significantly more common in plain areas than in hilly ones. However, compared to plain areas, a significantly higher percentage of people in hilly regions experienced the psychosocial morbidities of financial instability (Kishore et al., 2016). According to the World Health Organization, 13% of all illnesses worldwide are mental health issues, which are particularly common in the elderly (United Nations Population Fund, 2017). It is evident by The General Health Questionnaire (GHQ) indicates that 50% of older adults experience psychological distress (Goldberg et al., 1970).

Mental health issues were more common among women, those who were poor, and those with less education (Goldberg et al., 1970). Still, Older persons are more vulnerable to mental health problems, as seen by age-related reductions in mental health status (Goldberg et al., 1970). According to Kapil et al. (2018), diabetes mellitus and hypertension are also highly prevalent among the senior population in rural Uttarakhand. There is very little research on the illness pattern of the older population in Uttarakhand. None of the research examined the trends in mortality and illness in rural and urban Uttarakhand (Usha et al., 2020). Also, It is well known that a variety of factors, including financial and emotional stress, malnourishment, and social isolation, increase the risk of psychological illnesses in older people (Bijalwan et al., 2016).

WHO emphasizes that people are in a state of well-being when they are able to identify their own strengths, effectively handle daily stress, work effectively, and make beneficial changes to society (WHO, 2013). There are two primary approaches to conceptualize psychological well-being, which is a basic part of overall well-being. The hedonic technique stresses experiencing frequent positive feelings, occasional bad emotions, and life satisfaction (Diener et al., 1999), whereas the eudaimonic approach emphasizes finding purpose and participating in meaningful, moral activities to attain one's full potential (Ryff, 2013). Carol D. Ryff's multidimensional model of psychological well-being consists of six distinct elements: autonomy, environmental mastery, personal growth, meaningful relationships with others, purpose in life, and self-acceptance (Ryff, 1995).

According to a study conducted in rural Northern India, the most prevalent mental ailment was depression, and the incidence of psychiatric disorders was much greater in the elderly group (43.32%) than in the non-geriatric group (4.66%) (Tiwari, 2000). According to a study done in Uttarakhand's Dehradun district, depression is highly prevalent among the elderly. Potential predictors of depression were found to be multifactorially associated with age, gender, place of residence, family type, living alone, financial dependence, substance abuse, and having certain chronic morbidities such as osteoarthritis, chronic respiratory illnesses, skin diseases, visual impairment, or hearing impairment (Tiwari et al., 2020). As their psychological well-being, life satisfaction, quality of life, and happiness increase, older adults' rates of depression and mental illness decrease (Jena et al., 2018). However, because of sociological, economic, and behavioural changes including dependency, frailty, the rapidly collapsing traditional family structure, growing industrialization, urbanization, and negative ageist attitudes, the elderly population is a psychologically vulnerable age group.

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The issue is made worse by a dearth of specialists (psychiatrists), inadequate training in geriatric care, and inadequate infrastructure (Pilania et al., 2013).

According to Iwano et al. (2022), Psychological therapies have been shown to be effective in enhancing wellbeing and preventing mental health issues in this population. Positive attitudes and perspectives toward aging can have a significant impact on improved psychological well-being (Bryant et al., 2012). Higher well-being has been linked to a lower risk of depression and suicidal ideation (Bray & Gunnell, 2006). Systematic evaluations indicate that therapies such as well-being therapy, life review, and mindfulness can significantly increase the psychological well-being of older adults (Bolier et al., 2013; Sin & Lyubomirsky, 2009).

HelpAge provides older individuals in India with a toll-free helpline in 23 locations to help them with problems including abuse, neglect, loneliness, and access to medical, legal, and emotional support by putting them in touch with trained professionals like psychologists and family counsellors. Nevertheless, a large number of senior citizens are not aware of these programs (United Nations Population Fund, 2017). High-quality primary-level geriatric health care services are becoming more and more necessary to address the community's common health problems; these services should be based on "felt needs." The majority of the elderly people used government health facilities because they might be less expensive and closer to their homes (Usha et al., 2020), hence geriatric health care needs to be incorporated into the primary health care system (Bartwal et al., 2016). There is an increasing need to raise awareness of these activities.

