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Mental Health of Elderly in Singapore:
The Influence of Living Arrangement, Loneliness, and Perceived Problems

Introduction
With an increasingly aging population and decreasing old age support ratio in Singapore, there is a need to better understand how possible shifts in living arrangement and other key factors might affect elderly mental health. The author previously found that perceived problems moderate the relationship between living arrangement and mental health.

Living Arrangement ← Mental Health
Perceived Problem

Figure 1. Relationship established by author in previous study.

However, literature has recently shown that loneliness mediates the relationship between living arrangement and mental health.

Loneliness ← Mental Health
Living Arrangement

Figure 2. Relationship established by Lim and Kua (2011).

The current study combines both research, and aims to clarify the role of perceived problems in the living arrangement, loneliness, and mental health relationship

Living Arrangement ← Loneliness
Mental Health
Perceived Problem

Figure 3. Perceived problem moderating the effect of living arrangement on loneliness

OR

Living Arrangement ← Loneliness
Mental Health
Perceived Problem

Figure 4. Perceived problem moderating the effect of loneliness on mental health

Methods
Participants
121 elderly aged 64 and above (M = 74.98, SD = 6.85) from 6 different locations across Singapore were invited to participate in the study. Of all participants, 22 live with spouse and children, 15 live with children only, 34 live with spouse only, 42 live alone, and 8 live with non-family members.

Measures
Standard scales used include the (1) SF-12 Mental Health Component Summary which measures mental health, and (2) UCLA Loneliness Scale (ULS-8) which measures feelings of loneliness. Other domains of the questionnaire include demographics and questions on perceived health, financial and social problems.

Results
The current study clarifies that perceived problems moderate the effect of loneliness on mental health (figure 4), but not the effect on living arrangements on loneliness (figure 3).

Perceived problems further worsen mental health as feelings of loneliness increase.

Also, participants living only with spouse reported lowest levels of loneliness while those living with a non-family member reported highest levels of loneliness.

Discussion
These results can inform intervention by government bodies and caretakers of elderly. In addition to reducing loneliness, interventions should act on reducing health, financial and social problems to effectively safeguard elderly mental health. Extra attention and resources should also be directed to elderly living with non-family members. As such, the overall well-being of elderly in Singapore can potentially be improved.