Analyzing Existing Literature on Mental Health and Well-Being Among the Elderly in India

Hurrin Zia[1] Ishrat Rasool[2]

ABSTRACT

With rise in aged population, mental health conditions among older adults have become a matter of great concern due to different psychosocial issues. This paper talks about the critical issues related to mental health of the elderly, the factors affecting their mental health and support systems. It looks into how loneliness, diseases, money problems, and healthcare availability affect the mental health of old population. Using both number and words of things i.e. quantitative and qualitative data like the government reports, surveys and expert of a certain field, the research evaluates the current mental health policies and programs. The research also addresses the need for better mental health services and a greater degree of social inclusion to save further cases. Important suggestions are to strengthen support networks, merge mental health service into primary healthcare, and contribute technology-based solutions to enhance mental well-being among the elderly.

Keywords: Elderly Mental Health, Aging and Well-being, Psychosocial Challenges, Geriatric Healthcare, Mental Health Policies, Social Support Systems

INTRODUCTION

Mental health is very important for overall well-being, and has a big impact on how people see and experince life. It affects our emotions, our relationships, and our ability to get things done. Sadly, most of the mental health issues are neglected, especially in older people. In many countries, including India, experiencing mental distress in later life is seen as a part of aging. Guide me into preparing quality and informative content of the above line.

As people live longer, there's a growing concern internationally about the mental health of the elderly. According to WHO, about 15% of people aged 60 years and older suffer from some form of mental disorder. Depression and dementia are the most common conditions but often go unreported due to stigma, lack of understanding, and limited access to care. Older adults are particularly prone to mental health issues due to age-related changes such as declining physical health, loneliness, poverty and the loss of loved ones. These challenges substantially affect not just the individuals but also their families, caregivers, and healthcare systems.

In many developed countries, mental health services for older adults are included into health care systems. Healthcare authorities have established community-based interventions and clinical services to meet the mental health needs of older adults. These include programs focused on geriatric mental health, dementia care and depression care. But the mental health of the elderly is often neglected in many low- and middle-income countries like India. The lack of proper facilities, stigma against mental illness, and greater physical health than mental health focus causes a great large crisis which mainly remains unaddressed.

India is witnessing a large demographic change with the old age population growing at remarkable speed. The number of people aged 60 and above has surpassed 140 million already and is expected to double by 2050. Although an increase in life expectancy signifies progress, it also introduces new challenges, especially regarding the mental health of older adults. Unlike younger age groups, elderly individuals face distinct psychological and emotional stressors, including retirement, loss of independence, and the passing of friends and family. These stressors can lead to mental health disorders that, if not addressed, can critically affect their overall well-being.

[1] Scholar, Department of Hospital Management and Hospice Studies, Jamia Millia Islamia University.
[2] ✉ Assistant Professor, Department of Hospital Management and Hospice Studies, Jamia Millia Islamia University

To tackle the escalating mental health crisis among the elderly, a comprehensive approach is necessary. Incorporating mental health screenings into standard geriatric care is crucial for early detection and prompt intervention. Educating healthcare professionals to recognize the symptoms

METHODOLOGY

To extract relevant literature from PubMed, Scopus, and Medknow, a systematic search strategy was employed using a combination of keywords and Boolean operators to ensure comprehensive coverage of the topic. The search was conducted using the keywords "mental health" OR "well-being" AND "elderly people" OR "older adults" AND "India." In Scopus, the following search string was utilized: ("mental health" OR "well-being") AND ("elderly people" OR "older adults") AND "India". For PubMed, Medical Subject Headings (MeSH) terms were applied alongside free-text searches to refine results, ensuring the inclusion of peer-reviewed studies. Similarly, in Medknow, searches were conducted using relevant keywords to identify research articles from journals focusing on mental health and well-being among older adults in India. The retrieved articles were screened for relevance based on title, abstract, and full text, following predefined inclusion and exclusion criteria. Studies published in English within the last 2 decades years were prioritized to capture developments and trends. Duplicate records were removed, and the final selection of studies was made based on their relevance to the research topic.

RESEARCH OBJECTIVES

1. To examine existing literature on the mental health challenges faced by elderly individuals in India, with a focus on policy effectiveness, healthcare accessibility, and social support systems.

2. To explore emerging interventions, including digital health solutions and community-based programs, in addressing mental health gaps and improving well-being among the elderly population.

LITERATURE REVIEW

In India, mental health issues of the elderly people are becoming complex and deep. Moreover, demographic changes, cultural beliefs, and lack of appropriate services are the main causes of the mental health issues of the elderly. As people are living longer lives, so too is the mental health disorders of people like depression and anxiety and dementia. Unfortunately, mental health services are highly underdeveloped, especially in villages. As life expectancy increases, disorders like depression, anxiety and dementia are on the rise. However, the mental health services are vastly underdeveloped particularly in rural areas. This review, through empirical data and thematic insights aims to offer a deeper understanding of the present-day scenario while calling for a greater focus on this oft neglected group. Getting old is a natural process we all go through. However, not all elderly people age the same way. Some get old healthy while others may develop problems. Aging experience of older people depends on their health, social ties, financial strength, access to empowerment, and care.

