

Mental and Emotional Changes in the Elderly: A Literature Review

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ABSTRACT

Emotional and mental changes in the elderly represent a psychological adaptation process that occurs with aging, encompassing shifts in thinking, emotional responses, and social interactions. A deeper understanding of this topic is essential for designing effective interventions aimed at improving the quality of life of older adults. Elderly individuals are vulnerable to experiencing issues such as excessive anxiety, profound sadness, loneliness, guilt, and decreased self-esteem. These conditions may be triggered by internal factors, including neurobiological changes and chronic stress, as well as external factors, such as age discrimination and social isolation. Such changes significantly impact various dimensions of the elderly's quality of life, including physical, psychological, social, and spiritual aspects. Therefore, a holistic approach that involves the active role of the family in providing emotional and social support is crucial. Non-pharmacological interventions, such as cognitive behavioral therapy (CBT), meditation, and physical activity, have been proven effective in preventing and managing mental health problems in older adults and in promoting overall well-being.

1. INTRODUCTION

Mental and emotional changes in older adults refer to alterations in cognitive and emotional aspects that occur with advancing age. These changes may include declines in cognitive function, such as memory and concentration, as well as difficulties in regulating emotions, which ultimately affect their quality of life.

Increasing age (aging) is a physiological, dynamic, and irreversible process experienced throughout the development of living organisms over time (Dziechciaż & Filip, 2014). This aging process is highly complex and individualized, involving several biological factors associated with aging, including physical inactivity, psychomotor burden, acute and chronic medical conditions, and psychosocial stressors. Psychosocial changes among older adults arise from various factors, such as environmental changes, isolation, loneliness, and lack of preparation for old age (Dziechciaż & Filip, 2014).

In addition to adaptive changes, biological alterations in bodily regulation also occur. Changes in regulatory mechanisms with aging influence neurotransmitter levels, and the neurotransmitters most closely associated with older adults are catecholamines (norepinephrine and dopamine) and serotonin (Lee J & Kim, 2022). This phenomenon warrants attention because it may significantly affect the psychological and social well-being of older adults. Neurotransmitters are essential chemical messengers in the brain that regulate multiple physiological functions and behaviors. Their balance influences emotional, cognitive, motivational, and sleep-related changes. Consequently, disturbances in neurotransmitter levels are often associated with mental health disorders (Kao, CH. 2024).

Broadly, there are two major categories of neurotransmitters: stimulatory (serotonin and dopamine) and inhibitory. Serotonin is a neurotransmitter involved in mood regulation, and its

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deficiency is associated with depression and anxiety disorders (Kao CH. 2024). Dopamine is a neurotransmitter that functions within the reward and pleasure system. Imbalances in dopamine are associated with schizophrenia, hallucinations, delusions, and thought disturbances, while low dopamine levels may lead to depression (Kao CH. 2024).

Common psychological health problems found in older adults include anxiety, stress, and depression. These problems are often caused by aging-related changes, such as reduced support systems, educational level, health status affecting adaptation, and limited physical activity that may reduce the ability to cope with environmental demands. Anxiety may arise due to increased dependence on others. In addition to psychological issues, older adults may also experience cognitive decline due to chronic illnesses or dementia.

According to the World Health Organization (WHO), global population aging is occurring rapidly. In 2023, there were 1.2 million individuals aged 60 years and older, and this number is projected to double (1.2 million) by 2050, representing approximately one in five people worldwide. Mental health problems among older adults are common yet generally underrecognized and undertreated due to persistent stigma. WHO data indicate that approximately 14.1% of individuals aged 70 years and older experience mental disorders, and 6.8% live with disability (WHO, 2025). In Southeast Asia, the prevalence of mental disorders in 2021 reached approximately 80.4 million cases across ASEAN countries, with the greatest burden found among individuals aged 70 years and above (GBD 2021 ASEAN Mental Disorders Collaborators. 2025).

The population structure in Indonesia, according to badan pusat statistik (BPS) in 2023, has entered an ageing population category, as the proportion of adults aged 60 years and above has reached 10% or more. In 2023, the elderly dependency ratio was 17.08, meaning that 100 individuals of productive age support 17 older adults, or equivalently, one older adult is supported by six individuals of productive age. The prevalence of older adults in Indonesia in 2023 was 11.75%, increasing from 10.48% in 2022 (Badan Pusat Statistik, 2023).

