

EVIDENCE-BASED PSYCHOSOCIAL THERAPIES FOR ENHANCING WELL-BEING AND PROMOTING ACTIVE AGING IN ELDERLY CARE FACILITIES

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Abstract: *The growing geriatric population creates a greater need for integrated psychosocial therapies in old-age homes to enhance mental health, cognition, and social integration. This article provides an evidence-based description of well-established psychosocial therapies, including cognitive-behavioral therapy (CBT), reminiscence therapy, mindfulness practices, positive psychology interventions, social activity programs, and creative therapies like art and music therapy. Drawing on previous theoretical frameworks, such as the Successful Aging Model, Socioemotional Selectivity Theory, and the Cognitive Reserve Hypothesis, this study investigates how these interventions influence psychological resilience and quality of life in aging populations. A central focus is given to the translatability of psychosocial therapies to institutional settings, with consideration of challenges such as resource limitations, training, and resistance to change. Best practice for psychosocial integration, including the application of custom-designed care models and technology solutions, is reviewed. Ethical dilemmas, including autonomy, informed consent, and cultural responsiveness, are considered against the background of elder dignity and rights. Moreover, policy options highlight age-friendly healthcare policies based on prioritization of integrated holistic well-being. The findings emphasize the importance of multi-dimensional psychosocial care of the older population and invite continued research on the*

effectiveness of long-term intervention, cross-cultural applicability, and innovative digital strategies to older populations. With an emphasis on evidence-based methods, this article aims to contribute to the evolution of psychosocial care in older adult care towards increasing dignity, activity, and emotional strength in older age.

Keywords: *elderly psychosocial care; aging well-being; cognitive-behavioral therapy (CBT); reminiscence therapy; mindfulness interventions; positive psychology; social engagement; elderly mental health; resilience in aging; aging policy; digital interventions.*

Introduction

The process of aging is characterized by complex biological, psychological, and social changes that strongly affect overall well-being. Although increased longevity is a triumph of modern medicine and public health, it also represents a challenge in maintaining the quality of life in elderly individuals. Psychological and social determinants play a critical role in the choice of late life well-being, influencing emotional well-being, mental performance, and social integration (Artmann et al., 2017). Older adults in nursing homes are frequently subjected to stressors such as social isolation, loss of autonomy, and cognitive decline, and need a holistic response to care that extends beyond treatment (Peng, Zeng, Zhao, & Zeng, 2018). Psychosocial interventions provide a framework for the resolution of these complex needs, promoting resilience, emotional well-being, and engagement in meaningful activities.

Older adult care facilities are home environments for aged populations, providing medical supervision, daily care, and social stimulation. Such an environment has intrinsic challenges that are detrimental to residents' psychological well-being. Research has evidenced high levels of depression, anxiety, and feelings of loneliness in older people with long-term care, which on occasion are magnified by situational and organizational factors such as restricted mobility, loss of self-determination, and reduced levels of social activity (Neyens et al., 2011; Wang, Shen, & Chen, 2022). There is also a widespread prevalence of cognitive impairment among aged residents, diminishing self-efficacy and detracting from the quality of life (Kim, 2003). Care home practice and environment also affect well-being, and spatial configuration, acoustics, and provision of greenspace are all central determinants to influence the residents' psychological well-being (Huang, Gong, & White, 2022; Zhou & Cao, 2023). Such complex

interactions highlight the importance of implementing psychosocial interventions that address mental and social well-being.

Psychosocial interventions have increasingly been recognized as effective treatments for enhancing emotional and cognitive functioning in older adults. Informed by psychological and behavioral science, these interventions address important areas such as emotional regulation, cognitive stimulation, and social engagement (Roquete, Batista, & Arantes, 2017). Cognitive-behavioral therapy (CBT) has been widely applied to the treatment of depression and anxiety in older adults, with research demonstrating significant improvement in mood, self-efficacy, and coping (Lim, Shin, & Cho, 2018). Similarly, reminiscence therapy and life review methods have been reported to enhance self-esteem and social interaction through the facilitation of opportunities for older adults to reminisce about the past and construct narrative meaning in their life stories (Harada et al., 1995). Acceptance and mindfulness therapies have additional benefits in enabling emotional resilience, stress reduction, and moment awareness (Utsumi, Makimoto, Quroshi, & Ashida, 2010). These, among other treatments, are part of a broader health model of well-being beyond traditional medical intervention.

