Mental Health and Older Adults: A Narrative Synthesis of the Literature

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Abstract

The older adult population has been a growing concern in the global context calling for attention to aging processes, supportive measures and health care policies. In the Philippines, the population of older people is accumulating swiftly with a faster growth compared to the total population of the country. Thus, this calls for a closer attention on the overall wellness and the mental health of older adults that are more crucial in comparison to other ages in one's lifetime. Generating a database search strategy for the last 10 years focused on the mental health of older adults, retrieved articles from APA PsycNet, ProQuest, SAGE, EBSCOHost and PubMed Central electronic databases were synthesized guided by the set inclusion and exclusion criteria and utilizing the PRISMA flowchart of the record selection process. This narrative synthesis rendered the *Mental Health Orientations of Older Adults* to illustrate an integrated framework to understand mental health and older adults. The findings of this research synthesized a portrait on how older adults give credence to their mental health in various concerns and needs which they directly and indirectly experience. These will be valuable in considering age-specific mental health needs aligned with the three orientations considering Philippine law provisions on mental health (RA11036 or the Mental Health Act) and on senior citizens (RA9994 or the Expanded Senior Citizen Act) in the continuing aim of providing access for mental health services and integrated mental health promotion strategies for the older adult population.

*Keywords: Ageing, Filipino older adults, Mental health, Narrative synthesis, Psychological Intervention*

Introduction

In the global context, the older adult population face a myriad of challenges as they face end-of-life concerns and the aim to achieve a harmonious aging despite their vulnerability. This is due to aging processes which pose several challenges to contemporary society (Zambianchi & Carelli, 2018) such as growing pedestrians and motor vehicle users (Sarkar, 2009), nephrology and general medicine, health care policy and diseases (Huong et al., 2017; Kato-Okada et al., 2015; Koskas et al., 2014;
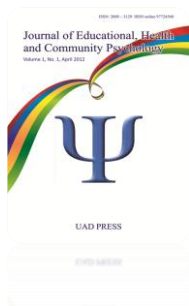
Tsuchiya, et al., 2015), mental disorders, depression (Ibrahim et al., 2017; Vaid, 2015) and other age-related psychological concerns of older adults such as death anxiety and interment stress (Laguilles-Villafuerte, 2022a, Laguilles-Villafuerte, 2022b, Laguilles-Villafuerte & de Guzman, 2021, Laguilles-Villafuerte & de Guzman, 2020a; Laguilles-Villafuerte & de Guzman, 2020b). To emphasize, the growing number of the geriatric population also implies how overall wellness and the mental health of old age is more crucial in comparison to other ages in one's lifetime (WHO, 2017).

In fact, the aging population ranging from 2015 through 2050 is speedily escalating, with the percentage of the global population over 60 years will nearly double, from 12% to 22% (WHO, 2017). The older adult population or senior citizens belong to the age range of 60 years old and older, which is considered one of the most vulnerable populations globally. It was projected by the TWPP (The World Population Prospects) in 2019, that in reaching the year 2050, the population of the older people will balloon to 16.5% of the country's total population (ageingasia.org, 2019). In the Philippines, the aging population is also accumulating swiftly, showing a faster growth compared to the total population of the country. As such, 4.6 million senior citizens in the year 2000 represented 6% of the total population and in the last two decades, this population elevation proportioned to 9.4 million senior citizens, representing around 8.6% of the country's total population. Across the regions in the Philippines, the older adult population is also projected to double over time. Thus, with this growing population in the Philippines; physical, mental, social and economic concerns of the older adults are being addressed for the stronger implementation of Republic Act 9994 or the Expanded Senior Citizens' Act of the Philippines and Republic Act 11036 or the Mental Health Act of the Philippines. In a general sense of these law provisions, the continued rights and protection of the older adults who are among the vulnerable groups are upheld. Various initiatives are done by the government such as national policies, presidential and executive issuances for older people, associations for the older people population. These are to ensure healthcare, social pension and networking with other agencies and non-government offices. This is to give action to reported concerns of the older adults such as their health conditions, treatment of diseases, and social systems (Tsuchiya et al., 2015), increasing dependence on primary care, social services and the community as a whole (Vaid, 2015).
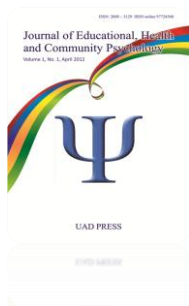
Intersectionality is also present among the ageing population as what Fredriksen-Goldsen et al., (2014) found. Older adults who are members of the Lesbian, Gay, Bisexual and Transgender (LGBT) communities, are found to be at stronger and difficult risks for varied mental health disorders, seeing some direct and indirect effects in relation to their gender, age and mental health condition. Like non-LGBT older adults, the LGBT older adults are also affected with loneliness, anxiety, depression and are complicated because of their sexual orientation and gender identities. These intersectionality issues and other older-age related concerns are further amplified with mental health stigma that aggravate geriatric depression (Conner et al., 2010; Stewart et al., 2015) and loneliness (Aarts et al., 2014; Van Baarsen et al., 2002). Thus, good health, self-esteem and coping mechanisms are buffers which need to be regulated, if not, will lower the emotional and social loneliness among older adults. There is also an emphasis on mental health and the prevention of depression among older adults are effective through psychosocial interventions (Forsman et al., 2011) and that providing mental health awareness sessions to the older adults and their family members is a highly preferred family intervention for death anxiety and interment stress (Laguilles-Villafuerte, 2022). The older adults' health-seeking behaviors for restoration of emotional and psychological wellness (de Guzman et al., 2014) is in response to physical, social and psychological treatments provided by the respective professionals and experts in the field.

