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Social Isolation and Older Immigrant Mental Health: A Narrative Review

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ABSTRACT

Elderly immigrants fall at a unique intersection of aging, culture, healthcare access, and migration. Similar to other older adults, they may face declining physical health, retirement, death of peers and loved ones, and reduced independence. However, elderly immigrants also experience additional stressors related to cultural displacement, family separation due to relocation, discrimination, language barriers, and unfamiliar healthcare systems (Bhatia et al., 2024; Hawkins et al., 2022). These overlapping challenges are associated with greater vulnerability to mental health issues such as depression, anxiety, and psychological distress (Bhatia et al., 2024)

Although the mental health of elderly immigrants is shaped by various factors, current literature suggests that social isolation and loneliness may be important pathways linking cultural displacement, family disruption, and barriers to care with poorer mental health outcomes. Social isolation connects to multiple challenges for this population; language barriers can reduce community participation, cultural displacement can weaken feelings of belonging, family separation can take away support systems, and healthcare barriers can prevent elderly immigrants from seeking help, which may deepen isolation. However, most available evidence is cross-sectional, so these links describe associations rather than established causal effects.

This narrative review examines 18 scholarly sources on elderly immigrant mental health, including systematic and integrative reviews, quantitative and qualitative primary studies, and one randomized control trial, focusing on the role of social isolation, loneliness, acculturation stress, family relationships, and barriers to care. Findings suggest that, along with expanding clinical services, strengthening social connections through culturally appropriate support systems and community-based interventions may improve elderly immigrant mental health outcomes, although few of such interventions have been rigorously evaluated in this population (Lai et al., 2020; Nwofe et al., 2024).

INTRODUCTION

Research on older adult immigrants shows that their mental health is shaped by multiple social determinants rather than by individual psychological factors alone. In an integrative review of 20 years of literature on older adult immigrants in the United States, Hawkins et al. (2022) found that health

outcomes were influenced by factors such as English proficiency, health literacy, socioeconomic status, discrimination, social isolation, social support, and access to culturally sensitive providers.

Similarly, Bhatia, McLaren, and Huang (2024) systematically reviewed 21 studies on the social determinants of mental health among older unforced migrants, defined as adults aged 50 and above who migrated for reasons other than war, conflict, or persecution. They emphasized that mental health is shaped by individual, relational, community, and structural factors. Cordial family relationships, paid employment, and strong support networks were associated with better mental health, while poor language proficiency, lack of support and access to resources, as well as systematic biases were associated with poorer mental health. Their work supports the idea that elderly immigrant mental health outcomes emerge from the interaction of various variables like migration history, aging, social position, and access to resources.

Derr's (2016) systematic review of 62 studies on mental health service use among immigrants in the United States found that immigrants from Asia, Latin America, and Africa used mental health services at lower rates than nonimmigrants, despite equal or greater need. This may be because of barriers such as stigma and fear of social consequences, language limitations, lack of insurance or high healthcare costs, and lack of culturally responsive care. Although Derr's review was not limited to older adults, these barriers may be even more difficult for older immigrants to overcome, because many depend on family members for transportation and for navigating unfamiliar systems (Treas & Mazumdar, 2002). As a result, mental health concerns may remain untreated.

These studies show how elderly immigrants face a variety of intertwined risks. Across this literature, social isolation and loneliness appear alongside these broader challenges (Bhatia et al., 2024; Hawkins et al., 2022), making them a useful lens for examining older immigrant mental health.

This review asks: what does the current research show about the relationship between social isolation, loneliness, and mental health among older immigrants, and how do cultural displacement, family relationships, and barriers to care relate to that relationship? Throughout, "older immigrants" refers to adults who have migrated, and are aged roughly 50 or 60 and above; age thresholds vary across studies and are noted where relevant.

LITERATURE SEARCH APPROACH

This paper is a narrative review and does not attempt an exhaustive search or formal scoping-review protocol. Instead, it synthesizes key reviews and primary studies to describe the role of social isolation and loneliness in older immigrant mental health.

Literature was searched using academic databases including Pubmed, Google Scholar, and PsycINFO. Additional sources were identified through reference lists of key reviews. Searches focused on

peer-reviewed articles published within the last ten years, though older sources were included when they provided important background on immigrant mental health service use.

Search terms included the combinations of the following key words:
"Elderly immigrant" AND "mental health"
"Older adult immigrants" AND "depression"
"Older migrants" AND "social isolation"
"Elderly immigrants" AND "acculturation stress"
"Older immigrants" AND "family relationships" AND "depression"
"Immigrants" AND "mental health service use"
"Older migrants" AND "barriers to care"
"Elderly immigrants" AND "culturally competent care"
"Minority ethnic older adults" AND "social isolation interventions"

Sources were prioritized if they addressed elderly or older immigrant populations, examined mental health outcomes such as depression, anxiety, loneliness, or psychological distress, and discussed social or structural factors affecting mental health. Particular attention was given to studies and reviews that explored social isolation as a connecting factor between cultural displacement, family disruption, healthcare barriers, and mental health outcomes.

