

MENTAL HEALTH IN OLDER ADULTS: FACTORS AND MANAGEMENT STRATEGIES.

A Descriptive Literature Review

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Tämä Opinnäytetyö tutkii ikääntyneiden mielenterveyshäiriöitä laadullisella kuvailevalla tutkimusmenetelmällä. Se tarjoaa lisätietoa usein huomiotta jätetystä ikääntyneen mielenterveydestä. Opinnäytetyön teoriaisessa aluksi tarkastellaan jo olemassa olevaa tietoa ikääntyneiden mielenterveydestä ja tuodaan esiin keskeisiä tekijöitä, jotka vaikuttavat ikääntyneiden mielenterveyteen. Olemassa oleva materiaali on peräisin aiheisiin liittyvästä ja näyttöön perustuvasta vertaisarvioidusta kirjallisuudesta.

Tutkimuksen tulokset osoittavat, että biologisten, psykososiaalisten ja ympäristötekijöiden erilaiset näkökulmat vaikuttavat ikääntyneiden aikuisten mielenterveyteen. Opinnäytetyössä osoitetaan myös interventiot ja ennaltaehkäisy, joita voidaan hyödyntää.

Vaikka ikääntyneiden aikuisten mielenterveysongelmat tunnustetaan yhä enemmän, ikärasismi ja leimautuminen ovat edelleen asianmukaisen avun ja puuttumisen tiellä. Tämä tutkimus edistää ikääntymisen monimuotoisen luonteen syvempää ymmärtämistä, mikä on erittäin tärkeää, kun mielen hyvinvointia priorisoidaan vanhusten hoidossa.

Avainsanat Vanhemmat aikuiset, mielenterveys, ikääntyneet ihmiset, osallistuminen, hallintakeinot, mielenterveysongelmat.

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This thesis explores mental health disorders among older adults, making use of a qualitative research method. The thesis gives a further understanding of an often-overlooked aspect of aging. Beginning with a comprehensive literature review, the research examines existing knowledge surrounding mental health in older populations and highlights key factors that influence the mental health and well-being of older adults. The existing knowledge is sourced from evidence-based peer-reviewed literature on the related topics.

The findings from the thesis show the different compositions of biological, psychosocial, and environmental factors contributing to the overall mental health outcomes of older adults. The interventions and prevention that can be utilized are also shown in the thesis.

Despite the growing recognition of mental health problems among older adults, ageism and stigma still stand in the way of appropriate assistance and intervention. The exploration of the research provides a deeper understanding of the many-sided nature of aging which is very important in prioritizing mental well-being in geriatric care.

Key words Older adults, mental health, older people, management strategies, mental health issues.

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FOREWORD

Dedicating this thesis to my late mother Mrs. Mojisola Osifeso, whose love was to experience my growth. Also, I am expressing my warmest appreciation to my father Mr. Olumide Osifeso who took up the courage to single-handedly nurture me and my sisters in the demise of our mother. His untired effort and support have made this a possible one, Reflecting his love and commitment to my education and also my personal growth.

I would also love to thank my husband Mr. Oluwaseun Laiyemo for his support throughout my academic quest, his Love, encouragement, assistance, and morale have been great instruments in keeping me motivated and focused throughout this journey. I am extremely grateful for his assistance in easing my academic burdens, by assisting in areas where I feel overwhelmed and taking care of our children, allowing me to devote myself fully to my studies. furthermore, I want to thank my children Oluwadarasimi Laiyemo and Oluwadamisola Laiyemo for their calming embraces at the times I felt overwhelmed and down due to the demands of my coursework. Their devotion and encouragement have strengthened and inspired me, strengthening my path to academic success.

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1 INTRODUCTION

In recent decades, the aging population has been steadily rising, particularly in Europe (Gu, Andreev & Dupre, 2021). Improvements in healthcare and quality of life have contributed to increased longevity, resulting in a demographic shift with a growing proportion of the older population (Schulz et al. 2015). According to Eurostat, the population of older people within the EU is projected to increase significantly in years to come.

As the world ages, there is a growing demand for healthcare systems and social services, driven by the declining health conditions often associated with older adulthood (Czaja, 2016). Osteoporosis, cancer, diabetes, heart disease, hypertension, arthritis, and chronic obstructive pulmonary diseases (COPD) are the most prevalent illnesses among the senior population, which demand long-term care (Forjaz et al. 2015). Older adults who experience long suffering due to their health condition are prone to experience different kinds of mental health issues which can go undiagnosed and/or untreated (Silva et al. 2018). The global population is aging rapidly, with around 14% of adults aged 60 and above living with a mental health disorder. Statistically, 10.6% of the older population diagnosed with different mental health diseases also have at least one common pre-existing health condition (World Health Organization 2023).

Mental or emotional health is also a related dimension of health and it is not only the lack of illness; it is also associated with an individual's social context. This category includes various conditions that affect mood, thought processes, and behavior, all of which fall under the umbrella of mental health diseases (Duffy, Twenge & Joiner, 2019). Some of these disorders found in older population are depression, dementia, anxiety, loneliness, isolation, grief, loss, physical health connection, and cognitive disorder. This thesis evaluates the mental health of older population using a qualitative research method.

2 PURPOSE, AIM, AND RESEARCH QUESTIONS

The thesis's purpose is to evaluate the mental health of the older population using a qualitative research method.

The aim is to increase information about the aspects of mental health in older people, and factors affecting them. Also, the existing management strategies for addressing mental health in older adults are examined. Those who could potentially benefit from this study include healthcare workers, family members of older adults, and older adults.

The research questions of this study are the following:

1. What factors contribute to mental health in older adults?
2. What are the existing management strategies for addressing prevailing mental health issues in older adults?

3 CLASSIFICATION OF OLDER ADULT'S MENTAL HEALTH

3.1 Age Classification

People are generally categorized according to their chronological age. This categorization may change based on the situation, goal, and cultural standards (Choi, DiNitto & Kim, 2014). However, in this thesis age categorization is predicted on the necessity of accurately defining the class of older individuals and comprehending the particular demands, habits, and health-related patterns linked with this age group.

In healthcare, age classification usually serves as a framework for understanding health-related needs, risks, and approaches to care across different stages of life. It helps set guidelines for screenings, vaccinations, and preventive measures tailored to the specific health risks and conditions prevalent within each age group (Sigelman, De George, Cunial & Rider, 2018). In this thesis, the phrase older adults is used to reference people who are within the age range of 65 years and above. Frequently used age classification in healthcare is given in the Table 1.

Table 1: Life period based on age classification (Sigelman, De George, Cunial & Rider, 2018).

Prenatal period	Conception to birth
Infancy	First 2 years of life
Early childhood	2-5 years
Middle childhood	6-12 years
Adolescence	13-18 years
Emerging adult	19-25 years
Young adult	20-40 years
Middle adult	40-64 years
Older adult	65 years and above

3.2 Mental Health Classification

Mental health is considered a “state of well-being whereby the person knows his or her abilities can equally manage with the normal stresses of life, able to work productively and fruitfully, and can contribute to the society” (Herrman, Saxena & Moodie, 2005). A more inclusive and conceptual definition of mental health by the World Health Organization (2024) defines mental well-being as a state of psychological health, enabling individuals to skillfully navigate life's obstacles, acknowledge their abilities, thrive in educational and professional endeavors, and engage actively in community affairs.

Mental health serves as the foundational resource that enables us to function at our best (Milne, 2020). Mental health can be broadly categorized into three essential components: we have emotional well-being, secondly psychological well-being, and thirdly social well-being. Emotional well-being is characterized by the pursuit of happiness, a sense of purpose, and overall satisfaction with life. Psychological well-being is linked to self-confidence, a strong sense of personal responsibility, and maintaining healthy interpersonal relationships. Social well-being pertains to positive social functioning, including a sense of social contribution, integration, actualization, and coherence, all of which contribute to the betterment of society (Keyes, 2014). The world population is experiencing rapid aging, due to extended lifespans. While this is a positive outcome, it brings significant social, financial, and health challenges. With increased age-related physical conditions there is a projected rise in mental health concerns among older adults (Lautenschlager, Almeida, Flicker, 2004).

The most prevalent mental health illnesses that can be found in older adults are depression, anxiety, alcohol dependence, and co-occurrence of mental health issues with physical ailment. Another group of mental health includes long-term schizophrenia and facing challenges that are associated with complex disabilities. Addressing mental health issues in older adults often requires specialized attention and care tailored to their unique needs (Sandholzer et al. 2022)

3.3 Psychosocial Development Theory

During the life cycle of an average human, from infancy to adulthood, the interaction and influence on society varies at every different stage of life cycle. To appreciate and understand the developmental changes throughout the life cycle of a human, psychosocial theories have been developed. Although society has changed over time, some of these psychosocial theories developed years ago remain relevant and consistent in the present (Gross, 2020).

Erikson's theory outlines a person's development as occurring in a predetermined sequence through eight stages, each marked by a psychosocial crisis. The resolution of these crises can exhibit either positive or negative effects on personality development, shaping the individual's sense of self and social relationships throughout life (Gross, 2020). Each stage of Erikson's theory is defined by a new task that also depends on the person's resources. Erikson's last development theory stage is between the ages of 65 and 70 (Hunter, 2011). This stage is a phase where older adults confront the conflict between ego, integrity, and despair, whereby they reflect on their life's journey. It is a stage where older adults who are proud of what they have achieved will experience feelings of integrity, while those who see or view their lives as being wasted may have feelings of regret (Hunter, 2011). It offers individuals a framework for gaining knowledge about the development tasks that are faced around all the circle of life. The Erikson theory depicts a correlation of how identity disturbance and severe psychological impairment can affect a person's life (Syed, & McLean, 2016).

Erickson's theory has predominantly evolved and has been accepted through observing disruptions in identity integration (Syed, & McLean, 2016). Through this, his theory has helped healthcare workers most especially nurses in planning personalized care for their patients according to their development stages and giving anticipatory advice and guidance (Osmosis from Elvis, 2024).

3.4 Factors Influencing Mental Health

Mental health problems in older adults, most especially anxiety and depressive disorder, arise for several reasons. Such reasons include long-term pain, adverse effects from drugs, and being cut off from social interactions, etc. However, a combination of these factors can also add to the progress of depression, anxiety, and other mental health issues among older adults (Zarit & Zarit, 2011). These factors can be categorized into four different categories, which are further discussed below.

Biological factors encompass the genetic traits that are inherited from one's parents and can influence the structure of an individual's physiology (Murniati, Al Aufa, Kusuma & Kamso, 2022). Our human body is composed of so many intricate physical systems which include our tissue, cells, molecules, and atoms, all of which must interact harmoniously with each other for optimal health. Amongst all these factors, age has a significant role in mental health. Research shows that advanced aging is related to a high risk for cognitive decrease, mental issues, and diminished life quality (Murniati, Al Aufa, Kusuma & Kamso, 2022).

Psychological factors involve more of individuals' behavior and interactions, how they act and think, which includes, cognitive function, motivation, and how they deal with emotions. These various psychological mental processes also involve acquiring new information, retaining, reasoning, interpreting, and problem-solving (Murniati, Al Aufa, Kusuma & Kamso, 2022). A positive emotion is linked to a better, and quick health recovery from illness compared to a negative emotion which decreases the individual's overall health. However, older adults' decisions to seek medical treatment can shape their emotional state of mental well-being. (Murniati, Al Aufa, Kusuma & Kamso, 2022)

Environmental factors significantly impact mental health, particularly in older individuals, who are considerably vulnerable to changes in their surroundings. These alterations can strongly influence their emotional and psychological welfare, often worsening pre-existing mental health problems or contributing to the development of new ones. This vulnerability is brought about by the decline

of their physical abilities and retirement. This leads to the diminishing of social interaction and network abilities with others. As a result of this, they tend to spend more time within the confinement of a little space or their neighborhood (Yue et al. 2022). Environmental factors also involve analyzing available healthcare services, housing, and social activities for older adults (Norstrand, Glicksman, Lubben & Kleban, 2013). These factors can influence the health status of the elderly in a manner that will lessen the chances of having to deal with mental health problems. It is important to educate the public and stakeholders to promote these changes and guarantee older people's support (Domenech-Abella et al. 2021).

Social factor is characterized by relationships with family, friends, and other social groups. The interaction with others significantly impacts our lives (Murniati, Al Aufa, Kusuma & Kamso, 2022). Our social environment affects our health whereby promoting specific cultural norms and beliefs that affect our mental health perceptions and help-seeking behaviors (Prado, 2021). The majority of mental illness and psychological well-being are most impacted by various fundamental social factors which include, socioeconomic, gender, race, ethnicity, and family dynamics. In addition to the fundamental societal factors, we have the secondary societal factors which include, healthcare services, labor markets, and disability support systems. The means to support and manage the increasing number of older adults affected by mental illness rely on effective social structures (Kirkbride et al. 2024).

4 INTERVENTION AND PREVENTION

Despite the rising current consciousness of mental illnesses affecting elderly people, the majority of research and studies focus more on the mental health of younger people. This leads to less understanding in regard to the effectiveness of treatment and care models for older adults (Biering, 2019). There are many helpful treatment approaches to mental health issues in general. However, treatment approaches and models can be slightly different for older adults (Biering, 2019). The different treatment and intervention approaches are the medical-psychiatric approach, psychotherapeutic and social approach, and evidence-based approach (Santos & Cutcliffe, 2018). The nurse's role, family, and community support in addressing mental health challenges in older adults is going to be explored through the lens of the different treatment and intervention methods. Lastly, the effectiveness of the interventions and systems that support the mental health outcomes of older adults will be measured. Barriers to improving the quality of life, cognitive abilities, and general well-being of older adults will be identified and evaluated.

4.1 Medical-psychiatric Approach

The medical-psychiatric approach mainly focuses on using antipsychotic medication to address mental symptoms. Different studies have shown that older adults aged 65 and above who are diagnosed with depression in primary care settings generally experience a lower quality of life than those without depression. Anxiety and depression are particularly common in this age group, often contributing to a substantial decline in their overall health. Additionally, these conditions are associated with a higher mortality rate among older adults, underscoring the critical need for efficient treatment in this age group (Licht-Strunk et al. 2009).