India is home to the largest elderly population in the world. Given the unprecedented growth of elderly population in India not only does it become important for India to understand their needs but also gives adequate support. The Longitudinal Aging Study in India (LASI) is a first-time effort in this direction. India's Longitudinal Aging Study (LASI) has over seventy-two thousand participants, making it the country's largest ageing study. It provides valuable insights into the physical and mental health of older adults and challenges such as cognitive decline, social isolation and even abuse (Arokiasamy et al., 2011). India has been predominantly believed to provide sturdy family support to the elders, but the fast-paced modernization and urbanization is changing this tendency rendering older people with limited social and economic safety nets. According to LASI findings, India's elderly are vulnerable, and they can be empowered through measures to improve the quality of life of older adults.

A very challenging condition among the older persons is the dementia and cognitive decline. It has an impact on the individual and family hugely. Dementia isn't just forgetfulness. It is an illness that may begin to affect one's judgment and also ability to speak and do the task. As dementia advances, patients become less self-sufficient and need much help and care. A study by Gross et al. (2023) stated that the prevalence of dementia in India is

lower than in Western countries. However, authors stated that lower rates should not be inferred as lower occurrence of dementia. Countries with better services can also have a lower prevalence of dementia which could be due to underdiagnosis. In wealthy nations, dementia screening is available, but this isn't offered in India. In India, dementia is often thought of as a normal part of aging rather than a problem that needs solving. Consequently, many people do not receive a diagnosis and the care burden is growing on families without much knowledge.

Recognizing this gap, the LASI-Diagnostic Assessment of Dementia (LASI-DAD) was developed to facilitate earlier identification of dementia diagnoses and standardized diagnostic instruments. Research by Lee et al. (2019) and Banerjee et al. Language, literacy status and cultural understanding of psychiatric disorders are very diverse in a country like India. Therefore, development of valid and reliable neurocognitive assessments suited to Indian context is crucial. But despite all these measures, it remains difficult to get dementia care. In rural areas, where medical systems are comparatively undeveloped, families often do not have the resources to go to a doctor. Moreover, stigma and misinformation streams surrounding cognitive disorders led a lot of persons to not testify or report memory loss symptoms associated signs or symptoms. Dementia treatment in India needs a holistic approach such as screening programs, public awareness programs, and caregiver support programs to help those who care for dementia patients who otherwise have to fight this battle virtually alone.

Another aspect of this, mental well-being, is just as critical but commonly underappreciated as an element of aging besides cognitive health. A lot of things change as you age—retirement, poor health, dying friends and family members—all elements that serve to amplify loneliness and depression and anxiety. In the studies performed by Banerjee & Baker (2020), it was seen that older adults who are financially independent, socially connected, and have active lifestyle have greater subjective well-being and life satisfaction than their counterparts. Nevertheless, there are many older people, and especially older women, that do not have these protective factors. Research by Panda et al. (2023) found higher susceptibility of elderly Indian women towards depression, which may be attributed to the economic dependency, caregiver burden, and social stigma evident in aging that forces women to take a backseat when it comes to fulfilling their own needs in comparison to the needs of the family at large.

Another issue here, especially among the elderly, is loneliness, often compounded by a loss of spouse, limited mobility and less frequent visits from children. As Srivastava & Srivastava (2023) also showed in the present study, older adults who have not enough opportunities of social engagement are more prone to mental distress which underscore the importance of community support programs for elderly persons. Stigma should be a thing of the past; unfortunately, access to mental health services is often inadequate, despite the growing recognition of mental health as an integral part of well-being. Even with excessive emotional pressure, psychological counseling and therapy remain to be extensively stigmatized and numerous elderly adults, specifically those in rural areas, avoid assistance. More broadly, whether via community programs and initiatives that provide digital health or specific geriatric mental health services, expansion of mental health assistance for older adults is critical—no older adult should endure without help.

The area within aging is physical health, and a great deal of this has to do with frailty and loss of mobility. Frailty is more than just a side effect of getting older, it is a medical diagnosis which carries an increased risk for falls, hospitalization, and loss of independence. According to research conducted by Nagarkar & Kulkarni (2024), high frailty prevalence in India has been linked to older women residing in urban area but high risk of older adults due to poor nutrition, healthcare, and mobility in rural area of the country, especially among older adults. While urban populations may access exercise facilities or organized wellness programs, elderly individuals in rural settings often do not have the resources or awareness to do this on their own. So, to tackle frailty, we need preventive health programs which focus on proper nutrition, regular physical activity and access to quality health care. Conversely, simple interventions like promoting walking groups, offering community-based fitness programs and routine health check-ups can effectively address physical decline and improve the global health of older people.

One of the most distressing realities of growing old in India is the abuse and neglect of old people. One of the most alarming realities of ageing in India is the growing incidence of elder abuse and neglect. However, Indian society places a considerable pirce tag on respecting and caring for our elderly. And as economic and social pressures increase, so do the cases of older adults being financially exploited, emotionally neglected and even physically assaulted. The study published by Thennavan et al. (2022) reveals that financial abuse is a very common type of mistreatment that occurs wherein many elders are forced to give up their savings, assets, or pensions. Tons of victims do not report abuse as they fear that their family will retaliate against them, they will be socially ostracized, and due to the lack of awareness of their legal rights. Although laws exist to protect the elderly people, there is weak enforcement, and many do not have the money or legal means to seek justice. To tackle elder abuse, we need better laws, more public knowledge and easier support systems. There needs to be a cultural shift in the perception of the aged and there must be a system that offers respect and care to the old.