The infrastructure and geographic location of Almora, Pithoragarh, and U.S. Nagar present unique challenges for the elderly populations. Health services are less readily available in Almora and Pithoragarh than in US Nagar due to their high terrain, challenging geography, and limited road accessibility (Usha et al., 2020). The majority of people living in rural areas are from economically and socially disadvantaged backgrounds, and the state's hilly areas have seen slower development (Pande et al., 2017). Young migration worsens these issues. Thus, the current study will contribute to our understanding of the regional variations in the psychological well-being of older adults.

RESEARCH METHODOLOGY

Objectives

1. To assess psychological well-being among Elderly people in 3 districts of Kumaon region namely Almora, Pithoragarh and US Nagar.
2. To assess the difference in level of Autonomy, Environmental Mastery, Personal Growth, Positive Relation, Purpose and Self-acceptance of Elderly in 3 districts of Kumaon Region namely Almora, Pithoragarh and US Nagar.

Hypothesis

1. There will be no significant difference in psychological well-being of Elderly in 3 districts of Kumaon Region namely Almora, Pithoragarh and US Nagar.
2. There will be no significant difference in Autonomy of Elderly in 3 districts of Kumaon Region namely Almora, Pithoragarh and US Nagar.
3. There will be no significant difference in Environmental Mastery of Elderly in 3 districts of Kumaon Region namely Almora, Pithoragarh and US Nagar.

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4. There will be no significant difference in Personal Growth of Elderly in 3 districts of Kumaon Region namely Almora, Pithoragarh and US Nagar.
5. There will be no significant difference in Positive Relation of Elderly in 3 districts of Kumaon Region namely Almora, Pithoragarh and US Nagar.
6. There will be no significant difference in Purpose of Elderly in 3 districts of Kumaon Region namely Almora, Pithoragarh and US Nagar.
7. There will be no significant difference in Self- acceptance of Elderly in 3 districts of Kumaon Region namely Almora, Pithoragarh and US Nagar.

Sample

The sample included 600 elderly individuals aged 60 and over who were chosen using the Cluster Sampling technique from 9 blocks across 3 districts, which included 90 villages in the Kumaon region: Khatima, Sitarganj, and Rudrapur from US Nagar; Munsyari, Munakot, and Pithoragarh from Pithoragarh; and Sult, Bhikiyasan, and Hawal Bagh from Almora. Two hundred senior citizens from US Nagar, two hundred from Pithoragarh, and two hundred from Almora were chosen.

Tool

The 18-item psychological well-being scale by Carol D. Ryff (1995) is used in the present study which is a widely recognized tool for assessing psychological well-being across six key dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance

Procedure

Researcher contacted some Gram Pradhan, Ward member and Locals to reach out Senior citizens. The study participants were interviewed after being made aware of the academic nature of the research and assured that the data collected from them would remain confidential. As elderly people, they answered the test with great cooperation and sincerity.

RESULTS

Keeping in view the objectives and Hypothesis of the present study a series of one-way ANOVAs were conducted to examine differences among Almora, Pithoragarh and US Nagar on various dimensions of psychological well-being. Significant differences were found across all dimensions.

Psychological wellbeing

The psychological wellbeing of the subjects was measured in six dimensions namely autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance. Table 1 shows one-way ANOVA on overall psychological well-being in Almora, Pithoragarh and US Nagar.

Table 1: One-way ANOVA on psychological well-being in Almora, Pithoragarh and US Nagar.

