

# Impact of Economic Status on Mental Health in Older Age: A Scoping Review

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## Abstract

The World Health Organization has been raising awareness of the importance of mental health at older age and encouraging policy makers to implement preventive means for better aging. The importance of the economic status of the person in maintaining good mental health at older age is yet to be established. We searched the PubMed and Google Scholar databases for peer reviewed published papers relevant to our scoping review. We limited our search only to recent publications including papers published within the last 5 years. The Rayyan website was used to eliminate duplicates and filter the database based on the titles and abstracts of the papers. We only included studies that identified their participants as older adults. Our search of the international database identified 21 different studies that were included in our scoping review. These studies are mostly located within the Asian continent hence, representing a bias to the representativity of this scoping review on the global level. Economic status is an important determinant of good mental health at older age, but it is not the most crucial factor. Other social determinants like cultural, social, and religious factors play a significant role in mental health status in older adults.

## Keywords

socio-economic status, mental health, gerontology, psychosocial

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## Introduction

### Overview

While societies all over the globe experience the effects of demographic shifts and all the challenges that come along with the aging of the population, it is becoming essential to explore this public health issue in depth. Among multiple topics tackling aging related issues, the World Health Organization (WHO) has been raising awareness about the importance of mental health in older age (*Mental Health of Older Adults*, n.d) (i.e., referring to people aged of 60 years or older as recognized by the United Nations (Aging-Older-Persons-and-2030-Agenda\_Issues-Brief-low-resolution-.pdf, n.d).

In older adults the definition of mental wellbeing expands beyond the already established focus on illness as an incapacity to cover multiple other dimensions such as resilience, social activities, and global life satisfaction (Keyes, 2002). Additionally, research indicates that maintaining good mental health in older age is associated with a range of factors, including social engagement, physical health, and a sense of purpose (Rowe &

Kahn, 2015). In the same context, the WHO defines mental health as “*a state of well-being in which an individual can realize their potential, cope with life’s normal stresses, work productively, and make meaningful contributions to their community*” (*Mental Health*, n.d).

In fact, ensuring good mental health for all takes part in the transformative 2030 global agenda initiated by the United Nations (UN) known as the Sustainable Development Goals (SDGs). The SDGs address a wide spectrum of challenges with the main objective to establish sustainable societal development across the globe. Out of the 17 SDGs, the SDG 3 specifically focus on “Good Health and Well Being for all” (United Nations, n.d) Within this framework, mental health is

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increasingly recognized as an integral component of overall well-being, extending beyond mere absence of illness to encompass positive mental states and social functioning (Patel et al., 2018).

In many situations the state of well-being is related to wealth and fortune but in fact, there is a very famous quote that says, “*Money does not buy happiness.*” Although this quote’s origin remains hard to determine, it reflects an ancient wisdom that goes beyond ages and cultures. In some philosophies, the pursuit of happiness and mental well-being is dissociated from material wealth. In Buddhism, for example, or as in other eastern beliefs, principles of detachment and gratitude are advocated as sustainable means to achieve a satisfactory state of serenity (Kasser & Kanner, 2004). On one hand, there are some studies that explored the correlation between financial income and subjective well-being emphasized that while basic needs are satisfied by wealth, once these needs are met, the increase in wealth has a marginal impact on happiness (Diener & Biswas-Diener, 2002). On the other hand, other authors have reliably revealed that people with lower economic status struggle to access quality healthcare which leads to poor health outcomes (Adler & Newman, 2002). In the same context, bad health status can lead to poor productivity and low income which lowers people’s chance to take educational opportunities and advancements (Muennig, 2008). This complex connection between economic and social status plays a significant role in shaping health in general (Marmot et al., 2008).