The general aim of the current paper is to study evidence-based psychosocial therapies promoting well-being and active ageing among older persons in care homes. More precisely, the current study intends to identify effective psychosocial interventions to promote the mental health, cognitive functioning, and social participation of older individuals. In addition, this paper will also explore the impact of these therapies on quality of life and life expectancy, providing guidance on best practice for their implementation in institutional environments. An area of focus will be to outline how these interventions can be tailored to the unique needs of older residents based on environmental, cultural, and individual considerations. Furthermore, policy recommendations will be offered to make it simpler to incorporate psychosocial therapies into frameworks of elderly care so that psychological and social health are equally prioritized as physical health (Moore & Haralambous, 2007). By bridging science with practice, this study strives to further expand the evolution of holistic and person-directed care in geriatrics.

Theoretical foundations of psychosocial interventions for the elderly

Aging is a complex process influenced by biological, psychological, and social factors. To understand and enhance well-being among the elderly, psychosocial interventions need to be grounded in theories of robust conceptual frameworks that elucidate the underlying

mechanisms of successful aging, emotional coping, cognitive resilience, and social integration. Several significant theories of psychological processes that explain the outcomes of aging and inform evidence-based interventions for care homes for older adults exist.

The Successful Aging Model (Rowe & Kahn, 1997) refocuses aging on being something greater than the lack of disease and zeroes in on active engagement in life, cognitive and physical functioning, and psychological well-being. The model highlights the importance of social contact, purposeful activities, and continued personal growth in maintaining well-being later in life. Within geriatric care facilities, interventions to encourage physical activity, cognitive stimulation, and social interaction are most important in generating a sense of purpose and in preventing the onset of psychological distress (Ciairano, Liubicich, & Rabaglietti, 2010; Cheng, Rosenberg, Wang, Yang, & Li, 2011). Evidence suggests that combining programmatic psychosocial activities with support for autonomy and purposeful involvement can significantly enhance quality of life among older residents (Rissanen, 2013).

The Socioemotional Selectivity Theory (Carstensen, 1992) explains the shift in social motivation that occurs during aging, where older persons are more focused on emotionally meaningful relationships rather than the establishment of new social relationships. According to the theory, as a person ages, he or she becomes more selective with whom they interact socially, enjoying relationships that yield emotional stability and satisfaction. Social isolation is a common issue within care homes, and it is hence essential to construct interventions that can strengthen social connections and foster healthy interactions among the residents (Hasan & Linger, 2016). Group therapies, peer support programs, and reminiscence therapy have been found to be utilized in order to reverse loneliness and optimize emotional well-being among older adults who are living in institutions (Mohammad, Dom, & Ahmad, 2016).

The Cognitive Reserve Hypothesis (Stern, 2002) holds that cognitively demanding tasks build cognitive resilience, which serves to protect against neurodegenerative loss. Cognitive reserve is dependent on education, job complexity, and lifelong learning engagement. In elder care, cognitive stimulation interventions like memory training, problem-solving training, and interactive computer programs have been shown to slow cognitive decline and improve executive functioning (Kim & Jin, 2023). Empirical evidence indicates that participation in activities that are mentally stimulating may help to retard the onset of dementia and increase cognitive flexibility, consequently improving overall well-being (Falk, Wijk, & Persson, 2009).

Deci and Ryan's (1985) Self-Determination Theory has a theory that can be applied to explain older adults' intrinsic motivation and psychological well-being. According to this theory, three basic psychological needs construct well-being: autonomy (to act independently), competence (to effectively interact with the environment), and relatedness (to feel that one has social relationships). Institutional policies and intervention policies in geriatric care facilities that enhance individual autonomy, provide potential for skill development, and provide opportunities for social interaction all contribute to promoting well-being (Burton & Sheehan, 2010). Empirical evidence indicates that empowering older adults with control over their activities of daily living, choices, and recreational activity enhances enhanced life satisfaction and reduced symptoms of depression (Tao et al., 2018).

