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<td><strong>Citation</strong></td>
<td>Soh, L. K. (2017, March). Mental Health of Elderly in Singapore: The Influence of Living Arrangement, Loneliness, and Perceived Problems. Presented at Discover URECA @ NTU poster exhibition and competition, Nanyang Technological University, Singapore.</td>
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<tr>
<td><strong>Date</strong></td>
<td>2017</td>
</tr>
<tr>
<td><strong>URL</strong></td>
<td><a href="http://hdl.handle.net/10220/42826">http://hdl.handle.net/10220/42826</a></td>
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</tbody>
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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\(^1\), 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.

![Diagram](Living Arrangement -> Mental Health)

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\(^2\).

![Diagram](Living Arrangement -> Loneliness -> Mental Health)

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.

![Diagram](Living Arrangement -> Loneliness -> Mental Health)

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

**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\(^3\) which measures mental health, and (2) UCLA Loneliness Scale (ULS-8)\(^4\) 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).

![Diagram](Presence of Perceived Problems)

Figure 5. Perceived problems moderating the effect of loneliness on mental health.

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

![Diagram](Loneliness)

Figure 6. Mean loneliness score of participants in different living arrangements.

**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.