The extant literature showed the mental health status among the older adults are portrayed in varying degrees and usually with the utilization of the quantitative approach. Thus, it is the interest of this study that a variation of the research design/method used will produce new insights and to avoid generalization of findings that are not contextualized qualitatively. To know what baseline research/literature has been established on mental health and older adults, this narrative synthesis paper aimed to integrate the qualitative findings of published papers on mental health and older adults for the last ten (10) years. This narrative synthesis is centered on the question, *"What findings of published qualitative papers on mental health and older adults for the last 10 years in the literature may be integrated?"*. By doing so, the blind and blank spots were determined and the richness and thickness of the existing literature were prepositioned into a guiding framework for future researchers. It aims to harmonize the previously published research findings to the findings of this current study.

Ultimately, the findings of this narrative synthesis paper hope to strengthen the need to focus on the mental health of older adults and to contextualize these in the Filipino perspective.

Method

This research study utilized the Narrative Synthesis method to answer the central question; *"What findings of published qualitative papers on mental health and older adults for the last 10 years in the literature may be integrated?".* This approach adapts a systematic review and synthesis of the findings from numerous qualitative research that depend chiefly on the use of words and text to recapitulate and elucidate the synthesized findings. Whereas the narrative synthesis can comprise the management of statistical data, the crucial distinctive in this approach is that it espouses a textual method to the synthesis procedure that narrate the findings from the included studies without tampering the original results and narratives. Narrative synthesis as a procedure, synthesized the findings to utilize systematic reviews focused on the array of varied questions, not only those connecting to the efficiency of a specific interference (Popay et al., 2006). In this research, this procedure was the most apt in order to accomplish the integration of 10 years investigation on mental health and older adults. This study searched only for qualitative studies, written in the English language for the last 10 years from five electronic databases, namely; APA PsycNet, ProQuest, SAGE, EBSCOHost and PubMed Central that focused on the mental health and older adults. The search terms were "mental health and older adults". The inclusion in this review involves: (i) Qualitative in design/method written in English language; (ii) Published from 2011 to 2021; (iii) Full-blown articles with free/open access which may be printed and/or downloaded; and (iv) Presented with an original model/framework or tabular/simulacrum/dendrogram. To build a concise and clearer search strategy, the following exclusion criteria were employed: (i) Quantitative, mixed methods papers; (ii) Systematic reviews, review articles, brief reports; (iii) Exclusion of search terms: Mental illness, mental well-being, mental disorders, mental challenges, COVID, COVID-19, pandemic, corona virus.

Additionally, the review process for this paper was guided by the PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) Statement Guidelines, an evidence-based set of minimum recommendations showing transparency and complete reporting of systematic reviews (Sarkis-Onofre et al., 2021). The search strategy protocol is as follows: (1) Identification: the need for a clear
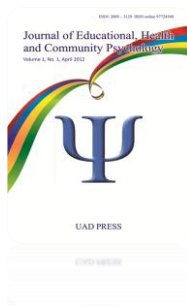
and concise search terms; (2) Screening: the search for duplication and non-compliance to inclusion criteria; (3) Eligibility: Inclusion and exclusion criteria are well-defined; and (4) Included: from the eligible, to determine how many will be included.