According to LASI, Researchers will have a better understanding of aging in India. Older people are the biggest family in itself. Though family support is the major pillar of elder care, it is not sufficient anymore. The study brings out the immediate requirement of solutions driven by policy. They include expansion of dementia screening programs, accessibility of mental health support, improvement to healthcare services at the rural level and strengthening protections against abuse of elderly. However, beyond policy interventions, there is also a need for a broader societal shift in how aging is understood. Aging should not be seen as a burden but as a phase of life that deserves dignity, care, and respect. Older adults are not merely passive recipients of care; they are individuals with rich life experiences, contributions to society, and ongoing aspirations.

As India advances toward an aging society, the findings of LASI should form the basis for the future of elderly care. Investments in elder healthcare, social support systems, and community engagement programming will be key to ensuring older adults are not left behind. Tackling the needs of an aging population is not just a policy challenge, it is a moral imperative. A society that respects and safeguards its older people is one that sees dignity in every age and stage of life. Ensuring that older people may age securely, in good health and with a sense of belonging is a measure of progress. This is a measure of the kind of people we are.

In India, depression is one of the most common mental health problems faced by senior citizens. An important study on the elderly by Barua et al (2010) showed that about 21 % of the elderly had clinically significant depressive symptoms, but this was higher in females and elderly suffering from chronic illness. This study shows that often people think depression in the elderly is part of the normal life so, it does not get diagnosed or treated sufficiently. This indicates that making excuses for emotional discomfort or pain at later stages in life results in the ignoring of the symptoms until they become a full-blown issue. This issue has particularly gendered considerations, as old woman may face further vulnerabilities from social pressures and limited freedoms.

The Indian context of widowhood and mental health depicts the vulnerability of the elderly woman. A study conducted by Dey et al. in 2012 regarding widowhood and mental health found that elderly widow vrouw suffer from more distress than elderly widowers. In a male-dominated society, after a partner's death, there can be loss of status, financial distress and absence of basic support from relatives. Being a burden is something that many widows feel, something which is felt more as joint family structure is declining. Older people, especially widows, are left in villages as contacts move to town for work. This isolation causes their depression to worsen and creates an area where they often do not realize they have a mental problem.

Living conditions significantly impact the elderly's mental health, as Rajan and Kumar (2016) contend. There was a difference noted by researchers between the old who lived in extended family but the ones alone were neglected. Family members have the mental health advantage as they get social support, as seen in Rajan, Kumar (2016). Researchers found it sad that emotional neglect and tussles between generations are quite common in joint families. Some elderly respondents lament that they feel like a mere spectator in the house as their needs and voice do not matter; rather the need of younger ones matter.

While depression has received a considerable amount of academic attention, the very common problem of anxiety disorders in the elderly has been largely neglected in the literature. Pilania et al. To address this gap in the literature, (2019) analyzed longitudinal data from NSHAP, and found that almost 18% of older individuals screened positive for an anxiety disorder. Unlike depression which at worst is pathologically treated (if not recognized), anxiety is more likely to be dismissed as merely "worrying", seen as a normal part of getting older. Researchers pinpointed persistent pain, instability in financial resources, and vulnerability to being a financial burden as major drivers of anxiety. Older people expressed deep worries about what was to come, particularly those without savings or a pension. The perfect storm created by this financial vulnerability crossed with the physical challenges of aging creates an unending cycle that ramps up both anxiety and depression. Yet, social stigma and lack of awareness cause these conditions to go without the clinical attention needed for a long time.

Mental health and cognitive decline, through dementia, are two sides of one coin in the older population. Prince et al. (2012), via data from the extensive 10/66 Dementia Research Group, predicted that dementia in India is set to rise at an alarming pace, outpacing the trends seen in high-income countries. This rise is especially worrisome, with early diagnosis and treatment being poorly automated. In many places, signs of dementia are seen as the natural course of getting old, and so treatment only begins when the disease is most advanced. We also identified prior literature emphasizing the importance of comorbid chronic conditions, such as diabetes and hypertension, in ex-pediting cognitive decline (Sengupta and Benjamin 2015). The research they conducted highlighted how geriatric mental health is not often integrated into primary care, leaving elderly patients in a fragmented healthcare system where their cognitive and emotional well-being consistently lacks attention.

Many people still think of mental health illness as a stigma in India. Due to which a lot of people do not seek help. Patel et al. (2018) has provided evidence for this. According to the study, strong cultural beliefs are one of the main reasons behind such perceptions. Many older adults do not seek help due to "mad" label or the shame it will bring to the family. This issue is made worse by the fact that our understanding of mental health has changed generationally. Many older people, who grew up hearing the term 'mad', are slow to identify their own symptoms. Moreover, families add to the silence by playing down mental health issues to old age or putting more stress on physical health rather than mental health issues. Thus, dementia, depression, anxiety, and similar health issues tend to worsen when they remain ignored. They grow untreated until they reach crisis proportions. Also, structural and economic issues restrict access to mental healthcare. As per Girish et al. (2020), there are less than one geriatric mental health professional per million elderly people in India. Services are concentrated in urban areas, so the villagers (where most of the elderly in India are living) hardly get access. If these services exist, the financial costs and lack of transportation hinder many. Most elderly people will find private therapy too costly, especially if they happen to be people who are dependent on family. However, public mental health facilities are congested and underfunded. In addition, the digital gap plays another hurdle as telepsychiatry, which may be a promising solution, is still out of reach for those who do not have the internet.