The medical-psychiatric approach relies on the comprehension that mental health issues are from pathophysiological mechanisms. In essence, it relies on psychotropic medication as the primary treatment method which is also known as the typical and most common intervention treatment method for the elderly

dealing with mental illness. It is also evident that psychotropic medications are more frequently prescribed to older persons in nursing care homes than to those living independently within larger community (Stevenson et al. 2010). To lessen the use of medication in older adults, psychotherapy and social interventions can be given. This can be achieved by training enough healthcare professionals to render such methods. There must also be further development and thorough examination of these methods and be prioritized in the healthcare policy (Biering, 2019).

4.2 Psychotherapeutic and Social Approach

The Psychotherapeutic word stems from the word psychoanalysis, adopting theories and principles while employing specific techniques and procedures (Sandu & Nistor, 2020). The psychotherapeutic and social approach prioritizes the needs and motivations of the patient, which is a crucial component. The objective of this approach is to synchronize the patient's own goals and concerns with their personal treatment objectives. Tailoring a patient's concerns and goals improves their commitment and engagement to their treatment, which lowers the drop-out rates and enhances the satisfaction and health results of the patient (Vathke et al. 2022).

The approach involves face-to-face interaction, that can easily identify and help to change the negative thought patterns that influence the behavior and emotions of the patient (Sandu & Nistor, 2020). There has been research that has shown some indications that older adult patients' motivation for psychotherapy is accompanied by various cognitive deficits, chronic physical conditions, sensory limitations, and functional impairment outcomes (Vathke et al. 2022). In the psychotherapeutic and social approach, different methods can be utilized which are also based on the patient's needs.

Cognitive therapy focuses on recognizing and changing the thought pattern of the patient, and their emotional reactions to things or life (Sandu & Nistor, 2020). It allows the patient to draw upon past successes to encourage confidence in their ability to address current misunderstandings. This approach allows patients to connect to their prior learning experiences and instills confidence in their capacity to effectively manage their present distressing situation (Wells, 2002) .

Dialectical behavioral therapy is a broad therapy based on evidence for personality disorders (Chapman, 2006). This therapy approach focuses on thoughts and behaviors using techniques such as emotional regulation and directing attention to the patient's present moments (Sandu & Nistor, 2020). This therapy approach entails enduring traits that manifest in adolescence or early adulthood and can be characterized by persistent challenges in interpersonal and impulsive behavior (Cheavens & Lynch, 2008). Different research has positively shown the outcomes for participants who have been treated with dialectical behavioral therapy. The approach has been effective for patients with co-occurring disorders. Both the quantitative and qualitative findings from both study methods supported the positive experiences of participants (Flynn et al. 2019).

4.3 Evidence-based Approach

The evidence-based practice approach relies on research and critical thinking to assist healthcare workers in identifying the most effective methods for supporting older adults with mental health problems. This approach ensures that interventions are grounded in the latest scientific results, leading to better outcomes for older adults facing mental health challenges (Glicker, 2009). The approach plays a very important role in the healthcare of older adults (Shah, Scogin & Floyd, 2012). While there are protocol-driven psychological interventions there can inevitably be lots of challenges, but it is believed that evidence-guided practice is the most optimal effective approach in addressing any medical health problems or mental health issues (Shah, Scogin & Floyd, 2012). Some current practices in psychotherapy and counseling often rely on clinical wisdom without sufficient evidence of effectiveness to patients. The

reliance on clinical wisdom based on professional beliefs and values, may not serve the clients well, as these beliefs or values can be incorrect (Glicker, 2009).

Medication-related issues are particularly common among the older adult population, with a significant risk of drug-related adverse effects, many of which are preventable. Early identification, accurate test, and timely treatment of mental health conditions in older people can improve their life standards. By addressing these issues promptly, it is possible to preserve optimal levels of functioning and maintain independence in older individuals (Sandholzer et al. 2002). Before using a treatment approach for a patient, a crucial aspect of this approach is the research data on the treatment's effectiveness, particularly for patients who share similar problem areas, diagnoses, or characteristics. This data helps healthcare providers tailor interventions more precisely, ensuring that the chosen methods are likely to be effective for individuals with comparable mental health challenges (Chapman, 2006).

5 METHODOLOGICAL IMPLEMENTATION

5.1 Methodology Approach and Justification

Research on mental health is a part of healthcare research. It is a systematic acquisition of information and knowledge from reliable sources about issues in the field of healthcare in general. There are essential three methods for doing healthcare research: the quantitative research approach in which conclusions are drawn using statistical techniques from measured data; The qualitative research approach, non-numeric data is recorded, interpreted, and analyzed to provide a greater understanding of human experiences and behaviors; The third approach is the mixed research method, where researchers come together and analyze data that is both qualitative and quantitative data in a bid to answer different but related questions. This method enables the understanding of the research topic in a deeper way by integrating findings from both types of data (Renjith et al. 2021).

In this thesis, a descriptive literature review approach was adopted, involving a qualitative review process. This approach aims to establish what is currently known in a specific field and to assess the strength of the evidence supporting that knowledge. This research purpose is to offer a thorough knowledge of the topic by carefully analyzing existing research and pinpointing areas that may require additional exploration (Aveyard, 2023). This approach provides the ability to articulate clear research goals and questions, effectively communicate relevant findings, and engage in reflective critique. It improves the overall quality and depth of the research, making sure that the findings are both significant and relevant to the field (Maggio, Sewell & Artino, 2016). The qualitative review of literature approach seeks to identify, analyze, and summarize published qualitative research works of literature about a specific topic

The descriptive literature review approach is considered a high-quality review process from very detailed literature reviews. The use of this approach helps to bring isolated research papers together to form a coherent view of a particular topic (Hewitt-Taylor, 2017). It also helps researchers engage and reflect on their

research both before and during the research process, providing context and insight for readers. When reflecting, it involves acknowledging and articulating one's own biases and subjectivities, rather than trying to ignore or avoid them. This approach helps readers gain a clearer understanding of the perspectives used to frame the research questions, how data were gathered and analyzed, and how the findings were presented (Sutton & Austin , 2015).

New conclusions can also be developed from the combination of multiple research articles. Also, the adoption of the qualitative literature review approach creates a solid foundation for advancing knowledge and facilitating theoretical development (Onwuegbuzie, Leech & Collins, 2012). Using this approach significantly increases a deep knowledge of the study as well as aligns with the objectives and scope of this thesis, which aim is to explore and discuss various aspects of the chosen topic without suggesting new theories or hypotheses.

5.2 Planning Phase

The preparation phase of a thesis is the very first important part of writing a thesis. It is structured around a specific topic and the research is conducted aiming at arriving at a solution or conclusion. Each outcome must be supported by scientific sound reasoning (Hardt, 2014). The journey of completing this thesis took approximately nine months, which included various stages from the initial selection of the title of the thesis to the final writing process of the thesis.

Working on a thesis can only be started after getting positive approval of a chosen topic and a description of the topic (Hardt, 2014). The selection of this thesis was traced back to my earliest practical training experience in social and healthcare environments, which was done in adult home care. During this period there was a great interest in exploring the subject. Initially, the topic of the thesis was "Dealing with Mental Health in Older Adults". Going deeper into the planning of the thesis the title was later changed. It became apparent that a broader and more encompassing perspective was needed for the thesis. After a careful consideration of the title it was then revised to "Mental Health in Older Adults:

Factors and Management Strategies”. This title not only provides a clearer and more comprehensive overview of the thesis, it also sums up the broad scope and study importance.

The literature review, research questions, and methodology design took approximately eight weeks. A universal literature review first begins with research questions, defining the target population, and performing systematic research in a scientific database (Popenoe, Langius-Eklöf, Stenwall, & Jervaeus, 2021). This section of the thesis involved conducting a thorough literature review of the topic, summarizing key findings, identifying research gaps, finalizing the literature review, and creating an annotated bibliography. The systematic literature review was applied, The review was first created in the field of medicine and is also considered a good standard for combining research results in a visible, methodical, and reproducible manner (Snyder, H. 2019).

Additionally, research questions and objectives were developed. The process of collecting and analyzing the data took approximately eight weeks to complete. This section involves gathering data and evaluating its quality. The collected data was analyzed using a descriptive literature approach method, validating results and refining the analysis. A qualitative literature review is a commonly accepted and recognized method for analyzing and interpreting qualitative data. This approach allows researchers to synthesize existing studies and gain deeper insights into the topic by exploring patterns, themes, and trends within the literature (Elo et al. 2014). The result and discussion section took four weeks, this part summarized and interpreted the research findings, discussing the implications of the results and comparing them with existing literature. Finally drafting of the thesis was done in 4 weeks, writing the thesis, focusing on each section, reviewing and revising the initial draft for clarity and coherence.

5.3 Data Collection

Data collection is a pivotal stage in the research process. It involves selecting materials and methods that align with the research questions and objectives. The selection of materials is crucial because it forms the foundation upon which the study's findings are built. Careful consideration of the sources and data used in the research guarantees that the study is based on reliable and relevant information, ultimately shaping the quality and validity of the conclusions drawn. In this stage, there is a careful consideration of the type of data that needs to address the research questions successfully. During this phase, it provided an excellent opportunity to collect empirical evidence that deepened the understanding of the research topic. This method is crucial and requires meticulous planning and attention to detail (Khan et al. 2023).

During this stage, it was very important to carefully select the kinds of literature that needed to be reviewed. Identifying the specific aspects to address in the research questions also ensured that the questions were easily recognized within the literature. This stage was quite challenging, especially as a new person doing research and not yet familiar with the various research approaches that could be employed in investigating the research topic questions (Aveyard, 2023).

With the established research questions, the process of searching for existing literature required a comprehensive exploration of all relevant published and unpublished articles, books, and reports. However, the data collection approach used in this thesis focused on putting together peer-reviewed articles, particularly from journals within the healthcare sector. The tools utilized for data collection in this research include PubMed, Science Direct, Scopus, CINAHL, and Google Scholar.

Keywords searched and relevant to the thesis were *mental health, older people, factors influencing mental health, treatment strategies, prevention, mental health issues, addressing mental health, and prevailing.*

Each article that was collected was evaluated and screened on its relevance to the thesis title and the research questions identified earlier. The criteria for including or excluding an article was based on Table 2.

Table 2: Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
Written articles in English Language.	Articles in other languages.
Articles that was published within 10 years.	Older Articles that are more than 10 years.
Qualitative research approach articles.	Quantitative research approach articles.
Scientific article from different academic database.	Articles that were not from academic database.
Free accessible articles from libraries and other free academic database.	Purchasable article from different web page.
Globally and scientifically accepted article.	Article accepted by specific country.
Articles that were important to the study and research questions.	Articles that are Irrelevant to the study.

After identifying relevant studies, removing duplicates, and reviewing the studies, relevant data from each study addressed the challenges and opportunities associated with workload and was transferred to the cloud as shown in Figure 1. The goals of the study direct the data extraction approach. The emphasis on data extraction is crucial, as it directly influences the conclusions or findings of any study, along with the strategy or methodology employed to achieve the intended results. The data extraction procedure typically involves several key steps, which are illustrated in Figure 1.

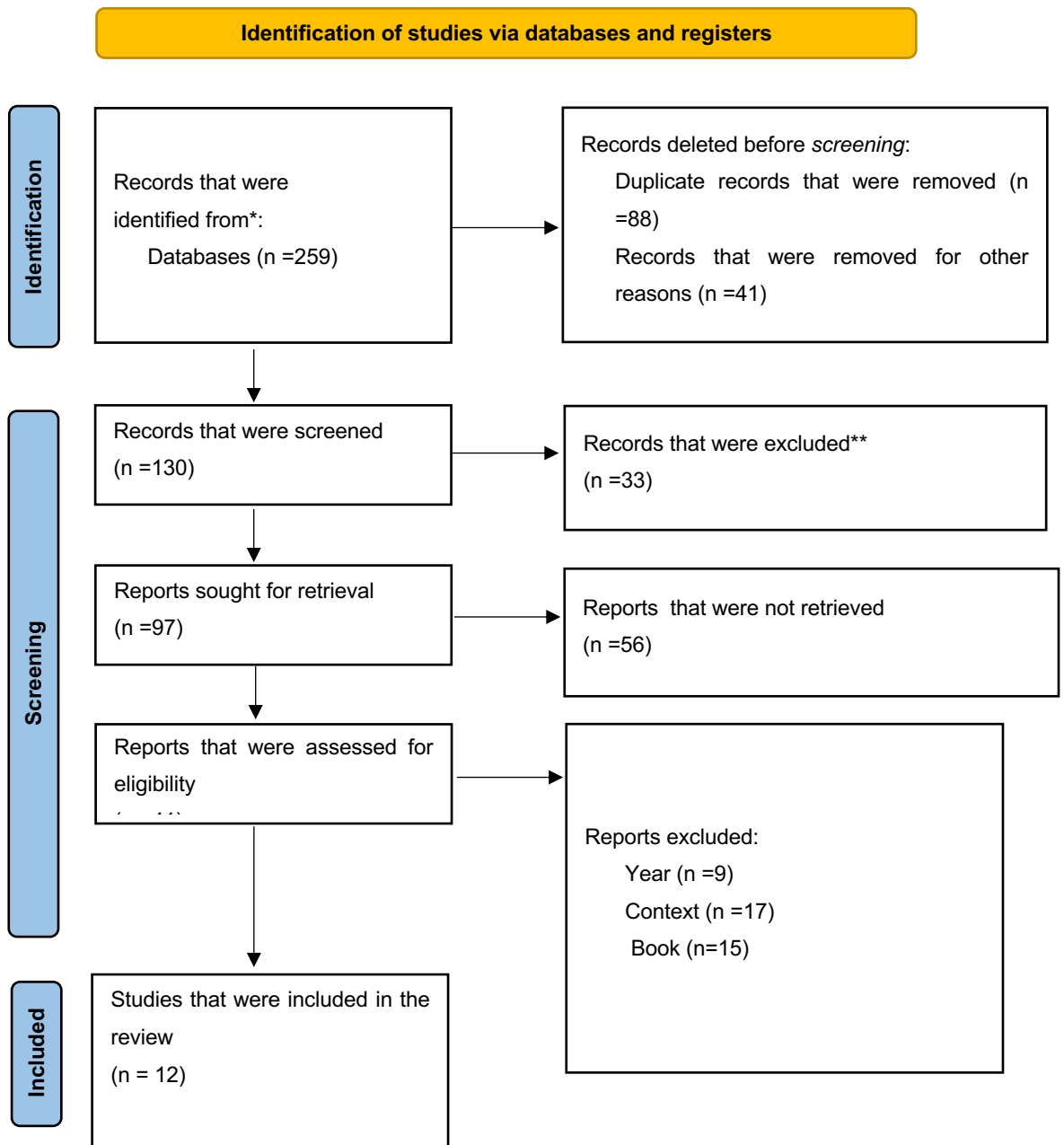


Figure 1: The PRISMA Diagram for reporting systematic reviews

The selection criteria for the data sources were clearly stated in the form of the defined keywords which helped in the identification as well as selection of sources that met the set inclusion and exclusion criteria. This way, it was made certain that only the relevant and quality information that was deemed essential was incorporated into the study. Table 3 displays the figures of articles obtained in different databases. This table provides the reader with an outline of the sources thus assisting in understanding the extent and concentration of the literature reviewed. Structuring the information in this manner benefits the reader to gain an understanding of the type and amount of research included in the study.