Resilience Theory (Masten, 2001) explains how individuals effectively manage stress and adversity, such as age-related events like decline in health, loss of autonomy, and widow(ing). Psychological resilience is particularly relevant to older residents in long-term care since many of them face precipitous life changes and losses. Resilience-building interventions like mindfulness training, stress reduction, and emotional regulation can facilitate older adults in managing stressors and psychological balance (Manca, Cerina, & Fornara, 2019). Empirical evidence suggests that the enhancement of resilience among older adults results in better emotional adjustment, increased flexibility, and a more positive sense of purpose in later life (Vaara, Haapola, Seppänen, & Karisto, 2015).

These conceptual ideas together direct the development of psychosocial interventions for older individuals residing in care homes. By integrating processes that include active engagement, emotional fulfillment, intellectual stimulation, liberty, and resilience, care facilities can create care environments that enhance psychological and social welfare. Empirical data are present on the use of these models in care models, and their efficacy in improving mental health status and satisfaction with life in older adults proven (Li et al., 2025; Vogiatzaki & Krukowski, 2019). Therefore, the establishment of a theoretical foundation of aging and well-being must be based on the development of interventions that respond to the particular needs of older individuals who live in institutional environments.

Evidence-based psychosocial therapies for the elderly

Psychosocial interventions are a core aspect of improving the quality of life of elderly individuals in long-term care institutions by altering emotional, cognitive, and social challenges associated with aging.

Empirical studies have confirmed that systematic mental health, social activity, and cognitive performance interventions successfully enhance quality of life, reduce depression and anxiety, and foster resilience in older adults. The subsequent section explores evidence-based psychosocial treatments being used in environments of elderly care, highlighting theoretical foundations and indications.

Cognitive-Behavioral Therapy (CBT) is a popular intervention used for the treatment of anxiety, depression, and affective distress in the elderly. Since aging cohorts are often in turn exposed to increased risk of emotional disorders as a result of isolation, disability, and erosion of autonomy, CBT represents a structured way to modify illusory thought and enhance resistance. Cognitive restructuring techniques, which seek to identify and counteract pathological patterns of thinking, have been successful in reducing symptoms of depression and overall psychological functioning among residents in residential care settings (Courtney, Edwards, Stephan, O'Reilly, & Duggan, 2003). Studies show that CBT-informed interventions enhance self-esteem, optimism, and emotional regulation, and therefore constitute a significant component of mental health treatment in residential care settings (DeRyke, Wieland, Wendland, & Helgeson, 1991).

Reminiscence therapy (RT) and life review therapies use persons' own narrative and autobiographical thoughts to empower the elderly to gain self-worth and emotional resilience. RT encourages elderly individuals to reminisce and narrate life histories by enabling them, thus fostering continuity, meaning, and social relatedness required for emotional well-being (Jose & Shanuga, 2015). Research indicates that RT has significant effects in remitting depressive symptoms, particularly for those who are adjustment-impaired and are in residential care (Shi, Tong, & Cooper Marcus, 2019). Moreover, RT has also been found to improve intergenerational communication as well as social cohesion, which are significant predictors in alleviating loneliness and promoting a sense of belonging among older adults (Orbell, 1996).

Mindfulness-based therapies (MBTs), including mindfulness-based stress reduction (MBSR) and acceptance and commitment therapy (ACT), have been of particular interest in Gero psychology since they are thought to have the potential to improve present-moment awareness, emotional regulation, and stress reduction. Mindfulness interventions are helpful to older adults in terms of creating psychological flexibility and coping with chronic pain, emotional pain, and existential issues (Kim & Jin, 2023). Empirical evidence is that MBSR interventions have resulted in a considerable improvement in mood, cognitive function, and sleep quality among the elderly residents of long-term care facilities (Wang, Lin, Tseng, & Chang, 2009).

Additionally, ACT interventions, emphasizing acceptance of life challenges and values-based action, have also resulted in reducing rumination and enhancing life satisfaction among the elderly (Hong & Liu, 2000).