Variable	Source of error	Sum of Square	df	Mean sum of square	F	Sig
Psychological Well being	Between Groups	1589.560	2	794.780	7.973	0.00
	Within Groups	59511.705	597	99.685		
	Total	61101.265	599			

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For the psychological well-being score, $F(2, 597) = 7.97$, $p < 0.05$ ($0.00 < 0.05$), which is significant at 0.05 level of significance. Therefore, it can be said that there is a statistically significant difference in the means of the groups for variable psychological wellbeing. Hence, we reject the null hypothesis which states that there is no significant difference in the means of the groups for variable psychological wellbeing.

Autonomy

Difference in Autonomy is measured in three districts of Uttarakhand using one way ANOVA.

Table 2 shows one-way ANOVA on Autonomy in Almora, Pithoragarh and US Nagar.

Variable	Source of error	Sum of Square	df	Mean sum of square	F	Sig
Autonomy	Between Groups	75.163	2	37.582	7.223	0.001
	Within Groups	3106.010	597	5.203		
	Total	3181.173	599			

For the autonomy score, $F(2, 597) = 7.223$, $p < 0.05$ ($0.001 < 0.05$), which is significant at 0.05 level of significance. Therefore, it can be said that there is a statistically significant difference in the means of the groups for sub-dimension autonomy. Hence, we reject the null hypothesis which states that there is no significant difference in the means of the groups for autonomy.

Environmental Mastery

Difference in Environmental mastery is measured in three districts of Uttarakhand using one way ANOVA.

Table 3 shows one-way ANOVA on Environmental mastery in Almora, Pithoragarh and US Nagar.

Variable	Source of error	Sum of Square	df	Mean sum of square	F	Sig
Environmental Mastery	Between Groups	53.603	2	26.802	4.090	0.017
	Within Groups	3912.230	597	6.553		
	Total	3965.833	599			

For the Environmental mastery score, $F(2, 597) = 4.090$, $p < 0.05$ ($0.017 < 0.05$), which is significant at 0.05 level of significance. Therefore, it can be said that there is a statistically significant difference in the means of the groups for sub-dimension Environmental mastery. Hence, we reject the null hypothesis which states that there is no significant difference in the means of the groups for Environmental mastery.

Personal Growth

Difference in personal growth is measured in three districts of Uttarakhand using one way ANOVA.

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Table 4 shows one-way ANOVA on Environmental mastery in Almora, Pithoragarh and US Nagar.

Variable	Source of error	Sum of Square	df	Mean sum of square	F	Sig
Personal Growth	Between Groups	115.303	2	57.652	6.467	0.002
	Within Groups	5321.815	597	8.914		
	Total	5437.118	599			

For the personal growth score, $F(2, 597) = 6.467$, $p < 0.05$ ($0.002 < 0.05$), which is significant at 0.05 level of significance. Therefore, it can be said that there is a statistically significant difference in the means of the groups for sub-dimension personal growth. Hence, we reject the null hypothesis which states that there is no significant difference in the means of the groups for personal growth.

Positive relations with others

Difference in Positive relations with others is measured in three districts of Uttarakhand using one way ANOVA.

Table 5 shows one-way ANOVA on Positive relations with others in Almora, Pithoragarh and US Nagar.

Variable	Source of error	Sum of Square	df	Mean sum of square	F	Sig
Positive Relations with Others	Between Groups	551.823	2	275.912	32.437	0.000
	Within Groups	5078.175	597	8.506		
	Total	5629.998	599			

For the Positive relations with others score, $F(2, 597) = 32.437$, $p < 0.05$ ($0.000 < 0.05$), which is significant at 0.05 level of significance. Therefore, it can be said that there is a statistically significant difference in the means of the groups for sub-dimension Positive relations with others. Hence, we reject the null hypothesis which states that there is no significant difference in the means of the groups for Positive relations with others.

Purpose in life

Difference in Purpose in life is measured in three districts of Uttarakhand using one way ANOVA.

Table 6 shows one-way ANOVA on Purpose in life in Almora, Pithoragarh and US Nagar.

