REVIEW

Indicators of Mental Well-Being and the Meaning of Life in Older Adults

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ABSTRACT

Population ageing emerges as one of the most significant social and public health challenges of the 21st century. The rapid increase in the proportion of older adults is accompanied by a set of multifactorial consequences affecting not only the physical and mental health of individuals in later life, but also their social participation and economic security. In this context, the scientific approach is gradually shifting from the traditional focus on pathology toward a more holistic understanding of well-being, emphasizing active ageing, emotional stability, social support, and the preservation of meaning in life. This conceptual framework is particularly relevant in the European and Greek demographic landscape, where a gradual restructuring of population composition is observed. The increase in the number of very old individuals, combined with declining birth rates, intensifies the demand for care and reveals a range of psychosocial issues that decisively affect the quality of life of older adults. These new realities make it imperative to adapt health and social welfare policies to the conditions of an ageing society. Key areas of this analysis include geriatric depression, social support, economic insecurity, and existential meaning in life. Depression is one of the most common mental disorders in later life, exacerbated by loneliness, chronic illness, and loss of autonomy. Conversely, the existence of stable social relationships and the experience of meaning in everyday life function as protective mechanisms, enhancing psychological resilience and adaptability in the face of the challenges of ageing. The demonstrated association between social, economic, and existential dimensions and the mental health of older adults highlights the need for a multilevel and integrated approach to well-being in later life. Strengthening social participation, ensuring dignified living conditions, and cultivating personal purpose become fundamental factors for the sustainability of a healthy and humane model of ageing.

Keywords: older adults, active ageing, well-being, geriatric depression, social support, economic hardship, meaning in life.

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INTRODUCTION

Ageing is a normal biological process accompanied by multidimensional changes in human physical, mental, and social functioning. As life expectancy increases and the age composition of the population changes, demographic ageing is emerging as one of the most important social and health challenges of our time (Vlachadis et al., 2023). The steady increase in the number of older adults, combined with declining birth rates, is shaping a new demographic and social landscape, with consequences that extend beyond the health sector, affecting the cohesion of social systems and the resilience of welfare institutions.

Older age is often associated with the onset of physical impairments, such as declining vision or hearing, the presence of chronic diseases, and the possibility of disability. At the same time, the gradual weakening of social relationships, isolation, loneliness, and economic insecurity have cumulative effects, undermining the mental health and quality of life of older adults (Papageorgiou et al., 2024).

In this context, geriatric depression is recorded as one of the most common, yet often underestimated, mental disorders in later life. It is a multifactorial condition influenced by physical decline, loss of autonomy, and social withdrawal, leading to feelings of despair, loss of interest in life, fatigue, and, in some cases, suicidal ideation (Zindrou et al., 2015). Depression in later life is directly associated with increased use of health services, impaired daily functioning, and reduced quality of life.

However, the presence of protective factors, such as social support, a sense of meaning in life, the maintenance of functional interpersonal relationships, and active participation in social or creative activities, can strengthen older adults' psychological resilience and offset the adverse consequences of ageing. Cultivating a positive attitude toward life and strengthening inner coherence are associated with improved levels of well-being and reduced mental morbidity. The need to protect older adults from the onset of geriatric mental disorders, and especially depression, emerges as imperative for ensuring active ageing, which functions not only as a shield against morbidity but also as a foundation for promoting quality of life and mental well-being (Costa et al., 2023; Wilkie & Ho, 2024).

DEMOGRAPHIC TRANSITION AND AGE RESTRUCTURING OF THE POPULATION

The gradual shift in the age structure of the population, as recorded in Greece and throughout Europe, constitutes one of the most important developments of recent decades. The continuous increase in the number of older adults, combined with declining birth rates, is shaping a demographic reality that affects all key areas of social organization and public health (Vlachadis et al., 2023). According to the most recent projections, by 2050, 25% of the global population will be over 65 years of age, underscoring the intensity of the phenomenon (Papageorgiou et al., 2024).