### *Defining of the Comprehensive Aspects of Mental Well-Being in Older Age*

The concept is based on several key elements that are widely intertwined as people advance in their age. In fact, for older adults, there is a noticed paradox in the literature: despite increased risks of disability and ill-health with aging, mental well-being often improves from middle age to very old age (Nordmyr et al., 2020). This improvement, however, may be specific to certain domains and dependent on the measures used (Hansen & Slagsvold, 2012; Steptoe et al., 2015). Therefore, it is crucial to explore the key aspects and causal mechanisms of mental well-being in later life, particularly focusing on the experiences of the oldest age group. (Nordmyr et al., 2020; Snapshot, n.d). These constitutional dimensions of mental health at older age are tackled in detail by many other authors among them we can outline:

#### **(1) Emotional Resilience: (Carstensen, 2006; Charles & Carstensen, 2010)**

Emotional resilience is defined by the capacity to adapt positively to life’s inevitable changes. It cultivates a sense of meaningfulness and purpose in life and

provides resources to bounce back from adversity with strength.

#### **(2) Social Connections: (Cornwell & Waite, 2009; Holt-Lunstad et al., 2015)**

Sustaining meaningful relationships with friends, family, and members of the community is primordial. Engaging in regular social interactions provides opportunities for shared experiences and mutual understanding, which contribute to a sense of fulfillment and purpose in life.

#### **(3) Physical Health: (CDC, 2023)**

Engaging in regular physical activity, adhering to a balanced diet, and prioritizing adequate sleep are all integral components of a comprehensive approach to nurturing mental health in older adults. Physical activity not only promotes cardiovascular health and maintains musculoskeletal integrity but also exerts profound benefits on mood regulation and cognitive function.

#### **(4) Cognitive Health: (Livingston et al., 2017; Stern, 2009)**

Engaging in mentally stimulating activities such as solving puzzles, reading, or learning new skills is instrumental in preserving cognitive function and mitigating the risk of cognitive decline, including conditions such as dementia.

#### **(5) Sense of Purpose: (Boyle et al., 2009; Ryff, 2013)**

Maintaining a sense of purpose and engaging in meaningful activities are indispensable components of nurturing mental well-being in older age. Whether through continued participation in work, volunteering efforts, pursuit of hobbies, or engagement in creative endeavors, these activities give a sense of purpose to older adults. In fact, involvement in such activities cultivates a sense of belonging, connection, and contribution to the broader community, thereby combating feelings of isolation and loneliness.

#### **(6) Access to Supportive Services: (National Institute on Aging, 2023; Home Page, n. d.)**

Healthcare infrastructures that cater to the multifaceted needs of older individuals involves preventive screenings, geriatric assessments, and access to specialized care providers trained in geriatric medicine. These services may include psychotherapy, counseling, support groups, and psychiatric interventions. Additionally, community resources such as senior centers, adult day care programs, and senior living facilities offer

opportunities for socialization and access to peer support networks—all of which are instrumental in combating social isolation and loneliness.

**(7) Positive Attitude Toward Aging: (Lamont et al., 2015; Levy et al., 2002)**

Cultivating a positive attitude toward one's own aging journey enables individuals to approach the challenges related to later life with optimism. Acceptance of aging enables individuals to cope effectively with life transitions and find fulfillment in their later years.

**(8) Spirituality and Meaning-making: (Koenig, 2012)**

Engaging in practices such as meditation, prayer, or active participation in religious communities offers avenues for connecting with deeper aspects of oneself. Meditation, for instance, offers older adults a pathway to cultivate inner peace and mindfulness in the face of life's challenges. Similarly, prayer serves as a mean of seeking guidance and spiritual connection, offering older adults a sense of comfort and reassurance in times of need.

**(9) Autonomy and Independence: (Baltes & Baltes, 1990; Rowe & Kahn, 2015).**

Actively engaging in decision-making processes in various aspects of daily life, allow older adults to uphold their dignity and sense of self-determination. However, it is equally important for older adults to acknowledge when assistance is required. Seeking help when needed does not diminish one's independence but rather reflects an adaptive and pragmatic approach to addressing evolving needs.

### ***Does Economic Status Influence Mental Well-Being at Older Age?***

Mental well-being at older age started to gain attention years, if not decades ago. This represents a real public health issue especially with the rapid aging of the worldwide population (Mental Health of Older Adults, n.d). How such issues evolve can be influenced by multiple factors including economic status. In the open literature, we find multiple contributions handling this topic. However, the purpose, methodology and outcome can vary significantly leading to multiple biases in terms of general conclusions. There remains a notable gap: to the best of our knowledge, no comprehensive scoping or systematic review has been conducted to synthesize these findings and provide a clearer, unbiased overview of the existing research. This highlights the need for a structured scoping review to map out the evidence in a coherent manner. In this scoping review, we specifically

highlight the need to explore the intersection between economic status and well-being in older adults, an area that has not been adequately covered in existing reviews.