Articles were excluded if they did not address mental health or social isolation, were not peer-reviewed, or were not directly relevant to immigrant or migrant aging. The final set of sources included systematic reviews, integrative reviews, empirical studies, qualitative synthesis, and intervention-focused reviews. Together these sources provided a foundation for examining how social isolation may be a pathway in elderly immigrant mental health.

SOCIAL ISOLATION AND LONELINESS AS POTENTIAL MENTAL HEALTH PATHWAYS

Social Isolation and loneliness are closely related; however, there are key distinctions. Social isolation refers to an objective lack of social contact or participation, while loneliness refers to the subjective feeling of being disconnected or unsupported (National Academies of Sciences, Engineering, and Medicine [NASEM], 2020). This review keeps the two terms separate: "social isolation" refers to measures of social contact, such as network size or participation, and "loneliness" refers to self-reported feelings of disconnection. Most of the migrant-specific studies reviewed here measured loneliness rather than objective isolation. For elderly immigrants, both can be intensified by migration-related barriers. Moving to a new country later in life can disrupt social roles, remove access to support systems like close friends and family, and reduce participation in cultural or religious communities. (Bhatia et al., 2024; Tonui et al., 2023).

Population data support this concern. In a Canadian survey of 10,553 adults aged 60 and above, immigrants reported higher loneliness than Canadian-born older adults, although immigration-related factors mattered less among those aged 80 and above (Wu & Penning, 2015).

Ruan and Cheung's (2024) systematic review of quantitative studies on loneliness among older-adult migrants (aged 50 and above) found that loneliness was associated with factors such as poor health, low financial status, weak sense of belonging, and limited family and non-family relationships. The quality of family ties was more strongly related to loneliness than their number, and the authors called for rigorous longitudinal studies. When older immigrants lack meaningful relationships outside the home, struggle with communication in the dominant language, or feel disconnected from society, loneliness may become a pathway to feelings of psychological distress.

Tonui, Miller, and Adeniji (2023) provide further support through a qualitative interpretive meta-synthesis of six studies (180 participants) on older immigrant adults' experiences with social isolation. Participants described isolation arising from leaving familiar social networks behind in their home countries and from language barriers, which they connected to poorer mental health. Similarly, in interviews with 28 older immigrants in the United States, Treas and Mazumdar (2002) found that reduced socialization, language barriers, changing family dynamics, and reliance on relatives for transportation contributed to loneliness and isolation.

Furthermore, the connection between loneliness and depression is also supported by Jan and Tang (2022), who studied loneliness, age at immigration, family relationships, and depression among older immigrants by analyzing U.S. Health and Retirement Study data from 575 immigrants aged 65 and above. Among those who immigrated at age 45 or older, loneliness was positively associated with depressive symptoms. This association was stronger among respondents who reported more negative family strain and spent fewer hours helping family. This is consistent with the argument that social connection plays an important role, as older immigrants with strained family relationships appeared more vulnerable to depression when lonely. Because the data were cross-sectional, however, the direction of these relationships cannot be determined, but still this supports the argument that social isolation is a possible mechanism, as when older immigrants lacked a strong support system from their families or communities, they became more vulnerable to depression.

Chao et al. (2018), in a study of approximately 3,157 older Chinese Americans in the Chicago area, found that perceived social support was associated with depressive symptoms. Positive social support was linked with fewer depressive symptoms, while higher negative support was linked with more depressive symptoms. This suggests that for elderly immigrants, the quality of support matters just as much as the quantity of support. An older immigrant living with family may still feel lonely if they feel misunderstood, burdened, or excluded.

The literature suggests that social isolation and loneliness may be pathways through which other risks can become more psychologically harmful. Language barriers, cultural displacement, weakened family

relationships, discrimination, and limited healthcare access are all associated with greater isolation (Bhatia et al., 2024; Hawkins et al., 2022), and loneliness is in turn associated with depression and anxiety (Jang & Tang, 2022; Wang et al., 2022). Longitudinal research in general older-adult populations strengthens this interpretation: in a five-year study, loneliness predicted later increases in depressive symptoms (Cacioppo et al., 2010).

However, objective social disconnection and depression or anxiety also predicted each other in both directions over time (Santini et al., 2020), indicating that poor mental health can lead to withdrawal as well as result from it. Comparable longitudinal evidence specific to older immigrants remains scarce (Ruan & Cheung, 2024).

