

## **Psycho-Social Factors in Older Adults' Mental Health: A Narrative Review**



**Raúl Hormazábal-Salgado<sup>1</sup>, Valeria Poblete-Ávila<sup>2</sup>, María Victoria Ramírez-Véliz<sup>3</sup>**

<sup>1,2,3</sup>School of Nursing, Faculty of Health Sciences, The University of Talca, Talca, Chile.

<sup>1</sup>ORCID ID: 0000-0002-6736-9983, <sup>2</sup>ORCID ID: 0000-0002-5071-2765, <sup>3</sup>ORCID ID: 0000-0003-2277-0084

**ABSTRACT:** Health promotion is a top priority worldwide. This includes mental health in older adults, who are at risk due to the ageing process, associated with deteriorating health status. Notwithstanding the importance of the topic, psycho-social factors are often neglected in the implementation or formulation of advanced age health promotion programs. In this context, it is imperative to reach a better understanding of the main psycho-social aspects involved in mental health promotion in older adults.

The main objective of this narrative review was to identify documents that made a core contribution to the understanding of psycho-social factors related to mental health in community-dwelling older adults. To achieve this, a narrative review was carried out that included a total of 40 articles published between 2018 and 2022. This review was performed through an interpretive stance. Ethical approval was not required for this review.

Three main categories were derived from thematic analysis: (i) mental health interventions; (ii) mental health and frailty in older adults, and (iii) social support in older adults.

To conclude, understanding the main protective psycho-social factors involved in mental health in community-dwelling older adults is of paramount importance. Identifying the implications of the psycho-social factors in this population is vital to elaborate specific interventions, therefore enhancing their mental health.

**KEY WORDS:** geriatric; health; mental health; health promotion; health education; community health nursing

### **INTRODUCTION**

Health promotion is a top priority worldwide. The sustainable development goals (SDGs) adopted by the United Nations in 2015 propose a new target for global health: the aim of SDG is to “ensure healthy lives and promote well-being for all at all ages” (1). Health promotion across all ages includes promoting mental health as well, especially considering that mental health problems can arise at any time in life. During the current century, the growing number of older adults has led to the phenomenon of ageing in societies worldwide due to the substantial improvements in lifestyles, increasing their life expectancy. To this respect, aging is a universal process that is associated with deteriorating health status; seniors may have common stressors, such as a progressive and significant loss of capacities, drop in socioeconomic status with retirement and events like bereavement, which can result in isolation, loneliness, or psychological distress (2).

As the elderly population grows rapidly, the prevalence of mental health problems such as anxiety and depression disorders increases, deteriorating their mental well-being (3). Considering this, the foremost challenge is to prevent those problems at primary level, including the prevention strategies of disabilities, mobility, and cognitive capabilities in addition to mental health problems (4). Notwithstanding the importance of the matter, subjective or psycho-social factors are often neglected in the implementation or formulation of advanced age health promotion programs (5). For this reason, it is imperative to reach a better understanding of the main psycho-social aspects involved in mental health promotion in older adults.

The goal of this review was to identify documents that made a core contribution, either conceptually or empirically, to the understanding of protective psycho-social factors related to mental health in community-dwelling older adults. This review intends to examine current work regarding the main issues in mental health and mental health care for the elderly, from a comprehensive standpoint. In order to achieve this aim, published analysis and research about protective psycho-social factors of mental health for the elderly with dementia living in the community were analysed. The research question in this review is: What are the main protective factors to consider regarding the mental health of community-dwelling older adults?

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### METHODOLOGY

A narrative review (6) that included articles published between 2018 and 2022 was carried out. The review has been limited to this period in order to include the latest work focused on protective psycho-social factors for the mental health community-dwelling older adults. Articles were identified through searches conducted on Web of Science, Scopus, PubMed, and CINAHL Complete. The following descriptors were used in English: (elderly OR "elderly people" OR aged OR "old adult\*" OR older OR elder OR geriatric\* OR "old people" OR senior\* OR "senior citizens") AND ("mental health") AND (community OR "community-dwell\*") AND (frail OR frailty).

All the 63 publications identified through the search strategy were evaluated for inclusion in this narrative review. Articles were included if they presented qualitative or quantitative information about mental health and well being of older adults living in the community. These data comprised research findings, such as the mental health of community-dwelling older adults, and specific interventions, from an integrative standpoint. Primary studies written in English, Spanish, and Portuguese were chosen. A total of 40 articles met the inclusion criteria and were thus selected for analysis (see table N° 1 in appendix). Articles focused on distinct aspects of mental health, like mental illnesses and old adults living in long-term care facilities, as well as systematic reviews and essays were excluded. Systematic reviews, although interesting, could lead to redundant information when including similar or even the same studies, which in turn could have led to data duplication.