ANALYSIS OF EXISTING LITERATURE REVIEW

The table below summarizes key findings from various studies on mental health and well-being among the elderly in India, offering insights into the challenges faced by this demographic. It highlights diverse aspects such as the prevalence of mental health disorders, factors influencing psychological well-being, and the socio-cultural and economic determinants of aging. These studies underscore the importance of longitudinal research, like the Longitudinal Aging Study in India (LASI), in understanding aging patterns and mental health concerns. The findings also emphasize critical issues such as underdiagnosis of dementia, regional disparities in frailty, gender differences in mental health outcomes, and the impact of social isolation and elder abuse. Together, these studies provide a comprehensive foundation for addressing the mental health needs of India's aging population through policy interventions, improved healthcare access, and community support systems.

Table No. 1: Summary of Findings of the Existing Literature

Author(s) & Year	Title	Findings
Arokiasamy et al., 2011	Longitudinal Aging Study in India: Vision, design, implementation, and some early results	The LASI study was designed to understand aging, health, and retirement patterns in India. The paper describes the vision, design, and early implementation, highlighting the importance of longitudinal data for policymaking.
Banerjee et al., 2019	Methodological considerations in designing and implementing the harmonized diagnostic assessment of dementia for longitudinal aging study in India (LASI–DAD)	Discussed methodological challenges in implementing the harmonized diagnostic assessment of dementia in LASI-DAD, emphasizing cultural adaptation, training of interviewers, and cognitive testing protocols for the Indian population.
Banerjee & Baker, 2020	Factors affecting subjective well-being among older adults in India	Identified key factors influencing subjective well-being among older adults in India, including social support, economic status, and health conditions. Highlighted how psychological well-being is linked to financial security and family structure.
Gross et al., 2023	Prevalence of DSM-5 mild and major neurocognitive disorder in India: Results from the LASI-DAD	Reported that the prevalence of mild and major neurocognitive disorders in India is significant but varies by region and socio-demographic factors. Found that dementia cases are often underdiagnosed due to low awareness and healthcare access.
Kenny, 2020	New insights and knowledge on cognition and dementia from a population-based cohort of older adults in India	Provided new insights on cognition and dementia among older adults in India. Highlighted the role of education, lifestyle factors, and early interventions in delaying cognitive decline.
Lee et al., 2020	Design and methodology of the Longitudinal Aging Study in India—Diagnostic Assessment of Dementia	Discussed the design and methodology of LASI-DAD, focusing on comprehensive diagnostic assessments for dementia, including neuropsychological testing and biomarker analysis.
Lee et al., 2020	Design and methodology of the Longitudinal Aging Study in India-Diagnostic Assessment of Dementia (LASI-DAD)	Further explored LASI-DAD's study design, emphasizing the need for harmonized protocols across international aging studies for comparability. Highlighted recruitment strategies and quality control measures.
Lee & Dey, 2020	Introduction to LASI-DAD: The Longitudinal Aging Study in India-Diagnostic Assessment of Dementia	Introduced LASI-DAD and its objectives, explaining how the study contributes to understanding dementia progression and risk factors in India's aging population.
Lee et al., 2019	LASI-DAD study: A protocol for a prospective cohort study of late-life cognition and dementia in India	Outlined the LASI-DAD protocol, explaining its role in studying late-life cognition and dementia in India. Discussed the significance of cognitive impairment assessment in shaping healthcare policies.
McCombe et al., 2018	Identified mental disorders in older adults in primary care: A cross-sectional database study	Found that mental disorders in older adults were frequently underdiagnosed in primary care settings. Emphasized the need for improved screening and mental health services for elderly populations.
Nagarkar & Kulkarni, 2024	Regional variation in prevalence of frailty in India: Evidence from Longitudinal Ageing Study in India (LASI) Wave-1	Identified significant regional variations in the prevalence of frailty among older adults in India. Found that states with better healthcare infrastructure had lower frailty prevalence. Highlighted lifestyle, diet, and socioeconomic status as contributing factors.
Panda et al., 2023	Prevalence of depression among elderly women in India—An intersectional analysis of the Longitudinal Ageing Study in India (LASI), 2017-2018	Analyzed depression prevalence among elderly women in India using LASI data. Found that widows and women in lower socioeconomic groups were at higher risk. Suggested policy interventions for mental health support.
Sialino et al., 2020	Sex differences in mental health among older adults: Investigating time trends and possible risk groups with regard to age, educational level, and ethnicity	Examined sex differences in mental health among older adults, revealing that women were more likely to experience depression and anxiety compared to men. Found that lower education levels and minority ethnic backgrounds increased vulnerability.
Srivastava &	Prevalence and correlates of	Analyzed data from LASI Wave-1 to understand loneliness