## **Materials and Methods**

### ***Objective***

This scoping review aims to investigate and explore the impact of economic status on mental health in older age. The search will focus on how economic determinants affect various aspects of mental health at older age.

### ***Search Strategy***

To conduct this scoping review, we searched the PubMed library and the Google scholar database to identify relevant literature to our subject. The following MeSH terms were used in both databases to identify potentially relevant reports: Older adults, Elderly, Economic status, Mental health.

We noticed that even though many papers tackling this subject have been published recently, their periods of investigation were sometimes outdated so we restricted our search to papers published in the past 5 years (2018–2023).

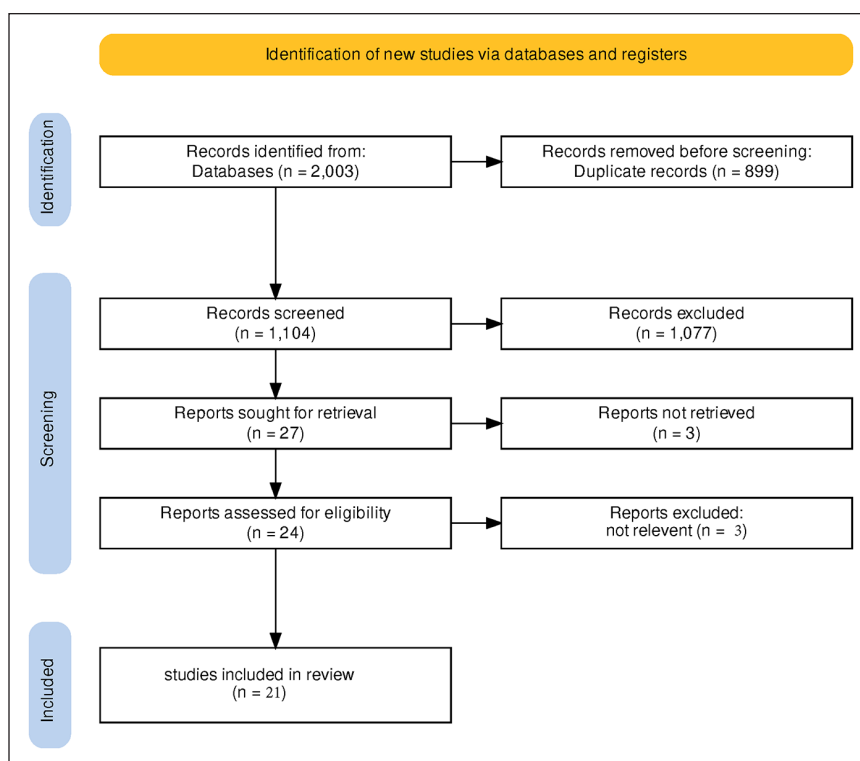
Our search identified 2003 articles that were then processed by the Rayyan web application to facilitate the screening of the articles (Ouzzani et al., 2016). After excluding duplicates and all the irrelevant studies, 21 original articles were selected to be included in our scoping review. A flow chart of our search strategy is represented in Figure 1.

### ***Inclusion and Exclusion Criteria***

We included all types of studies all over the world that assessed the link between economic status and mental health in older age and that were published within the last 5 years. We excluded studies that were not relevant to the subject of our review and studies that had young participants or were ambiguous to the age of their participants.

### ***Charting the Data***

Full texts of the included studies were read by the authors to extract the study characteristics, identify key elements, and synthesize the outcomes of each study. The authors detailed the data in a summarized table on Microsoft Excel Spreadsheet. For each study we specified: name of the main author, mean age and standard deviation, country, sample size of participants, publishing year, type of mental health investigated, primary outcome. This process was undertaken to construct a narrative summary that captures the collective insights derived from the diverse body of literature incorporated in this review.