Selected articles were organized by following two main criteria: topic and methodology used, as presented in the table N° 2 below.

**Table 2: Classification by themes and methodologies**

Themes	Quantitative research	Qualitative research	Total
1. Mental health interventions	11	0	11
2. Mental health and frailty in older adults	11	1	12
3. Social support in older adults	15	2	17

Data analysis was performed with an interpretive paradigm. That is, interpreting others' interpretations by inductively grouping results from studies into themes of similar ideas was sought. Data synthesis was conducted using thematic analysis (7). Ethical approval for this literature review was not required.

Three main themes were derived from thematic analysis that addressed the research question. These were: (i) mental health interventions; (ii) mental health and frailty in older adults, and (iii) social support in older adults.

#### 1. Mental health interventions

11 of the 40 included papers were focussed on mental health interventions for community-dwelling seniors.

### INDIVIDUAL INTERVENTIONS

Interventions focused on the individuals are named as effective by a number of authors. Leisure activities are one of the most important findings that emerged from the literature. Self-initiated mentally stimulating leisure activities, such as reading books, playing board games and craft activities as well as cognition-enhancing interventions have positive effects in older adults' mental health, where the cognitive gains from such activities can be better preserved as people remain mentally active (8). These findings are relevant for those living alone in their communities. The study of Yoshida et al (9) shows that living alone and leisure activities are independently associated with mental health, concluding that leisure activities can improve mental health in older adults living alone. Furthermore, Wang et al (10) have proven the effectiveness of an intervention called "Path-oriented Psychological Self-help Intervention" on the mental health status of older adults, improving coping strategies and the psychological self-help ability. In this context, promoting self-care in these populations is also encouraged. A systematic self-reflection model of resilience-strengthening program is beneficial for middle to older aged adults, helping them to improve their perceived resilience, perceived stress, and positive affect, thus enhancing their mental health in general (11). Another successfully implemented intervention is a nurse-led proactive self-care program for community-dwelling older adults that contributed to improve their mental quality of life, providing social support and health-social partnership network, helping them to enhance care decision-making while satisfying their complex health and social needs (12).

#### Community interventions

Community interventions can be quite beneficial for older adults' mental health. Community-based interventions can be related to better mental health outcomes in older adults, where collaborative competence as a psychological construct plays a pivotal role in improving social capital (13). In Singapore, community engagement brings a myriad of benefits for old people, besides considering gender perspectives to tailor policies and practice for supporting ageing (14). Harada et al (15) in their study, found that an event-

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based intervention can foster social relationships between old adults and their neighbours, improving older adults' mental health well-being. Peer companionship can enhance the mental health of older people with low social connectedness, reducing symptoms of depression, anxiety, suicidal ideation, and feelings of inadequacy while increasing their feelings of belonging (16). Eating alone is a risk factor for community-dwelling older adults since it is associated with depressive symptoms, regardless of their health status; thus, social interventions focused on creating opportunities to eat together and engage in social activities, once the COVID-19 pandemic subsides (17). Community interventions during the COVID-19 outbreak can also be considered by healthcareers. Chan et al (18) found in their study that volunteering during the COVID-19 pandemic reduced the severity of depressive and anxiety symptoms while increasing self-esteem in older adults, the reason why this intervention is highly encouraged.

### **2. Mental health and frailty in older adults**

Out of the 40 selected papers, 12 studies discussed mental health in frail, older people.

Health literacy and frailty are closely related. According to Yoshizawa et al (19), low health literacy is a risk factor for the progression of frailty in four years, in healthy community-dwelling older adults regardless of age, sex, basic attributes, socioeconomic factors, and educational background, resulting in a poor mental health and lack of social support. However, a correlation between frailty and socioeconomic factors has been found by Rahman et al (20), where the authors inform that in Bangladesh, being aged and female with a low income are influential risk factors to frailty and/or poor health among community-dwelling older adults. For all the above reasons, psycho-social dimensions are of paramount importance in frail older adults, requiring public health interventions focused on their mental and social health; the underlying psychosocial mechanisms and their relation with frailty remain unexplored (21).

#### **Depression**

Several studies describe the relationship between depressive symptoms and frailty, in community-dwelling older adults. Frailty levels are linked to depressive symptoms in these people, which is not totally explained by sociodemographic and comorbidity covariates (22). Frailty may be the cause of rising geriatric syndrome and other adverse health outcomes associated with depression in later life (23). Additionally, frailty risk is associated with depression and lower cognitive function, but this condition may not be commonly assessed in community-dwelling adults, requiring its incorporation (24). It is important to point out that during the COVID-19 pandemic, social frailty in community-dwelling older adults was associated with depressive symptoms, but these symptoms can be mitigated through physical activity at home (25). Spirituality is another means of promoting overall better mental health, since it has the potential to improve quality of life while reducing stress-induced depression in frail older adults (26).