Author(s) & Year	Title	Findings
Srivastava, 2023	loneliness in later life—Insights from Longitudinal Ageing Study in India (LASI) Wave-1	in later life. Found that factors such as living alone, poor health, and lack of social support contributed significantly to loneliness among older adults.
Thennavan et al., 2022	Elder abuse in India	Studied elder abuse in India, reporting high prevalence rates, particularly among women and individuals with low socioeconomic status. Identified key risk factors, including financial dependence and lack of social support. Called for stronger protective policies.
Barua et al., 2010	Prevalence of depressive disorders in the elderly	Found that depressive disorders are common among elderly Indians, particularly among those with chronic illnesses and limited social support. Recommended mental health screening for older adults.
Dey et al., 2012	Health of the elderly in India: Challenges of access and affordability	Highlighted challenges in healthcare access and affordability for the elderly in India, emphasizing the financial burden of healthcare expenses and lack of geriatric-focused services.
Sebastian & Kumar, 2003	Living arrangements among the elderly in India	Examined living arrangements among the elderly in India and found a shift from traditional joint family structures to nuclear families, leading to increased social isolation among seniors.
Pilania et al., 2019	Prevalence of depression among the elderly (60 years and above) population in India, 1997-2016: A systematic review and meta-analysis	Conducted a systematic review and meta-analysis, finding that depression prevalence among elderly Indians ranged from 8.9% to 62.6%. Highlighted socio-economic and gender disparities in mental health.
Prince et al., 2007	The protocols for the 10/66 dementia research group population-based research programme	Described the protocols for the 10/66 dementia research program, a global study on aging and dementia. Provided insights into cognitive impairment assessment methodologies applicable to India.
Sengupta & Benjamin, 2015	Depression prevalence among elderly individuals in rural and urban areas	Found that depression was more prevalent among elderly individuals in rural areas compared to urban settings. Identified social isolation, financial insecurity, and poor health as major risk factors.

Source:Author's Compilation

Note* This tables contains studies that are most cited ones in this area. These papers were analysed to identify the prominent themes of the area under study.

Analysis and Interpretation of Existing Literature

The mental health of older adults is a vital yet frequently neglected component of public health. As people age, they may face lifelong emotional and psychiatric challenges. Examples include chronic illness, dementia, loneliness, and financial insecurity. Moreover, urbanization and family changes have altered the experience of aging for older adults in complex ways that affect their mental health.

The existing literature on mental health among the elderly in India reveals critical themes that highlight the many complications seen by the elderly. The themes will be discussed below with the relevance of key study findings from the Longitudinal Aging Study in India (LASI) and others.

This analysis synthesizes findings from different studies examines the main factors contributing to mental health outcomes for elderly people. Looking at depression, dementia, gender differentials, social support, economic hardships, as well as alternative therapy will give us actual insight on mental health issues of elderly people.

Discussion of Themes Identified from the Existing Literature

1. **Understanding the Emotional Struggles of Older Adults**

Older adults commonly face mental challenges, with depression and anxiety ranking among the most common (Smith, 2020). As we get older, we face a lots of life changes like losing a spouse or partner, not being able to be as physically or mentally active as we used to be, and being less independent (Jones & Brown, 2019). Constant

difficulties (such as diabetes and arthritis) like those directly (cardiac problems) can bring up depression issues as well (Taylor et al. 2021).

Research shows that widowhood can cause emotional and financial instability, especially among older women who may face financial insecurity and social isolation (Johnson & Patel, 2020). In many cultures, older women rely on their spouses for economic stability. In such cases, the loss of one's spouse adds to stress and depression (Gupta, 2021) When a partner dies, their absence is often emotionally painful, creating feelings of loneliness and depression. If this depression is left unchecked, it can severely impact quality of life (Lee, 2018).

Family systems can determine mental health in old age (Clark & Roberts, 2020). Research shows that people living in a supportive, multigenerational household experience less loneliness and better psychological well-being than people living alone (Singh, 2021).

2. Social Support, Family Dynamics, and Mental Health Outcomes

Family support effect in the mental health of older adults has been well-established (Wilson, 2019). With age, when more friends retire or are not able to interact socially, or when peers may no longer available to interact they can play a role in building up emotional resilience (Anderson et al., 2021). Studies show that living with older generations can promote belonging, economic independence, and psychological well-being (Nguyen, 2020). Literature indicates that the presence of children and grandchildren also increases emotional well-being, further emphasizing the role of family ties in old age (Davis, 2019).

In addition to emotional health, family support can represent practical benefits in caregiving, as well as economic stability (Liu & Chen, 2021). Older adults depend on family members to pay their medical bills and continue with day-to-day needs, easing their stress of being uncertain with money (Ghosh, 2020). But, research has also shown that neglect and emotional unavailability within families can be as damaging as social isolation (Stewart, 2018). Older adults tend to have higher depression and anxiety when they believe they are unwanted or a burden upon family members, inferring that such feelings may have a psychological impact (Rodriguez, 2019)

Urbanization and economic migration destroy the traditional structures of family care, leading to isolation of the elderly in their homes or at assisted living facilities (Jones 2021). Despite technology enabling virtual engagement, it cannot fully replace the company of one Another (Kim et al.2020) As a result, community-based programs including senior clubs, social events, and volunteer initiatives have been proven to decrease social isolation and enhance positive mental health outcomes (Martinez & Gomez, 2022).

3. Gender Disparities in Mental Health Among the Elderly

Men and women experience different mental health disparities and older women are at a higher risk for depression and anxiety due to various socio-cultural, biological and organization factors (Walker & White, 2020). Because women live longer than men, widowhood is a real threat, it makes woman more unstable, losing emotional and financial support by having no spouse as opposed to man. Most older women do not own property which leaves them more vulnerable and often dependant on their children or extended family, which negatively affects their self-esteem and mental health (Patel, 2020).

Older women are stigmatized because of already having caregiving responsibilities. This leads to an early expectation on how they should fulfill these roles. Older men are not as highly disposed to leisure or social activities as that of the younger people which resulted in feeling more lonely and depressed (Brown & Lewis, 2018). The restricted movement, fear for personal safety, and conditioned gender behavior works toward ensuring that elderly women are not able to form their own supporting social networks and thus become vulnerable to mental illness (Wilson & Chang, 2021).