Positive psychology interventions (PPIs) draw on strengths such as gratitude, optimism, and purpose to cultivate psychological well-being in older adults. Unlike the previous emphasis on deficits primarily, PPIs emphasize meaning-making, engagement, and satisfaction with life (Manca, Cerina, & Fornara, 2019). Gratitude practices, strengths-based rumination, and purposeful activities are found to enhance well-being and reduce symptoms of depression in elderly care residents (Lawton & Gottesman, 1974). In addition, a positive attitude stimulated through guided intervention has been connected to enhanced resilience and adaptive coping during adulthood (Vaara, Haapola, Seppänen, & Karisto, 2015).

Social integration is a significant predictor of mental health and well-being among older adults, particularly those residing in long-term care facilities. Group interventions, socially organized activities, and peer schemes are part of preventing loneliness and building emotional resilience (Hasan & Linger, 2016). A study has identified social engagement interventions utilized in community-based settings as associated with increased satisfaction with life, improved cognitive status, and lowered rates of depression among older individuals (Mohammad, Dom, & Ahmad, 2016). Structured group discussions, group leisure activities, and interactions between peers with supervision provide feelings of belongingness and improve the social support structures, which are required for emotional well-being (Bender, Hollstein, Horn, Huber, & Schweppe, 2014).

Art and music therapy have been shown to have significant effects on cognitive and emotional well-being in older adults. Art therapy treatment facilitates self-expression, working through on an emotional level, and non-verbal communication, particularly among individuals with cognitive impairment or dementia (Falk, Wijk, & Persson, 2009). Music therapy, in the context of specially created music playlists as well as group singing sessions, has been discovered to increase memory, mood regulation, and social interaction in older adults (Burton & Sheehan, 2010). Evidence supports the provision of creative therapies in older person care facilities as a positive practice for enhancing interaction, agitation, and quality of life (Jung, Li, Janissa, Gladys, & Lee, 2009).

There is sufficient literature to prove that physical activity's connection to mental and psychosocial health in older adults is strong, with interventions based on movement also being high in outcome for

mental and overall body health. Exercise interventions like yoga, tai chi, and dance therapy have been found to improve cognitive functioning, reduce depression and anxiety symptoms, and increase social connectedness among older adults (Ciairano, Liubicich, & Rabaglietti, 2010). Physical activity programs also contribute to an increase in functional independence and mobility necessary for sustaining self-efficacy and autonomy among the elderly (Neyens et al., 2011). Empirical evidence indicates that the introduction of structured exercise programs within older adult care homes is linked with greater worldwide well-being as well as increased psychological hardiness (Tao et al., 2018).

Empirically based research verifies the effectiveness of psychosocial therapies in ensuring emotional stability, cognitive function, and social relationship in the older adults in long-term care (Tao et al., 2018). Cognitive-behavioral therapies, reminiscence therapy, mindfulness-based therapies, and positive psychology therapies provide structured interventions for the management of mental health problems and the establishment of resilience in the elderly. Social activity interventions, music and arts therapy, and exercise interventions are also key to increasing overall well-being and quality of life in older adults residing in institutions. Future studies must further explore multimodal intervention integration as a strategy for optimizing psychosocial care and facilitating successful aging in care facility residents.

Implementing psychosocial therapies in elderly care facilities

Successful application of psychosocial interventions in old-age homes requires a step-by-step process that takes into account both institutional and individual-level barriers. Despite growing awareness regarding the benefits of psychosocial interventions, barriers in the form of resource constraints, staff training, and resistance to change continue to hinder their successful application. There should be an integrated model of best practices, interdisciplinarity, and technology to ensure high-quality, evidence-based psychosocial services for older residents (Dye, 1978; Timko & Moos, 1989).

One of the biggest challenges in planning psychosocial interventions for institutions that provide care for the elderly is the problem of limited resources. Most institutions have low budgets and staff, and therefore it is difficult to identify time and staff to allocate to psychosocial therapies (Takeda & Fukuzaki, 2024). The demand for care services of older adults continues to increase due to the worldwide trends of aging, but investment in long-term care mental health and psychosocial care is also still insufficient (Cheng, Liu, Yang, Wang, & Liu, 2022). This deficiency is compounded by the lack of professional

training among caregivers and the medical professionals themselves, so that interventions are used heterogeneously and with weaker effect (Nagatomo, Kita, Takigawa, Nomaguchi, & Sameshima, 1997). Staff turnover at elder care facilities worsens these problems, creating a recruitment, training shortages, and poor workforce readiness cycle (Dye, 1978).