#### **Activities and social support**

Leisure activities are of paramount importance for frail old people. The engagement of old adults with disabilities in pleasant activities have the potential to improve their mental health outcomes; this is very important because disability increases risk for depression and reduces well-being (27). Independency is another strategy that fosters mental health in frail older adults; living independently leads to a positive mindset and maintenance daily life function, although some do struggle with deterioration but prefer not seek professional support while self-managing maintenance (28). Mental health status in frail older adults is another important aspect to consider due to its association with informal social support and caregiving needs, being this relation moderated by social services use, indicating that such services are necessary (29). Promoting mental health in frail older adults is key, specifically through social ties, perceived support, and engagement in social activities; in a post COVID-19 pandemic context, it is required to elaborate and implement strategies to prevent or lessen the long-term effects of social isolation due to government and health agency recommendations to quarantine and avoid contact with other people during the pandemic (30).

### **3. Social support in older adults**

Social support in older adults was addressed in 17 of the included papers.

#### **Social relationships in general**

Social relationships and networking are complex in terms of structure and functionality. Park et al (31), from their study concluded that there are differences in the type of impoverishment in social networks since they can be structurally or socially disengaged; the former may require to focus on developing social networks whereas the latter could be tackled by working on how to invigorate the existing relationships. Seniors residing in rural areas or with a rural background also maintain certain kinds of relationships. The social relationships of older people residing in rural areas are composed of various levels and types of structural characteristics, where different types have different relationships with cognitive impairment and depression (32). Song et al (33), in their study demonstrated that there are potential negative consequences in the well-being of Chinese older adults living in rural communities, especially in less wealthy ones; social support at individual and household levels did not reduce the association between depressive symptoms and community factors.

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### **Boosting social relationships**

Several actions have been proposed to effectively improve social networking among community-dwelling older adults. Adeviye et al (34) proposed that social awareness, public support in terms of biopsychosociospiritual dimensions, and community-based support need to be considered in older adults, especially women, where their educational level can be a tool for personal awareness. Moreover, physical and qualitative attributes of age-friendliness of the built environment might be associated with health-related quality of life and the sense of community in older people and thus should be promoted (35). Religion as a protective factor is also pointed out by Tan et al (36), since religious or spiritual beliefs can serve as a buffer to mental illness in times of crisis among older adults, securing religious freedom and diversity for the ethnic minorities in a multicultural setting could benefit the aging community at large, bringing great implications for policy making.

### **Family and pets**

The importance of the role of family support in older adults has been described. The family plays a central role in older Chinese immigrants' mental health by providing a strong sense of control in their own lives and the perception of children adhering to traditional filial norms as protective factors; on the contrary, intense and interdependent family relationships are significant risk factors (37). Likewise, pet ownership has been described as a protective factor for older people living in their communities, where they feel like their pets are another "being" present in their lives, with their physical presence providing tactile gratification, therefore satisfying the essential human sensory needs (38).

### **Isolation and social deprivation**

Isolation is a common issue described by many authors. Living alone leads to poor mental health outcomes in community-dwelling older people, while both face-to-face and non-face-to-face social contact can effectively alleviate their low happiness and loneliness (39). Homebound older adults face many challenges for their physical and mental health, restricting their abilities to perform activities of daily living, recreation, and social contact, feeling helpless and socially isolated; interacting with family members can be beneficial for them (40). Isolation can also arise as a consequence of the COVID-19 pandemic, because after only two months of implementing physical distancing in the context of the COVID-19 pandemics, mental health problems among community-dwelling older adults in the Netherlands increased significantly; these problems were associated to emotional loneliness, personal losses, concerns about the pandemic, and a decline in trust in societal institutions (41).

### **Neighbourhoods**

Neighbourhoods also play an important role in community dwellers. Supportive interactions with neighbours have a positive influence in the mental health of Japanese community dwellers, where network-specific associations between reciprocal social support and mental health are tightly interconnected (42). Neighbourhood cohesion is linked to general health outcomes in older people, being relevant for spousal caregivers too by buffering the negative health effect of caregiving; public policies may address this in order to help the caregivers maintain a healthy life (43). Place attachment is another aspect to consider because it is a component of social capital in older adults living in urban subsidized housing, meaning that the quality of neighbourhoods is related to feelings of safety or unsafety in later life, influencing the quality of life and well-being (44).