Mental-emotional disorders among older adults tend to increase with age. In Indonesia, the prevalence of depression reaches 8.9% among individuals aged 75 years and older (Jalali et al., 2024). The increased prevalence among older adults is linked to several risk factors, including cultural contexts and family values, where most older adults expect care, affection, financial support, and health services from their children. Furthermore, Indonesia's extended family culture enables older adults to live with family members (children, in-laws, grandchildren, or other relatives), placing them in a respected position with expectations of honor and appreciation. However, with increasing age, family involvement and presence may decrease due to social development and migration, leading to social changes and reduced social support within the family (Amalia AD et al. 2025). Additionally, limited knowledge and persistent stigma surrounding mental disorders in Indonesian society lead to underdiagnosis and inadequate treatment (WHO, 2025).

Research on mental-emotional changes in older adults is increasingly important, considering the growing elderly population in Indonesia alongside rising life expectancy. Moreover, studies focusing on mental health problems in older adults in Indonesia remain limited. However, several studies have identified mental health risk factors among older adults, including female gender, educational level, unemployment, and existing medical conditions. Given the cultural context in which older adults commonly depend on their families, low socioeconomic status remains a major challenge (Handjani et al. 2022). Therefore, this study aims to review previous findings, identify patterns of mental-emotional changes, and propose conceptual perspectives for evidence-based interventions. The goal is to improve understanding of mental health risk factors among older adults and to support the development of effective interventions to enhance their quality of life.

2. METHOD

This study was conducted using a literature review method, which involved examining various highly credible sources discussing mental and emotional changes in older adults. The

article search process was performed in several stages, including identification, screening of titles/abstracts, eligibility assessment, and content analysis. Study identification was carried out using scientific databases such as Google Scholar and PubMed, employing the keywords "Perubahan Mental Emosional pada Lansia" or "Mental Emotional Changes in Elderly." The authors then individually selected the filtered articles based on keywords aligned with the study criteria. The inclusion criteria were as follows: (1) literature from accredited journals (sinta and scopus); (2) studies written in either English or Indonesian; (3) literature published between 1995 and 2025; and (4) articles involving older adult subjects aged 60 years and above. The exclusion criteria included non-scientific articles, editorials, or individual case reports without direct relevance to the topic. A total of 26 articles fulfilled both the inclusion and exclusion criteria and were selected for review in this study.

The selected studies were reviewed and categorized based on thematic focus, including findings on risk factors influencing emotional and cognitive changes in older adults, the impact of emotional disorders on the well-being of older adults, and potential approaches for managing mental disorders in this population.

3. RESULT AND DISCUSSION

Result

Older adulthood is a sensitive phase of human life characterized by various problems, needs, and diseases associated with this stage. The aging process induces numerous physiological changes in the body. Across the selected studies, demographic shifts among older adults were consistently observed. Globally, by the year 2050, demographic changes are projected to peak, with approximately 2 billion individuals reaching the age of 60 years and older, driven by technological advancements and increased life expectancy (Alexopoulos, 2019; Eric J. Lenze & Julie Loebach Wetherell, 2011; Jalali et al., 2024; Kang & Kim, 2022; Malik et al., 2021; Reynolds et al., n.d.; Sharma & Morishetty, 2022). In parallel with this demographic transition, various health issues among older adults are also expected to increase. Several selected studies reported that common problems among older adults involve mental, emotional, and cognitive disturbances influenced by biological, psychological, and social changes.

The most frequently reported emotional and mental health problems included depression, anxiety, stress, and sleep disorders. Meanwhile, cognitive disturbances commonly observed in older adults, particularly memory-related issues such as dementia, were also noted. According to several selected studies, these problems are associated with physiological theories concerning aging-related changes involving the amygdala, frontal brain areas, and the hypothalamic-pituitary-adrenal (HPA) axis in their pathophysiology (Alexopoulos, 2019; Copeland et al., 2002; Eric J. Lenze & Julie Loebach Wetherell, 2011; Ouanes & Popp, 2019). These studies highlight hyperactivation of the HPA axis caused by chronic psychological distress in older adults and cognitive decline, which then stimulates the hypothalamus, anterior pituitary gland, and adrenal glands, resulting in increased cortisol secretion. Elevated cortisol levels, particularly in the hippocampus and prefrontal cortex, impair neurocognition. Chronic elevations in cortisol desensitize central nervous system glucocorticoid receptors, leading to structural brain changes. This includes reduced brain volume (grey matter in occipital and frontal regions) and microstructural alterations in the corpus callosum and posterior corona radiata as reported in Ouanes and Popp (2019).