**Figure 1.** PRISMA literature search flowchart.

### Quality Appraisal

We highlight the fact that critical appraisal of the literature and sources of evidence was intentionally omitted during this review. Unlike systematic reviews that assess the strength of findings or recommendations, the primary objective of our scoping review is to comprehensively explore the breadth of available information. This approach allows for a broader understanding of the topic without prioritizing or evaluating individual studies based on their methodological rigor or quality.

To the extent of our knowledge no scoping reviews have been done on this subject.

### Results

Based on our search which followed the guidelines detailed in the “Materials and Methods” section, we identified 2003 articles and studies. Afterward, we imported the references of the identified article on the website rayyan.ai (Ouzzani et al., 2016) for further processing. The latter includes eliminating the duplicates and analyzing both the titles and the abstracts. We detail in Figure 1 the selection process of the included studies. It is worth pointing out that three studies were excluded at the end of the screening process as they were considered not relevant to the subject. One reference had participants aged 35 years old and older, the second one did not really investigate mental health issues at older age and the third one did not investigate the economic status

and focused globally on all the social determinants of mental health.

We provide our results in Table 1 with a summary of the 21 included studies and their specific parameters such as country, research method, the investigated mental health issue sample size, mean age with the standard deviation, and the primary outcome for each study. In this table, the studies are also sorted alphabetically by the name of first author.

### Discussion

Our study focused primarily on research published within the last 5 years, providing contemporary perspectives on prevailing mental health challenges in the aging population. Notably, while most data were recent, we acknowledged the inclusion of studies dating back to 2002. This reflects the longitudinal nature of one of our included studies by Fancourt and Steptoe (2019). In this scoping review, the data collected from the included studies counts a total of 189,455 participants.

### Geographical Distribution

Geographically, our findings revealed an obvious concentration of studies in Asia. It can be seen from Figure 2 that most studies are concentrated around Asia with China being the country with highest number of relevant papers. About 12 of the 21 selected studies were conducted in the Asian continent. Six studies were done

**Table 1.** Summary of the Included Studies.

Reference	Country	Research method	Type of mental problem	Sample size	Mean age	SD	Primary outcomes
Arias-de la Torre et al. (2018, pp. 2014–2015)	Spain	Descriptive-analytical study	Depression	22,842	NA	NA	The outcomes of this study were analyzed according to gender. In Spain, the prevalence of depression is hi among society, 23.3 of the participants were >64years old. In this age group, Widowed and separated women, women with lower educational level, and pre-retired, or retired women showed to be more depressive. The depression was diagnosed using the Patient Health Questionnaire 8 (PHQ-8) based on the DSM-IV. <sup>3</sup>
Assari (2020)	USA	Cross sectional study	Self-Rated Health (SRH)	14,149	68.17	9.09	High income increases the psychological well-being of middle aged and older adults in the USA but when investigating the influence of the “immigration” factor, a high income does not seem to increase the psychological well-being in immigrants in the USA as in nonimmigrants.
Chae et al. (2020, pp. 2008–2016)	South Korea	Longitudinal study	Cognitive impairment	3,453	NA	NA	Poor general, family, and financial aspects of quality of life were associated with a decline in cognitive function in older adults. In this study, the assessment of the Mini Mental State Examination showed that men were more negatively affected by poor financial status than women.
Fancourt and Steptoe (2019a)	UK	Longitudinal study, statistical triangulation	Depression	8,780	67	10.1	Cultural engagement is linked with lower odds of depression amongst adults aged 50 years or older. The Socioeconomic status did not show to be a moderator between depression and cultural engagement in older adults, even though higher socio-economic status was associated with more cultural engagement.
FARD et al. (2022)	Iran	Descriptive-analytical study	SRH: psychological well-being	200	69	8.22	Results did not show a significant relationship between employment and feeling of mental well-being. A positive and significant correlation was observed between economic status and feeling of mental well-being. To assess the level of mental well-being the Subjective Well-Being Questionnaire was used.
Foong et al. (2021)	Malaysia	Log-binomial regression	Cognitive impairment/ depression	2,196	NA	NA	Hardcore poor Malays had the highest prevalence of cognitive impairment (64.2%) and low risk of depression. Hardcore poor non-Malays were highly at risk of depression (29.0%) and had highest prevalence of multimorbidity (57.6%). The depression was assessed by the Geriatric Depression Scale (GDS 15) and Cognitive impairment was determined by the Malay Language Montreal Cognitive Assessment.
Guo et al. (2019)	China	Longitudinal Study	Depression/ loneliness, SRH	7,138	NA	NA	Lower income Chinese older adults living in rural parts of China are significantly associated with poor state of mental and physical well-being. Depression and feeling loneliness are associated with low income. To assess depression, the authors used the shortened version of the Center for Epidemiologic Studies Depression Scale (CES-D), and the loneliness feeling was assessed using the UCLA loneliness scale.
Hartig et al. (2022)	Germany	Cross-sectional analysis	Positive affectivity	1,768	71.24	6.87	Using positive affectivity as a tool to measure mental health in older adults in Germany the authors revealed that high social welfare was associated with low Positive Affectivity. The neighborhood socio-economic status has an important influence on the occurrence and the level of positive affectivity. This means that mental the neighborhood socio-economic status can be a strong determinant in the mental health of older Germans.