Variable	Source of error	Sum of Square	df	Mean sum of square	F	Sig
Purpose In Life	Between Groups	204.003	2	102.002	21.888	0.000
	Within Groups	2782.070	597	4.660		
	Total	2986.073	599			

For the Purpose in life score, $F(2, 597) = 21.888$, $p < 0.05$ ($0.000 < 0.05$), which is significant at 0.05 level of significance. Therefore, it can be said that there is a statistically significant difference in the means of the groups for sub-dimension Purpose in life. Hence,

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we reject the null hypothesis which states that there is no significant difference in the means of the groups for Purpose in life.

Self-Acceptance

Difference in Self-Acceptance is measured in three districts of Uttarakhand using one way ANOVA.

Table 7 shows one-way ANOVA on Self-Acceptance in Almora, Pithoragarh and US Nagar.

Variable	Source of error	Sum of Square	df	Mean sum of square	F	Sig
Self-Acceptance	Between Groups	72.263	2	36.132	5.086	0.006
	Within Groups	4241.230	597	7.104		
	Total	4313.493	599			

For the Self-Acceptance score, $F(2, 597) = 5.086$, $p < 0.05$ ($0.006 < 0.05$), which is significant at 0.05 level of significance. Therefore, it can be said that there is a statistically significant difference in the means of the groups for sub-dimension Self-Acceptance. Hence, we reject the null hypothesis which states that there is no significant difference in the means of the groups for Self-Acceptance.

These results indicate that Almora, Pithoragarh and US Nagar had a statistically significant difference on all measured aspects of psychological well-being. To further examine the significant group differences identified in the ANOVAs, Tukey's HSD post hoc tests were conducted for each psychological well-being domain.

Post hoc Analysis

Psychological Wellbeing

Table 8: Tukey's HSD post hoc tests were conducted for total psychological well-being.

District(I)	District(J)	Mean difference(I-J)	Std. Error	Level of Significance at 0.05
Almora	Pithoragarh	-3.91000*	.99842	SIG
	US Nagar	-1.28000	.99842	NS
Pithoragarh	Almora	3.91000*	.99842	SIG
	US Nagar	2.63000*	.99842	SIG
US Nagar	Almora	1.28000	.99842	NS
	Pithoragarh	-2.63000*	.99842	SIG

*The mean difference is significant at the 0.05 level.

Post hoc analysis of overall psychological well-being in Almora, Pithoragarh and US Nagar clearly shows that difference between Almora and Pithoragarh is significant. whereas, Almora and US Nagar are not significant at 0.05 level of significance. While, comparing Pithoragarh with Almora and US Nagar, they both are significant at 0.05 level of significance. Similarly, when comparing US Nagar with other two districts, it shows significant with Pithoragarh and non-significant with Almora. Therefore, it can be concluded that Pithoragarh shows significantly higher Psychological Wellbeing scores than other districts.

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Autonomy

Table 9: Tukey's HSD post hoc tests were conducted for Autonomy.

District(I)	District(J)	Mean difference(I-J)	Std. Error	Level of Significance at 0.05
Almora	Pithoragarh	-.52500	.22809	NS
	US Nagar	-.86000*	.22809	SIG
Pithoragarh	Almora	.52500	.22809	NS
	US Nagar	-.33500	.22809	NS
US Nagar	Almora	.86000*	.22809	SIG
	Pithoragarh	.33500	.22809	NS

Post hoc analysis of dimension Autonomy in Almora, Pithoragarh and US Nagar clearly shows that difference between Almora and Pithoragarh is not significant. whereas, Almora and US Nagar is significant at 0.05 level of significance. While, comparing Pithoragarh with Almora and US Nagar, they both are not significant at 0.05 level of significance. Similarly, when comparing US Nagar with other two districts, it shows non significant with Pithoragarh and significant with Almora. Therefore, it can be concluded that elderly residents in US Nagar feel more autonomous than those in Almora and no conclusion can be drawn for Pithoragarh.

