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GUEST EDITORIAL

Improving the well-being of older adults requires programs that enhance resilience as well as policies, across sectors, that promote health

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Social factors and societal problems have major impacts on mental health and well-being, impacts experienced across the lifespan and into older adulthood. Increasing attention is being given to the social determinants of health (Braveman and Gottlieb, 2014; World Health Organization, 2010) and the social determinants of mental health (World Health Organization, 2014; Compton and Shim, 2015), which can be considered societal, environmental, and economic conditions—shaped by the distribution of money, power, and resources at global, national, and local levels—that impact and affect health (and mental health) outcomes across the population. These social determinants of mental health, from adversity in childhood to social isolation in later life, impede achieving optimal mental health in the population, increase risk for and prevalence of mental illnesses and substance use disorders in the population, worsen course and outcomes among the subpopulation with existing behavioral health disorders, and create mental health disparities and inequities.

This issue of *International Psychogeriatrics* includes three very different types of research reports each tied, though, to the common theme that social and societal factors impact mental health and well-being of older adults. These reports document the persisting effects of early-life adversity on the mental health of older adults, and that loneliness and social isolation are common among older adults during the COVID-19 and other pandemics. The reader is left reminded, once again, that social factors really matter.

Richardson and colleagues investigated associations between adverse events over the life course and well-being and mental health outcomes in older people (Richardson *et al.*, 2023). They made use of data from Waves 1 to 7 (2002–2015) of the English Longitudinal Study of Ageing, a nationally representative sample of older people (aged >50 years) living in private households in England. The analysis involved 4,208 respondents. Importantly, in addition to a count of adverse events (the total number experienced), the researchers examined age of occurrence—in early childhood, or 0–5 years; in late childhood, or 6–15 years; in early adulthood, or 16–30 years; and in late adulthood, meaning 31–49 years—as well as self-oriented events (e.g., physical abuse during childhood, having a life-threatening illness as an adult) versus other-oriented events (e.g., parental divorce in childhood, having to provide long-term care to a disabled relative). While adverse events occurring in all age ranges, as well as total self- and other-oriented events, were associated with lower well-being in later life (as well as probable depression), two key findings were that childhood other-oriented events significantly predicted lower well-being (and probable depression) in later life, though self-oriented events in childhood did not, and that self-oriented events had larger negative impacts on later-life well-being when they occurred later in the life course. In her Commentary on the Richardson *et al.* research, Leroi rightly points out that culture must be considered in interpreting results beyond the English or Western context, as different family structures across cultures, such as joint or multigenerational family structures, as compared to the typical English nuclear family structure, may lead to different impacts of early-life adversity on later-life well-being and depression (Leroi, 2023).

Complementing that work, Rowland and coworkers used data from 336 Indigenous Australians (a group with a markedly increased risk of lifetime depression) aged ≥ 60 years from five New South Wales areas who participated in assessments on childhood trauma, current mental health, and recent physical activity participation, as part of the Koori Growing Old Well Study (Rowland *et al.*, 2023). As expected, higher childhood trauma scores were associated with a higher likelihood of depression, and those who reported more physical activity at a moderate intensity experienced fewer depressive symptoms than those reporting lighter or no physical

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activity. However, the effect size was small, and physical activity did not moderate the association between childhood trauma and depression. A focus group was then conducted, involving seven Indigenous women 55–70 years of age, which revealed psychological, physical, and societal/environmental factors that may be barriers or facilitators of physical activity in this group. In her Commentary on the Rowland *et al.* research, Bagot reminds us, importantly, that Indigenous peoples, across 90 countries and representing 5000 cultures, experience disproportionate marginalization, socioeconomic disadvantage, and discrimination, which results in poor physical health and mental health outcomes, as well as lower life expectancy (Bagot, 2023). She notes that low-cost, minimally intensive, nonclinician-delivered interventions—that also address ethnic, historical, and intergenerational trauma—should be developed and studied to address poor mental health in Indigenous peoples.

Addressing a different type of social determinants, Su and colleagues conducted a systematic review and meta-analysis to provide up-to-date pooled estimates of the prevalence of loneliness and social isolation among older adults during the COVID-19 pandemic (Su *et al.*, 2023). Among 30 studies involving 28,050 participants, the pooled period prevalence of loneliness among older adults was 28.6%, and that for social isolation was 31.2%. The authors called upon health policymakers and healthcare systems to proactively address the rising need for appropriate psychological and support services among older adults. In his Commentary on the Su *et al.* review and meta-analysis, Yang notes that both loneliness (a subjective sensation of an absence of a social network or a companion) and social isolation (an objective lack of interactions with others or with the wider community) in older adults are serious public health risks affecting many people across the globe, putting them at risk for multiple physical, mental health, and cognitive conditions (Yang, 2023).