Resistance to change within elderly care facilities is another serious challenge. Models of care that are traditional in nature are more likely to concentrate on medical management and physical health and be less accepting of novel intervention approaches (Moore & Haralambous, 2007). Some of the employees might also have misconceptions about psychosocial treatments as being inferior to drug treatments or scientifically unreliable (Takeda & Fukuzaki, 2024). In addition, older residents themselves might be resistant to therapy due to stigma towards mental illness or unfamiliarity with some interventions (Wada, Shibata, Saito, & Tanie, 2003). These attitudinal barriers are also overcome through education, advocacy, and advocacy of evidence-based psychosocial care as an essential part of geriatric wellness (Bender, Hollstein, Horn, Huber, & Schweppe, 2014).

To guarantee that psychotherapy is being implemented effectively, there need to be programmed approaches to make sustainable and individualized interventions. One of the principal strategies is providing specialized staff training courses that equip caregivers and healthcare workers with skills necessary to administer psychosocial therapies effectively (Dye, 1978). Training needs to emphasize acquiring the psychological needs of older residents, recognizing signs of distress, and applying evidence-based practices such as cognitive-behavioral interventions (CBT), reminiscence therapy, and mindfulness-based interventions (Nagatomo et al., 1997). Further, integrating mental health literacy into the elder care staff's basic training program can also help to de-stigmatize psychosocial discussions (Falk, Wijk, & Persson, 2009).

Individualized care plans derived from the individual psychological and social needs of every resident enhance the effectiveness of psychosocial interventions. Personalized assessments allow the identification of the best therapies such that interventions match the resident's cognitive ability, emotional state, and personal interest (Shi, Hua, Tang, Xu, & Xu, 2021). Utilizing formal timetables for psychosocial interventions—e.g., group discussions, music therapy, or mindfulness exercise—can facilitate consistency and induce greater active involvement by residents (Ciairano, Liubicich, & Rabaglietti, 2010). Studies highlight that with interventions that are being brought into concordance with the individual interests and experiences of the

older person, there is increased participation and long-term improvement in mental health (Jung et al., 2009).

Multidisciplinary treatment involving healthcare providers, social workers, psychologists, and family members is also necessary in offering an integrated care model. Interdisciplinary collaboration is made possible and permits a clearer determination of needs for residents along with ensuring complementarity between medical and physical healthcare plans and psychosocial intervention plans (Timko & Moos, 1989). Facilitating an active role among family members towards participation in psychosocial programs helps reinforce the support of loved ones, who are a most influential determinant in elderly well-being (Manca, Cerina, & Fornara, 2019). Family-based interventions, such as intergenerational therapy and scheduled visits, have been shown to significantly enhance emotional resilience and social support in older adults (Roquete, Batista, & Arantes, 2017).

Healthcare professionals and caregivers are the most important individuals in facilitating psychosocial well-being among older residents. Effective communication skills, empathy, and cultural competence are essential traits for caregivers delivering psychosocial interventions (Takeda & Fukuzaki, 2024). Empirical evidence indicates that there is a warm care climate, improving the quality of psychosocial care, when there are positive interpersonal working relationships between care workers (Bender et al., 2014). Besides, peer mentoring caregiving teams can improve knowledge sharing and a mutual support culture to enhance psychosocial well-being (Dye, 1978).

Technology has introduced new and innovative methods for the enhancement of psychosocial well-being among the elderly in care facilities. Virtual reality (VR), teletherapy, and interactive programs are new methods of connecting with older residents through psychosocial therapies. Whereas VR-based remembrance therapy is applied to induce enhancement of positive affect, cognitive activity, and symptom decrease in depression among older people (Wada et al., 2003), teletherapy has been applied effectively as a good tool to offer psychological care to the residents who live far or less-endowed institutions (Shi et al., 2021).