The search from the five electronic databases elicited a total of 9,400 potential articles based on the search terms. From these potential articles, 2003 were removed for duplication across the five electronic databases. After which, the articles were screened by abstracts and titles and 6024 were excluded because the papers talked about mental health of other age groups; of older adults but not related to mental health; and covered the excluded search terms. Guided by the eligibility criteria, 62 papers were further assessed, of which 42 were excluded due to the inability to meet the established inclusion and exclusion criteria of this current study. After the rigorous process, there were 20 remaining articles included in this narrative synthesis. The data was analyzed through these steps: (1) Developing a theoretical model of how the interventions work, why and for whom; (2) Developing a preliminary synthesis; (3) Exploring relationships in the data; and (4) Assessing the robustness of the synthesis product (Popay et al., 2006). In completing the data analysis of this narrative synthesis on existing frameworks/models from the authors of the original articles and in the course of analyzing their research illuminations, there is a possibility that overlooked details may lead to the weakening of the robustness of the findings. Thus, cross-validation techniques with a practicing clinician and a narrative synthesis expert were accomplished. In compliance to the consulted experts' endorsement, the synthesis was revisited and the re-thematization took place. This process provided the strengthened validity and the sturdiness of the synthesis product. (See Figure 1).

Figure 1: PRISMA flowchart of the record selection process
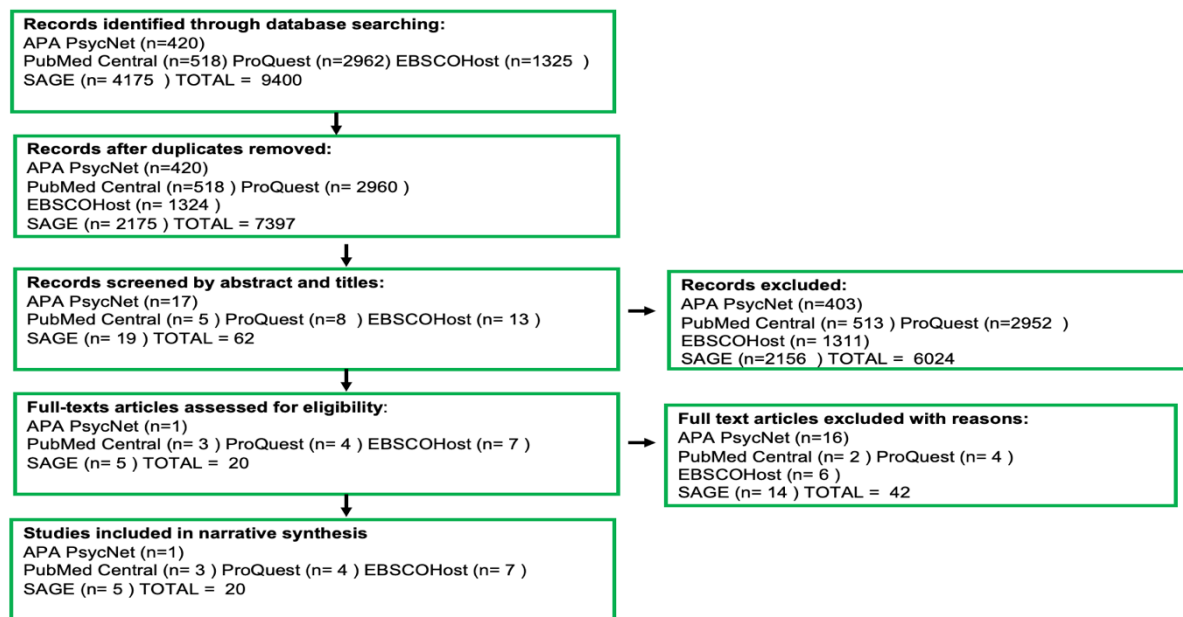
Findings

Cognizant of the overall aim of this study to integrate the findings on mental health and older adults to further stabilize the mental health framework for older adult population, the narrative synthesis design was employed. Data from the 20 articles were carefully analyzed following an interpretative integration of the qualitative findings. Completing the narrative synthesis process, an integrated framework; *Mental Health Orientations of Older Adults* (see Table 1) was developed. This framework offers three complementary and relative positions on mental health for older adult population that highlighted their mental health concerns, mental health access and mental health delivery.