### **Healthcare support**

Social support received from healthcare services and mental health is also highlighted. Low patient satisfaction with primary care services and experiences with care are consistently associated with poor mental health in older adults (45). Similarly, a negative relationship between receiving public assistance and depressive symptoms among older recipients in Japan has been observed by Kino et al (46), who also indicated that social participation could slightly attenuate the negative relationship between receiving public assistance and depressive symptoms. The detrimental effects of deferred healthcare have been studied. Deferred healthcare can exert a long-term physical and mental impact on older people, with some potential difference within groups that may be at a higher or lower risk, especially during and after the COVID-19 pandemics; telehealth emerges as a solution, but only for those who have access to the Internet and sophisticated technologies (47).

## **DISCUSSIONS**

This literature review helps in understanding the main psycho-social factors involved in the mental health of older adults residing in their homes.

### **1.- Social support**

Social support has been described as fundamental for maintaining older people's mental health. Gyasi et al (48), in their review, found that social support in general, and connecting with neighbours is an important protective factor for mental health in older adults, buffering against the risk of later life mental disorders in the context of living alone and loneliness as well as physical exercise. By consequence, social cohesion within their own communities corresponds to a key psychosocial factor that determines the mental health of older adults, and therefore should be promoted by healthcare professionals. This brings social support from health systems as another relevant aspect to consider when elucidating the underlying factors of mental health.

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Support from health systems is also relevant because it provides resources to effectively promote mental health in older adults. Addressing social and individual determinants of public mental health is imperative for service provision in adults and older adults, integrating a broader number of stakeholders from the community while targeting specific groups in the community such as older adults, people from minority ethnic backgrounds, women, men, carers and LGBTQ+ populations (49). Service satisfaction constitutes another situation that needs to be taken into account. Modern healthcare systems have been changed in order to adapt to the situational needs of patients by modifying the operation of schedules according to the client instead of the clinician, preventing dissatisfaction of the patients with health services (50). Therefore, healthcare providers must provide high-quality care for the mentally ill elderly by effectively adapting their services to the population's needs. For providing self-management support to the population of older adults, community nurses must use strategies in line with the current paradigm within the health and welfare sector, such as adapting, empowering and challenging people to manage their own health (51).

### **2.- Mental health promotion in older adults/promotional interventions.**

Mental Health Promotion involves fostering protective factors in community-dwelling older adults, being mental health interventions the strategy for doing so. These must be targeted to seniors and should be carefully planned. The systematic review of Seah et al (52) found that mental health interventions for older adults must be designed through a comprehensive multidimensional healthy aging approach, addressing the individuals' beliefs and attitudes, management of bodily changes, and interactions between physical and social environments within an ecosystem. Interventions that last for more than three months have more positive effects compared to shorter interventions, being reminiscence activities the most common and effective in decreasing depression and increasing well-being; courses can be effective in improving social skills, address depressive thinking patterns, increase pleasant activities and relaxation to cope (53). Another recommended intervention for elder individuals is physical exercise, since it promotes mental health, happiness, self-esteem, life satisfaction, efficiency, positive mood and reduces stress (54). In general, interventions that motivate older people to become active, like reasonably intense physical exercise, contribute positively to their well-being and mental health (55).

Older adults tend to struggle to stay healthy due to aging and the likelihood to be socially isolated; Despite that, these psychosocial factors are not considered in the formulation and implementation of health promotion programs (56). This can be a serious issue for those who desperately need assistance, since their mental health needs can remain unmet. To this respect, promoting mental health requires systemic interventions designed to integrate all aspects of old people's lives; these interventions must be composed of a life-course perspective, individually tailored and carefully implemented (57). An integrative and inclusive approach is mandatory in order to make a positive impact in public mental health. Therefore, nurses must perform a leading role in mental health promotion. A health promotion focus must permeate the entire organization and depends on teamwork, where the shared responsibility for health and health promotion activities should exist at all levels in order to provide high-quality, person centered mental health care (58).

### **3.- Depression in frail older adults**

Depression in frail older adults can lead to severe consequences for their mental well-being. This adds to the fact that frail and pre frail community-dwelling older people are at significantly higher risks of future activities of daily living (ADL) and instrumental activities of daily living (IADL) disabilities (59). In addition, frail elderly individuals had higher ratios for depressive symptoms and dependence on ADL and IADL (60). As such, later life depression is associated with suicidal ideation in frail and functional disabled older adults, regardless of depression severity; for this reason, physical weakness and other medical comorbidities may be a valuable avenue to uncover suicidal ideation that may not normally be discussed (61). It is relevant to consider that frailty is a multifactorial issue where the link between frailty and health and social care of patients needs to be understood by healthcare professionals working in primary and community care settings; these professionals are ideally placed to prevent frailty while providing in-situ care (62). From this standpoint, nurses must identify older people at risk of developing frailty, which could lead to depressive symptoms, compromising their mental health and well-being.