(Continued)

Table 1. (Continued)

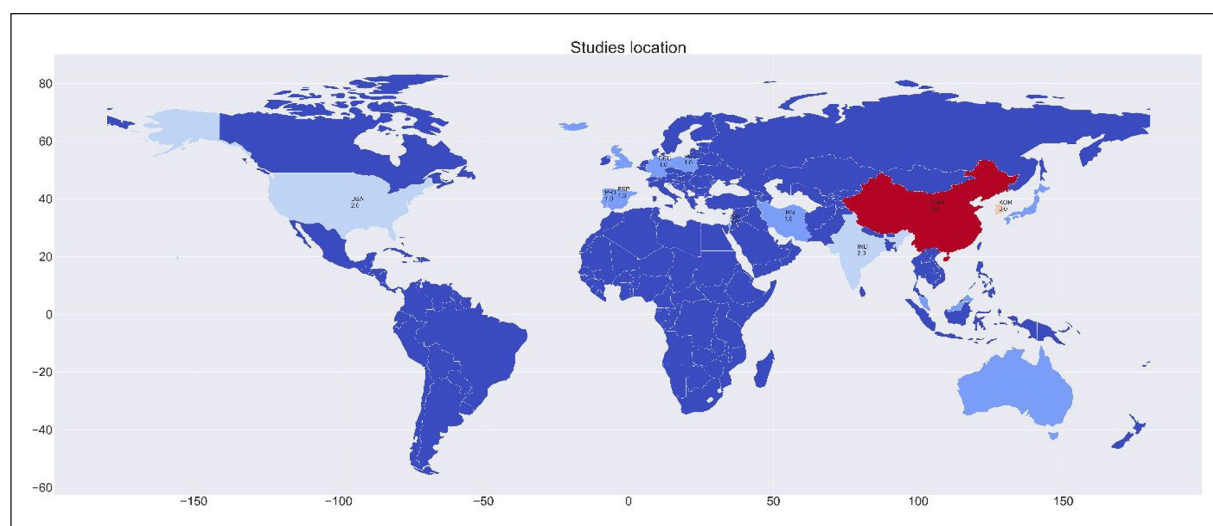
Reference	Country	Research method	Type of mental problem	Sample size	Mean age	SD	Primary outcomes
Henriques et al. (2023)	Portugal	Descriptive statistics, linear regression	Mental well-being/cognitive impairment	821	66	NA	Life-course socio-economic status is an important determinant of functional health, but this relation is complex and dependent on the health outcome considered. Authors investigated functional health globally with the Portuguese version of the Medical Outcomes Study Short Form 36 which include 5 items out of 36 evaluating mental health. Cognitive impairment was evaluated by the Montreal Cognitive Assessment (MoCA)
Malicka et al. (2022)	Poland	Descriptive-analytical study	Depression	500	NA	NA	Living conditions and income impact directly the quality of life of elders. material conditions can be an important factor influencing the level of depression assessed by the Patient Health Questionnaire 9 (PHQ-9).
Muhammad et al. (2021)	India	Bivariate and binary logistic regression	SRH: Psychological Distress	9,231	NA	NA	Financial independence is important for older adults for keeping a satisfactory quality of life in old age. However, a large proportion of older individuals in the study were still working for their economic need or by compulsion and not by choice and had lower levels of mental health outcomes. The latter indicates that the frustration from a job is a major risk factor among older Indian adults. The authors used the 9-item subjective well-being Inventory.
Murayama et al. (2021)	Japan	Descriptive-analytical study	Mental health status	3,941	74.61	6.74	In this study the authors investigated the impact of mutual aid on mental health in older adults. 47% of elders chose their family as help, 28.4% intragenerational family or neighbor, 19.6% none and 4.8% intergenerational family or neighbor. In the family and neighbor group: the greater the economic status, the more help there is, therefore less isolation and depression. Having a supportive environment can compensate the negative effect of a low economic status in older adults. To evaluate the mental health status, the authors used the Kihon Checklist.
Sigurdardottir et al. (2019)	Iceland	Randomized cross sectional study	Depression/cognitive impairment	175	74.2	6.3	The authors explained the significance of economic status, mental health, and physical aptitude as determinants of self-rated health in community dwelling older adults. Lower Self rated mental health was significantly associated with depression and perception of low income. Depression was assessed with the Geriatric Depression Scale and the cognitive function was evaluated by the Mini Mental State Examination.
Sperandei et al. (2023)	Australia	Prospective cohort study	Level of distress	55,575	NA	NA	Lower level of education is associated with significant psychological distress in the Australian elders. This effect is of great magnitude among people with low incomes as well as unemployment. Mental health among elderly can be worsened with transition from working to retirement. To evaluate the level of distress of participants, the authors used the Kessler questionnaire. 61% of the participants were aged of 60 years and more.
Srivastava et al. (2021)	India	Cross sectional survey	Level of distress	9,181	NA	NA	Among older people from poor households, there is a wide disparity of socio-cultural, demographic, and economic characteristics with significant factors responsible for inequality leading to psychological distress. The authors highlight the need for promoting preventive measures to prevent psychological disorders in poor older adults.