Theme 1: Introceptive Orientations

In this study, the first mental health orientation is focused on the older adults' three introceptive processes: (1) Self-orientation, (2) Family-orientation, and (3) Cultural-orientation. The reviewed articles recategorized under this theme showed orientations which are guided with mental health concerns that involve intrapersonal management, self-beliefs and attachments, values, emotional and

social support systems of the older adults.

Self-oriented involves seeking for healthcare services, treatments and proper information dissemination and management of their physical and emotional distresses. Their striving for coping mechanisms, lifestyle changes and self-management are included here.
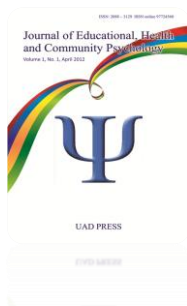
Uncertainty in the lives of the participants included unexpected survival; interpreting one's symptoms and medical uncertainty. Participants also described individual approaches to achieving resilience (Furlotte & Schwartz, 2017).

Once participants had recognized that they were experiencing distress, they each described taking some form of action. Most of the participants identified their own ways of managing distress, which did not involve health-care services (Moult et al., 2020).

Individual capacity for self-management reflected participants' views on and the resources required for effective self-management. Strategies to improve self-management should address misconceptions about age and depression, and older adults' interest in and capacity to embrace self-management practices (Polacsek et al., 2019).

The self-orientation sub-them is proof that in terms of mental health, the older adult population are quite aware of the importance of caring for their psychological well-being. They quite understand that part of their end-of-life transcendence is the acknowledgment that one needs to help herself/himself to understand their mental health conditions and be able to ask help from people they trust most. The older adults possess the awareness and the recognition that they need other people to help them achieve their optimal mental health. This leads to the second sub-theme, the *family-orientation*.

Family-oriented includes the need to receive emotional support for mental health care, social support, acceptability of emotional support from family problems and financial problems emanating within the family. This orientation involves spouses, family members and significant others who are vital to address the mental health needs of the older adults.

The most common cause of depression/anxiety mentioned was having 'life problems' which usually referred to problems within the family (poor relationships and/or financial constraints). Older adults worried about their own financial situations and also about the situation of relatives (Flores-Flores et al., 2020).

Loneliness and anxiety seem to be a part of the bereavement process and one can experience that life is no longer worth living. One attempts to maintain one's pride and dignity by not asking for help from children (Holm et al., 2019).

The older adults are cognizant of the frailty of their physical health and in the admission that along with their aging bodies, their emotions and mental resilience are also in decline. Strengthening their mental health resolve largely involves their loved ones, as the cruciality of their emotional support and the boost of their morale in handling adversities quite needed as an end-of-life necessity. The successful involvement of family members and significant others extend to how the community works to help them out, paying attention to specific cultural practices and to place focus on one's culture and background, which are highlighted in the last sub-theme, the *cultural orientation*.

Cultural-oriented is composed of protective factors such as religion, faith and spirituality, of considering cultural perspectives and competencies in handling their mental health concerns. These also include involvement in the community, of being part of a certain cultural/group belongingness in the attempt of the older adults to alleviate their mental health concerns.

Participants described a variety of roles held by religion and spirituality in their lives. Responses ranged from concrete roles, such as attending church every Sunday and participating in church events, to value-shaping roles, such as being an influence on behavior (Linscott et al., 2016)

Various forms of loss contributed to participants' distress. Participants initiated their own self-management strategies which included: pursuing independent activities, seeking social support and attending community groups and church (Moult et al., 2020).

The last sub-theme shows the importance of the engagement and involvement of the community and its members in promoting the mental health of older adults. This includes the support of the respective community sectors in the social and spiritual activities of the older adult population. Community participation, belongingness and affiliation are all involved in this orientation, and the older adults are keen in maintaining their social and spiritual connections that serve as mental health buffers to them.

Theme 2: Interoceptive Orientations

The theme Interoceptive Orientations refer to the second perspective that emerged from this narrative synthesis. The mental health in older adults is substantiated with consistent, policy-and evidence-based services, treatment and provider-competence. Having access to health care and handling of service-providers improve their mental health states. These orientations (service and treatment) signify the awareness of the older adults to determine mind-body needs to achieve their optimal functioning focused on mental health.