Robot therapy is another promising area which has been observed to register promising results in the treatment of the elderly. Social robots used for interaction and companionship have been found to improve mood, decrease loneliness, and increase social interaction in the elderly (Wada et al., 2003). Methods such as gamification using cognitive training software and online engagement platforms provide stimulating activities that raise cognitive ability and emotional toughness in the elderly (Shi et al., 2021).

Smart technology application, such as wearable sensors and artificial intelligence-backed monitoring systems, is also responsible for the optimization of psychosocial care. These forms of technology have the capacity to keep tabs on emotional wellbeing in residents, recognize potential distress signs earlier, and provide caregivers with immediate feedback to act swiftly and craft individualized interventions (Shi et al., 2021). Ethical concerns, however, must be addressed to enable technological interventions to be user-friendly, accessible, and culturally acceptable to older people (Hasan & Linger, 2016).

Successful psychosocial care in residential care homes for older people requires overcoming system barriers, best practice use, and technology (Moore & Haralambous, 2007). Overcoming resource constraints, staff education support, and the adoption of multidisciplinary models can enable homes to optimize the psychological well-being of older residents. The skills of healthcare professionals and the empathetic support of carers and healthcare workers are key to building the success of such interventions as they directly influence the mental health outcome of residents (Bender et al., 2014).

In addition, digital interventions and innovative technologies offer additional avenues for augmenting access to psychosocial therapy, consequently enhancing a better more sustainable care model for older adults (Peng et al., 2018). Further research must further evaluate new patterns of delivering psychosocial care and emphasize the importance of individualized person-centered care (Falk et al., 2009). By offering implementation strategies, employee training, and embracing technological innovation, geriatric nursing homes can significantly enhance the quality of life and mental health of their residents (Cheng et al., 2011).

Ethical and policy considerations in elderly psychosocial care

Psychosocial care in residential care for older adults is strongly integrated with ethical models and policy guidelines that guide service delivery. Maintenance of the dignity, autonomy, and well-being of older adults requires integration of evidence-based practice with ethical models like informed consent, cultural competence, and respect for person-directed care. Other policies within overall systems at global and national levels also affect the quality and access to psychosocial care in residential care. Resolution of ethical issues and promotion of age-friendly policies are critical measures toward the development of a caring and inclusive model of elderly mental health treatment (Dye, 1978; Timko & Moos, 1989).

The most critical ethical issue in elderly psychosocial treatment is that of autonomy. Older persons, especially those in long-term care

facilities, frequently experience a diminution of independence as a result of cognitive or physical impairment. While psychosocial interventions are designed to support well-being, it is desirable that participation should be voluntary and residents in control of their treatment choices (Harada et al., 1995). Informed consent becomes a complex issue when there is cognitive impairment represented in the form of dementia or Alzheimer's disease, where decision-making capacity and proxy consent issues arise (Timko & Moos, 1989). Ethical problems arise also when elderly people feel obliged to take part in interventions not relevant to them, corroborating the need for individual and adapted psychosocial care (Bender, Hollstein, Horn, Huber, & Schweppe, 2014).

Cultural aspects are similarly crucial in ethical psychosocial care. Psychological well-being is significantly influenced by cultural values, beliefs, and social norms, which must be respected in treatment development and implementation (Takeda & Fukuzaki, 2024). Evidence-based psychosocial interventions are not always integrable with the daily lives and cultural expectations of diverse older adults. Practitioners must apply culturally sensitive methods that unite traditions, languages, and values common in residents' histories (Wada, Shibata, Saito, & Tanie, 2003). For example, research indicates that the most effective reminiscence therapy is one that employs culturally relevant stories, music, and artifacts that are aligned with the individual's own history and social identity (Ciairano, Liubicich, & Rabaglietti, 2010).