### **4.- Mental health in the COVID-19 pandemics and psychosocial factors.**

It is noticeable from the that the COVID-19 pandemics arises as a common finding across the literature, as a risk factor for older adults' well-being and mental health. The COVID-19 pandemics and lockdown measures have brought several detrimental consequences for people, such as financial hardship, trauma and mental health deterioration, as well as social and behavioural repercussions; therefore, specific measures need to be taken in order to mitigate the effects of lockdowns due to an imposed social distancing, being critically related to loneliness and isolation (63). For these reasons, it is imperative that older people be guided by stakeholders in order to face these challenges successfully; a strategy could be increasing physical activities, with care, paying attention to the limitations that this population faces in different socioeconomic and cultural conditions (64). In order to tackle the consequences that the COVID-19 pandemics bring to the older adults' mental health, nurses must guide them through the search for solutions. The nurse must act as a facilitator, where the person has the opportunity to provide their own solutions to their mental health needs, validating them as autonomous people, capable of coping with stressful situations and solving them (65).

### CONCLUSIONS

To conclude, understanding the main protective psycho-social factors involved in mental health in community-dwelling older adults is of paramount importance. The first positive factor was mental health interventions focused on the individual and their communities, that help them enhance their own self-efficacy to improve their mental quality of life. Secondly, frailty in older people can be detrimental for both physical and mental health, and a risk factor for depression and social isolation; therefore, public health interventions are encouraged for this vulnerable group. Besides, being present to older people on a constant basis is a positive gain for their mental health and therefore has an impact on the maintenance and/or reduction of their frailty process. The third psychosocial factor is social support from family, neighbours and healthcare institutions; as such, community interventions are vital for the mental health of seniors, since they increase collaborative support and foster social relationships, adding up to the well-being and mental health of older adults. Identifying the implications of the psychosocial factors in this population is vital to elaborate specific interventions, therefore enhancing their mental health. Nurses have a very important role in mental health promotion by providing personalised care while working with an interdisciplinary healthcare team. Future research should be conducted in the fields of older adults' frailty and interventions to prevent depression, the role of mental health nurses in community mental health and health promotion, and post-pandemic interventions in communities of older people.

### LIMITATIONS

This review has several limitations. The inclusion criteria limited the search to studies published in English, Spanish and Portuguese, meaning that relevant articles in other languages were missed. Similarly, although four databases were searched, it is possible that relevant articles only listed in other databases were missed. In the same vein, this review of the literature only considered publications over a five-year period (2018-2022), increasing the possibility of excluding relevant articles from a different period. Only three out of the 40 identified studies were qualitative, meaning that there must be a bias in the findings from this review due to the scarce diversity of the methodologies used.

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### APPENDIX

**Table 1 – Summary of the characteristics of the selected articles**

N°	Authors	Article title	Year	Journal	Study design	Results
<b>Mental health interventions</b>						
1	Chan, W., Chui, C. H. K., Cheung, J. C. S., Lum, T. Y. S., & Lu, S.	Associations between volunteering and mental health during COVID-19 among Chinese older adults.	2021	Journal of Gerontological Social Work	Cross sectional	Volunteering during the COVID-19 pandemic reduced the severity of depressive and anxiety symptoms while increasing self-esteem in older adults.
2	Conwell, Y., Van Orden, K. A., Stone, D. M., McIntosh, W. L., Messing, S., Rowe, J., Podgorski, C., Kaukeinen, K. A., & Tu, X.	Peer companionship for mental health of older adults in primary care: A pragmatic, nonblinded, parallel-group, randomized controlled trial.	2021	The American Journal of Geriatric Psychiatry: Official Journal of the American Association for Geriatric Psychiatry	Randomized control trial	Peer companionship can enhance the mental health of older people with low social connectedness, reducing symptoms of depression, anxiety, suicidal ideation, and feelings of inadequacy.
3	Crane, M. F., Kho, M., Kangas, M., Griffin, B., Karin, E., Earl, J. K., & Harris, C. B.	Strengthening resilience in over 50's: a nested clustered-randomized controlled trial of adaptive systematic self-reflection.	2020	Anxiety, Stress, and Coping	Randomized control trial	A systematic self-reflection model of resilience-strengthening program improves perceived resilience, perceived stress, and positive affect, thus enhancing mental health.
4	Ehsan, A., Sommet, N., Morselli, D., & Spini, D.	Collaborative competence, social capital, and mental health: A cross-sectional analysis of a community-based intervention for older adults.	2021	Journal of Community & Applied Social Psychology	Cross sectional	Community-based interventions can be related to better mental health outcomes in older adults, improving social capital.
5	Harada, K., Masumoto, K., Katagiri, K., Fukuzawa, A., Touyama, M., Sonoda, D., Chogahara, M., Kondo, N., & Okada, S.	Three-year effects of neighborhood social network intervention on mental and physical health of older adults.	2021	Aging & Mental Health	Quasi experimental	An event-based intervention can foster social relationships between old adults and their neighbours, improving older adults' mental health well-being.
6	Moon, J. H., Huh, J. S., Won, C. W., & Kim, H. J.	Living and eating alone on depressive symptoms by physical frailty status: A cross-sectional study based on the Korean Frailty and Aging Cohort Study.	2022	Archives of Gerontology and Geriatrics	Cohort	Eating alone is a risk factor for community-dwelling older adults since it is associated with depressive symptoms, regardless of their health status.