(Continued)

Table 1. (Continued)

Reference	Country	Research method	Type of mental problem	Sample size	Mean age	SD	Primary outcomes
Steptoe and Jackson (2015)	USA	Longitudinal Study	Depression/ Anxiety	8,843	72.57	9.86	In this study, the authors established that greater wealth and income is associated with fewer depressive symptoms, less anxiety and stress. The depressive symptoms were assessed by the 8-item Center of Epidemiologic Studies Depression scale (CES-D) while anxiety was measured by the 5-items from the Beck Anxiety Inventory.
Xie et al. (2021)	China	Cross sectional survey	Depression	15,031	NA	NA	Authors of this study highlighted that retiring has a positive effect on mental health in older adults because it reduces depression. The study also showed that in Chinese older adults those who have a lesser education level, no chronic diseases, and poor economic status benefit more from retirement which makes them have a better mental health at older age. The depression symptoms were assessed by the Center of Epidemiologic Studies Depression scale (CES-D).
Yang et al. (2020)	China	Longitudinal study, multinomial Logit regression models	SRH	2,077	73.69	7.27	Authors of this study investigated the heterogeneity in the mental health status of elderly people. The mental health state of Chinese elders could be classified into three types: contradictory, negative, and positive. The contradictory type can quickly transform into positive or negative depending on the economic status. A high proportion of contradictory type highlights that elder mental health status is unstable and can change quickly.
Yi and Hong (2020)	South Korea	Descriptive-analytical study	SRH	7,257	NA	NA	Mental health at older age is shaped by adulthood economic status. Income is playing a more important role in mental well-being especially during the last decades. The place of income being a direct influencer of self-esteem levels and mental health in general is making lower classes more distressed and worried.
Yun and Bae (2020)	South Korea	Cross sectional survey	Depression	6,100	72.6	5.8	Income and economic activity status along with many other variables were significant predictors of depressive symptoms in older adults.
Zhang et al. (2022)	China	Longitudinal study	Cognitive impairment	10,197	NA	NA	Low income has a negative impact on health generally. No sufficient evidence that the level of education influences physical health but a significant effect on mental health. Organized social activities have a mediating effect on mental health especially in elderly with low economic status.

<sup>a</sup>Diagnostic and Statistical Manual of Mental Disorders fourth edition.