Second, there are ethical concerns in the use of technology for older adult care. Digital interventions, such as virtual reality therapy and telehealth, offer new possibilities for the extension of mental health care, but also pose potential risks in privacy, digital literacy, and accessibility (Shi, Hua, Tang, Xu, & Xu, 2021). Ethical technology use requires safeguarding residents' data, adequate training, and maintaining a person-centered digital care approach (Hasan & Linger, 2016). The use of robotized therapy and artificial intelligence-guided mental healthcare, while promising, also raises concerns about the replacement of human contact with robotic interaction and potential emotional effects on older adults who already feel so isolated from unpersonal on-screen interchanges (Wada et al., 2003, Runcan, 2017, Runcan, 2015).

National and international policies have the important effect of defining the scope and quality of psychosocial care offered in elderly care facilities. Countries that have matured geriatric care systems have a tendency to include mental health care within comprehensive aging policy since mental well-being is regarded as a part of successful aging

(Moore & Haralambous, 2007). Differences in policy implementation continue, and low- and middle-income countries have significant discrepancies in the availability of psychosocial services (Cheng, Liu, Yang, Wang, & Liu, 2022). Social inclusion, prevention of abuse of the elderly, and psychosocial care access are among the policies still under development in some regions, leaving the majority of older persons vulnerable to neglect and mental deterioration (Roquete, Batista, & Arantes, 2017).

Global initiatives, such as the World Health Organization's (WHO) Decade of Healthy Ageing (2021–2030), call attention to integrated mental health care as an aspect of aging policy. These policies support the integration of psychological interventions into primary healthcare services, expanding access to social support networks, and supporting research on aging and mental health (Artmann et al., 2017). National governments are increasingly recognizing the worth of funding psychosocial programs in elderly facilities, but implementation problems such as shortages of personnel and bureaucratic inefficiencies hinder large-scale implementation (Peng, Zeng, Zhao, & Zeng, 2018). The inclusion of psychosocial services within national health insurance schemes and systems of long-term care can provide long-term solutions to these challenges, ensuring ongoing and integrated support to older adults (Bender et al., 2014).

Policies on elder rights and protection are also essential in preventing neglect and abuse of the elderly in care homes. Standards of behavior, such as those offered by the United Nations Principles for Older Persons (1991), include dignity, participation, and health care service accessibility. However, there are gaps in terms of applying these norms, particularly where elder abuse, neglect, and social isolation remain unresolved problems (Lim, Shin, & Cho, 2018). Research highlights the need for tougher policies mandating regular mental health screenings, in-service training for staff in psychosocial treatments, and tracking and reporting on elder abuse (Utsumi, Makimoto, Quroshi, & Ashida, 2010).

Ageing populations across the world necessitate a shift of paradigm in health policy with the inclusion of mental and social wellbeing alongside physical health. Age-friendly policy must aim at systemic gaps in the provision of psychosocial services so that older persons receive holistic and person-oriented care (Falk, Wijk, & Persson, 2009). Strengthening interdisciplinary collaboration between physicians, psychologists, and social workers can enhance an integrated approach to the health of the elderly (Cheng et al., 2011). Research indicates that interdisciplinary teams that include mental health professionals significantly enhance the level of psychosocial

care, particularly in cases of comorbid ill physical and psychological health (Shi et al., 2021).

A good example of a critical policy recommendation is the expansion of community-based psychosocial interventions that enable older persons to access mental healthcare without compromising on independence. Studies reveal the benefits of community-based intervention in reducing social isolation, promoting cognitive well-being, and boosting satisfaction with life (Manca, Cerina, & Fornara, 2019). Governments and healthcare organizations must give high priority to investment in care models that are community-based, such as daycare facilities for the elderly, mobile mental health, and peer-support groups, that have been cost-effective and useful for general health (Jung, Li, Janissa, Gladys, & Lee, 2009).

Furthermore, policies need to address workforce training in psychosocial gerontology so that caregivers and healthcare professionals are adequately trained to provide compassionate and evidence-based care (Takeda & Fukuzaki, 2024). Poor specialized geriatric mental health training has been identified as a significant barrier to the provision of effective interventions in the majority of elderly care homes (Dye, 1978). Institutions should ensure that there are standardized training programs to equip caregivers with skills and knowledge for the management of complex psychological and emotional needs of elderly individuals (Neyens et al., 2011).