Service-oriented may be the lack or absence of policies that lead to barriers to services, overlapping, broken, delayed care and unsatisfactory relationships with service providers. These are also the type of mind-set the older adults have in having positive outcomes for the psychotherapy received. In this orientation, the older adults are expectant of receiving care, policy solutions and actions, and seeking treatment for their mental health needs.

We found that while patients in this study often felt that their mental health was important to address, they experienced multiple, but overlapping, barriers to services that delayed care or broke their continuity of receiving care, including limited knowledge of extant services and how to find them, difficulties obtaining referrals and unsatisfactory relationships with mental health service providers (Pass et al., 2019).

Positive communication with providers and an established relationship with a trusted provider were primary facilitators for depression screening. Providers who took the time to put their beneficiaries at ease and used conversational language rather than clinical terms appeared to have the most success in eliciting beneficiary honesty about depressive symptoms (Colligan et al., 2020).

The older adults also show awareness that the lack of mental health services will lead to the decline of their mental health. They are well-oriented and informed of the importance of having access to mental health services and to be assessed thoroughly to receive the proper and adequate mental health services which they would benefit most from. Relative to this, the type of treatment they receive are equally oriented, leading to the other sub-theme, treatment-oriented.

Treatment-Oriented is focused on the need to strengthen a combination of medication and psychotherapy treatment, supportive and integrated geriatric treatment, secondary health care, and a trustworthy specialist.

Participants anticipated presenting for treatment in the primary care sector and preferred a combination of medication and psychotherapy for treatment. Participants were, however, more willing to see mental health professionals if they were first referred by a clergy member or primary care physician (Kitchen Andren et al., 2013).

Mental health and substance use workforce for older adults highlights the need to provide training and support for integrated treatment of geriatric mental health conditions within primary care, as well as across the broad spectrum of acute and long-term health care and social service settings (Bartels et al., 2013).

The older adult population are now very receptive in the combination of intrusive and non-intrusive forms of treatment. They have changed their unilateral perspectives that sticking to one traditional, proven method will provide all the treatment they need. In this sub-theme, the treatment-orientation, the older adults showed better and stronger reception to be open-minded and innovative in the types of treatments they receive.

Theme 3: Exteroceptive Orientations

The final perspective that emerged from the narrative synthesis is the Exteroceptive Orientations which relates to, or is activated by situations or circumstances from the external environment of the older adults. Mental health in older adults is maintained through orientations on constancy and consistency (Constancy-oriented and Consistency-oriented). Their protective/supportive physical

environment or surroundings are crucial to receive collaborative care, consistent management, structured provisions of physical, social and psychological interventions.

Constancy-oriented shows the aims and goals of mental health for older adults that will reflect permanence and dependability. Crucial to the harmonious aging of older adults is to experience that the mental health delivery are unchanging and balanced.

Acceptability of the psychosocial intervention from the viewpoint of older adult participants: Collaborative care, task-shifting, and stepped-care approaches were well accepted. The structured protocol of the intervention including different activities and videos was important to adherence of older adult participants (Henrique et al., 2021)

Findings indicate that intervention across multiple domains of access is necessary for successful long- term management of mental health disorders for patients with multiple chronic comorbidities (Pass et al., 2019).

The constancy orientations show how the older adults give weight to the continuous, dependable and committed ways of mental health care delivery. It is quite important for the older adult population to view mental health in such a way that they are able to qualify and quantify this in being provided with constant care. This constancy is twinned with consistency in the delivery of mental health services.

Consistency-oriented indicate the accuracy, fairness and focus of the things and activities concentrated for achieving the mental health promotion of the older adult population. There is no discrimination, inequality or inequity in delivering the mental health programs for older adults.

Care provided should be collaborative effort. Having an interdisciplinary team accessible to nurses and strong interprofessional collaboration was perceived as beneficial. When providers help care for clients, care delivery was much easier (Yous et al., 2019).

Where such monitoring and evaluation resulted in the family carer reaching the opinion that the quality of care was good, the result was reassurance and satisfaction. Where family carers decided that there were
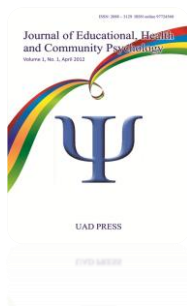
problems with the quality of care, some tried to rationalize what was happening, while others appeared to reach a fixed opinion that care was poor. The former approach may have enabled family carers to continue to trust staff and feel in control (Clissett et al., 2013)

This final sub-theme, consistency orientation illuminates the vital roles of multidisciplinary management of older adults' mental health conditions. The older adults captured in the reviewed articles mirrored the importance of collaborative, comprehensive and holistic approach in providing mental health services. Along with the consistency of mental health care, the mental health professionals are included to achieve the quality of end-of-life care in the context of mental health.