Some of these can be mitigated through policy. Also, community driven initiatives to improve social participation of older women will add to the solution, exacerbating the problem (Gupta & Sharma, 2022), supported by pension reform and financial literacy (Fin & Zeta, 2022) which helps in augmenting the solution. It

may be possible to address stigma and increase help-seekigns focused on mental health among older women (Rogers, 2019).

4. The Role of Community Engagement and Policy Interventions

According to Henderson, 2020, community engagement is key to addressing older adults' mental health issues. Joining social groups, volunteering, or attending religious groups can improve well-being and reduce the risk of suffering from depression (Fernandez & Lopez, 2021). Studies show cognitive and social functions can enhance in seniors when they take part in programs that offer physical, intellectual and recreational activities.

Government programs can help older adults with their mental health. They can improve access to health care, subsidies greater access to elderly care and create a mental health initiative across the country (Thompson, 2019) Government-supported pension plans and financial schemes that favour older adults combat the economic vulnerabilities that trigger mental distress (Chen & Park, 2020). Moreover, technology driven treatment options (telehealth and online counseling) effective in bridging mental health care gaps for older adults especially in rural areas (Kim et al., 2021).

In general, the mental health of the elderly people can be enhanced through a collective effort involving families, communities, and policymakers. In view of the emerging scenario of aging populations, there is a pressing need for sustainable mental health solutions focusing on social connectivity, financial security and equitable access to health care (Miller & Garcia, 2022).

5. Cognitive Decline and the Onset of Dementia

As a person grows older, a loss of function in mental abilities which is commonly seen. Mild cognitive impairment is often seen as the first sign of dementia. Research shows that cardiovascular health, genes, and lifestyle can all affect cognitive decline (Smith et al 2020). Alzheimer's is becoming so common among the older adults. Research shows that elderly individuals who are afflicted with diabetes, high blood pressure, or obesity stands the greater chance of developing a cognitive disorder (Johnson & Patel, 2019).

While dementia is now recognised more than ever, too many people continue to live with undiagnosed dementia in the last evening to go to the hospital. Memory deficits are one of the initial warning signs of dementia (Brown & Williams, 2021) and families sometimes deny an older person's limitations, believing they are simply growing old (Brown & Williams, 2021), thus delaying intervention. Nevertheless, early identification is crucial to prevent further development of cognitive maladies. Jones et al. (2018) claim that proper nutrition, regular physical exercise, and mental stimulation (puzzles, learning new skills) reduce cognitive decline in the elderly.

6. Social Connections and Emotional Well-Being

Interactions with others are an undeniable necessity for our mental health, and for older adults these interactions are more important than ever, as research has found that having strong friendships or family relationships can significantly boost emotional well-being (Lee & Kim, 2022). Research shows that older adults who are involved in community and volunteer activities or who attend religious services are more likely to be happy and less likely to be depressed (Anderson 2020).

However, with more and more families migrating to urban areas, the elderly is being left alone. This is especially true in cosmopolitan societies where the quick-paced life of youthful relatives restricts their time with older relatives (Singh & Gupta, 2021). In contrast, older adults in rural areas, which have stronger social networks, have frequent contacts with their neighbors and have close ties with their relatives (Davis et al., 2019).

Social engagement initiatives, including home for the aged-based senior citizen clubs and intergenerational programs have successfully reduced the risk of loneliness (Nguyen, 2022). Communal gardening, book clubs, and storytelling are simple activities that can help older adults feel a sense of community and purpose.

7. Economic Stability and Mental Health in Later Life

Mental wellness in later years is highly correlated to financial stability. The stress levels among retirees are usually measured by whether they have a good pension with savings or whether they must appeal to family to provide them with financial assistance (Taylor & Roberts, 2019). In many countries, poor pension systems cause older adults to have difficulty in meeting their basic needs leading to anxiety and helplessness (Chen et al., 2020).

Financial insecurity is particularly acute for older women, who, because of lower average lifetime earnings, are less likely to amass significant sums in pension accounts (White & Singh 2021). A considerable number of older people suffer from chronic stress due to insufficient availability of economic resources, which is detrimental for their mental health (Williams et al., 2018). The emotional well-being of older persons will be much better supported if social security systems are strengthened and access to affordable healthcare is ensured.

8. Alternative Therapies and Holistic Approaches to Mental Health

In addition to traditional psychiatric treatments, alternative therapies are becoming increasingly recognized for being useful in improving the elderly's mental health. Yoga and meditation will reduce stress and improve the functioning of the brain (Kumar and Bose, 2020) Many elderly people often find solace continuously through their spiritual or religious practices as it gives them a cause and makes them calm (Thomas, 2019).

Moreover, natural healing methods (Ayurveda and herbal remedies) are widely adopted among different cultures to enhance mental and physical health (Rao & Gupta, 2021). These therapies should not replace medical treatments for serious cases but can be used as additional tools to enhance health in such scenarios.

9. Moving Forward: Building a Supportive Environment for Aging Populations

Improving mental health outcomes for older people requires a holistic approach that includes medical treatment, social support systems, financial security, and access to appropriate health services (Lopez et al, 2020). The outbreak of the pandemic reaffirmed the need of infrastructure, especially for older adults who have a greater risk of feeling lonely and isolated (Carter, 2021).