Environmental mastery

Table 10: Tukey's HSD post hoc tests were conducted for Environmental mastery.

District(I)	District(J)	Mean difference(I-J)	Std. Error	Level of Significance at 0.05
Almora	Pithoragarh	-.68000*	.25599	SIG
	US Nagar	-.57500	.25599	NS
Pithoragarh	Almora	.68000*	.25599	SIG
	US Nagar	.10500	.25599	NS
US Nagar	Almora	.57500	.25599	NS
	Pithoragarh	-.10500	.25599	NS

Post hoc analysis of dimension Environmental Mastery in Almora, Pithoragarh and US Nagar clearly shows that difference between Almora and Pithoragarh is significant. whereas, Almora and US Nagar are not significant at 0.05 level of significance. While, comparing Pithoragarh with Almora and US Nagar, it shows significant with Almora and not significant with US Nagar at 0.05 level of significance. Similarly, when comparing US Nagar with other two districts, it shows not significant with both the districts. Therefore, it can be concluded that elderly residents in Pithoragarh scores higher than Almora in Environmental Mastery and no conclusion can be drawn for US Nagar.

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Personal growth

Table 11: Tukey's HSD post hoc tests were conducted for Personal growth.

District(I)	District(J)	Mean difference(I-J)	Std. Error	Level of Significance at 0.05
Almora	Pithoragarh	-.83000*	.29857	SIG
	US Nagar	-1.00500*	.29857	SIG
Pithoragarh	Almora	.83000*	.29857	SIG
	US Nagar	-.17500	.29857	NS
US Nagar	Almora	1.00500*	.29857	SIG
	Pithoragarh	.17500	.29857	NS

Post hoc analysis of dimension personal growth in Almora, Pithoragarh and US Nagar clearly shows that difference in both Pithoragarh and US Nagar is significant with Almora at 0.05 level of significance. While, comparing Pithoragarh with Almora and US Nagar, it shows significant with Almora and not significant with US Nagar at 0.05 level of significance. Similarly, when comparing US Nagar with other two districts, it shows not significant with Pithoragarh and significant with Almora. Therefore, it can be concluded that elderly residents in US Nagar report greater personal growth than Pithoragarh and Almora has even lesser than Pithoragarh.

Positive Relations with others

Table 12: Tukey's HSD post hoc tests were conducted for Positive relations with others.

District(I)	District(J)	Mean difference(I-J)	Std. Error	Level of Significance at 0.05
Almora	Pithoragarh	-1.39000*	.29165	SIG
	US Nagar	.94500*	.29165	SIG
Pithoragarh	Almora	1.39000*	.29165	SIG
	US Nagar	2.33500*	.29165	SIG
US Nagar	Almora	-.94500*	.29165	SIG
	Pithoragarh	-2.33500*	.29165	SIG

Post hoc analysis of dimension interpersonal relationships in Almora, Pithoragarh and US Nagar clearly shows that difference in both Pithoragarh and US Nagar is significant with Almora at 0.05 level of significance. While, comparing Pithoragarh with Almora and US Nagar, both are significant at 0.05 level of significance. Similarly, when comparing US Nagar with other two districts, again both are significant at 0.05 level of significance. Therefore, it can be concluded that Pithoragarh stands out as having the best interpersonal relationships, followed by Almora, then US Nagar.

Purpose in life

Table 13: Tukey's HSD post hoc tests were conducted for Purpose in life.