Within the HPA axis, signal transmission between related structures is facilitated by neurotransmitters. Several neurotransmitters involved include noradrenaline, dopamine, 5-hydroxytryptamine (5-HT), acetyl-choline, gamma-aminobutyric acid (GABA), and opioids, which directly influence pituitary secretion, as well as cholecystokinin, vasopressin, and other neuropeptides functioning as inhibitors (Copeland et al., 2002). With advancing age, neurotransmitter secretion and receptor binding decline. The second edition of Principles and Practice of Geriatric Psychiatry notes reductions in noradrenaline levels in the brain, decreased dopamine receptors particularly in the nigrostriatal pathway, and reduced acetylcholine and 5-HT metabolism with age (Copeland et al., 2002). When considered alongside the emotional

regulatory functions of these neurotransmitters, these findings present a positive correlation, whereby older adults commonly experience anxiety, depression, and mood changes (Hategan et al., 2024).

Beyond biological changes, psychological and social factors also contribute to emotional disturbances among older adults. In the study by Lenze, E and Wetherell, J (2011), anxiety was found to affect older adults (11% of women and 2% of men). Psychological and social factors that trigger late-onset anxiety include female gender, cognitive impairment, chronic medical conditions, poor health, functional limitations, personal behavioral patterns, and poor coping abilities (Eric J. Lenze & Julie Loebach Wetherell, 2011). Similar findings were reported in the study by Hategan A, et al. (2024), which identified female gender, loss of something or someone, comorbid illnesses, disability, sleep disorders, and prior history of depression and anxiety as risk factors (Hategan et al., 2024).

Importantly, biological, psychological, and social factors are interrelated. As previously described, aging results in structural brain changes and altered neurotransmitter regulation, contributing to emotional changes in older adults. Conversely, persistent or chronic anxiety can also activate the HPA axis, and emotional disturbances may subsequently lead to behavioral changes that adversely affect social functioning. These social problems may further exacerbate emotional disturbances in older adults.

Discussion

Types of Mental and Emotional Disorders in Older Adults

Based on the selected studies, several types of mental and emotional disorders commonly found in older adults include depression, anxiety disorders, and cognitive impairment (Eric J. Lenze & Julie Loebach Wetherell, 2011; Hanum et al., 2018; Hategan et al., 2024; Ouane & Popp, 2019; Papastavrou et al., 2007; Steffens & Zdanys, 2023).

1. Depression

According to the DSM-5-TR, major depressive disorder is characterized by an episode lasting at least two weeks in which the patient experiences a depressed mood or anhedonia, accompanied by at least four additional symptoms. These include significant changes in appetite or body weight, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or excessive guilt, poor concentration, and recurrent thoughts of death. These symptoms must cause clinically significant distress or impairment in daily functioning. Late-life depression is not a component of "normal aging" and is often underdiagnosed and undertreated, ultimately contributing to poor quality of life, social dysfunction, and physical impairment (Hategan et al., 2024).

2. Anxiety Disorders

Anxiety and fear are normal human responses to real or perceived threats. Anxiety serves as an early warning signal that facilitates preparation and coping in the face of potential danger. In late-life anxiety disorders, patients typically report somatic complaints (often associated with comorbid medical illnesses), subjective feelings of anxiety, muscle tension, cautious behavior, and avoidance (Hategan et al., 2024).

Anxiety also has a bidirectional relationship with cognitive impairment and depression. Hategan et al. (2024) reported that anxiety disorders are the most common comorbidity in geriatric depression, with considerable symptom overlap—such as sleep disturbances, impaired concentration, and low energy—and multiple shared risk factors. Consequently, approximately one in five older adults with depression has comorbid anxiety, which is associated with more severe symptoms, poorer treatment response, and a higher risk of suicide (Hategan et al., 2024). The link between cognitive function and anxiety is complex and bidirectional. Anxiety accelerates neurodegeneration; specifically, individuals with mild neurocognitive disorder and comorbid anxiety are five times more likely to progress to major neurocognitive disorder. Conversely, cognitive decline has also been associated with worsening anxiety symptoms (Hategan et al., 2024).