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7	Tang, J. Y. M., Wong, G. H. Y., Luo, H., Liu, T., & Lum, T. Y. S.	Cognitive changes associated with mentally active lifestyle and structured cognitive programs: a 2-year longitudinal study.	2020	Aging & Mental Health	Cross sectional	Self-initiated mentally stimulating leisure activities, and cognition-enhancing interventions have positive effects in older adults' mental health.
8	Wang, L. N., Tao, H., Wang, M., Yu, H. W., Su, H., & Wu, B.	Efficacy of path-oriented psychological self-help interventions to improve mental health of empty-nest older adults in the Community of China.	2019	BMC psychiatry	Quasi experimental controlled intervention	The intervention "Path-oriented Psychological Self-help Intervention" improves coping strategies and the psychological self-help ability.
9	Wong, A. K. C., & Wong, F. K. Y.	The psychological impact of a nurse-led proactive self-care program on independent, non-frail community-dwelling older adults: A randomized controlled trial.	2020	International Journal of Nursing Studies	Randomized controlled trial	A nurse-led proactive self-care program for community-dwelling older adults improves mental quality of life, providing social support and health-social partnership network.
10	Yeo, L. H. W., Mah, F. C. Y., Chong, E. Y., Lim, A. H.-S., Ng, S. T., & Yi, H.	Does gender matter to promote mental health through community engagement among older adults?	2022	Aging & Mental Health	Cross sectional	In Singapore, community engagement brings a myriad of benefits for old people, besides considering gender perspectives to tailor policies and practice for supporting ageing.
11	Yoshida, Y., Iwasa, H., Ishioka, Y., & Suzukamo, Y.	Leisure activity moderates the relationship between living alone and mental health among Japanese older adults.	2021	Geriatrics & Gerontology International	Cross sectional	Leisure activities can improve mental health in older adults living alone.

### Mental health and frailty in older adults

12	Bamonti, P. M., & Fiske, A.	Engaging in pleasant events explains the relation between physical disability and mental health outcomes in older adults.	2021	Aging & Mental Health	Cross sectional	The engagement of old adults with disabilities in pleasant activities have the potential to improve their mental health outcomes.
13	Batko-Szwaczka, A., Dudzińska-Griszek, J., Hornik, B., Janusz-Jenczeń, M., Włodarczyk, I., Wnuk, B., Szołtysek, J., Durmała, J., Wilczyński, K., Cogieł, A., Dulawa,	Frailty Phenotype: Evidence of Both Physical and Mental Health Components in Community-Dwelling Early-Old Adults.	2020	Clinical interventions in aging	Cross sectional	frailty risk is associated with depression and lower cognitive function, but this condition may not be commonly assessed in community-dwelling adults, requiring its