Table 3: Number of articles obtained from different databases.

Database	Search key words	Limitation	Result	Selected
CINAHL	“Mental health in older adult” AND “Aging and mental health”	Full text, Research articles. (2013 – 2024)	149	Total – 2 (1, 4)
PubMed	“Mental health in older adult”	Free full text, Systematic review, review (2013 – 2024)	2,350	Total – 5 (3, 5, 9, 11, 12)
Science direct	“Older adult” AND “Mental health”	Research articles, Open access (2020 -2 024)	9,625	Total – 2 (10, 2)
Google scholar	“Common mental health older adult”	Article (2020 - 2024)	18,000	Total - 3 (6, 7, 8)

5.4 Data Analysis Approach

Data analysis involves extracting, analyzing, and synthesizing data from the collated articles. Applicable information is primarily determined by its relevance to the problem of interest. The process of analyzing and synthesizing the data involves several crucial steps, including collating, summarizing, aggregating, organizing, and comparing the evidence drawn from the selected articles. These steps ensure that the collected information is systematically assessed and integrated to form a thorough understanding of the study of the research. By doing so, the analysis highlights the most relevant findings and insights, offering a well-rounded perspective on the subject matter (Paré & Kitsiou, 2017).

An inductive content analysis approach serves as the foundation for the data analysis in this thesis. Content analysis can be applied to both, the accumulation of numerical and qualitative data, and both apply to deductive and inductive outlooks. However, in the current study, the most frequently used procedure in nursing research thesis and studies is the inductive content analysis (Elo & Kyngäs, 2008). One of the most effective approaches to establishing the applicability of an idea in an article, its frequency as well as the nature of interrelations between the concepts applied is the inductive content analysis. Content analysis uses coding and analytical identification of themes or schemas to analyze qualitative data (Karanikola, 2019).

The collated articles in this thesis are categorized based on the mapping reduction of the formulated research. The research articles that were reviewed for this thesis are shown and listed in Appendix 1.

6 RESEARCH RESULTS

This paper has explored various management strategies in relation to various mental health problems minimizing the barriers of ignorance and providing assistance to those affected by these problems in the elderly. The research was guided by two key questions: What are the underlying predictors of mental health among the elderly? What are the management strategies currently in place to tackle all these mental health complications? The findings of the study are presented in this chapter, along with a summary and analysis of the data gathered. Additionally, it discusses the implications of these findings and compares them with existing literature. Offering an insight into how the results align with or diverge from previous research.

6.1 Factors that lead to Mental Health in Elderly

The findings detailed in Appendix 2 reveal various factors that can lead to mental health in the elderly. These include the following, loneliness, social isolation, widowhood, emotional approach coping challenges among older people, the financial burden of accessing care, difficulties reaching out to health experts, living conditions, and socio-economic status and cultural factors. These are discussed below.

6.1.1 Social Isolation and Loneliness

The study showed that loneliness and isolation are some of the factors that lead to mental health issues among the elderly. It incorporates facets like lack of social contacts, being confined to the house, social exclusion, or isolation from family. According to the study, the absence of social relationships is likely to impact negatively on the quality of life of seniors, often leading to the development of mental health issues or the exacerbation of already existing ones. In the study conducted by Lay-Yee et al. (2023), they established that social isolation in adults is associated with brain age. The results showed that social isolation in adulthood,

whether or not it occurred during childhood, had the most effect on estimated brain age. The findings revealed that prolonged isolation from childhood through adulthood had less of an effect on brain age than isolation experienced solely during adulthood. Social isolation, a severe inadequacy of social connections, is more than just a social issue; it's a relational phenomenon that can have significant biological consequences for the individual affected by it.

This underscores the deep and far-reaching impact that social relationships, or the lack thereof, can have on a person's overall brain health; that is, social relationships have the power to influence the makeup and functioning of the brain. For instance, social isolation weakens the defense against cognitive decline by limiting access to the stimulation needed to accumulate reserves of cognitive capacity. Therefore, the connection between mental health and social isolation could be explained by several neurophysiological mechanisms, which include impacts on oxidative stress, brain chemistry, immune responses, synapse loss, inflammation, inadequate myelination, and increased allostatic load. These physiological effects may result from disruptions in gene expression and regulation within the brain at the molecular level. Essentially, social isolation can trigger a cascade of biological changes that negatively affect brain function and overall neurological health (Lay-Yee et al. 2023).

The finding by (Fullen et al. 2021) revealed that seniors who are housebound and experiencing social isolation, loneliness, and depression may be at risk for suicide. The results indicate that isolation from the social world has a deeply harmful impact on the mental health of older adults. Being socially isolated can significantly worsen their emotional and mental well-being, leading to various mental health challenges that can be particularly severe in this age group. This underscores the critical importance of addressing social isolation to protect and improve the mental health of older individuals, which contributes to suicidal thoughts and other negative outcomes. Specifically, the study revealed that in a sample of home-delivered meal (HDM) recipients, perceived burdensomeness, psychological distress, and a reduced sense of belonging were significantly correlated with an increased risk of suicide. Overall, in the study, it is seen that a significant percentage of older people confined to their homes exhibited high

levels of anxiety, and suicidal behavior, all of which were exacerbated by social isolation and loneliness Fullen et al (2021).

Confirming the above findings is the Newman and Zainal (2020) study, whose findings show that in older persons, the degree of depression and anxiety symptoms was independently predicted by social disconnectedness, which is a result of social isolation. Additionally, the study found that self-perceived social isolation plays a dual role in both influencing and being influenced by social disconnectedness, anxiety, and depression. This means that feeling socially isolated not only contributes to these issues but is also exacerbated by them, creating a cycle that further impacts mental health. For instance, among older people, social disconnection predicted an increased degree of perceived isolation later on, which in turn predicted higher levels of anxiety and depressive symptoms (Newman & Zainal, 2020).

Further supporting this finding is Biering (2019), whose study showed that social isolation and depression in later years are related. The study indicated a stronger relationship between psychological distress and symptoms of depression when older adults feel emotionally close to family and friends. Feeling isolated from friends alone was linked to greater psychological distress and more severe symptoms of depression. However, depression is more seen in older adults who feel lonely from isolation from their family and friends, though this does not always coincide with increased psychological distress. This distinction is likely due to the reliability of family relationships, which serve as dependable and enduring social networks that offer consistent opportunities for social interaction and support over time (Biering, 2019). The authors came to the following conclusions: One of the key factors contributing to mental health issues among older adults is social isolation, which is frequently triggered by the death of a loved one and significant changes in their social roles. As they experience these life transitions, the resulting isolation can have a profound impact on their emotional and psychological well-being, making them more vulnerable to mental health challenges. Decreased social activity and a weakened social network have a strong relationship with depression among older people, whereas elevated social activity has the opposite effect. Older people's depressive symptoms are

predisposed to a decline in social engagement. However, older adults' depressive symptoms can be reduced by boosting social activity (Biering, 2019).

Another aspect of social isolation that has been found to affect older individuals' mental health is loneliness. In this context, loneliness is often defined by the gap between the level of social contact a person desires and the level they experience. When an individual's need for social interaction is not met, this discrepancy can lead to feelings of loneliness. The greater the difference between what a person wants in terms of social connection and what they have, the more intense their sense of loneliness is likely to be. According to the reviewed evidence, there is a high correlation between a variety of physical and physiological morbidities, such as heightened symptoms of depressive disorders, cognitive impairment, chronic illness, and persistent feelings of loneliness (Ong et al. 2016). Notably, in the findings, loneliness affects older people's cognitive functions and, consequently, their mental health. For example, intense and prolonged loneliness reduces interpersonal trust, increases sensitivity to unfavorable social cues, and impairs executive functioning. Furthermore, the results have demonstrated that a variety of mental representations, such as sensory perception, imitation, and interpersonal synchrony, can actualize experiences of loneliness. In this instance, loneliness or a sense of felt social isolation may influence how people interpret and mimic the behaviors and expressions of others, especially nonverbal clues that could be signs of social rejection (Ong et al. 2016).

6.1.2 Widowhood

An additional risk factor for mental health problems of elderly people is widowhood. Being widowed is unavoidably a difficult transition for many adult persons with companions, as grief is regarded as one of the most painful and agonizing life situations, according to a study by (Jiang et al. 2023). In this case, widowhood significantly affects the mental health of older people, particularly as it is one of the most significant risk factors for depression. Older widows frequently experience anxiety, despair, and loneliness, which further contribute

to their overall mental health challenges. The loss of a spouse, not only brings emotional pain but also increases their vulnerability to these mental health issues, making it a critical area of concern for this population. Additionally, being a widow can result in a decline in psychological wellness and a rise in the percentage of older adults who experience unhappiness. The results showed that short-term widowhood has a significant psychological impact; for example, being widowed within the last two years increases depression on average by a factor of 1.43. Long- and medium-term widowhood also raises the depression index by 0.47. Thus, it is evident that the impact on mental health is substantially greater when short-term widowhood occurs (Jiang et al 2023).

6.1.3 Socio-economic Status and Cultural Factors

Through the findings in the research, it was evident that culture influenced the mental health of older adults while socioeconomic factors also played a key role in the same aspect. For instance, in a cross-sectional study by LaBorde, et al. (2024), income, retirement status, and education levels were found to impact the mental health and well-being of the elderly, thus, creating disparities in mental health as they grow older. Such disparities are compounded by stigma and discrimination, particularly among vulnerable populations. Besides, cultural factors at the individual level have relevance to the quality of life and overall health with regard to the manner the elderly make sense of and manage their mental health. One's culture can influence their way of handling mental health and this can have an effect on their physical and psychological health. For example, when mental health therapy does not conform to the values, views, or preferences of the older adult, in this situation he/she is free to choose not to get treatment for their mental health problem. For instance, research indicates that black people may think that using antidepressants can become addictive due to habit formation. Consequently, rather than using these drugs, black people have chosen to seek outpatient and therapy treatments LaBorde et al (2024).

Biering (2019) provides additional evidence for this finding, as their research indicates a correlation between poor socioeconomic position and late-life depression. Also, in the research conducted by (Elshaikh et al. 2023) revealed that mental health literacy is significantly associated with educational level. Education can also play a role in the percentage of the older adults who are seeking help for mental health issues because the more education they have are likely to know what resources are out there for them that they would need once in a while. Therefore, having a high education level makes it easier for individuals to seek mental health treatment and lessens their perception of self-stigma. Conversely, having a lower level of education may make it more probable for someone to have negative ideas about mental illness, which may prevent them from getting professional care (Elshaikh et al. 2023).

Additional cultural factors, such as stigma and negative beliefs have been found to have an effect on elderly mental health. According to (Elshaikh et al. 2023) research, stigma, stems from negative assumptions about mental health specialist services and worries about other people's opinions. This sometimes prevents older adults with mental health issues from seeking help.

The process through which one conveys the need for psychological and personal support to be availed to him/her formal care giver is referred to as requesting mental health aid. Furthermore, help-seeking behavior is a coping process where the individual looks for help from other sources since they are unable to handle their mental condition, thus helping them to adapt to new situations with relatively little adverse responses. This involves using at least one professional service, by making a call to a mental healthcare hotline number, speaking to a healthcare provider, or utilizing a trained professional staffed online mental health website. Therefore, seeking help through such outlets can be highly effective as people take necessary actions towards enhancing their mental health. A fulfilling interaction may enhance opinions concerning the effectiveness of treatment and the need to seek help (Elshaikh et al. , 2023).

6.1.4 Living Conditions

Living in rural and small communities is another factor impacting the mental health of the elderly. As indicated by (Krasniuk & Crizzle 2023), this occurs as a result of people missing crucial medical appointments due to proximity to healthcare facilities. Older adults with chronic diseases usually require frequent visits to healthcare centers. People in rural environments have high chances of missing their care appointments, which can worsen their health condition because they are likely not getting the timely care that they require. The progression of various medical conditions in older adults can deteriorate over time if regular checkups are missed and continuity of care is lacking, often resulting in a higher frequency of emergency visits. Additionally, transportation difficulties further limit accessibility to preventive care, thus worsening of certain health issues in the elderly. This situation not only overwhelms emergency rooms but also delays care for other patients in need of urgent medical attention (Krasniuk & Crizzle, 2023).

6.1.6 The Financial Burden of Accessing Care

The other aspect that has the negative impact on the wellbeing of the elderly population is the expense of treatment of mental health illnesses or other diseases related to them. For instance, a US based study shown that Medicare posed an additional cost to obtain health care due to high demand of mental services and few psychiatrists. The results show that while Medicare is scheduled to start paying for mental health treatments rendered by certified professionals in 2024, this is not the situation as of yet. Many psychiatrists only treat patients who are capable of paying cash for services since there is such high demand and insufficient supply. This is unfeasible for older people living on fixed incomes. Care for older adults is severely limited by delayed reimbursement (LaBorde et al. 2024).