Official data from the Hellenic Statistical Authority (ELSTAT, 2024) clearly document this change. The proportion of people aged 65 years and over in Greece increased from 16% in 2001 to 21% in 2020. The rise is even greater among people over 80 years of age, whose share doubled over the same period. At the same time, the proportion of younger age groups is decreasing, particularly among people under 19 years of age, creating a steadily ageing society. In parallel, the population's median age is steadily increasing: from 38 years in 2001, it rose to 44 in 2020, with Greece showing higher values than the European average.

Of particular importance is also the increase in the very old (age ≥80 years), with countries such as Greece and Italy presenting the greatest increase among EU Member States (Manfredi et al., 2019). This subgroup often requires enhanced support structures, which intensifies pressure on the health and welfare system.

At the same time, births are showing a continuous decline. In Greece, from 9.4 births per 1,000 inhabitants in 2001, the rate fell to 7.9 in 2020, intensifying the disproportionate relationship between older and younger people (Frikkee, 2022). This trend leads to an increase in the dependency ratio, with more older adults depending on a smaller number of economically active citizens.

These developments are not merely statistically significant. They redefine the way care, welfare, and public policy must be organized. Population ageing is not simply a biological phenomenon; it is a social challenge (Kanasi et al., 2016). Responding to it requires long-term planning, strengthening support programs for older adults, and actively promoting their participation in social life in order to ensure dignified living and active ageing.

GERIATRIC DEPRESSION

Geriatric depression is one of the most common mental disorders occurring in later life and represents a critical public health problem. Despite its widespread occurrence, a large proportion of cases remains undiagnosed, due both to older adults' own underestimation of symptoms and to frequent misconceptions among health professionals, who often attribute depressive symptoms to the normal ageing process (Argyropoulos, 2016).

Depression in older adults usually manifests with different symptoms compared with younger age groups. Specifically, increased physical fatigue, loss of appetite, sleep disturbances, reduced interest in social activities, and a generalized sense of hopelessness are often observed, which may even extend to suicidal ideation (De La Roca-Chiapas et al., 2023; Sander et al., 2021; Soini et al., 2024). These symptoms may be masked by coexisting physical

illnesses, such as cardiovascular or endocrine diseases, making diagnosis even more difficult (Goodwin, 2006).

The etiological factors of geriatric depression are multifactorial. Decline in physical and cognitive health, chronic diseases, functional limitations, loss of autonomy, loneliness, and isolation are key causes. The absence of social bonds and meaningful support from the family and broader social environment constitutes a significant risk factor, worsening the sense of marginalization often experienced by people in this age group (Babatsikou et al., 2017).

Economic insecurity, which mainly affects older adults with low income or without access to adequate social protection, is directly linked to deterioration in their mental state. Research shows that older adults facing financial difficulties present increased levels of anxiety, sadness, and depressive mood (Assari et al., 2020; Mehta et al., 2016). Particularly vulnerable is the subgroup of older women living alone, who show higher rates of geriatric depression, as they more often experience a lack of social and economic support (Chen et al., 2024).

The impact of geriatric depression is not limited to the psychological sphere. It is accompanied by increased morbidity, more frequent visits to health services, greater use of medication, and increased mortality. At the same time, it significantly reduces quality of life and contributes to social withdrawal and functional dependence, intensifying the pressure on care systems (Paiva et al., 2023).

The need for early identification and intervention is imperative. The promotion of prevention strategies, strengthening of social networks, systematic education of health professionals, and implementation of targeted policies ensuring economic and social support for older adults are essential prerequisites for addressing geriatric depression and improving their mental health.

SOCIAL SUPPORT AND PSYCHOLOGICAL RESILIENCE

Social support is one of the most important protective factors for the mental health of older adults, acting preventively against the emergence of depressive symptoms and broader psychoemotional disorganization (Elsayed et al., 2019).