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	J., & Szewieczek, J.					incorporation.
14	Borges, M. K., Oude Voshaar, R. C., Romanini, C. F. de V., Oliveira, F. M., Lima, N. A., Petrella, M., Costa, D. L., Martinelli, J. E., Mingardi, S. V. B., Siqueira, A., Biela, M., Collard, R., & Aprahamian, I.	Could frailty be an explanatory factor of the association between depression and other geriatric syndromes in later life?	2021	Clinical Gerontologist	Cross sectional	Frailty may be the cause of rising geriatric syndrome and other adverse health outcomes associated with depression in later life.
15	Chong, E. Y., Lim, A. H.-S., Mah, F. C. Y., Yeo, L. H. W., Ng, S. T., & Yi, H.	Assessing the psychosocial dimensions of frailty among older adults in Singapore: a community-based cross-sectional study.	2022	BMJ Open	Cross sectional	Psycho-social dimensions are of paramount importance in frail older adults, requiring public health interventions focused on their mental and social health.
16	Ge, L., Yap, C. W., & Heng, B. H.	Prevalence of frailty and its association with depressive symptoms among older adults in Singapore.	2019	Aging & Mental Health	Cross sectional	Frailty levels are linked to depressive symptoms in these people, which is not totally explained by sociodemographic and comorbidity covariates.
17	Hayashi, T., Noguchi, T., Kubo, Y., Tomiyama, N., Ochi, A., & Hayashi, H.	Social frailty and depressive symptoms during the COVID-19 pandemic among older adults in Japan: Role of home exercise habits.	2022	Archives of Gerontology and Geriatrics	Cross sectional	During the COVID-19 pandemic, social frailty in community-dwelling older adults was associated with depressive symptoms.
18	Mehrabi, F., & Béland, F.	Frailty as a moderator of the relationship between social isolation and health outcomes in community-dwelling older adults.	2021	International Journal of Environmental Research and Public Health	Cross sectional	In a post COVID-19 pandemic context, promoting mental health in frail older adults is key, specifically through social ties, perceived support, and engagement in social activities.
19	Moehling, K. K., Nowalk, M. P., Zimmerman, R. K., Bromberger, J. T., Lin, C. J., Ford, S. E., & Bertolet, M.	Spirituality, quality of life and frailty in community-dwelling adults $\geq$ 50 years.	2021	Psychology of Religion and Spirituality.	Cross sectional	Spirituality has the potential to improve quality of life while reducing stress-induced depression in frail older adults.
20	Rahman, M. M., Hamiduzzaman, M., Akter, M. S., Farhana, Z., Hossain, M. K., Hasan, M. N., & Islam, M. N.	Frailty indexed classification of Bangladeshi older adults' physio-psychosocial health and	2021	BMC Geriatrics	Cross-sectional	In Bangladesh, being aged and female with a low income are influential risk factors to frailty and/or poor

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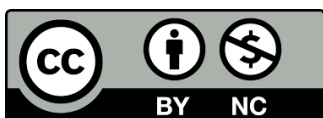
		associated risk factors- a cross-sectional survey study.				health among community-dwelling older adults.
21	Tang, F., Jang, H., Mulvaney, E. A., Lee, J. S., Musa, D., & Beach, S.	Mental health among older adults with caregiving needs: The role of social networks.	2019	Social Work Research	Cross sectional	Mental health status in frail older adults is associated with informal social support and caregiving needs, being this relation moderated by social services use.
22	van Het Bolscher-Niehuis, M. J. T., Uitdehaag, M. J., Bergsma, A., & Francke, A. L.	Self-managing physical and mental health: A qualitative study on older adults' views and support needs in the Netherlands.	2021	Health & Social Care in the Community.	Qualitative	Living independently leads to a positive mindset and maintenance daily life function.
23	Yoshizawa, Y., Tanaka, T., Takahashi, K., Fujisaki-Sueda-Sakai, M., Son, B.-K., & Iijima, K.	Impact of health literacy on the progression of frailty after 4 years among community-dwelling older adults.	2021	International Journal of Environmental Research and Public Health	Cross sectional	Low health literacy is a risk factor for the progression of frailty in four years, in healthy community-dwelling older adults.
<b>Social support in older adults</b>						
24	Aydın, A., Işık, A., & Kahraman, N.	Mental health symptoms, spiritual well-being and meaning in life among older adults living in nursing homes and community dwellings.	2020	Psychogeriatrics: The Official Journal of the Japanese Psychogeriatric Society	Cross sectional	Social awareness, public support in terms of biopsychosociospiritual dimensions, and community-based support need to be considered in older adults, especially women.
25	Cheng, J. M., Batten, G. P., & Yao, N. A.	A qualitative study of the social and lived experiences of homebound older adults.	2022	Journal of Applied Gerontology: The Official Journal of the Southern Gerontological Society	Qualitative	Homebound older adults face many challenges for their physical and mental health, restricting their abilities to perform daily activities.
26	Gonyea, J. G., Curley, A., Melekis, K., & Lee, Y.	Perceptions of neighborhood safety and depressive symptoms among older minority urban subsidized housing residents: the mediating effect of sense of community belonging.	2018	Aging & Mental Health	Cross sectional	The quality of neighbourhoods is related to feelings of safety or unsafety in later life, influencing the quality of life and well-being.
27	Guo, M., Steinberg, N. S., Dong, X., & Tiwari, A.	A cross-sectional study of coping resources and mental health of Chinese	2018	Aging & Mental Health	Cross sectional	The family plays a central role in older Chinese immigrants'