The (Elshaikh et al. 2023) study also provides evidence for the notion that the main reason older adults give for not seeking professional help for their mental health issues is the cost. Another major issue that they face is the issue of cost of mental health care, including the cost of treatment and other expenses. These costs can be a significant burden, and the process becomes more challenging for older adults to receive adequate mental health care. This can worsen their mental health conditions (Elshaikh et al., 2023).

6.1.7 Emotional Approach to Coping Challenges

Studies on people with chronic illnesses have provided evidence that emotional approach coping strategies are linked to improved adjustment to a range of stressful situations. In this instance, there was a linear association between declining dispositional coping through emotional expression (EP) and rising ill-health in older persons over a period of 4.5 years. It is possible that people who don't often use emotional processing (EP) are not very willing or able to deliberately and purposefully deal with painful emotions. This eliminates the chance for creative problem-solving, meaning-making, and emotional processing, all of which may eventually lead to extended physiological arousal and poor health (Hoyt et al. 2020). Interestingly, this correlation was seen at higher stress levels. The observed pattern may indicate that people stop using emotional approach processes as a coping mechanism when stress becomes unbearable, or it may indicate that the benefits of emotional processing are not sustained under severe stress.

Emotional coping style involves consciously trying to self-assert and self-communicate in response to stress that attends situations that one may find hard to regulate one's unpleasant effects due to age-associated changes in physiology and behavior. For instance, the cardiovascular and the HPA-axis activity flexibility decreases as a result of aging which impairs the body's capability of recovering from psychological stressors (Hoyt et al. 2020). Additionally, conditions that could impede behavioral and cognitive attempts at adapting through emotional approach processes include greater social isolation, neurological alterations (such as loss in working memory or concentration control), and a surge in health-

related stressors. Elevations in perceived tension may also be a sign of vulnerability, especially in cases where the stressors are long-lasting, unexpected, and uncontrollable (such as a declining health condition). Higher perceived stress levels may lead to persistent bad effects and, eventually, a physiological imbalance that is harmful to one's health if one fails to make healthy attempts to manage emotions. For older people, ineffective emotional control can have serious physiological consequences. Compared to younger individuals, deficiencies in emotional regulation might result in increased physiological reactivity and a worse ability to recover from the stress reaction (Hoyt et al. 2020).

6.2 Management Strategies

Mental health management concerns particular measures and approaches, which are utilized to address mental health concerns or to enhance and preserve human mental health. These are important not only when it comes to catering for mental health disorders but also for advocating for and maintaining the mental health of the population. Through proper handling of mental health issues, such strategies lead to the early establishment of a healthy environment that is useful in enhancing one's mental health which can benefit the person and also everyone around (Biering, 2019).

The study showed that through the following suggested management approaches, existing mental health problems in the elderly can be managed. Such strategies include exercise, especially since exercise is known to have positively impacted the patient's mood, and mind as well as offering overall psychological benefits and diminishing the signs of depression and anxiety. The outcomes also corroborate that clinical connection techniques, pharmacological treatment, psychosocial interventions, organization-centered techniques, and individualized techniques are good approaches to tackling the mental health of the elderly.

6.2.1 Physical Activities

A study published by An et al. in 2020, also confirmed that it is possible to state that the level of pleasure and life satisfaction among older people increases with regular participation in physical activities. The research conducted established that in various age groups, including middle-aged people, youths, and the elderly, physical activity was related to more happiness and satisfaction in life. Physical exercise has a beneficial impact on emotions, making physical activity a crucial component for improving the quality of life in every age group. In addition to this, the older the people became, the happier they were and the more satisfied with their lives. The findings are suggestive of the importance of engaging in physical activities. Those involved in physical activities enjoy improved functional fitness, reduced risk of falling sick, structural improvement, and weight loss among others within physical well-being. Other psychological benefits of exercise include increased mood tone and decreased anxiety and depression, which have also been noted in previous assessments. Also, exercise is associated with a number of other quality-of-life benefits. Many of the participants reported that increased physical activity led to happier and more contented lives. In other words, age was positively and curvilinearly related to happiness and life satisfaction.

Additionally, the analysis revealed that marital status was a key predictor of happiness and subjective well-being among young and middle-aged adults, while education level was a significant predictor of happiness among the middle-aged and elderly. The factor that can be isolated and regarded as the most important for overall well-being is the average monthly income, which turned out to be significant for the middle-aged respondents only. While, on the other hand, moderate exercise, defined as an essential part of a healthy life, was concluded to have a positive impact on both mental and physical well-being. Frequent exercise increases happiness and life satisfaction among all age groups, proving that exercise is a key to a healthy life (An et al. 2020).

(Agbangla et al. 2023) support physical activity as a management strategy for mental health, and research has demonstrated that it enhances health status and lowers the rate of depression, falls, mobility problems, and functional reliance. The study also shows, almost without exception, that older persons living in community housing benefit physically and mentally from exercise. Exercise (stretching, aerobics, flexibility, mobility, resistance, and whole-body vibration) has been shown to promote functional independence, and prevent and minimize falls in this population in terms of physical health (Agbangla et al. 2023).

Findings from (LaBorde et al. 2024) further concur with the above findings that engaging in different physical activities is an effective method for older people to control their mental health. According to the study, there is a significant relationship between older people's lower levels of depressive symptoms and their highly valued standard of life. An increased amount of social interaction in older people reduces the risk of both functional and cognitive deterioration. Older people with mild-to-moderate depression benefit from physical activities. Knowing their community and the social setting it offers, nurses are more equipped to refer their older clients to these social interaction-promoting activities and programs, which lower mortality and enhance independence, well-being, and general health (LaBorde et al. 2024).

6.2.2 Psychosocial interventions

Psychosocial interventions are based on social and psychological factors and their relation to the development and manifestation of mental diseases rather than medical aspects as in the medical-psychiatric model. Psychotherapeutic therapies are fundamental in managing mental health since they treat both the manifestations of mental disorders as well as the underlying psychological stress and life events that cause the disorders. The psychological theories that are at the basis of these therapies stress the need for addressing the underlying issues. Thus, older adult patients benefit from the application of Cognitive Behavioral Therapy (CBT) and Problem-Solving Therapy (PST) in the treatment of depression and anxiety disorders. Other forms of psychological interventions that

can be combined with cognitive behavioral therapy include problem solving therapy, bibliotherapy, brief psychodynamic therapy, reminiscence therapy, and interpersonal psychotherapy among others have been found to have research outcomes. The success of psychotherapy in older adults is greatly enhanced when therapists have specialized training in working with this age group, ensuring that the treatment is tailored to their unique needs and circumstances (Biering, 2019).

The second is social interventions, which include physical exercise regimens, social support groups, and instruction in social skills. Social engagement is linked to physical exercise therapies for older adults with depression because these interventions have been shown to lessen depressive symptoms in older individuals (Biering, 2019). These treatments reduce the manifestations of mental health issues, which partially satisfies the need to reduce distressing symptoms as a first step toward fulfilling the requirements of preserving mental ability and carrying out everyday tasks. Psychotherapeutic interventions aim to assist the client in making long-lasting life adjustments that will perpetuate the positive effects of the interventions in addition to relieving symptoms (Biering, 2019).

6.2.3 Social Contentedness Strategies

Social connectedness strategies are another management strategy under social interventions. It has also been shown that engaging in socially connected activities with senior citizens helps to avoid or manage mental health problems in this population. According to Newman & Zainal's (2020) findings, providing older people with high-quality mental health treatment requires giving them access to retirement or age-related communities that offer a sense of security and belonging. In this instance, online or in-person cognitive behavioral therapy has shown to diminish symptoms of loneliness and enhance anxiety and depression. When compared to waiting controls, internet-delivered cognitive behavioral treatment, for example, has been demonstrated to improve overall perception as well as concrete measures of social support and affiliation. Establishing volunteer outreach in the community could also be beneficial in this sense, especially for

adults who are more isolated or less mobile. To provide the highest caliber of care, action-based tactics like mending broken relationships or increasing social interaction with significant others can be crucial (Newman & Zainal, 2020).

This finding is in agreement with the (LaBorde et al. 2024) study, which revealed that in certain situations, such as with elderly patients who have minor mental health issues, it is advantageous for healthcare workers to be aware of and apply creative techniques as a preventative step. Encouraging older folks to remain actively involved in society may hold the key to enhancing this population's mental health. Seniors who are interested in social interaction in the community can be referred by nurses. Research continuously shows that older persons' psychological and physical well-being is correlated with their social participation (LaBorde et al., 2024).

6.2.4 Organization-Centered Strategies

Organization-centered strategies include nursing homes and community care. One initiative within the nursing home context is the campaign for cultural transformation in nursing home care, which aims to shift from a traditional, institutionalized nursing home culture to person-centered, homelike environments. There are two notable care approaches that focus on addressing the psychosocial challenges the residents encounter, feeling bored, loneliness, and an absence of purpose. These models aim to create more engaging and meaningful living environments for older adults, recognizing that emotional and social well-being are just as important as physical care. By prioritizing these aspects, these care models help residents live more fulfilling lives, enhancing their overall quality of life. These models concentrate on improving the general life quality of the residents by creating more supportive, engaging, and individualized care settings, rather than solely concentrating on specific mental health issues.

As a result, when compared to traditional nursing homes, culture-change houses offer higher-quality treatment or better resident outcomes. The study's conclusions showed that Green House inhabitants had a higher standard of living in some categories. Among these are autonomy and dignity, which align with the usefulness criteria of "maintaining a degree of independence" and "dignity of life," and relationships, that conforms with the criterion of adjusting to age-related changes, since one of the biggest changes that comes with aging is the loss of social connections (Biering, 2019).

The concepts of interdisciplinary teams and care management, guarantee that service consumers receive the best services possible, are shared by the majority of community care models. For the management of chronic illness several community care models including the depression care management model (DCM) are inspired by chronic care models. It enhances the active, rewarding lives of seniors (ARLS), and serves low-income seniors with mild depression or dysthymia, which is an illustration of a DCM that was successfully implemented. It has been demonstrated that the project, which included social and physical interaction, problem-solving therapy, and being referred to clinicians when necessary, is beneficial in helping older people maintain their degree of independence by improving their mental ability, carrying out everyday tasks, and engaging in interacting with others. In addition to ARLS, other mental wellness programs for the elderly that draw inspiration from chronic care models have also demonstrated efficacy in assisting participants in preserving their mental capacity and carrying out their daily tasks. One such initiative was the Improving Mood-Promoting Access to Collaborative Care Treatment (IMPACT) program, which targeted older adults with dysthymic disorder and/or significant depression (Biering, 2019).

6.2.5 Person-centered Strategies

The interpersonal theory of suicide proposed by (Fullen et al. 2021), reveals three major factors that increase the likelihood of suicide, which are perceived burdensomeness, diminished fear of death, and thwarted belongingness. However, older adults at risk of suicide can be managed by using ageing network services like nutrition assistance (such as home-delivered meal programs). Volunteers caring for the homebound elderly can be informed of the elderly's higher levels of emotional distress and signs of suicidal thoughts. This can be a possible tool for preventing suicide in the homebound elderly (Fullen et al. 2021).

The initial stages of providing mental health care to older persons by Nursing Practitioners (NPs) involve screenings and assessments. Completing this quick screening, the Nursing Practitioner (NP) can determine whether to recommend psychotherapy or another type of intervention. Assessment and screening can aid in the early detection, management, or prevention of such diseases. This can help prevent an increase in mental health concerns among older persons. Nurse professionals can screen patients for suicidality, psychotic symptoms, sleeplessness, and malnutrition, as well as help prevent any potential side effects' (LaBorde et al., 2024).

7 DISCUSSION

Findings from the various collated articles show that several factors affect an elderly person's mental health, which includes living conditions, socioeconomic position, cultural issues, emotional coping challenges among older persons, widowhood, the financial cost of receiving treatment, loneliness, social isolation, and difficulties reaching out to health specialists. All these factors have an impact on psychological functioning and negative effects on older persons' mental health.

The homebound elderly without other social relations have been found to have a higher prevalence of suicidal thoughts and an increased probability of experiencing depression. Also, there is a lack of anticipatory time in environments that provide the stimulus necessary to develop cognitive reserve stocks, thereby diminishing the buffer effect against cognitive deterioration. Besides, the study also revealed that loneliness is detrimental to the cognitive ability and subsequently the psychological well-being of older adults. Severe and chronic loneliness decreases interpersonal trust, makes one more sensitive to negative social stimuli, and leads to impaired cognitive control.

The finding relating to homebound adults and living conditions relates to the environmental factor. This is one factor that was seen in the result of this thesis. This factor affects our mental health, especially mental health of the older population. Older populations exhibit more vulnerability to alterations in their environment (Yue et al. 2022). This vulnerability is brought about by the decline of their physical abilities and retirement, leading to their diminishing social interaction and network abilities with others. As a result of this, they tend to spend more time within the confinement of a little space or their neighborhood (Yue et al. 2022). Environmental factors include assessment of the accessibility of healthcare facilities, habitation, and social resources for the elderly (Norstrand et al. 2013). If the physical and social environment is built and made better, then there can be the development and the increase in the prevalence in older adults of healthy mental states. Nevertheless, a better awareness level is required (Domènech-Abella et al. 2021). This is why some subscales of poor living

conditions like poor roads, Challenges to accessing health specialists, and restricted mobility among elderly people at their homes were established to worsen mental health among the elderly.