It is a complex concept that includes both the objective presence of supportive relationships and the individual's subjective sense of being surrounded by care, acceptance, and interest. The presence of stable and meaningful social bonds, whether family, friendship, or community relationships, is associated with higher levels of life satisfaction and improved indicators of psychological well-being.

For older adults in particular, who are often faced with the loss of a spouse or partner, the reduction of social roles, and physical weakening, social support becomes even more decisive. Systematic communication with family members and participation in social and recreational activities contribute to strengthening the sense of belonging, preventing isolation, and reinforcing psychological resilience.

The literature clearly documents the relationship between social support and reduced rates of geriatric depression (Banerjee et al., 2023; Elsayed et al., 2019; Gautam et al., 2024; Gurrapu et al., 2024). Research data from international and Greek studies indicate that older adults who maintain stable relationships with friends, children, and grandchildren or actively participate in social networks show significantly lower levels of emotional burden (Babatsikou et al., 2017; Stylianopoulou et al., 2015). The sense that someone is present and available in times of need has a reassuring effect and strengthens the sense of personal security and dignity.

In addition, social support is not limited to the prevention of depression, but appears to play a role in overall psychological resilience. Older adults surrounded by positive social environments cope more effectively with everyday pressures, develop internal mechanisms of adaptation, and show a greater capacity to manage losses and crises (Mohseni et al., 2019).

Therefore, strengthening social bonds in later life is not merely an emotional need but a public health issue. Designing policies and interventions that facilitate the social integration of older adults, such as creating community networks, strengthening intergenerational ties, and promoting active participation in cultural or volunteer programs, can serve as a key driver for promoting well-being and preventing psychological decline.

ECONOMIC INSECURITY AND PSYCHOLOGICAL VULNERABILITY

The economic situation of older adults is closely linked to their mental health and their ability to maintain dignified living conditions. Economic insecurity, especially when accompanied by lack of support or inadequate state welfare, acts as an aggravating factor that increases levels of anxiety, insecurity, and emotional disorganization. In later life, when opportunities for professional activity are limited and dependence on pensions or benefits is common, a lack of financial stability intensifies the sense of vulnerability.

Research shows that economic hardship affects not only the coverage of basic needs but also has profound psychological consequences. The inability to meet daily requirements, the feeling that one is an economic burden to loved ones, or the reduced ability to participate in social activities is associated with an increased likelihood of depressive symptomatology (Costantini et al., 2024; Mehta et al., 2016). Older people who are not working, do not receive a pension, or have no savings appear to be at greater risk of developing mental disorders, with geriatric depression occurring with particular frequency.

The relationship between economic hardship and mental health is even stronger in cases of living alone, particularly among older women. The absence of financial security, combined with loneliness, creates a complex web of aggravating conditions that leads to psychological deterioration (Chen et al., 2024). In several cases, financial pressure prevents individuals from seeking timely health care, which intensifies problems and leads to greater dependence on the health system at later stages.

Financial autonomy, even at a partial level, appears to strengthen psychological resilience. Older adults who are able to manage their financial resources independently maintain a more positive attitude toward life, strengthen their self-esteem, and show lower levels of depression (Assari et al., 2020).

The recognition of financial security as a key component of mental health in later life indicates the need to develop social protection policies that ensure a minimum guaranteed standard of living. Measures such as strengthening minimum pensions, subsidizing housing, and ensuring access to free health and mental health services are prerequisites not only for material survival but also for the dignity, autonomy, and well-being of older adults.

MEANING IN LIFE AND EXISTENTIAL FULFILMENT

The meaning of life is a fundamental psychological and existential factor that affects quality of life across all life stages, but it acquires particular importance during the transition into and establishment of later life (Greenblatt-Kimron et al., 2022). In this population context, where significant biological, social, and functional changes are observed, the presence or absence of meaning in life appears to be directly related to psychological resilience, well-being, and the capacity for adaptation (Lertsuwan et al., 2025).