**Figure 2.** Worldwide distribution of the included studies.

in Europe while two studies were conducted in the USA and one in Australia. There were no identified studies in Africa nor South America. The lack of research from certain regions underscores the need for more comprehensive investigations into mental health disparities across diverse global contexts, especially within Low- and Middle-Income Countries.

### *Research Methodologies and Geographic Distribution*

Most of the studies followed a descriptive analytic design, which underscores the prevalence of observational research methodologies within this field of research. However, despite the abundance of descriptive studies, our search did not identify systematic reviews or meta-analyses focusing on the impact of economic status on mental health among older adults within the past 5 years. This gap in current literature signals a critical need for further exploration and synthesis of existing evidence to appraise comprehensive understandings and evidence-based interventions.

### *Demographic Profile and Methodological Considerations*

The demographic profile of study participants revealed the inherent heterogeneity within older age cohorts, with an average age of 70.9 years and varying standard deviations indicating a broad spectrum of ages represented. While some studies provided detailed age distribution data, others opted for a more nuanced approach by categorizing participants into discrete age groups. For instance, in the study by Muhammad et al. (2021), age categories such as 60 to 69, 70 to 79, and 80+ were utilized to capture the diverse aging dynamics within the population.

Methodologically, self-rated health (SRH) emerged as a common metric for evaluating mental status among older adults. While SRH offers a convenient and straightforward measure of individuals' perceptions of their health status, concerns regarding its subjective nature necessitate further investigation into its efficacy in assessing mental well-being.

### *Mental Health Issues and Assessment Tools*

Depression emerged as a primary focus across many studies, often examined alongside cognitive impairment, psychological distress, and subjective well-being. Depression is a prevalent public health concern among older adults and has been extensively studied in relation to other psychological factors such as cognitive impairment, psychological distress, and subjective well-being. However, the diversity in diagnostic criteria and assessment tools used across studies underscores the need for standardized approaches to ensure consistency and comparability in research findings.

In exploring depression among older adults, various scales have been employed to assess its severity and prevalence. The Geriatric Depression Scale (GDS) is a widely used instrument designed specifically for older adults, offering a reliable measure of depressive symptoms in this population (Sigurdardottir et al., 2019). Additionally, the Patient Health Questionnaire (PHQ-8/PHQ-9) and the Center for Epidemiologic Studies Depression Scale (CES-D) have also been utilized to assess depression severity and screen for depressive symptoms among older adults in different cultural contexts (Arias-de la Torre et al., 2018; Guo et al., 2019).

Moreover, cognitive impairment often coexists with depression in older age, leading researchers to examine both conditions concurrently. To assess cognitive functioning, studies have employed tools such as the Mini Mental State Examination (MMSE) and the Montreal

Cognitive Assessment (MoCA), which offer standardized measures of cognitive abilities across various domains (Chae et al., 2020; Henriques et al., 2023). These assessments allow researchers to evaluate the extent of cognitive decline and its impact on mental well-being in older adults.

However, the use of different assessment tools and diagnostic criteria across studies poses challenges for synthesizing findings and drawing meaningful conclusions. Standardized approaches to assessment are crucial to ensure the validity and reliability of research findings in this field (Altman et al., 2016). Establishing consensus on the use of specific assessment instruments and diagnostic criteria can enhance the comparability of research findings and facilitate the development of evidence-based interventions.

### *Impact of Economic Status on Mental Well-Being*

The role of economic status as a determinant of mental well-being among older adults is evident across various countries, although the nature and magnitude of its impact vary. For instance, economic status measures can be inferred from a combination of multiple measures (e.g., wealth, assets, income, employment status, etc.). In South Korea, for instance, numerous studies consistently link poor economic status to adverse mental health outcomes and cognitive decline among older adults (Chae et al., 2020; Guo et al., 2019). The critical role of financial resources in shaping mental well-being is highlighted, as individuals facing economic hardship may experience heightened stress levels, limited access to healthcare services, and increased social isolation, all of which contribute to poorer mental health outcomes (Chae et al., 2020; Guo et al., 2019).