District(I)	District(J)	Mean difference(I-J)	Std. Error	Level of Significance at 0.05
Almora	Pithoragarh	-.48000	.21587	NS
	US Nagar	.92500*	.21587	SIG
Pithoragarh	Almora	.48000	.21587	NS
	US Nagar	1.40500*	.21587	SIG
US Nagar	Almora	-.92500*	.21587	SIG
	Pithoragarh	-1.40500*	.21587	SIG

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Post hoc analysis of dimension Purpose in life in Almora, Pithoragarh and US Nagar clearly shows that difference between Almora and Pithoragarh is not significant. whereas, Almora and US Nagar are significant at 0.05 level of significance. While, comparing Pithoragarh with Almora and US Nagar, it shows not significant with Almora and significant with US Nagar at 0.05 level of significance. Similarly, when comparing US Nagar with other two districts, it shows significant with both the districts. Therefore, it can be concluded that there is strong sense of purpose in Pithoragarh and Almora compared to US Nagar.

Self-acceptance

Table 14: Tukey's HSD post hoc tests were conducted for Self-acceptance.

District(I)	District(J)	Mean difference(I-J)	Std. Error	Level of Significance at 0.05
Almora	Pithoragarh	-.08500	.26654	NS
	US Nagar	-.77500*	.26654	SIG
Pithoragarh	Almora	.08500	.26654	NS
	US Nagar	-.69000*	.26654	SIG
US Nagar	Almora	.77500*	.26654	SIG
	Pithoragarh	.69000*	.26654	SIG

Post hoc analysis of dimension self-acceptance in Almora, Pithoragarh and US Nagar clearly shows that difference between Almora and Pithoragarh is not significant. whereas, Almora and US Nagar are significant at 0.05 level of significance. While, comparing Pithoragarh with Almora and US Nagar, it shows not significant with Almora and significant with US Nagar at 0.05 level of significance. Similarly, when comparing US Nagar with other two districts, it shows significant with both the districts. Therefore, US Nagar residents show higher self-acceptance

DISCUSSION

The current study attempted to evaluate psychological well-being (PWB) among Elderly in three districts of the Kumaon region: US Nagar, Almora, and Pithoragarh. It focused on six dimensions of Ryff's Psychological Wellbeing: autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance. The findings revealed significant differences across districts, especially Pithoragarh had a much greater level of psychological well-being overall than both Almora and US Nagar, whereas the latter two did not differ significantly. This implies that older people in Pithoragarh might be happier and more mentally healthy overall. Whereas, lower psychological well-being of elderly living in Almora and US Nagar implies that more qualitative studies are required to examine characteristics, contextual factors including lifestyle choices, environmental quality, and community cohesion. These findings are consistent with Sheljy Shajan et al. (2017), where psychological well-being among elderly people in Uttarahalli and Kagalipur, Bangalore city shows that the majority of senior citizens (17, or 56.67%) from rural areas had poor psychological wellbeing, While the majority of elderly citizens (12, or 40%) from urban areas also had poor psychological wellbeing. One of the reasons for less well-being has been demonstrated by Rogers et al., 2008 that the trauma of losing a child has long-lasting effects: bereaved parents reported lower wellbeing almost 20 years after the death. Also, Johnson (1983) found that age peers were more likely to provide older persons in need of social support with more assistance without creating unnecessary stress or conflict. Age-peer connections help meet the needs of many older people.

CONCLUSION

When combined, these findings indicate that Pithoragarh continuously performs better than the other districts in a number of psychological wellbeing domains, particularly in regard to overall psychological well-being, environmental mastery, personal development, and social relationships. Almora, on the other hand, usually comes in last, especially when it comes to autonomy. With higher values for autonomy and self-acceptance but lower levels for purpose and social connection, US Nagar exhibits a unique profile. These results highlight the significance of region-specific treatments to promote the well-being of the elderly. Pithoragarh might be a good example of how to age well in some ways, but in Almora and US Nagar, specific assistance might be required to close certain social and psychological barriers.

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Suyal, A., Bhatt, R., Mamgain, R.P., Dobhal, H. & Bhardwaj, A. (2026). Regional Differences in Psychological Well-being of Elderly: A Comparative Study Across Districts of Uttarakhand. *International Journal of Indian Psychology*, 14(3), 2612-2623. DIP:18.01.238.20261403, DOI:10.25215/1403.238