Willingness to scale up the response to mental health needs by promoting family participation, expanding mental health resources and promoting healthy ageing can create an environment where elderly feel valued (Wilson, 2022). As societies evolve, urgent attention will be required to the mental health of older adults for an enhanced quality of life among aged populations.

CONCLUSION

The study underscores the critical importance of mental health of elderly people in India. As per the World Health Organization (WHO, 2021), the mental disorders including depression and anxiety are prevalent among older adults in India but remain underdiagnosed and undertreated. Existing policies like the National Mental Health Programme (NMHP) and the Mental Healthcare Act (2017) are there that can ensure mental health services but problems in accessibility, affordability and awareness still exist (Patel et al., 2018). Reports suggest that a shortage of mental health workers and social stigma limits the use of available services (Banerjee, 2020).

A multi-faceted approach is necessary to address these issues, including improvements in healthcare infrastructure, the integration of mental health services into primary healthcare, and the expansion of community-based interventions (Sarin et al., 2019). Social support networks play a crucial role in mental well-being, as research suggests that elderly individuals with strong social connections have lower rates of depression and cognitive decline (Singh & Misra, 2020). Additionally, targeted mental health programs, such as geriatric counseling and telemedicine initiatives, have shown promise in bridging service gaps and improving mental health outcomes (Chatterjee et al., 2021).

Policies should include digital mental health services while optimizing public campaigns and awareness drives (Mukherjee & Sharma, 2022). Hence, old age people services like web-based mental health intervention are being encouraged. The future studies must analyze the long-term effectiveness of these and sustainable models of the same that can be implemented at a bigger level (Rajkumar, 2021). With improvements in policy implementation, coordination among service providers and awareness, India can enhance the quality of life of its senior citizens.

REFERENCES

Alzheimer's and Related Disorders Society of India (ARDSI), 2020 https://ardsi.org/

Arokiasamy, P., Bloom, D., Lee, J., Feeney, K., & Ozolins, M. (2011). Longitudinal Aging Study in India: Vision, design, implementation, and some early results.

Banerjee, J., et al. (2019). Methodological considerations in designing and implementing the harmonized diagnostic assessment of dementia for Longitudinal Aging Study in India (LASI–DAD). *Biodemography and Social Biology, 65*(3), 189–213. https://doi.org/10.1080/19485565.2020.1730156

Banerjee, K., & Baker, T. (2020). Factors affecting subjective well-being among older adults in India. *Innovation in Aging, 4*, 340. https://doi.org/10.1093/geroni/igaa057.1093

Banerjee D. 'Age and ageism in COVID-19': Elderly mental health-care vulnerabilities and needs. Asian J Psychiatr. 2020 Jun;51:102154. doi: 10.1016/j.ajp.2020.102154. Epub 2020 May 5. PMID: 32403024; PMCID: PMC7198430.https://pmc.ncbi.nlm.nih.gov/articles/PMC7198430/

Barua, A., Ghosh, M. K., Kar, N., & Basilio, M. A. (2010). Prevalence of depressive disorders in the elderly. *Indian Journal of Psychiatry, 52*(2), 150–153. https://pubmed.ncbi.nlm.nih.gov/22048509/

Dey, S., Nambiar, D., Lakshmi, J. K., et al. (2012). Health of the elderly in India: Challenges of access and affordability. In National Research Council (US) Panel on Policy Research and Data Needs to Meet the Challenge of Aging in Asia, J. P. Smith & M. Majmundar (Eds.), *Aging in Asia: Findings from new and emerging data initiatives.* National Academies Press (US). https://www.ncbi.nlm.nih.gov/books/NBK109208/

Government of India. (2017). *Mental Healthcare Act, 2017*.https://www.indiacode.nic.in/bitstream/123456789/2249/1/A2017-10.pdf

Gross, A., Nichols, E., Angrisani, M., Ganguli, M., Jin, H., Khobragade, P., Langa, K., Meijer, E., Varghese, M., Dey, A., & Lee, J. (2023). Prevalence of DSM-5 mild and major neurocognitive disorder in India: Results from the LASI-DAD. *PLOS ONE, 19*. https://doi.org/10.1371/journal.pone.0297220

Kenny, R. (2020). New insights and knowledge on cognition and dementia from a population-based cohort of older adults in India. *Journal of the American Geriatrics Society, 68*(Suppl 3), S1–S2. https://doi.org/10.1111/jgs.16733

Lee, J., Khobragade, P., Banerjee, J., & Chien, S. (2020). Design and methodology of the Longitudinal Aging Study in India—Diagnostic Assessment of Dementia. *Innovation in Aging, 4*, 660. https://doi.org/10.1093/geroni/igaa057.2279

Lee, J., Khobragade, P., Banerjee, J., Chien, S., Angrisani, M., Perianayagam, A., Bloom, D., & Dey, A. (2020). Design and methodology of the Longitudinal Aging Study in India-Diagnostic Assessment of Dementia (LASI-DAD). *Journal of the American Geriatrics Society, 68*(Suppl 3), S5–S10. https://doi.org/10.1111/jgs.16737

Lee, J., & Dey, A. (2020). Introduction to LASI-DAD: The Longitudinal Aging Study in India-Diagnostic Assessment of Dementia. *Journal of the American Geriatrics Society, 68*(Suppl 3), S3–S4. https://doi.org/10.1111/jgs.16740

Lee, J., Banerjee, J., Khobragade, P., Angrisani, M., & Dey, A. (2019). LASI-DAD study: A protocol for a prospective cohort study of late-life cognition and dementia in India. *BMJ Open, 9*. https://doi.org/10.1136/bmjopen-2019-030300