Cultural Displacement, Acculturation Stress, and Belonging

Cultural displacement is another major factor affecting elderly immigrant mental health. For older immigrants, migration may involve entering a society where language, customs, social expectations, healthcare practices, and family roles differ from those in their countries of origin. While younger immigrants can adapt through school or work, elderly immigrants may have fewer opportunities to build new networks, develop language fluency, and interact with the community, making cultural adjustment a more isolating process. (Bhatia et al., 2024)

Pan et al. (2023) examined loneliness among older migrants in the BBC Loneliness Experiment, comparing 239 migrants who moved from collectivist to individualist cultures, 841 migrants who moved between similar individualist cultures, and 1,084 non-migrants, and explored how cultural differences shape the experience of loneliness. Loneliness levels did not differ significantly across the three groups. However, marital or cohabitation status and relational mobility were associated with loneliness among non-migrants and similar-culture migrants but not among migrants from collectivist cultures. This suggests that the sources of loneliness may differ for older migrants who cross a larger cultural distance, even when overall levels are similar. In Canada, de Jong Gierveld et al. (2015) found that older immigrants from countries with a different language and culture reported significantly more loneliness than Canadian-born older adults, whereas those from similar cultural backgrounds did not; local participation and a sense of belonging to Canadian society helped explain these differences.

Acculturation stress can also affect the relationships older immigrants have within their own families. Adult children and grandchildren often adapt more quickly to dominant cultures, creating intergenerational gaps in language, values, independence, and caregiving expectations (Bhatia et al., 2024; Treas & Mazumdar, 2002). Studies synthesized by Bhatia et al. (2024) describe elderly immigrants who felt that their agency, decision-making power, or self-esteem had diminished, and these shifts contributed to emotional distress, especially when older adults depended on family members physically but felt disconnected from them emotionally.

Bhatia et al. (2024) emphasize that relational and cultural determinants are important in the mental health of older immigrants. Their review supports the idea that mental health is greatly influenced by social inclusion, and cultural displacement can weaken the sense of being recognized and valued, which may increase loneliness and distress.

Jang and Tang's (2022) findings also connect family relationships with depression among older immigrants. Family is often assumed to protect immigrant elders from loneliness. While family support can be supportive, relationships with family can be strained due to timing of migration, dependency, changing cultural values, and separation from relatives who remain in the country of origin (Bhatia et al., 2024; Jang & Tang, 2022)

Thus, cultural displacement and family disruption both appear to contribute to social isolation and loneliness. They can reduce the older immigrant's sense of belonging and increase the dependence on a smaller circle for support. When support is weak or strained, the risk of depression and other mental health issues tend to be higher (Chao et al., 2018; Jang & Tang, 2022).

Barriers to Mental Health Care and the Worsening of Isolation

Even when elderly immigrants experience loneliness, anxiety, depression, or psychological distress, they may not receive appropriate mental health care. Derr's (2016) systematic review found that immigrants in the United States use mental health services at much lower rates than nonimmigrants, despite equal or greater need. Barriers like language, stigma, cost, immigration-related concerns, and lack of culturally appropriate services can be especially relevant to elderly immigrants because they may come from cultures where mental health is discussed through family or religion rather than through clinical mental health language (Bhatia et al., 2024).

Hawkins et al. (2022) found that access to culturally sensitive providers and healthcare systems is a key factor in older immigrant health. If elderly immigrants cannot communicate comfortably with providers, do not trust the healthcare system, or feel that providers do not understand their cultural background, they may avoid seeking help, allowing mental health problems to go on untreated. Hawkins et al. also identified social isolation itself as a barrier to health in this population, suggesting that limited access to care and isolation may reinforce one another.

Wang et al. (2022) provide evidence connecting loneliness with anxiety and depressive symptoms among elderly migrants, although in a different migration context: their 654 participants were adults aged 60 and above who had moved within China to the city of Nanjing, rather than international immigrants. Their cross-sectional study found that loneliness was associated with anxiety and depression, and perceived stress and resilience statistically mediated this relationship. This is consistent with the idea that loneliness and isolation may function as pathways to mental health outcomes, although the authors note that their design cannot establish causation. If this pathway holds, mental health services that do not also address loneliness and cultural disconnection may be insufficient for elderly immigrants.

Intervention: The Case for Targeting Social Isolation and Loneliness

If social isolation and loneliness are central pathways linking migration-related stressors to mental health outcomes, then interventions should not only focus on individual treatments but also on rebuilding social connection. The evidence base for such interventions among older immigrants, however, is still small. Nwofe et al. (2024), in a scoping review of interventions to reduce social isolation and loneliness among minority ethnic populations in OECD countries, found that few interventions had been designed specifically for these populations, although the interventions showed promise to improve social participation, community engagement, and culturally relevant support.