Each of these research reports, and their respective commentaries, reminds us of the crucial role of social factors, and societal problems, in impairing mental health and increasing risk for mental illnesses, and that these associations, importantly, extend into later life. The approaches to treating social factors and societal problems are obviously different from those targeting the biologic manifestations. Here, we are talking about programs and policies, as opposed to prescriptions and pills. The solutions are found in programs that support resilience and reduce risk, such as those helping individuals who have experienced specific types of early-life adversity and those aimed to reduce loneliness and social isolation. Because the social determinants are underpinned by both social norms and public policies (Compton and Shim, 2015), the solutions are found primarily in policies—at the organizational level, in local and state/provincial government, and perhaps most importantly, at the national and international level—that are beneficial to health and well-being, not detrimental to it.

The articles in this issue highlight the critical role of policy in bolstering resilience, reducing risks, and improving lives. Policies, not just those pertinent to early-life adversities and loneliness/social isolation, but across sectors, must be examined for their health impacts and mental health impacts. As Yang (2023) notes, “legislative actions or steps to strengthen older adults’ community involvement and social cohesion” are needed, and as Leroi (2023) points out, “wide-ranging policy interventions at the government level to address crime, poverty, poor education, access to health care, and other systemic challenges that affect all nations” are warranted. Improving the mental health and well-being of everyone, including older adults, requires close attention to policy deliberations, and a dissecting of the details of policies, in the areas of education, employment, income, housing, food and farming, transportation, and health care access. It also requires careful consideration of how policies impact adverse early-life experiences, discrimination and social exclusion, experiencing conflict and violence, and exposure to environmental pollution. This “health in all policies” approach (Rudolph *et al.*, 2013; World Health Organization, 2018) will improve the lives all, including older adults. Health is as much in the hands of our policymakers as our physicians, and it is with them that we must collaborate to reduce social risks and societal problems and thereby improve health and well-being.

Conflict of interest

The author reports no conflicts of interest.

References

Bagot, K. S. (2023). Need for culturally and ethnically specific measures and measures of social determinants of health in mental health research among Indigenous populations. *International Psychogeriatrics*, 35, 225–227.

Braveman, P. and Gottlieb, L. (2014). The social determinants of health: it’s time to consider the causes of the causes. *Public Health Reports*, 129, 19–31.

M. T. Compton and R. S. Shim. (Eds.) (2015). *The Social Determinants of Mental Health*. Washington, DC: American Psychiatric Publishing.

Leroi, I. (2023). ‘Is it my trauma or yours?’ Impact of self-compared to other-experienced trauma in childhood and

https://doi.org/10.1017/S1041610223000303 Published online by Cambridge University Press

adulthood on remote mental health outcomes. *International Psychogeriatrics*, 35, 223–224.

Richardson, S., Carr, E., Netuveli, G. and Sacker, A. (2023). Adverse events over the life course and later-life wellbeing and depressive symptoms in older people. *International Psychogeriatrics*, 35, 243–257.

Rowland, G. *et al.* (2023). Depression, childhood trauma, and physical activity in older Indigenous Australians. *International Psychogeriatrics*, 35, 259–269.

Rudolph, L., Caplan, J., Mitchell, C., Ben-Moshe, K. and Dillon, L. (2013). Health in All Policies: Improving Health Through Intersectoral Collaboration. Discussion Paper, Institute of Medicine, Washington, DC. https://nam.edu/wp-content/uploads/2015/06/BPH-HiAP.pdf. Accessed March 10, 2023.

Su, Y., Rao, W., Li, M., Caron, G., C'Arcy, C. and Meng, X. (2023). Prevalence of loneliness and social isolation among older adults during the COVID-19 pandemic: a systematic review and meta-analysis. *International Psychogeriatrics*, 35, 229–241.

World Health Organization (2010). A Conceptual Framework for Action on the Social Determinants of Health. Available at https://www.who.int/publications/i/item/9789241500852. Last accessed 10 March 2023.

World Health Organization (2014). Social Determinants of Mental Health. Available at https://www.who.int/publications/i/item/9789241506809. Last accessed 10 March 2023.

World Health Organization (2018). Health in All Policies as Part of the Primary Health Care Agenda on Multisectoral Action. Available at https://www.who.int/publications/i/item/WHO-HIS-SDS-2018.59. Last accessed 10 March 2023.

Yang, G. (2023). Older adults live alone and socially isolated during the time of COVID-19. *International Psychogeriatrics*, 35, 219–222.

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