3. Cognitive Impairment

In normal aging, skills such as general knowledge, procedural memory (motor skills), implicit memory (automatic processes), memory retention, semantic knowledge, vocabulary, attention, object perception, and the ability to understand abstract concepts tend to remain preserved into advanced age. However, problem-solving abilities, processing speed, episodic memory, learning speed, memory retrieval, verbal fluency, three-dimensional perception, and several domains of executive functioning tend to decline (Hategan et al., 2024).

In addition to the above conditions, older adults may experience other mental disorders such as bipolar disorder and psychotic disorders. However, the majority of selected studies highlight the three conditions above as the most prevalent. These conditions are interrelated and influenced by overlapping risk factors.

Factors Influencing Mental and Emotional Changes in Older Adults

As individuals age, they experience a range of mental and emotional changes influenced by a combination of biological, psychological, and social factors. Emotional well-being in older adults is shaped by multiple interacting determinants. Lutz and Van Orden (2021) reported that, in general, later life is often associated with more frequent positive affect than negative affect. One theory explaining this phenomenon is the Socioemotional Selectivity Theory (SST). However, this assumption can also lead to the opposite effect, as emotional changes are rarely assessed in clinical encounters due to pervasive societal stigma (Lutz & Van Orden, 2020). Similarly, Horgan et al. (2024) noted that mental health promotion, prevention, and treatment remain underemphasized in older adults, partly due to the complexity of their health conditions, stigma, community discrimination, and care environments that inadequately support older patients (Horgan et al., 2024).

In addition to stigma, several other contributing factors have been identified in the selected studies, including:

1. Ageism (Age-Related Discrimination)

Ageism is a major contributor to reduced psychological well-being in older adults. Those who experience discriminatory treatment or negative societal attitudes toward aging are more likely to develop stress, depression, anxiety, decreased self-esteem, and lower life satisfaction. The impact is further compounded when older adults internalize these negative stereotypes, leading them to feel worthless or incapable. Moreover, self-perception of aging, body esteem, flexibility in adjusting life goals, and coping strategies play significant roles in shaping emotional health (Kang & Kim, 2022).

2. Social Isolation and COVID-19-Related Concerns

Social isolation is one of the most influential factors affecting the emotional well-being of older adults. During the COVID-19 pandemic, older adults were among the most vulnerable populations, prompting public health measures such as social distancing and quarantine. Although intended to reduce infection risk, these measures had profound psychological consequences (Grolli et al., 2021).

Older adults experiencing social isolation are more prone to loneliness, anxiety, and depression. Reduced daily interaction with family members and friends diminishes emotional support and fosters feelings of abandonment. Those living alone also experience heightened anxiety regarding the risk of infection, especially due to frequent media reports emphasizing high mortality rates among older adults (Grolli et al., 2021).

These findings align with Orhan et al. (2021), who highlighted that during the pandemic, several internal factors worsened emotional symptoms in older adults, particularly those with bipolar disorder. These include elevated loneliness, low mastery, passive coping styles, neurotic personality traits, and limited emotional support. While the frequency of social interactions was not a direct predictor, the quality of social support and emotional coping capacity were critical determinants (Orhan et al., 2021).

Older adults with cognitive impairment, such as dementia, experienced additional challenges in understanding the pandemic, which increased confusion and stress due to disrupted daily routines. Consistent with the Socioemotional Selectivity Theory (SST), older

adults typically prefer meaningful social interactions and avoid conflict; however, pandemic restrictions reduced opportunities for such engagement (Grolli et al., 2021). COVID-19 infection also affects the nervous system. SARS-CoV-2 can trigger a cytokine storm, leading to systemic inflammation that may compromise the blood-brain barrier, allowing inflammatory mediators to enter the central nervous system and induce neuroinflammation (Grolli et al., 2021).

3. Stress-Related Disorders and Chronic Inflammation

Chronic stress due to the pandemic and social changes can exacerbate inflammatory conditions in older adults. Chronic inflammation has long been associated with mental disorders such as depression and anxiety. Elevated pro-inflammatory cytokines, including interleukin-6 (IL-6) and tumor necrosis factor-alpha (TNF- α), are commonly observed in older adults experiencing severe stress. Increased cytokine levels contribute to neurotransmitter dysfunction, sleep disturbances, and mental fatigue (Grolli et al., 2021).