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		older adults in the United States.				mental health by providing a strong sense of control in their own lives.
28	Hui Gan, G. Z., Hill, A.-M., Yeung, P., Keesing, S., & Netto, J. A.	Pet ownership and its influence on mental health in older adults.	2020	Aging & Mental Health	Phenomenological	Pet ownership is as a protective factor for older people living in their communities.
29	Kino, S., Nishioka, D., Ueno, K., Haseda, M., & Kondo, N.	Public assistance program and depressive symptoms of the recipient: a cross-sectional Japan Gerontological Evaluation Study.	2022	BMC Geriatrics	Cross sectional	Social participation could slightly attenuate the negative relationship between receiving public assistance and depressive symptoms.
30	Lee, K., & Marier, P.	Aging in place with a spouse in need: Neighborhood cohesion and older adult spouses' physical and mental health.	2021	International Journal of Aging & Human Development	Cross sectional	Neighbourhood cohesion is linked to general health outcomes in older people and caregivers.
31	Li, Y., Kabayama, M., Tseng, W., & Kamide, K.	The presence of neighbours in informal supportive interactions is important for mental health in later life.	2022	Archives of Gerontology and Geriatrics	Cross sectional	Supportive interactions with neighbours have a positive influence in the mental health of Japanese community dwellers.
32	Noguchi, T., Nojima, I., Inoue-Hirakawa, T., & Sugiura, H.	Role of non-face-to-face social contacts in moderating the association between living alone and mental health among community-dwelling older adults: a cross-sectional study.	2021	Public Health	Cross sectional	Living alone leads to poor mental health outcomes in community-dwelling older people.
33	Park, N. S., Jang, Y., Lee, B. S., Chiriboga, D. A., Chang, S., & Kim, S. Y.	Associations of a social network typology with physical and mental health risks among older adults in South Korea.	2018	Aging & Mental Health	Cross sectional	There are differences in the type of impoverishment in social networks since they can be structurally or socially disengaged.
34	Park, S., Shin, O., Lee, S., & Baek, J.	Multi-dimensional social relations and mental health among rural older adults.	2021	Research on Aging	Cross sectional	Different types of social relationships of older people living in rural areas have different relationships with cognitive impairment and depression.
35	Pitrou, I., Berbiche, D., & Vasiliadis, H.-M.	Mental health and satisfaction with primary	2020	Family Practice	Cross sectional	Low patient satisfaction with primary care

## Psycho-Social Factors in Older Adults' Mental Health: A Narrative

		care services in older adults: a study from the patient perspective on four dimensions of care.				services and experiences with care are consistently associated with poor mental health in older adults.
36	Scott, J. M., Yun, S. W., & Qualls, S. H.	Impact of COVID-19 on the mental health and distress of community-dwelling older adults.	2021	Geriatric Nursing (New York, N.Y.)	Cross sectional	Deferred healthcare can exert a long-term physical and mental impact on older people, especially during and after the COVID-19 pandemics.
37	Song, Q., Wang, H., & Burr, J. A.	Depressive symptoms among rural "left-behind" older adults: A test of the high outmigration penalty hypothesis.	2022	The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences	Cross sectional	There are potential negative consequences in the well-being of Chinese older adults living in rural communities, especially in less wealthy ones.
38	Tan, M. M., Su, T. T., Ting, R. S.-K., Allotey, P., & Reidpath, D.	Religion and mental health among older adults: ethnic differences in Malaysia.	2021	Aging & Mental Health	Cross sectional	Religious or spiritual beliefs can serve as a buffer to mental illness in times of crisis among older adults.
39	Tang, J. Y. M., Chui, C. H. K., Lou, V. W. Q., Chiu, R. L. H., Kwok, R., Tse, M., Leung, A. Y. M., Chau, P.-H., & Lum, T. Y. S.	The contribution of sense of community to the association between age-friendly built environment and health in a high-density city: A cross-sectional study of middle-aged and older adults in Hong Kong.	2021	Journal of Applied Gerontology: The Official Journal of the Southern Gerontological Society	Cross sectional	Physical and qualitative attributes of age-friendliness of the built environment might be associated with health-related quality of life and the sense of community in older people.
40	van Tilburg, T. G., Steinmetz, S., Stolte, E., van der Roest, H., & de Vries, D. H.	Loneliness and Mental Health During the COVID-19 Pandemic: A Study Among Dutch Older Adults.	2021	The journals of gerontology. Series B, Psychological sciences and social sciences	Cross sectional	After implementing physical distancing in the context of the COVID-19 pandemics, mental health problems among community-dwelling older adults in the Netherlands increased significantly.



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