Conversely, in India, economic status may not be the primary determinant of mental well-being among older adults. Instead, factors such as religion, education, and familial support structures appear to exert a more significant influence on psychological distress (Muhammad et al., 2021; Srivastava et al., 2021). This underscores the need for culturally sensitive interventions that consider the multifaceted determinants of mental health in diverse cultural contexts. In collectivist cultures like India, strong familial ties may serve as protective factor against psychological distress, shrinking the negative effects of economic adversity on mental well-being (Srivastava et al., 2021).

The complexity of the relationship between economic status and mental well-being is further illustrated in the United States. While high income is generally associated with positive psychological well-being among older adults, this association is not observed among immigrant populations (Assari, 2020). This highlights the tricky link between economic status and immigrant status in shaping mental health outcomes,

indicating that other factors, such as acculturation stress, and social support networks, may mediate the relationship between income and mental well-being among immigrant populations.

Similarly, in the United Kingdom, a low economic status alone does not appear to be a strong predictor of depression among older adults. Instead, cultural engagement emerges as a significant protective factor against depression, irrespective of individuals' socio-economic status (Fancourt & Steptoe, 2019). This suggests that contextual factors beyond economic resources, such as social participation and community engagement, play a crucial role in shaping mental health outcomes among older adults.

Overall, these findings underscore the need for comprehensive and contextually sensitive approaches to mental health intervention among older adults. While economic status certainly plays a role in shaping mental well-being, its impact may be mediated by various cultural, social, and environmental factors. By considering the complex interaction of these determinants, policymakers alongside with healthcare professionals can develop more effective strategies to promote mental well-being and reduce psychological distress among older populations.

### *Cultural and Social Factors*

Other than economic status, cultural and social factors play a crucial role in shaping the mental well-being of older adults. Many studies from various countries have highlighted the significance of factors such as familial support, community engagement, and religious beliefs in influencing mental health outcomes in older age (Chae et al., 2020; Guo et al., 2019; Muhammad et al., 2021; Srivastava et al., 2021).

For example, in China, where familial bonds and social networks hold considerable importance, retirement was found to have a positive effect on mental health, particularly among individuals with lower education levels and poorer economic status (Guo et al., 2019; Xie et al., 2021). This suggests the crucial role of social structures and life transitions, such as retirement, in promoting well-being among older adults.

Similarly, in Iceland, a study examining the determinants of self-rated health found that economic status, mental health, and physical aptitude collectively contribute to overall well-being in older adults (Sigurdardottir et al., 2019). This complex nature of mental well-being emphasizes the importance of comprehensive approaches that consider a range of factors beyond economic resources alone. Integrating cultural and social determinants into mental health interventions is essential to address the diverse needs of older adults and promote better mental health outcomes on a global scale (Fancourt & Steptoe, 2019; Muhammad et al., 2021).

To understand this complex relationship between socio-cultural factors and mental well-being, policy-makers should study the influence of cultural norms, social support systems, and individual beliefs on mental well-being. This context analysis can help tailor interventions to be more culturally sensitive and responsive to the unique needs of older adults across different cultural backgrounds (Srivastava et al., 2021).

## Conclusion

In conclusion, after thoroughly screening 2003 articles and applying strict inclusion and exclusion criteria, we selected 21 relevant studies for analysis. The data from these studies were carefully charted to capture key insights.

This scoping review provides a comprehensive overview of recent studies examining the impact of economic status on mental health in older age. A notable finding is the geographic concentration of research in the Asian continent, with no studies from Africa and South America. This highlights the need for more inclusive and globally distributed research efforts to ensure a comprehensive understanding of mental health dynamics among older adults across diverse cultural contexts.

While economic factors undoubtedly influence mental health outcomes, our analysis reveals that they interact with a multitude of cultural, environmental, and individual factors in many complex ways. Contrary to a simplistic view, economic status alone does not emerge as the sole determinant of mental well-being in older age. Accurately, addressing mental health disparities among older adults requires holistic interventions that consider the broader socio-economic, cultural, and contextual factors that shape mental well-being, each of which may vary according to cultural background.

Although our findings provide valuable insights into the interplay between economic status and mental health, they are biased toward the Asian continent, limiting the generalizability of conclusions to a global scale. Therefore, future research efforts should prioritize a more balanced distribution of studies across regions to ensure a comprehensive understanding of this critical public health issue.

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