Stress also affects the hippocampus, a structure essential for memory and emotional regulation. Stress-related hippocampal atrophy increases the risk of cognitive impairment and mood disorders. Persistent stress further disrupts the blood-brain barrier, increasing susceptibility to neuroinflammation and neurodegenerative diseases (Grolli et al., 2021).

4. Biological and Neurological Factors

Biological and neurological factors play major roles in emotional changes among older adults, especially in the context of Parkinson's disease. Declines in neurotransmitters such as dopamine, serotonin, and acetylcholine, along with abnormalities in brain structures including the limbic system, orbitofrontal cortex, and habenula, are central mechanisms underlying depression. Depression frequently coexists with non-motor symptoms such as cognitive impairment, anhedonia, and apathy, which further worsen psychological outcomes (Agüera-Ortiz et al., 2021).

5. Demographic and Social Factors

Malik et al. (2021) emphasized the relevance of socioeconomic and demographic factors in influencing psychological well-being among older adults, particularly in India. High illiteracy rates, financial dependence on family members, limited access to healthcare, and rural living conditions represent significant stressors. These factors, especially among older women, heighten vulnerability to feelings of helplessness, low self-worth, and loneliness. Physical impairments and disabilities, such as hearing loss, visual problems, and limited mobility, further increase the risk of social isolation and depression (Malik et al., 2021).

6. Demographic Factors

Demographic factors significantly influence the mental health of older adults. An aging population increases the dependency ratio and imposes unique challenges. Contributing demographic elements include:

- a. Increasing Life Expectancy: greater life expectancy leads to a higher number of older adults experiencing mental disorders, particularly neurodegenerative diseases such as dementia.
- b. Changing Family Structures: the decline of extended family systems and increasing number of older adults living alone or in institutional care raise the risk of loneliness and depression.
- c. Generational Differences in Perceptions of Mental Health: different generations hold varying beliefs about mental illness and treatment-seeking behaviors, influencing help-seeking patterns among older adults.

7. Social Factors: the social environment has a significant impact on the emotional well-being of older adults. Several important aspects include:

- a. Family-Related Factors: role of the family as a support system, supportive families help reduce or prevent symptoms of mental disorders such as depression and anxiety; Changes in Family Structure, older adults who lose a spouse or experience divorce are more susceptible to depression and social isolation; interaction with children and grandchildren, positive relationships with children and grandchildren enhance mental well-being, whereas limited contact may worsen emotional health.

b. Social Environment: Social Support, the quality and availability of social relationships serve as protective factors against mental disorders. Older adults with broader social networks have a lower risk of depression compared to those living in isolation; Economic Conditions and Access to Healthcare, older adults with low socioeconomic status often lack adequate access to mental health services, worsening their vulnerability. Kong et al. (2019) reported that low educational attainment among older adults is associated with lower income, mental health problems, food insecurity, inadequate housing, and limited insurance coverage; Role of the community, Community-based social activities, such as senior clubs or volunteer programs can enhance mental well-being by fostering a sense of belonging and purpose (Copeland et al., 2002).

Impact of Emotional and Mental Changes on the Quality of Life of Older Adults

Emotional and mental changes experienced by older adults can have a significant impact on their overall quality of life. As individuals age, they often encounter a decline in cognitive abilities such as memory, attention, and decision-making which may affect their psychological well-being. In addition, emotional problems including depression, anxiety, and stress are common among this population group. Depression, for example, may lead to diminished motivation, feelings of worthlessness, as well as disturbances in sleep and appetite, which ultimately influence both physical and social functioning in older adults (Wróblewska, 2021).

These emotional and mental disorders are closely associated with a decline in quality of life across somatic, psychological, social, and environmental domains. Older adults with mental health disorders, such as depression, often report a significant reduction in quality of life across all these dimensions. Those with depression exhibit poorer assessments of somatic functioning—including pain and sleep disturbances—along with impairments in psychological and social aspects. Additionally, chronic stress can exacerbate physical health problems, increasing the risk of cardiovascular disease, hypertension, and other metabolic disorders. Older adults experiencing excessive stress also tend to develop social isolation, which may further worsen their mental health status.

Poor mental health affects not only emotional well-being but also the ability of older adults to perform daily life activities. Social interaction—an essential determinant of well-being—may be hindered by feelings of anxiety, isolation, or depression. This decline in social functioning can further aggravate mental health problems, creating a cycle that is difficult to break without appropriate intervention.