On the same findings regarding social factors; it was noted that social isolation and loneliness are other aspects that affect the health of aging adults. We exist in societies where we have affiliations with family members, friends, and other association groups. Social relation largely influences everyone's existence (Murniati et al. 2022). The study establishes that isolation results in a poor quality of life and welfare of elderly persons as it contributes to the deterioration of already existing mental illness and causes new ones. Lay-Yee et al. (2023) conduct that adults who are socially isolated are likely to have a higher brain age. The results showed that social isolation in adulthood, whether or not it occurred during childhood, had the most effect on estimated brain age. The findings revealed that prolonged isolation from childhood through adulthood had less of an effect on brain age than isolation experienced solely during adulthood. Also in the study, it was found that the majority of mental illness and psychological well-being are most impacted by various fundamental social factors that include, socioeconomic, gender, race, ethnicity, and family dynamics in addition to the fundamental societal factors, societal institutions like healthcare services, labor markets, and disability support systems. The means to support and manage the increasing number of older adults affected by mental illness rely on effective social structures (Kirkbride et al. 2024)

Regarding the management approaches the study established that physical activities, social contacts and medication, psychosocial; intervention, psychotherapeutic; intervention, and social intervention are demonstrated or perceived to have a positive relationship on the management of the elderly's mental health status. The care models are broad or composite in nature and they include nursing home care, community care, care from several professional disciplines, care management, and assessment, screening as well as aging network services. All these strategies have a better outcome in the control of the well-being of elderly people. Finally, it was also brought out that those in the large community housing the elderly also get to exercise physically and mentally.

Whole-body exercise, such as flexibility, aerobics, resistance, mobility, stretching, and vibration, enhances functional mobility and decreases or inhibits falling in this population's physical health. This in turn has got him or her general health status and even mental health improved. Also, concerns about physical activity show pro-fitness benefits for older individuals' psychological well-being, thereby increasing their happiness level and life satisfaction (Agbangla et al. 2023).

The medical-psychiatric approach is another management and treatment strategy that is also commonly used to treat the mental health of the older population. The medical-psychiatric approach relies on the comprehension that mental health illnesses are from pathophysiological mechanisms. In essence, it relies on psychotropic medication as the primary treatment method which is also known as the typical and most common intervention treatment method for older people dealing with mental illness (Stevenson et al.2010). The use of frequent medication can have adverse effects on older adults. Hence, psychotherapy and social intervention strategies are good alternatives (Stevenson et al.2010).

The psychotherapy and social intervention strategies used here are grounded in the psychological model of mental disorders more than in the biological model which is found in the medical–psychiatric model. Psychotherapeutic management plays a very significant role in the health of individuals with mental health issues. It does not only focus on curing the disease but also takes into consideration the underlying psychological factors causing these challenges of illness (Biering, 2019) The psychotherapeutic and social treatment model takes into account the patient's needs and desires, which is very essential. The rationale of an individualized patient-centered approach is to bring the patient's personal interests and concerns in line with his or her treatment plan. When patients are made to focus on their specific issues, they are more inclined to achieve their goals and work towards their treatment Navigation. It also reduces the drop-out rates and increases satisfaction as well as health in the patient (Vathke et al. , 2022).

8 THESIS ETHICS AND RELIABILITY

In recent days, there has been a growing focus on research ethics, mostly due to the rising ethical oversight of social research. Many authors particularly ethnographers in qualitative social science, have challenged the relevance of ethical regulations in the field (Wiles, 2012). Ethics is concerned with exploring questions related to morality and the principles that guide right and wrong behavior. The terms "ethics" and "morals" are often used interchangeably, though they both address the same core concepts. In research, ethics specifically are standards and guidelines that ensure ethical behavior and integrity within research environments (Wiles, 2012). These principles are essential for maintaining trust, transparency, and responsibility throughout the research process.

Ethical integrity is optimal for the quality of research. It is inseparable from scientific rigor. It permeates every aspect of the research process, from the topic to disseminating findings. Failure in ethics compromises data quality, and vice-versa (Taquette & Borges da Matta Souza, 2022). When doing this thesis, it was important to think about any potential ethical issues that might occur. Ethical issues range from how to deal with privacy and secrecy to issues regarding reproducibility, and the quality of the research (Authority, U.S, 2022).

Various ethical issues were of great importance when it came to the collection of data as well as the analysis section of this thesis. The fluency of the qualitative research process dictates that all ethical principles were upheld strictly right from the data collection process through to the analysis and interpretation process. A lot of attention was paid to both stages from collecting and analyzing the data. They were not manipulated or changed in any way. These processes were however done with full disclosure and the portrayal was correct, thus making the research as replicable as was necessary for ethical purposes (Innovative MR, 2023).

Even though this thesis is a descriptive literature review that does not directly risk or harm any participant, the studies can impact various dimensions of human well-being e.g. Psychic, intellectual, social, moral, and cultural dimensions which can raise ethical concerns throughout the thesis. In this thesis, the focus was on the objective of the study and also on giving enriched knowledge on the subject (Taquette & Borges da Matta Souza, 2022) aiming to validate pre-existing theories (Jelsma and Clow, 2005).

Another ethical consideration made for this thesis is the choice of the research topic. Concerning the benefits, the chosen topic of the thesis also enhances the effectiveness of nursing practice quality, which will be helpful for everyone (Ikonen & Johansson, 2024). This thesis is relatively meaningful to the present work experience as well as the thesis statement. The focus of the thesis is to contribute to knowledge about the significance of mental health problems in the older population. In addition to increasing knowledge and research, issues associated with mental health are viewed as being developmentally connected to aging; often, elders' mental well-being is not given adequate attention. It can be useful in making the case for providing more recognition and attention to the mental health and overall welfare of older adults.

informed consent is the most important concept in ethical human research and is also among the principles that form a prima facie directive governing the conduct of social scientists globally. As this thesis does not include any participants, it is not necessary to seek their informed consent. Direct involvement of participants in projects usually necessitates informed consent. They make sure that the participants are appropriately informed about the study, the research, the processes involved, and any risks or incentives. Informed consent also acknowledges that anybody who is participating in the study does so out of their own free will and provides the subjects with the autonomy to withdraw from the study at any time without any consequences. However, as stated earlier, there are no participants in this thesis and therefore this factor cannot be applied (Wiles, 2012).

The reliability, consistency, and trustworthiness of a thesis are determined by the study findings, conclusion, and general content. It entails assessing the reliability of the data analysis, study methodology, and findings reached. Ensuring they are resilient and unbiased. A reliable thesis provides reliable and consistent information that can be trusted, with findings that others can replicate or confirm (Noble & Smith, 2015).

In showcasing the reliability of this study Lincoln and Guba's strategies were utilized which include truth value, consistency, neutrality, and applicability in exhibiting rigor in this research (Enworo, 2023) The thesis shows the credibility of every source that was used throughout the thesis from the planning to the final stage of the thesis. It shows the consistency of information across different literature. Information obtained from chosen works of literature was cross-validated through multiple sources. Also, there was accuracy of information limiting the risk of error or biases.

The thesis findings can be assessed and extended to diverse contexts, settings, and groups. It has the potential to impact more than the confines of the health field, as it holds great relevance for both individuals within and outside the field. Assessing the public good inherent in a thesis is a very important aspect of the thesis.

Finally, in the thesis findings, true personal viewpoints were expressed, reflecting genuine perspectives. The literature reviewed was meticulously presented with clearness and accuracy. Making sure of a faithful representation of already existing knowledge.

9 CONCLUSION AND RECOMMENDATIONS

This study demonstrates the various aspects that influence elderly individuals' mental health. They include living conditions, socioeconomic position, widowhood, cultural issues, emotional coping challenges among older persons, the financial cost of receiving treatment, loneliness, social isolation, and difficulties reaching out to health specialists. These factors have an impact on older persons' psychological functioning.

Management strategies play an important role in reducing the incidence of mental health issues or at least, reducing the risk factors that may lead to health problems among the elderly population. They entail medication, psychosocial interventions, psychotherapeutic interventions, and social interventions which include; social skills training and social support groups, Organization-centered management strategies including culture-change movement in nursing home care and Community care management and lastly person-centered management strategies which include assessment, screening, and aging network services.

Therefore, in light of the importance of these management techniques in overseeing older adults' mental health, the research makes the following recommendations:

Understanding the differences in life courses regarding the timing of social isolation and its subsequent effects on the brain is crucial to developing appropriate screening and intervention protocols. Loneliness has been identified as a determinant of the psychological well-being of seniors, thus it is crucial to understand it in the context of addressing the needs of this population in terms of policy-making and day-to-day practices. Applying this knowledge to health care and social services will help to offset the effects of social isolation and enhance the mental health of the aging population. Understanding how social isolation affects the human brain in the long run helps policymakers and practitioners design appropriate measures to address the ill effects of this factor on the elderly's mental health. It will not be a surprise to find that the effectiveness of the interventions may vary with age. Based on the study, there is a possibility that

social isolation might be used to improve brain performance and thus prevent or reverse cognitive decline or slow down the process. It is more effective in the early years of life, however, early diagnosis of cognitive impairment before the clinical signs become fully developed is vital. Furthermore, we can advance knowledge of the population segments that can turn to public services, and may contribute to the definition of applications for the sub-groups or individuals in various life stages.

The discovery of the impact of social isolation in adults, along with the possibility of a lasting effect on brain age, may highlight significant areas of concern. Such findings suggest that social isolation during adulthood could have long-term consequences on brain health, underscoring the need for further attention and intervention in this area. Addressing these concerns could be vital in mitigating the effects of social isolation on cognitive function and overall well-being. Early intervention in mid-adult life can help prevent the development of such a problem as the continuation of social isolation. This will decrease the aging of the brain and lessen the likelihood of cognitive deterioration in later adulthood.

However, relating the results to social practices and policies, here are some factors to consider given that the population is aging fast. It was ascertained that negative mental health impacts do arise from widowhood and hence policymakers should focus more on the elderly widowed populations. National governments need to design and support a social environment that will accommodate older adults who are bereaved. Some of the programs include providing them with scholarships and other forms of financial support and enabling them to obtain gainful employment and engage in volunteerism and leisure pursuits with the aim of enhancing their social relations. More importantly, outside support can often be hard to come by in many countries, Community Health Centers (CHCs) require increased resources to enhance the medical capacities and human capital of health centers. Community nurses and healthcare teams require awareness of the psychology of widows and must improve the psychosocial identification of widows who require psychological assistance. Furthermore, the study is useful for the implementation of community

health nurses' intervention programs and for the improvement of the mental health of older adults.

There are also issues with the stigma, the cost, and the cultural expectations, among others. Due to the cost of mental health treatment or seeking professional consultation or expertise, it has been found that the biggest challenge faced in addressing and responding to mental health among the elderly is the cost. Therefore, strategies such as mental health empowering campaigns, as well as the establishment of structures that help make it easier and inexpensive for older people to access mental health knowledge should be encouraged. Also, it was demonstrated that social connection techniques are very important for the mental health of the elderly since it makes them feel more secure, and all is good for mental health. Therefore such approaches like cognitive behavioral therapy and volunteer community programs are recognized as essential social connection approaches and should be equally advanced to combat mental health challenges within the elderly.

In light of this, the recommendations are in line with arguments that those who care for older people and all the stakeholders including the health care providers should ensure that they put tools into practice to encourage older people to be more active in physical activities. Which is beneficial for the improvement of their psychological well-being. The study found a positive correlation between increased physical activity on one part and happiness and life satisfaction on the other among young, middle-aged, and older individuals. It also enhanced functional mobility and survival since elderly people are more likely to be on the move.

Furthermore, the results of social isolation assessments in the elderly population should include objective and subjective factors, as well as friends and family members' networks. Older adults are severely affected by social isolation from friends, a factor that is very large and which has not been given proper attention. This kind of loneliness may result in higher levels of depression, anxiety, and other mental health issues. thus, more people should be made aware of these factors. Efforts should be put in place to identify and support individuals

experiencing loneliness. In conclusion, future researchers should focus on the effects of loneliness from companions on the mental health of older individuals to understand the transformed dynamics.

10 REFERENCES

An, H. Y., Chen, W., Wang, C. W., Yang, H. F., Huang, W. T., & Fan, S. Y. (2020). The relationships between physical activity and life satisfaction and happiness among young, middle-aged, and older adults. *International journal of environmental research and public health*, 17(13), 4817.

Agbangla, N. F., Séba, M. P., Bunlon, F., Toulotte, C., & Fraser, S. A. (2023). Effects of physical activity on physical and mental health of older adults living in care settings: A systematic review of meta-analyses. *International Journal of Environmental Research and Public Health*, 20(13), 6226.

Authority, U. S. (2022). Ethical considerations associated with Qualitative Research methods, Accessed on 25 July, 2024 <https://uksa.statisticsauthority.gov.uk/publication/ethical-considerations-associated-with-qualitative-research-methods/>

Aveyard, H. (2023). *Doing a Literature Review in Health and Social Care: A Practical Guide* 5e.

Biering, P. (2019). Helpful approaches to older people experiencing mental health problems: a critical review of models of mental health care. *European Journal of Ageing*, 16, 215-225.

Czaja, S. J. (2016). Long-term care services and support systems for older adults: The role of technology. *American Psychologist*, 71(4), 294

Chapman, A. L. (2006). Dialectical behavior therapy: Current indications and unique elements. *Psychiatry (Edgmont)*, 3(9), 62.

Cheavens, J. S., & Lynch, T. R. (2008). Dialectical behavior therapy for personality disorders in older adults. In *Handbook of behavioral and cognitive therapies with older adults* (pp. 187-199). New York, NY: Springer New York

Choi, N. G., DiNitto, D. M., & Kim, J. (2014). Discrepancy between chronological age and felt age: Age group difference in objective and subjective health as correlates. *Journal of Aging and Health, 26*(3), 458-473.

Duffy, M. E., Twenge, J. M., & Joiner, T. E. (2019). Trends in mood and anxiety symptoms and suicide-related outcomes among US undergraduates, 2007–2018: Evidence from two national surveys. *Journal of Adolescent Health, 65*(5), 590-598.

Domènech-Abella, J., Switsers, L., Mundó, J., Dierckx, E., Dury, S., & De Donder, L. (2021). The association between perceived social and physical environment and mental health among older adults: mediating effects of loneliness. *Aging & Mental Health, 25*(5), 962-968

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of advanced nursing, 62*(1), 107-115.

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis: A focus on trustworthiness. *SAGE open, 4*(1), 2158244014522633.