Governments and institutions should also finance the creation of age-inclusive city planning and residential care models that support well-being. Incorporation of green spaces, sensory gardens, and social activity spaces into care settings has been reported to enhance psychological health and quality of life in older residents (Artmann et al., 2017). Changes to the environment, such as improving facility design, exposing people to nature, and building social interaction areas, have been linked with lower rates of depression and cognitive impairment in older people (Falk et al., 2009).

In conclusion, ethical and policy issues of older adult psychosocial care must be addressed among aging healthcare reforms. A people-oriented and integrated approach that includes ethical principles, culturally appropriate interventions, and robust policy structures must be established to foster the well-being and dignity of older persons in long-term care. Additionally, further research is needed to consider the long-term efficacy of psychosocial treatment, balancing international wide disparities of older mental health care, and tackling new innovations to further shape psychosocial care for ageing populations worldwide.

Conclusion and future directions

Psychosocial interventions in older adult care homes are a significant step towards improving mental well-being and quality of life among the elderly. The review has established the use of evidence-based interventions such as cognitive-behavioral therapy, reminiscence therapy, mindfulness exercises, and social interaction programs to improve emotional resilience, cognitive functioning, and social well-being. Despite studies that prove the benefits of such therapies, their successful adaptation into the clinics must brake system barriers, wrestle with the issues of ethics, and combat policy reform aimed at geriatric psychosocial treatment.

To sustain and continue the use of psychosocial treatments in long-term care organizations, institutions must prioritize large-scale staff training, interagency coordination, and culturally competent models of care. Integrating psychosocial treatments into country-level healthcare policy can ensure that mental well-being becomes a central component of aging services. Also, the inclusion of state-of-the-art digital technology like telemedicine, virtual reality therapy, and AI-based companionship can make it more accessible and usable, if anonymity and independence are preserved through strict adherence to ethical procedures.

Despite significant progress in knowing psychosocial interventions among older persons, the future research would need to examine the long-term effects of psychosocial treatments on mental status, cognitive ability, and subjective well-being. Additional research would be needed in investigating cross-cultural sensitivity of psychosocial therapies to develop interventions that meet different aging processes in different social and ethnic environments. New therapies, including digital and AI-based therapies, could be explored to see if they are effective and well-accepted in terms of ethics in the management of older adults.

Effective application of psychosocial therapies in long-term care facilities requires an interdisciplinary strategy that integrates evidence-based practice, ethical guidelines, and policy tools (Gavrila-Ardelean & Gavrila-Ardelean, 2018). To address rising numbers of elderly individuals, there is a need to address psychological, social, and emotional requirements of the elderly (Gavrila-Ardelean & Gavrila-Ardelean, 2017). There is evidence to justify social communication and networking interventions in minimizing social isolation and promoting well-being in vulnerable individuals, including aged people who are living in institutional settings (Gavrila-Ardelean & Gavrila-Ardelean, 2016).

The link between depression and institutionalization has been long established, and studies have indicated that elderly individuals residing in long-term care institutions are at a higher risk of experiencing psychological distress and depressive symptoms due to lost autonomy and social isolation (Runcan, 2012; Runcan et al., 2010). However, research also shows that certain psychosocial interventions, including reminiscence therapy, cognitive-behavioral interventions, and social activity programs, are able to enhance these negative effects, enhancing resilience and adaptation (Bucur, Bucur, & Runcan, 2013). Besides, religiosity and spirituality appeared as protective factors among elderly, influencing the coping and attitudes towards mortality among long-term care institution residents (Iovu, Mocean, Runcan, & Runcan, 2015). Policy making and institutional reform with a focus on whole-system, person-centered elder care that blends mental health services, social connectedness, and technology innovation are key to enhancing the quality of life of older adults (Bucur, Bucur, & Runcan, 2013). Further studies must investigate the long-term results of psychosocial interventions with a focus on technological innovation and interdisciplinarity in geriatric mental health treatment (Runcan, 2013). While populations are struggling with aging, it is essential that an ethical and integrative model of psychosocial care be emphasized. Through encouraging a culture of dignity, belonging, and well-being in long-term care environments, we can strive toward a future in which aging is not a deterioration but a continued development, vigor, and contentment.

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