The emotional and mental changes experienced by older adults also increase vulnerability to various psychiatric disorders. Depression and anxiety are the most prevalent, with their incidence rising with age and the accumulation of risk factors such as the loss of a spouse, social isolation, and chronic illness. Depression in older adults often goes unrecognized and is frequently attributed to somatic complaints, despite its serious consequences including cognitive decline, reduced quality of life, and increased mortality (Blazer & Steffens, 2020). Anxiety disorders, on the other hand, frequently present with physical symptoms, obscuring diagnosis and delaying treatment initiation.

Mental disorders among older adults not only affect the individual but also have substantial implications for family members who serve as the primary support system. Family caregivers of older adults with emotional and mental disorders are at heightened risk of caregiver burden, including emotional stress, sleep disturbances, and secondary mood disorders. The study by Papastavrou et al. (2021) demonstrated that the burden of caring for older adults with mental health problems significantly correlates with the onset of both physical and mental health issues among caregivers, as well as a decline in the quality of family relationships. Over time, this may create a cycle of stress that exacerbates the condition of both older adults and their caregivers.

Beyond psychiatric and social aspects, emotional and mental changes also have physiological consequences. Chronic psychological stress activates the hypothalamic-pituitary-adrenal (HPA) axis, resulting in increased cortisol and elevated pro-inflammatory cytokines such as IL-6 and TNF- α . This contributes to accelerated systemic inflammation and predisposes

individuals to chronic diseases such as hypertension, diabetes, and cardiovascular disorders (Fabbri et al., 2015). Reduced immune responsiveness due to emotional stress may also decrease treatment effectiveness and increase the risk of infection (Ouanes & Popp, 2019). Thus, emotional and mental changes in older adults should be understood as multidimensional conditions requiring a comprehensive biopsychosocial approach.

The Role of Families in Addressing Emotional and Mental Changes in Older Adults

As individuals age, they experience a decline in physical function as well as mental and emotional changes. Therefore, families must acknowledge these changes and provide support with patience, sincerity, and compassion to enhance the quality of life of older adults. Several important considerations in caring for older adults include the following (Juita & Shoffiyah, 2022).

1. Recognizing the Personality Types of Older Adults: personality type should be considered because care approaches may differ depending on it. Older adults with constructive and independent personality types tend to be easier to care for, as they often refuse assistance from family or the surrounding environment and have a strong desire to remain active. In contrast, those with dependent personalities frequently seek continuous help even when physically capable of performing simple tasks independently. Additionally, individuals with hostile or self-critical personality types may require special attention and should ideally be referred to a physician for further management.
2. Providing Warmth Within the Family: providing warmth is essential, particularly for older adults who have lost their spouses and are therefore more prone to loneliness. Families can foster warmth by increasing interaction, such as sharing meals or spending time accompanying older adults while watching television. Occasional recreational activities or outings may also provide beneficial emotional support.
3. Monitoring the Health Status of Older Adults: with age, the decline in bodily functions raises the risk of illness. Families play an important role in monitoring the health of older adults, especially those with degenerative diseases. This includes routine medical check-ups and ensuring that older adults receive adequate nutrition through appropriate dietary practices.
4. Encouraging Regular Daily Activities: families should encourage older adults to carry out daily activities as independently as possible, such as self-feeding or simple household tasks. For activities like bathing, assistance or supervision may be required to prevent falls. Additionally, light physical activity or simple exercises such as walking may be beneficial for maintaining physical health.
5. Supporting Sleep Hygiene: sleep disturbances are common in older adults, yet good sleep quality is essential for maintaining stability. Families can help by gently reminding older adults about sleep schedules and creating a comfortable sleeping environment.
6. Facilitating Communication: regular communication, whether engaging in conversation or sharing stories is essential to stimulate cognitive function and emotional well-being. Even when older adults discuss topics that may seem repetitive or difficult to understand, communication should remain open and supportive.
7. Supporting Spiritual Well-Being: spiritual well-being plays an important role in mental health. Evidence demonstrates that spiritual activities can promote psychological calmness, prolong life, slow the progression of Alzheimer's disease, and enhance immunity. Spiritual activities also facilitate social interaction within the community. For those unable to participate in religious activities outside the home, spiritual practices can still be performed at home with family support.
8. The Role of Families in Maintaining the Emotional and Mental Health of Older Adults: the family is the primary foundation for supporting the emotional and mental health of older adults. Family support helps reduce the risk of depression, anxiety, and feelings of isolation. Active family involvement in daily activities also facilitates early detection of mental disorders, which are often overlooked (Blazer & Steffens, 2020).
9. Providing Emotional Support: empathy, affection, and open communication serve as forms of emotional presence that help reduce loneliness and prevent depression. Older