The most direct evidence for these interventions comes from a randomized controlled trial in Calgary, Canada, in which 60 socially isolated Chinese immigrants aged 65 and above were assigned to an eight-week peer-support program or a control group. The program delivered by volunteers through home visits and phone calls reduced loneliness (Lai et al., 2020). An umbrella review on older immigrants likewise concluded that peer and community support is effective because it creates meaningful relationships (Kasakura et al., 2025), and older immigrants in qualitative studies described senior centers and community programs as important for rebuilding social networks (Tonui et al., 2023). These findings are encouraging, and more research should be done to elaborate on the connections shown.

Proposed recommendations of community-based programs may be especially useful to elderly immigrants if they can have easy access to culturally specific events, language-accessible mental health education, and peer-support groups. Such programs could reduce loneliness by helping older immigrants build relationships outside of their immediate family, and reduce stigma by presenting mental health support in a culturally familiar way. Apart from peer support, these components have not yet been evaluated as interventions for older immigrants.

Chao et al. (2018) also support this direction by showing the importance of positive social support. Interventions should not only increase the number of social contacts but also improve the quality of such support (Ruan & Cheung, 2024). For example, family education programs could help their adult children understand the mental health effects of isolation in older immigrant relatives. Community programs could create spaces where elderly immigrants can feel much more independent, easing the strain on their relationships as well. These proposals derived from observational findings rather than tested interventions.

As stated earlier, Ruan and Cheung's (2024) review found that loneliness among older migrants is associated with belonging, health, and financial resources. Therefore, interventions may also need to be multidimensional. A program that offers only counseling may not fully help if an individual still lacks transportation, language access, or community connections. Similarly, a social program may be limited if stigma prevents participants from discussing emotional distress. Effective support will likely need to

combine cultural sensitivity, social connection, and accessible mental health resources. Testing such combined programs is a priority for future research.

LIMITATIONS OF THE LITERATURE

Although the literature consistently links social isolation and loneliness with poorer elderly immigrant mental health outcomes, there are limitations as well. Immigrant populations are highly diverse and differ by country of origin, language, race, religion, socioeconomic status, immigration status, reason for migration, age at migration, and family structure (Bhatia et al., 2024; Hawking et al., 2022). Findings from one group may not apply equally across all others. Furthermore, many studies in the literature are currently cross-sectional, so they show associations between loneliness and depression but cannot always show causation between the two. Through reviewing the literature, it has become apparent that more longitudinal research is needed on interventions that are specifically designed to study elderly immigrant populations over time (Ruan & Cheung, 2024; Tonui et al., 2023). As a narrative review conducted by a single author, this paper does not use a systemic selection process and may have missed relevant studies.

Despite these limitations, the literature has consistently shown that social connection is closely associated with elderly immigrant mental health. Across review articles, qualitative studies, and empirical research, isolation and loneliness repeatedly appear as important correlates of, and plausible links, between migration-related stressors and mental health outcomes.

Discussion

Elderly immigrant mental health is shaped by a combination of aging-related challenges and migration-related stressors. The literature shows that language barriers, cultural displacement, family separation, discrimination, stigma, and limited access to culturally sensitive care are all associated with psychological vulnerability (Bhatia et al., 2024; Derr, 2016; Hawkins et al., 2022). This review suggests that social isolation and loneliness may be important pathways connecting these factors to overall mental health outcomes, a hypothesis that longitudinal and intervention has yet to test in older immigrant populations.

Rather than viewing social isolation as only one factor among many, researchers and policymakers may find it useful to examine it as a mechanism through which broader social and structural barriers affect mental health. Cultural displacements can weaken belonging, family disruption can reduce emotional support, and barriers to care can prevent treatment. These challenges often converge on loneliness and social disconnection, which are consistently associated with poor mental health.

For this reason, improving elderly immigrant mental health will likely require culturally responsive, community-based approaches that strengthen social support, reduce stigma, and provide accessible care. Future research should continue to examine how social isolation operates across different immigrant communities and which types of interventions most effectively improve mental health among older immigrants.

CONCLUSION

This review examined research on social isolation, loneliness, and mental health among older immigrants Across reviews, qualitative studies, and population surveys, loneliness and weak social connections were consistently associated with depression, anxiety, and psychological distress, while language barriers, cultural distance, family strain, and barriers to care were associated with isolation and loneliness.

These findings describe associations, and most migrant-specific studies are cross-sectional and measure perceived loneliness rather than objective isolation, and longitudinal evidence from older-adult populations suggests that disconnection and poor mental health can influence each other in both directions. There are gaps in the research of longitudinal studies that measure isolation and loneliness separately, with rigorous evaluations of interventions and beyond North American samples.

Early evidence, including randomized trials of peer support, suggests that culturally tailored programs that build social connection can reduce loneliness among older immigrants. Future research should test whether such programs, combined with accessible and culturally responsive mental health care, improve mental health outcomes.

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