Table 1

Tabular Simulacrum of Mental Health Orientations in Older Adults

| Re-thematized Themes	Collective Descriptions
1) Introceptive Orientations	Mental health in older adults has three introceptive processes: Self-oriented, Family-oriented and cultural-oriented. These orientations are guided with mental health concerns that involve intrapersonal management, self-beliefs and attachments, values, emotional and social support systems.
2) Interoceptive Orientations	Mental health in older adults is substantiated with structured policy-and evidence-based services, treatment and provider-competence. Access to health care and handling of service-providers improve the mental health states. These orientations (service and treatment) are awareness of the older adults to determine mind-body needs to become mentally healthy.
3) Exteroceptive Orientation	Mental health in older adults is maintained through orientations on constancy and consistency. Their protective/supportive physical environment or surroundings are crucial to receive collaborative care, consistent management, structured provisions of physical, social and psychological interventions .

Discussion

The main intent of this narrative synthesis is to integrate qualitative research studies on mental health and older adults. The goal is to highlight the perspectives of the older adult-carers, family members of
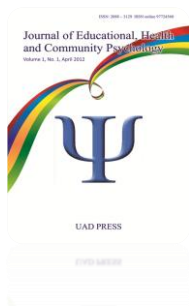
older adults and the older adults themselves to understand better how mental health was portrayed and how the mental health services and treatment were accessed and delivered to the older adults from investigations in the last 10 years.

Twenty eligible research articles were rigorously reviewed which enabled the integrated framing of perspectives on mental health and older adults. The analysis rendered key insights on the different orientations of the mental health in older adults; beginning with the self, the family and culture. These viewpoints transcended into services and treatments as well as the constancy and consistency of the mental health access and delivery. As shown in the tabular presentation (Table 1) of the Mental Health Orientations of Older Adults, the perspectives are found to be interconnected and interdependent; views are unique yet merging, illuminating descriptions and important aspects to better respond to the mental health needs of the older adult population. Interestingly, although the reviewed studies are from European, American and Oceanian countries, the findings resonated with the needs of the Filipino older adults. Specifically, there are Philippine law provisions such as the Republic Act 11036 or the Mental Health Act of the Philippines (RA11036), on the promotion of mental health, but it is silent on the specific needs for psychosocial interventions for the older adults. Similarly, the Republic Act 9994 or the Expanded Senior Citizens Act of the Philippines (RA9994), primarily focus on the physical, medical healthcare and economic benefits, but less-to-none in terms of mental health conditions. With the framework this research rendered; *Mental Health Orientations of Older Adults,* it will be significant in promoting integrative mental health services and accessibility; cultural sensitivity; and consistency and continuity of care among Filipino older adults.

The findings of this research furthered the importance of mental health which is already deeply engrained in the existing literature. More and more people are becoming aware of how to regulate their emotional well-being (Ali et al., 2021; Lades et al., 2020), the pertinence of being literate about mental disorders (Cullen et al., 2020; Latha et al., 2020) and mental health care (Feijt et al, 2020; Johnson et al., 2021; Walton et al., 2020; Zhai & Du, 2020). There were also a lot of other concerns revolving around mental health in the individual, family and community levels that are usually tackled in research, especially among the most vulnerable population, such as the older adults (Czaja et al., 2013; Ellard-Gray et al., 2015; Kim et al., 2016). By and large, the need for better access to mental
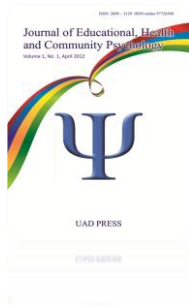
health services heightened (Rodriguez-Villa, 2020) and the realizations that sustainability and health-monitoring schemes are equally important.

With the rendered framework of this research, Mental *Health Orientations on Older Adults*, the heightened mental health awareness, strengthens the distinct direction in addressing the magnitude of mental health concerns of the older adult population from a holistic perspective. Further, the findings may assist in producing succeeding theoretical and practical implications which will develop integrative models in consideration of diverse social and cultural contexts. Looking closely at the immensity of the research literature on mental health and older adults, the impending need to synthesize the veracity, robustness and profundity of the findings of the mental health in older adult population was given more attention. In addition, the numerous systematic reviews on mental health (de Pablo et al., 2020; Meherali et al., 2021; Thombs et al., 2020; Vindegaard & Benros, 2020; Wu et al., 2021; Xiong et al., 2020) were complemented with the conduct of this narrative synthesis on mental health of older adults which focused only on qualitative research articles.