Enworo, O. C. (2023). Application of Guba and Lincoln's parallel criteria to assess trustworthiness of qualitative research on indigenous social protection systems. *Qualitative research journal, 23*(4), 372-38

Elshaikh, U., Sheik, R., Saeed, R. K. M., Chivese, T., & Alsayed Hassan, D. (2023). Barriers and facilitators of older adults for professional mental health help-seeking: a systematic review. *BMC geriatrics, 23*(1), 516.

Flynn, D., Joyce, M., Spillane, A., Wrigley, C., Corcoran, P., Hayes, A., ... & Mooney, B. (2019). Does an adapted Dialectical Behaviour Therapy skills training programme result in positive outcomes for participants with a dual diagnosis? A mixed methods study. *Addiction science & clinical practice, 14*, 1-10.

Forjaz, Maria João, Carmen Rodriguez-Blazquez, Alba Ayala, Vicente Rodriguez-Rodriguez, Jesús de Pedro-Cuesta, Susana Garcia-Gutierrez, and Alexandra Prados-Torres. Chronic conditions, disability, and quality of life in older adults with multimorbidity in Spain. *European journal of internal medicine* 26, no. 3 (2015): 176-181.

Fullen, M. C., Shannonhouse, L. R., Mize, M. C., & Miskis, C. (2021). Mental health distress in homebound older adults: Importance of the aging network. *Aging & mental health*, 25(8), 1580-1584.

Glicken, M. D. (2009). Evidence-based counseling and psychotherapy for an aging population. Academic Press.

Gu, D., Andreev, K., & Dupre, M. E. (2021). Major trends in population growth around the world. *China CDC Weekly*, 3(28), 604.

Gross, Y. (2020). Erikson's stages of psychosocial development. *The Wiley Encyclopedia of Personality and Individual Differences: Models and Theories*, 179-184.

Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World psychiatry*, 14(2), 231.

Guo, Y., Ge, T., Mei, L., Wang, L., & Li, J. (2021). Widowhood and health status among Chinese older adults: the mediation effects of different types of support. *Frontiers in public health*, 9, 745073.

Hardt, W. (2014) Guideline for Writing Bachelor thesis. Chemnitz, Technische Universität Chemnitz.

Hewitt-Taylor, J. (2017). The essential guide to doing a health and social care literature review. Routledge.

Hunter, W. M. (2011). A qualitative study of older adults' experiences with psychological counselling.

Herrman, H., Saxena, S., & Moodie, R. (2005). Promoting mental health: concepts, emerging evidence, practice: a report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. World Health Organization.

Hoyt, M. A., Wang, A. W. T., Boggero, I. A., Eisenlohr-Moul, T. A., Stanton, A. L., & Segerstrom, S. C. (2020). Emotional approach coping in older adults as predictor of physical and mental health. *Psychology and aging*, 35(4), 591.

Ikonen S, & Johansson T , psychiatric willingness to care: a descriptive literature review accessed 15.4.2024 <https://www.theseus.fi/handle/10024/820580>

Innovative MR, The top 5 Ethical Consideration in Qualitative Research accessed 15th of April 2024 <https://www.innovatemr.com/insights/the-top-5-ethical-considerations-in-qualitative-research/>

Jelsma, J. and Clow, S. (2005). Ethical issues relating to qualitative research. *South African Journal of Physiotherapy*, 61(1), 3.

Jiang, C., Song, H., & Shi, J. (2023). The impact of widowhood on mental health of older adults. *Geriatric Nursing*, 50, 38-43.

Keyes, C. (2014). Bridging occupational, organizational and public health. *Netherlands: Springer Dordrecht*.

Khan, Jaffer & Raman, Alamelu & Sambamoorthy, Nithya & Prashanth, Kanniga. (2023). Research Methodology (Methods, Approaches And Techniques). 10.59646/rmmethods/040.

Karanikola, M. N. (2019). Content analysis in critical and emergency care: A discussion paper. *Connect: The World of Critical Care Nursing*, 13(1), 8-23.

Kirkbride, J. B., Anglin, D. M., Colman, I., Dykxhoorn, J., Jones, P. B., Patalay, P., ... & Griffiths, S. L. (2024). The social determinants of mental health and disorder: evidence, prevention and recommendations. *World psychiatry*, 23(1), 58.

Krasniuk, S., & Crizzle, A. M. (2023). Impact of health and transportation on accessing healthcare in older adults living in rural regions. *Transportation research interdisciplinary perspectives*, 21, 100882.

LaBorde, P., Hope, J. M., & Hughes, M. F. (2024). Identifying and Addressing Mental Health Disparities in Older Adults. *Advances in Family Practice Nursing*, 6(1), 35-43.

Lautenschlager, N. T., Almeida, O. P., Flicker, L., & Janca, A. (2004). Can physical activity improve the mental health of older adults?. *Annals of general hospital psychiatry*, 3, 1-5.

Lay-Yee, R., Hariri, A. R., Knodt, A. R., Barrett-Young, A., Matthews, T., & Milne, B. J. (2023). Social isolation from childhood to mid-adulthood: is there an association with older brain age?. *Psychological medicine*, 53(16), 7874-7882.

Licht-Strunk, E., Van Marwijk, H. W. J., Hoekstra, T. B. M. J., Twisk, J. W. R., De Haan, M., & Beekman, A. T. F. (2009). Outcome of depression in later life in primary care: longitudinal cohort study with three years' follow-up. *Bmj*, 338.

Maggio, L. A., Sewell, J. L., & Artino Jr, A. R. (2016). The literature review: A foundation for high-quality medical education research. *Journal of graduate medical education*, 8(3), 297-303.

Murniati, N., Al Aufa, B., Kusuma, D., & Kamsu, S. (2022). A scoping review on biopsychosocial predictors of mental health among older adults. *International journal of environmental research and public health*, 19(17), 10909.

Milne, G. J., & Xie, S. (2020). The effectiveness of social distancing in mitigating COVID-19 spread: a modelling analysis. *MedRxiv*, 2020-03

Norstrand, J. A., Glicksman, A., Lubben, J., & Kleban, M. (2013). The role of the social environment on physical and mental health of older adults. In *Environmental Gerontology* (pp. 308-325). Routledge

Newman, M. G., & Zainal, N. H. (2020). The value of maintaining social connections for mental health in older people. *The Lancet Public Health*, 5(1), e12-e13.

Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-based nursing*, 18(2), 34-35.

Ong, A. D., Uchino, B. N., & Wethington, E. (2016). Loneliness and health in older adults: A mini-review and synthesis. *Gerontology*, 62(4), 443-449.

Onwuegbuzie, A. J., Leech, N. L., & Collins, K. M. (2012). Qualitative analysis techniques for the review of the literature. *Qualitative Report*, 17, 56.

Osmosis from Elvis, 2024: Growth & Development theories: Nursing accessed 2024. https://www.osmosis.org/learn/Growth_%26_development_theories:_Nursing

Paré, G., & Kitsiou, S. (2017). Methods for literature reviews. In *Handbook of eHealth evaluation: An evidence-based approach [Internet]*. University of Victoria.

Popenoe, R., Langius-Eklöf, A., Stenwall, E., & Jervaeus, A. (2021). A practical guide to data analysis in general literature reviews. *Nordic journal of nursing research*, 41(4), 175-186.

Renjith, V., Yesodharan, R., Noronha, J. A., Ladd, E., & George, A. (2021). Qualitative methods in health care research. *International journal of preventive medicine*, 12(1), 20.

Shah, Avani, Forrest Scogin, and Mark Floyd. "Evidence-based psychological treatments for geriatric depression." (2012).

Sandholzer, H., Hellenbrand, W., v Renteln-Kruse, W., van Weel, C., Walker, P., & Panel, S. T. E. P. (2002). An evidence-based approach to assessing older people in primary care. *Occasional Paper (Royal College of General Practitioners)*, (82), iii.

Sandu, A., & Nistor, P. (2020). The dynamic perspective versus the cognitive-behavioral perspective in counselling. *Moldavian Journal for Education and Social Psychology*, 4(2), 50-59.

Santos, J. C., & Cutcliffe, J. R. (Eds.). (2018). *European psychiatric/mental health nursing in the 21st century: A person-centred evidence-based approach*. Springer.

Silva, G. O., Peixoto, L. C. P., de Souza, D. A., de Souza Santos, A. L., & de Souza Azevedo Aguiar, A. C. (2018). REPERCUSSIONS OF CHRONIC DISEASES ON THE MENTAL HEALTH OF ELDERLY PEOPLE. *Journal of Nursing UFPE/Revista de Enfermagem UFPE*, 12(11).

Shin, H., & Park, C. (2022). Social support and psychological well-being in younger and older adults: The mediating effects of basic psychological need satisfaction. *Frontiers in Psychology*, 13, 1051968.

Schulz, R., Wahl, H. W., Matthews, J. T., De Vito Dabbs, A., Beach, S. R., & Czaja, S. J. (2015). Advancing the aging and technology agenda in gerontology. *The gerontologist*, 55(5), 724-734

Sigelman, C. K., De George, L., Cunial, K., & Rider, E. A. (2018). *Life span human development*. Cengage AU.

Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of business research*, 104, 333-339.

Syed, M., & McLean, K. C. (2016). Understanding identity integration: Theoretical, methodological, and applied issues. *Journal of adolescence*, 47, 109-118.

Stevenson, D. G., Decker, S. L., Dwyer, L. L., Huskamp, H. A., Grabowski, D. C., Metzger, E. D., & Mitchell, S. L. (2010). Antipsychotic and benzodiazepine use among nursing home residents: findings from the 2004 National Nursing Home Survey. *The American Journal of Geriatric Psychiatry*, 18(12), 1078-1092.

Stubbs, B., Vancampfort, D., Rosenbaum, S., Ward, P. B., Richards, J., Ussher, M., & Schuch, F. B. (2016). Challenges establishing the efficacy of exercise as an antidepressant treatment: a systematic review and meta-analysis of control group responses in exercise randomised controlled trials. *Sports medicine*, 46, 699-713.

Shen, C., Rolls, E. T., Cheng, W., Kang, J., Dong, G., Xie, C., ... & Feng, J. (2022). Associations of social isolation and loneliness with later dementia. *Neurology*, 99(2), e164-e175.

Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *The Canadian journal of hospital pharmacy*, 68(3), 226.

Coyle, C. E., & Dugan, E. (2012). Social isolation, loneliness and health among older adults. *Journal of aging and health*, 24(8), 1346-1363.

Taquette, S. R., & Borges da Matta Souza, L. M. (2022). Ethical dilemmas in qualitative research: A critical literature review. *International Journal of Qualitative Methods*, 21, 16094069221078731.

Vathke, C., Kessler, E. M., Gellert, P., O'Sullivan, J. L., & Lech, S. (2022). Motivation and psychotherapy in older adults with care needs and depression. *GeroPsych*.

World Health Organization, 2023. Mental Health of Older Adults. <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

Wells, A. (2002). *Emotional disorders and metacognition: Innovative cognitive therapy*. John Wiley & Sons.

Wiles, R. (2012). *What are qualitative research ethics?* (p. 128). Bloomsbury Academic.

World Health Organization, 2023. Mental Health of Older Adults. Accessed on 25 July, 2024. https://www.who.int/health-topics/mental-health#tab=tab_1

Yue, Y., Yang, D., Owen, N., & Van Dyck, D. (2022). The built environment and mental health among older adults in Dalian: The mediating role of perceived environmental attributes. *Social science & medicine*, 311, 115333.

Zhang, Y., Yeager, V. A., & Hou, S. (2018). The impact of community-based supports and services on quality of life among the elderly in China: a longitudinal study. *Journal of Applied Gerontology*, 37(10), 1244-1269. <https://doi.org/10.1177/0733464816661945>.

Zarit, S. H., & Zarit, J. M. (2011). *Mental disorders in older adults: Fundamentals of assessment and treatment*. Guilford Press.

11 APPENDIX

11.1 Appendix 1: Reviewed research article.

	Research Title	Publication year	Source	Author	Article summary.
1	Social Isolation from childhood to mid-adulthood: What is the relation to / with Older Brain / age	2023	Psychological Medicine	Lay-Yee. et al.	In the article, the author demonstrates how social isolation plays a part in its impact on and consequences to the elderly's mental health.
2	Cross-sectional analysis of key factors in relation to Mental Health Disparities in Older adults	2024	Advances in Family Practice Nursing	LaBorde, P. et al.	The article also indicates the varying aspects that may be linked to mental health in elderly and the need to educate patients and

					families, treatment preferences among others.
3	Exploring approach coping with emotion for Older adults, as an indicator of physical and mental health.	2020	Psychology & Aging	Hoyt, Michael A et al.	The article demonstrated that emotional processing provides protective effect against the deteriorating of physical health of the older adult.
4	Mental health distress in homebound older adults: Roles and function of the aging network	2021	Aging & Mental Health	Fullen, Matthew C. et al.	The article highlights that adults who are housebound may be at an increased risk of suicide due to various factors, such as