The experience of ageing is often accompanied by losses: intimate relationships, roles in the labor market, social status, and functional independence. These changes may trigger identity crises and existential questions, especially when an internal sense of purpose has not been developed. The absence of meaning has been associated with increased levels of depression, reduced psychological well-being, and feelings of futility (Papageorgiou et al., 2024).

Conversely, the presence of meaning in life functions as a psychological stabilizer and a mechanism for strengthening self-perception (Afrashteh et al., 2024). Older adults who continue to experience their lives as useful, creative, or connected to a personal or spiritual purpose show increased resilience in the face of ageing-related challenges. Moreover, they present lower levels of anxiety and depressive symptomatology, as demonstrated by research data both internationally and in the Greek context.

Meaning in life among older adults does not necessarily derive from professional activity or social recognition, as in previous life stages, but is reconstructed through other channels: interpersonal relationships, participation in volunteer or cultural activities, religious faith, creative engagement, and, above all, intergenerational connection (e.g., relationships with grandchildren) constitute strong sources of meaning (Stylianopoulou et al., 2015).

It is noteworthy that the presence of meaning is positively associated with happiness, subjective well-being, and satisfaction with social support, while it also appears to function as a modifying factor in the relationship between depression and economic hardship (as also reflected in the empirical results of the present study). This demonstrates its potential as a protective factor with multiple effects.

Therefore, strengthening meaning in life in later life is not an abstract or purely individual matter, but an issue that involves social, cultural, and institutional parameters. Promoting programs that encourage older adults to participate in actions that reinforce a sense of contribution, supporting spiritual or religious pursuits, and cultivating a positive ageing role are essential strategies for maintaining meaning in life and, consequently, the mental health of older adults.

CONCLUSIONS

Population ageing is not an isolated or temporary phenomenon, but an increasingly intensifying socio-demographic reality, with immediate and long-term consequences for health systems, social welfare, economic policy, and collective cohesion. The growing presence of older adults in the population, combined with declining birth rates, is radically changing the age composition and urgently raises the need to redesign the institutional structures and support mechanisms of the welfare state.

Geriatric depression emerges as one of the most serious and frequent mental disorders in this age group, which, due to the particularity of its clinical presentation and its concurrence with physical illnesses, remains largely undiagnosed or undertreated. Critical risk factors include isolation, loss of autonomy, poor social support, and economic insecurity. Management of these factors cannot be fragmented, but requires a public health strategy and intersectoral cooperation.

A countervailing force against the above threats is the strengthening of social support and the search for meaning in life. The existence of stable social relationships, active participation in communities and activities, and experiential meaning-making of existence prove to be critical variables that enhance psychological resilience, reduce levels of depression, and promote well-being.

The mental health of older adults cannot be examined independently of social inclusion, economic equality, and the ability to participate in meaningful roles. Integrating these factors into the design of ageing policies is not only a social and ethical necessity but also a prerequisite for

shaping a sustainable, humane, and democratic model of social organization.

The creation of an environment that strengthens active ageing, respects personal dignity, encourages social interaction, and ensures accessibility to care and mental health services is the central objective. Only through such a holistic and person-centered approach can substantial improvement in quality of life in later life be achieved.

Authors' Contribution

ET (Eleni Tsiara): Participated in the conceptual development of the topic and in the search for relevant literature. Worked on the writing and final editing of the manuscript.

ID (Ioanna Dimitriadou): Contributed to identifying and collecting the necessary scientific material and to gathering the information. Worked on the organization of the individual thematic sections.

TP (Theodora Plataniti): Undertook the coding and synthesis of the literature, as well as the formulation of the key points of the paper. Actively participated in the writing of the main text.

MS (Maria Saridi): Contributed to the initial design of the structure of the paper and to the selection of the theoretical axes. Also participated in the final formatting of the article.

All authors reviewed, evaluated, and approved the final version of the manuscript submitted for publication.

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