From the findings, it can also be gleaned that these orientations are good templates to further contextualize mental health for older adults in a collectivist country. Especially now that there are still residual psychosocial effects due to the COVID-pandemic, it is important to ensure the access and delivery of mental health services in a continual manner. As such, in the Philippines, there had been a handful of research studies focused on older adults and their death anxiety (Laguilles-Villafuerte & de Guzman, 2020b, 2021; Reyes et al., 2017; Soriano et al., 2022; Soriano & Calong, 2022) which is an important psychological construct in improving the mental health of older adults in relation to end-of-life concerns. Thus, it is important to continuously monitor for disruption of services and a digital divide for the older adults who may have challenges in coping with the changing times.

The rendered framework of this narrative synthesis offers a clearer perspective on what needs to be strengthened in implementing mental health services and treatment that will be accessed more readily to benefit the older adults, their family members and the community. Specifically, the *Mental Health Orientations* will first, assist in the older adults' personal perspective on mental health to prevent emotional degradation and psychological desperation. Second, highlight the family's critical role such
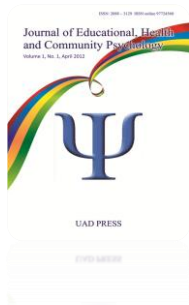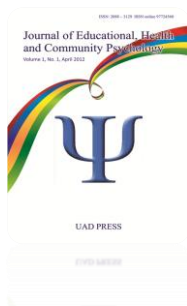
as integrated caregiving roles, family dynamics, support systems and resources to promote mental health. Finally, the cultural influences and sensitivity in mental health services will be critical for designing appropriate mental health interventions highlighting the roles of community. These implications may also be useful in analyzing policy gaps in both RA 11036 and RA 9994 focused on the mental health conditions of older adults.

Conclusion

In the last 10 Years (2011-2021) findings of qualitative published papers on mental health and older adults were integrated as mental health orientations that are crucial to sustain the mental health promotion, access and delivery for older adults. This narrative synthesis paper rendered an integrated framework to understand mental health and older adults. The *Mental Health Orientations of Older Adults* shows three themes: (1) *Introceptive orientations* (Self-oriented, Family-oriented and Cultural-oriented) which show mental health concerns involving intrapersonal self-management, beliefs, values, emotional and social support systems of older adults; (2) *Interoceptive orientations* (Service-oriented and Treatment-oriented) which show that mental health in older adults is substantiated with consistent, policy-and evidence-based services, treatment and provider-competence. The access to health care and handling of service-providers prove to show improvement of their mental health states were reflected in these orientations. Further, these orientations are part of the awareness of the older adults to determine mind-body needs to become mentally healthy; and (3) *Exteroceptive Orientations* (Consistency-oriented and Constancy-oriented) show how mental health in older adults are maintained through orientation on conformity. Their protective/supportive physical environment or surroundings are crucial to receive collaborative care, consistent management, structured physical and social provisions and implementing appropriate psychological interventions.

The existing literature show thousands of studies on mental health and older adults but there is still a research clamor for contextualized action/programs to strengthen the mental health of older adults and to condense the harmful psychological consequences of physical, cognitive and emotional difficulties that may hinder their end-of-life actualization. The findings of this narrative synthesize rendered a portrait on how older adults give credence to their mental health in various concerns and

needs which they directly and indirectly experience.

Interestingly, there are familial and cultural factors which are quite vital in a collectivist country such as the Philippines. The results of this narrative synthesis will be valuable in considering age-specific mental health needs aligned with the three orientations that will focus on notable gaps in addressing mental health needs of older adults in RA 11036 and RA 9994, with the continuing aim of providing access for mental health services and integrated strategies for the promotion of mental health. From the findings of this research, these policies could benefit from a more amalgamated approach to mental health, considering the personal, familial and cultural factors. Addressing these identified gaps would be significant in warranting holistic care for older adults that incorporate the protection and promotion of psychosocial well-being, thus bridging the gap between the policies and the actual needs identified for the prevention, intervention and postvention of mental health.

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