adults who receive strong emotional support from family or their community often experience higher levels of psychological well-being (Charles et al., 2023). Families can also prevent social isolation by encouraging involvement in recreational activities, shared family routines, or simple daily conversations.

10. Early Detection of Mental Disorders: depression in older adults frequently presents with physical complaints, making it difficult to detect. Families play a crucial role in recognizing behavioral changes or alterations in daily routines, enabling early diagnosis and facilitating access to healthcare services (Blazer & Steffens, 2020).
11. Supporting Daily Activities and Independence: families can motivate older adults to remain active within their capabilities—such as performing light household chores or engaging in simple physical exercises. This helps maintain physical health, improve self-confidence, and lower the risk of cognitive decline (Papastavrou et al., 2021). In addition, shared spiritual activities within the family may help enhance psychological well-being, strengthen immunity, and slow cognitive decline (Kang & Kim, 2022).

Therapies for Preventing Mental Disorders in Older Adults

Emotional and mental changes increase vulnerability to mental disorders such as depression and anxiety. Several therapeutic approaches may help prevent mental disorders in older adults, including psychological therapies such as cognitive behavioral therapy (CBT) and meditation, as well as alternative therapies including physical activity and exercise (Alnaimat et al., 2024; Feei & Zou, 2024).

1. *Cognitive Behavioral Therapy (CBT)*: CBT refers to a broad range of psychotherapeutic methods that focus on the relationship among thoughts (cognition), emotions, and behaviors. CBT has been extensively studied as a treatment and preventive therapy for depression and anxiety (Alnaimat et al., 2024). According to Oud et al. (2019), CBT may reduce the risk of depression by up to 63%. This therapy aims to restructure maladaptive thoughts and ultimately change behavior. One of the most widely used programs is "Coping with Depression" (CWD), developed by Lewinsohn, which constitutes a psychoeducational form of CBT. In this program, therapists act as "instructors" who guide participants by teaching skills to manage depression, including planning enjoyable activities, building social skills, practicing relaxation techniques, and modifying maladaptive thought patterns.
2. *Meditation*: meditation is a mental training technique that enhances fundamental psychological abilities such as attention and emotional regulation (Tang et al., 2015). Meditation is associated with improved well-being, reduced stress and depressive symptoms, and enhanced life satisfaction among older adults facing difficult circumstances (Aliche & Onyishi, 2020).
3. *Physical Activity and Exercise*: in addition to preventing physical diseases such as cardiovascular conditions, physical activity has been shown to exert preventive and therapeutic effects against mental disorders (Pedersen & Saltin, 2015). The World Health Organization (WHO) recommends that individuals aged 65 years or older perform 150–300 minutes of moderate-intensity aerobic activity per week or 75–150 minutes of vigorous-intensity activity, along with multicomponent training at least three days per week (Feei & Zou, 2024). Findings from the Irish Longitudinal Study on Ageing, which included 4016 participants from 2009 to 2018 (10-year follow-up), revealed that moderate-to-high-intensity physical activity even at levels below WHO recommendations was associated with a reduced risk of depressive symptoms in older adults, both with and without chronic disease (Laird et al., 2023).

4. CONCLUSION

Emotional and mental changes in older adults represent a complex phenomenon involving biological, psychological, and social dimensions. Older adults may experience excessive anxiety, grief, loneliness, decreased self-esteem, and guilt triggered by internal and external factors such

as age discrimination, social isolation, neurobiological changes, and chronic stress. These changes significantly affect their quality of life across physical, psychological, social, and spiritual domains. The role of families is indispensable, as emotional and social support from close relatives contributes to alleviating symptoms and enhancing overall well-being. Furthermore, therapeutic approaches such as cognitive behavioral therapy (CBT), meditation, and physical activity have been shown to be effective in preventing and managing mental disorders among older adults.

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