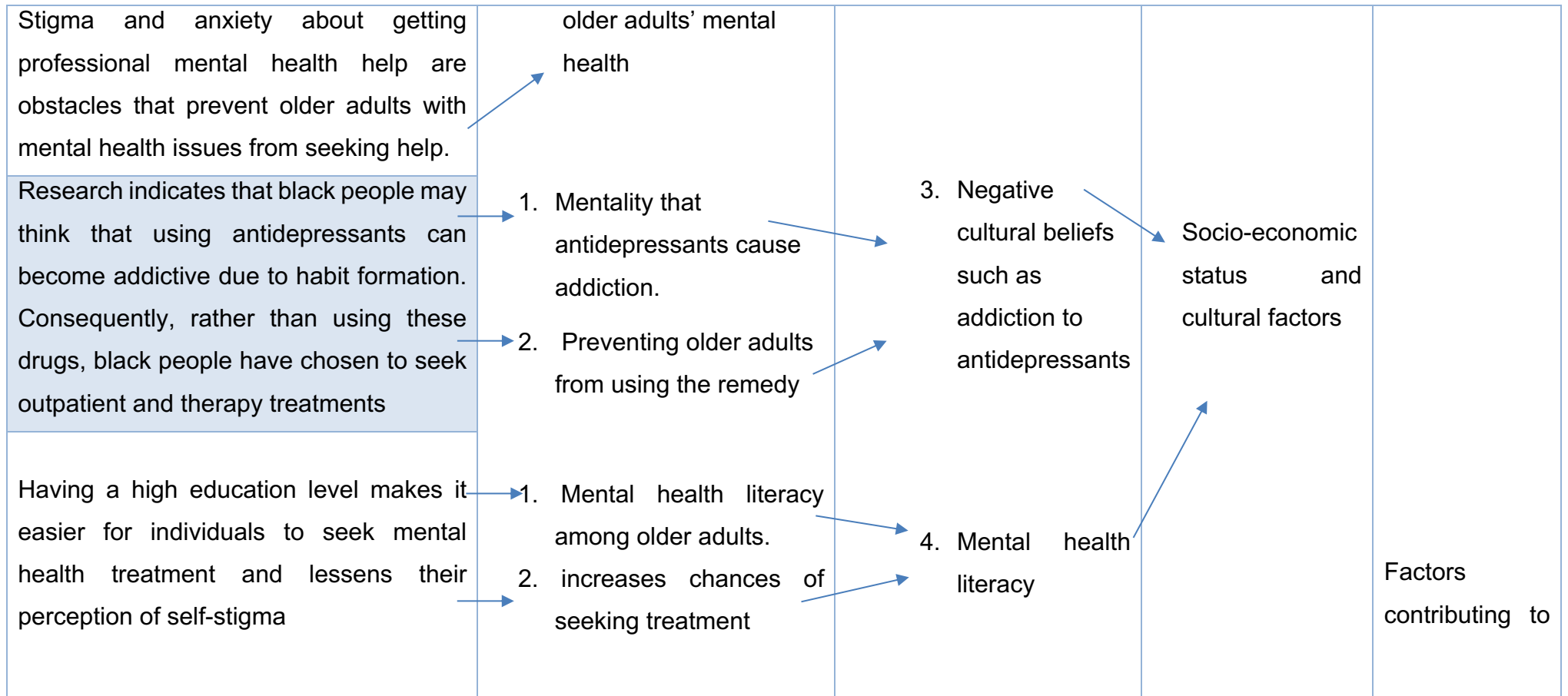
					loneliness, depression, and social isolation.
5.	Widowhood and its consequences on the mental well-being of elderly people	2023	Geriatric Nursing	Jiang, Chaoxin; et al.	community social and economic supports plays a crucial role in connecting between the widowhood and mental health
6	Helpful approaches to older people experiencing mental health problems: critically contextualise models of mental health care	2019	European journal of ageing	Biering, p	The article shows the different method approaches in the treatment of mental health in older adults
7.	Loneliness/Health in elderly	2016	Gerontology	Ong, A. D. et al.	It is shown in the article that loneliness and social disconnection has a great impact physically and mentally on later life of a person.

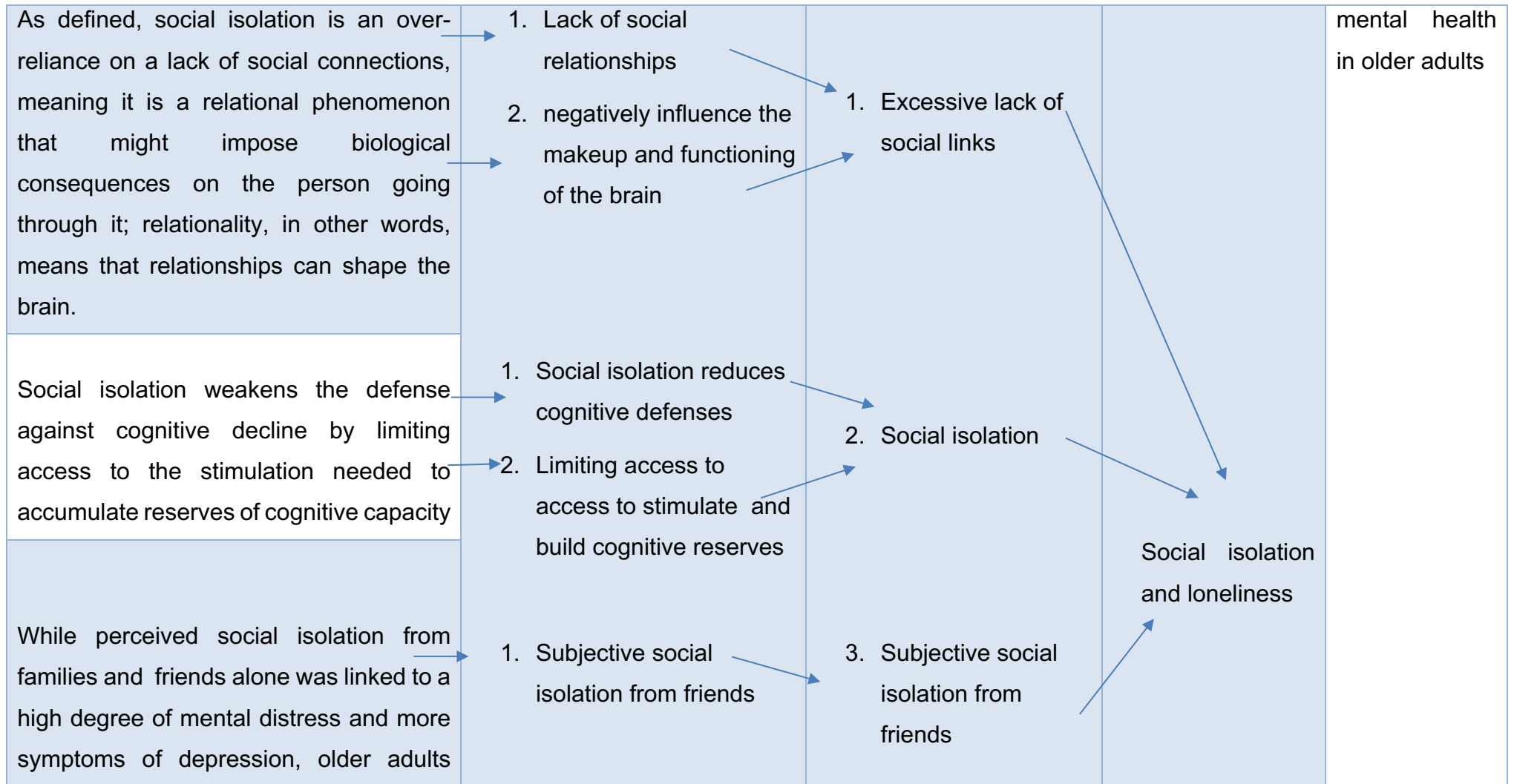
8	The Influence of Physical Exercise on the Physical and Mental Well-being of Older Adults Residing in Care Facilities: A Meta-Analysis and Systematic Review	2023	Int J Environ Res Public Health	Agbangla, N. F. et al.	The article results shows that physical activity minimize fall rates of the elder , functional dependency and enhances positive mental health in older adults
9	Challenges and Enablers for Older Adults in Seeking Professional Mental Health Assistance: A Systematic Review	2023	BMC Geriatr.	Elshaikh, U. et al.	Normalizing seeking mental health assistance for elderly and ensuring affordable good access to mental health services.
10	The Effect of Health and Transportation Issues on Healthcare Access for	2023	Transportation research interdisciplinary perspectives	Krasniuk, S., & Crizzle, A. M.	How access to Healthcare can influence mentally the health of older adult

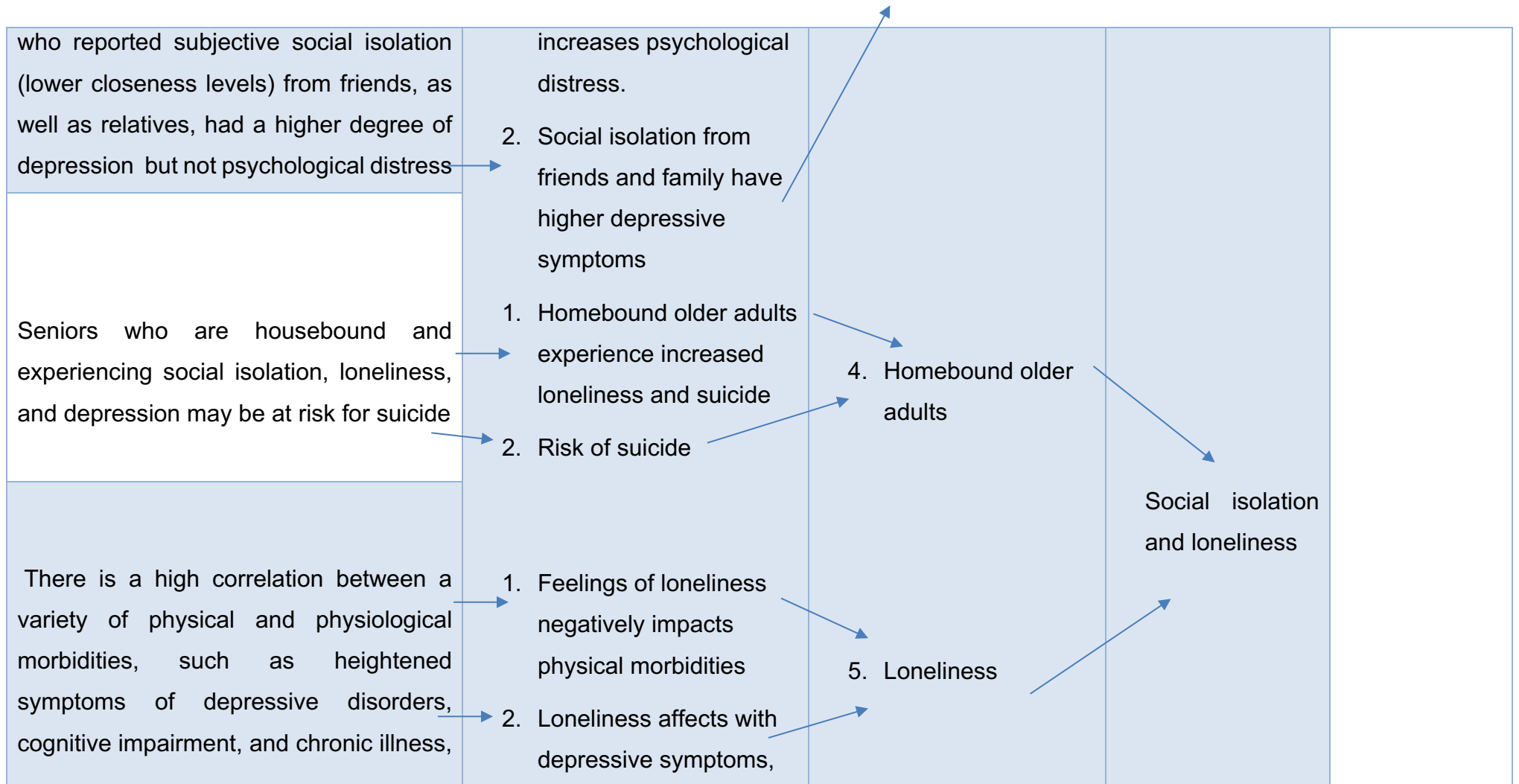
	Older Adults in Rural Communities				coupled with frequent occurrence of medical appointment.
11	The Importance of Preserving Social Connections for Mental Well-being in Older Adults	2020	The Lacent public Health	Newman, M. G., & Zainal, N. H.	Article shows how social disconnection has shown depression, anxiety symptoms severity in older adult.
12	The Link Between Physical Activity and Life Satisfaction and Happiness Across Young, Middle-aged, and Older Adults	2020	International journal of environmental research and public health.	An, H. Y.et al.	Promotion of physical activities has a significant influence to the satisfaction and happiness of the youths, mid-aged and older people; therefore the result supports physical activities.

11.2 Appendix 2: Research Results

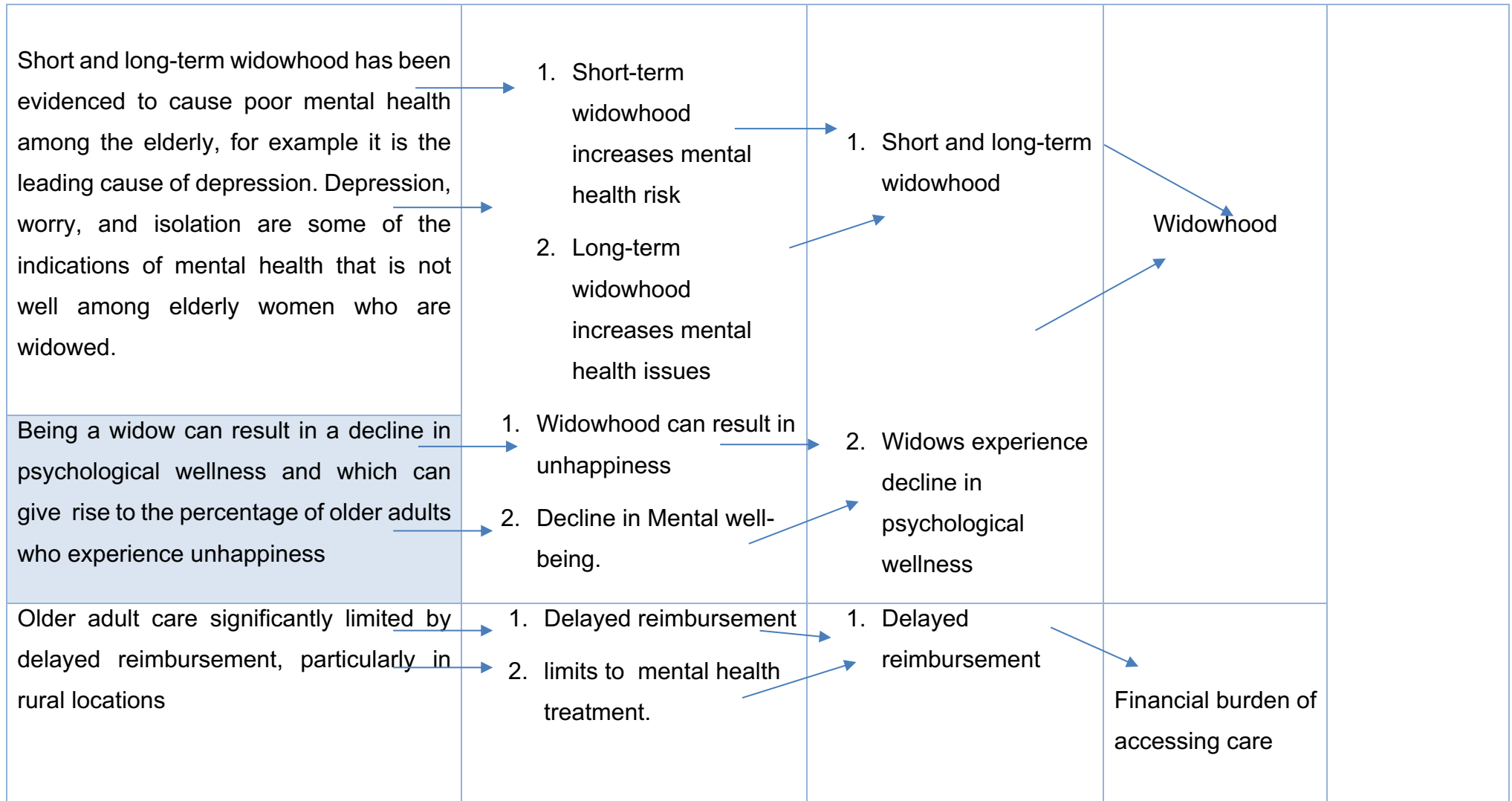
The original expression	Reduced expression	Sub-categories	Upper Category	Main category
Factors contributing to mental health in older adults				
<p>Income, retirement, and education all have a great impact on the overall well-being of older adults and how they fare in terms of mental health later in life</p>	<p>1. Income, retirement, 2. education negatively impact older-adults mental health</p>	<p>1. Income, Retirement and Education</p>		
<p>Stigma and discrimination experiences, particularly in vulnerable populations, can also contribute to mental health disparities in older adults</p>	<p>1. Stigmatization 2. discrimination experiences impact</p>	<p>2. Stigma and discrimination experiences</p>	<p>Socio-economic status and cultural factors</p>	