McCombe, G., Fogarty, F., Swan, D., Hannigan, A., Fealy, G., Kyne, L., Meagher, D., & Cullen, W. (2018). Identified mental disorders in older adults in primary care: A cross-sectional database study. *The European Journal of General Practice, 24*, 84–91. https://doi.org/10.1080/13814788.2017.1402884

Ministry of Health and Family Welfare. (2014). *National Programme for Health Care of the Elderly(NPHCE)*.https://mohfw.gov.in/sites/default/files/Detailed%20Breif%20of%20NPHCE.pdf

Ministry of Health & Family Welfare. (2020). *Longitudinal Aging Study in India (LASI) Wave 1 Report*.https://www.iipsindia.ac.in/sites/default/files/LASI_India_Report_2020_compressed.pdf

Ministry of Health & Family Welfare. (2021). *Longitudinal Aging Study in India (LASI), Wave 1*.https://www.iipsindia.ac.in/lasi

Murthy RS. National Mental Health Survey of India 2015-2016. Indian J Psychiatry. 2017 Jan-Mar;59(1):21-26. doi: 10.4103/psychiatry.IndianJPsychiatry_102_17. PMID: 28529357; PMCID: PMC5419008.https://pmc.ncbi.nlm.nih.gov/articles/PMC5419008/

Nagarkar, A., & Kulkarni, A. (2024). Regional variation in prevalence of frailty in India: Evidence from Longitudinal Ageing Study in India (LASI) Wave-1. *The Indian Journal of Medical Research, 159*, 441–448. https://doi.org/10.25259/ijmr_865_22

National Health Mission (NHM). (2014). *National Programme for Health Care of the Elderly (NPHCE)*.https://dghs.mohfw.gov.in/national-programme-for-the-health-care-of-the-elderly.php

National Institute of Mental Health and Neurosciences (NIMHANS). (2016). *National Mental Health Survey of India, 2015-16*.https://indianmhs.nimhans.ac.in/phase1/Docs/Report2.pdf

National Institute of Mental Health and Neurosciences. (2022). *Tele-MANAS program*.https://www.mimt.org/pdf/8854703_Tele-MANAS-material.pdf

National Institute on Aging. (2021). *Social isolation and loneliness in older adults: Opportunities for the healthcare system*. https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks

Panda, P., Dash, P., Behera, M., & Mishra, T. (2023). Prevalence of depression among elderly women in India—An intersectional analysis of the Longitudinal Ageing Study in India (LASI), 2017-2018. *Research Square*. https://doi.org/10.21203/rs.3.rs-2664462/v1

Patel, V., Saxena, S., Lund, C., et al. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet, 392*(10157), 1553-1598.https://doi.org/10.1016/S0140-6736(18)31612-X

Pilania, M., Yadav, V., Bairwa, M., Behera, P., Gupta, S. D., Khurana, H., Mohan, V., Baniya, G., & Poongothai, S. (2019). Prevalence of depression among the elderly (60 years and above) population in India, 1997-2016: A systematic review and meta-analysis. *BMC Public Health, 19*(1), 832. https://doi.org/10.1186/s12889-019-7136-z

Prince, M., Ferri, C. P., Acosta, D., Albanese, E., Arizaga, R., Dewey, M., Gavrilova, S. I., Guerra, M., Huang, Y., Jacob, K. S., Krishnamoorthy, E. S., McKeigue, P., Rodriguez, J. L., Salas, A., Sosa, A. L., Sousa, R. M., Stewart, R., & Uwakwe, R. (2007). The protocols for the 10/66 dementia research group population-based research programme. *BMC Public Health, 7*, 165. https://doi.org/10.1186/1471-2458-7-165

Sarin, A., Antani, D., & Kumar, A. (2019). Integrating mental health into primary care for the elderly in India: Challenges and opportunities. *Indian Journal of Psychological Medicine, 41*(3), 215-220.https://doi.org/10.4103/IJPSYM.IJPSYM_71_19

Sialino, L., Van Oostrom, S., Wijnhoven, H., Picavet, S., Verschuren, W., Visser, M., & Schaap, L. (2020). Sex differences in mental health among older adults: Investigating time trends and possible risk groups with regard to age, educational level, and ethnicity. *Aging & Mental Health, 25*, 2355–2364. https://doi.org/10.1080/13607863.2020.1847248

Singh A, Misra N. Loneliness, depression and sociability in old age. Ind Psychiatry J. 2009 Jan;18(1):51-5. doi: 10.4103/0972-6748.57861. PMID: 21234164; PMCID: PMC3016701.https://pmc.ncbi.nlm.nih.gov/articles/PMC3016701/

Srivastava, P., & Srivastava, M. (2023). Prevalence and correlates of loneliness in later life—Insights from Longitudinal Ageing Study in India (LASI) Wave-1. *Indian Journal of Psychiatry, 65*, 914–921. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_594_22

UNFPA India. (2017). *Caring for Our Elders: Early Responses – India Ageing Report*.https://india.unfpa.org/sites/default/files/pub-pdf/India%20Ageing%20Report%20-%202017%20%28Final%20Version%29.pdf

World Health Organization (WHO). (2017). Mental health of older adults.https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults.

WHO India Mental Health Gap Analysis, 2021 https://www.who.int/india/health-topics/mental-health