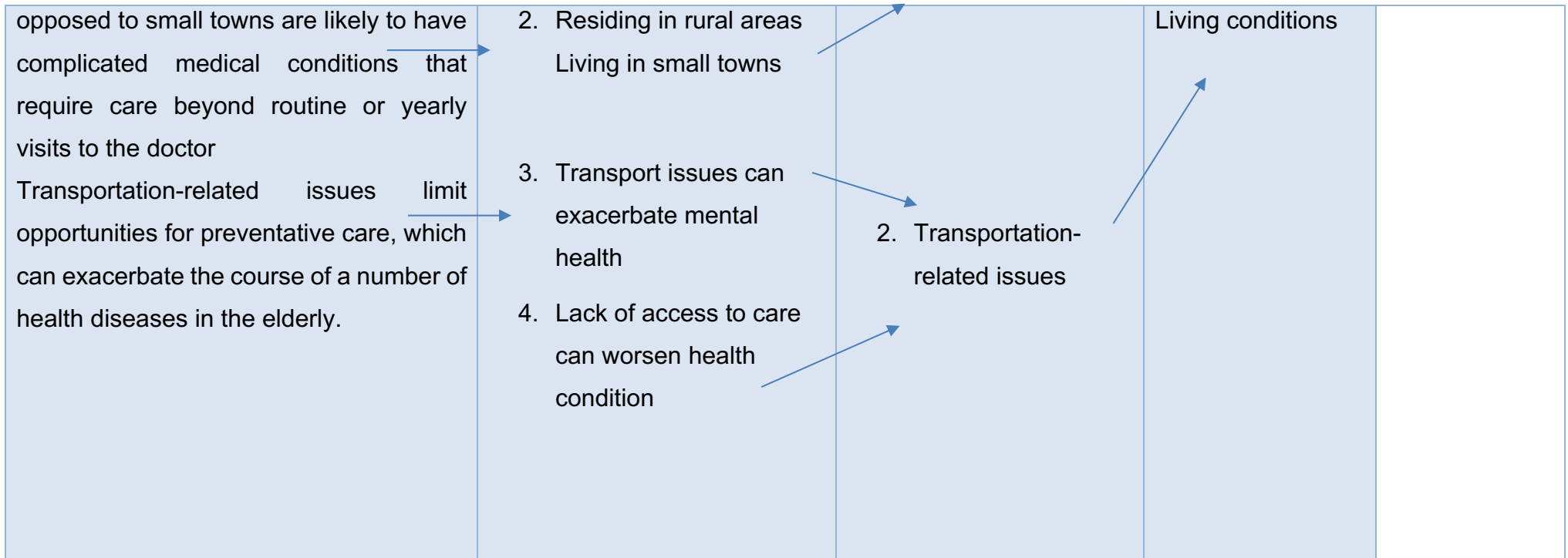




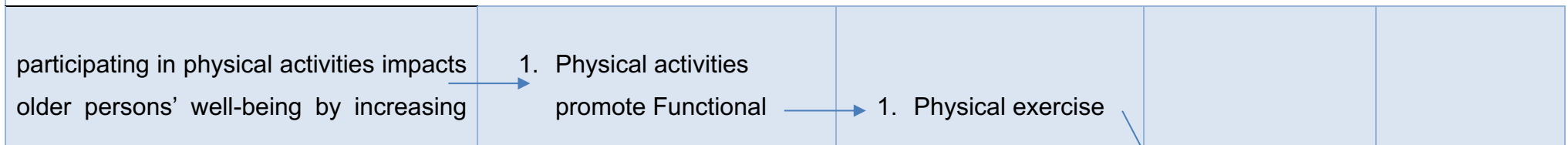
<p>and acute and persistent feelings of loneliness</p>	<p>impairment and different illness</p>			
<p>Chronic illnesses have provided the majority of the evidence that emotional approach coping strategies are linked to improved adjustment to a range of stressful situations.</p>	<p>1. Emotional approach 2. coping strategies are linked to improved stressful situations adjustments</p>	<p>1. Behavioral weaknesses may make it difficult for one to control unpleasant their emotions</p>	<p>Emotional approach coping challenges among older adults</p>	
<p>Compared to younger individuals, deficiencies in emotion regulation might result in increased physiological reactivity and a worse ability to recover from the stress reaction.</p>	<p>1. Deficiencies in emotion regulation 2. increases physiological reactivity and inability to recover from the stress reaction</p>	<p>2. Age-related physiological weaknesses make it difficult for one to control their unpleasant emotions</p>		
	<p>1.</p>			

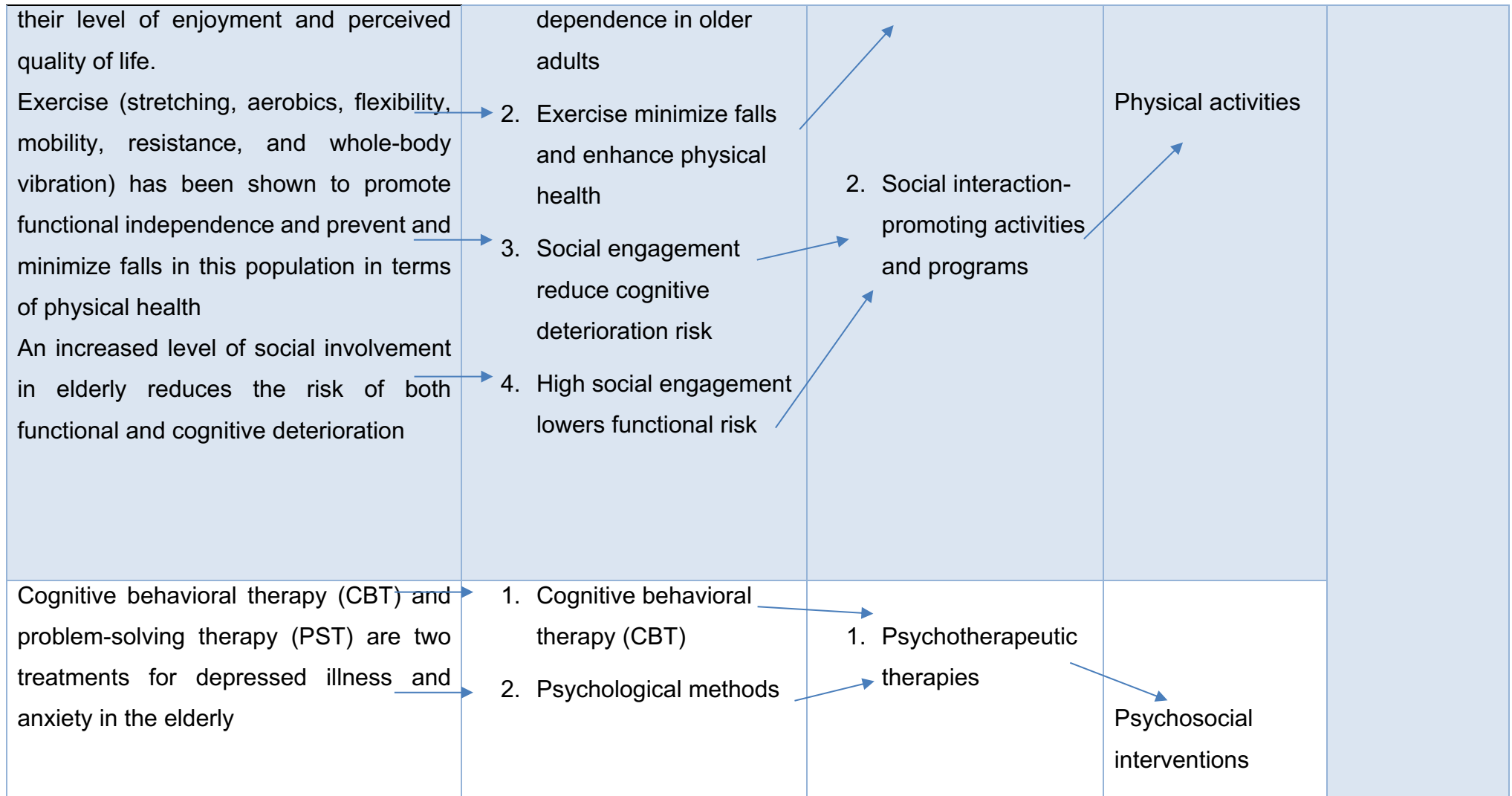


<p>The most common reason given by older adults for not seeking expert mental health help is cost (the cost of services related to mental health, which includes treatments of the illness and out-of-pocket costs, is another burden they face). This can exacerbate their mental health issues</p> <p>Many psychiatrists only treat patients who are capable of paying for services since there is such a high demand and insufficient supply, which is frequently unfeasible for older people living on fixed incomes.</p>	<p>3. High cost of treating mental health</p> <p>4. Only older adults capable of paying cash receive treatment</p>	<p>2. Cost of treating mental health problems or other connected diseases</p>		
<p>According to the correlations between chronic diseases like diabetes, living in retirement communities or seniors' complexes, and poor health perception, older adults who reside in rural areas as</p>	<p>1. Living in retirement communities</p>	<p>1. Living in rural and small communities</p>		

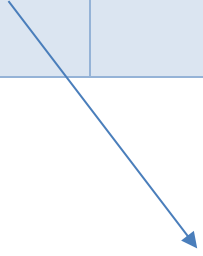


Management strategies for addressing mental health issues in older adults





<p>Numerous psychological methods, including problem-solving therapy, bibliotherapy, brief psychodynamic therapy, recollection therapy, and interpersonal psychotherapy, have demonstrated promising outcomes in research</p> <p>Social engagement is linked to physical exercise therapies for older adults with depression because these interventions have been shown to lessen depressive symptoms in older individuals</p>	<p>3. Social support groups, and instruction in social skills</p> <p>4. Social engagement</p>	<p>2. Social interventions</p>		<p>management strategies for addressing mental health issues in older adults</p>
<p>By completing this quick screening, the NP can determine whether to recommend psychotherapy or another type of intervention.</p>	<p>1. Quick screening</p>	<p>1. Assessment and screening</p>		



<p>As assessment and screening can aid in the early detection, management, or prevention of such diseases, this may help prevent an increase in mental health concerns among older persons.</p> <p>One way to stop suicide is to engage with at-risk older people by using Aging Network services like nutrition assistance (such as home-delivered meal programs).</p>	<ul style="list-style-type: none"> 2. Early detection, management, or prevention 3. Nutrition assistance such as home-delivered meal programs) 4. Volunteers caring 	<ul style="list-style-type: none"> 2. Aging network services 	<p>Person-centered strategies</p>
<p>As a result, when compared to traditional nursing homes, culture-change houses offer higher-quality treatment or better resident outcomes</p> <p>The campaign for cultural transformation in nursing home care to replace the institutionalized nursing home culture with person-centered, homelike facilities</p> <p>The concepts of interdisciplinary teams and care management, which guarantee</p>	<ul style="list-style-type: none"> 1. Culture-change house offers better resident outcomes 2. Replacing the institutionalized nursing home culture with person-centered, homelike facilities 	<ul style="list-style-type: none"> 1. Nursing home-cultural transformation in nursing home care 	<p>Organization-centered strategies</p>

<p>that service consumers receive the best services possible, are shared by the majority of community care models</p> <p>The project, which included social and physical interaction, problem-solving therapy, and being referred to clinicians when necessary, is beneficial in helping older people maintain their degree of independence by improving their mental capacity, carrying out daily tasks, and engaging in social interactions</p>	<ul style="list-style-type: none"> 3. Interdisciplinary teams and care management 4. Combining social and physical interaction 	<ul style="list-style-type: none"> 2. Community care-based on interdisciplinary teams and care management 		
<p>Engaging in socially connected activities with senior citizens helps to avoid or manage mental health problems in this population</p> <p>In order to provide the highest caliber of care, action-based tactics like making more frequent social contacts with</p>	<ul style="list-style-type: none"> 1. Engaging in socially connected activities 2. Help in preventing mental health problems 	<ul style="list-style-type: none"> 1. Social connected activities 	<p>Social connectedness strategies</p>	



