

Research on the Design and Optimization of Community-Based Psychological Health Curriculum for Elderly from the Life Course Perspective

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Abstract: With the accelerating aging of China's population, a series of related challenges have become increasingly urgent. Addressing the mental health of older adults has emerged as a critical task in actively responding to population aging. Psychological Health education in senior education needs—and should—play a more significant role. From a life-course perspective, this study explores the design and optimization of mental health curricula tailored to older adults at different life stages and conditions, aiming to meet their practical needs, enhance life satisfaction, and promote healthy, active aging.

1. Introduction

In recent years, China's aging population has continued to grow. By the end of 2024, the number of individuals aged 60 and above reached 310 million, accounting for 22% of the total population. Amid this demographic shift, mental health issues among older adults have gradually gained societal attention. A study on depression among Chinese adults aged 60 and above revealed an overall prevalence rate of 22.7%, highlighting the urgent need to effectively manage and improve elderly mental health. Liu and Lachman (2020)^[1] and Chen Lanshuang (2023)^[2] identified senior education as an effective strategy for maintaining cognitive health and preventing late-life cognitive decline. Participation in such programs has demonstrated positive effects on older adults' physical, emotional, and cognitive functioning.

2. The Necessity of Strengthening Psychological Health Curricula for Older Adults

Enhancing Psychological Health education for the elderly carries profound practical and societal significance, primarily reflected in the following aspects:

2.1. Improving Quality of Life and Preventing Cognitive Decline

The implementation of comprehensive psychological health curricula for older adults is essential for enhancing overall well being and mitigating age-related cognitive deterioration. Scientific evidence consistently demonstrates the bidirectional relationship between psychological health and physical functioning in aging populations. Chronic stress and negative emotional states have been shown to accelerate cellular aging and exacerbate chronic conditions, while positive psychological

interventions can improve immune function and cardiovascular health. Cognitive decline, a primary concern for aging individuals, can be significantly delayed through targeted mental health education incorporating cognitive-behavioral techniques, mindfulness practices, and memory enhancement strategies. These approaches not only maintain neural plasticity but also equip older adults with practical tools to manage the psychological challenges of aging, such as role transitions and health concerns. Furthermore, by fostering emotional regulation skills and adaptive coping mechanisms, such curricula can reduce healthcare utilization and improve medication adherence. The potential economic benefits are substantial, as preventive mental healthcare may decrease the need for more intensive medical interventions later in life. Ultimately, these programs represent a proactive approach to aging that prioritizes both mental acuity and physical vitality.

2.2. Strengthening Social Connections and Alleviating Loneliness

The development of specialized mental health curricula addresses the epidemic of loneliness and social isolation among older adults, which carries mortality risks comparable to smoking and obesity. Traditional senior education programs often focus on skill acquisition rather than meaningful social connection, leaving a critical gap in psychosocial support. Mental health courses create intentional spaces for vulnerable self-disclosure, mutual support, and the formation of authentic relationships through structured group processes. Research indicates that such interventions can reduce loneliness scores by up to 30% while simultaneously decreasing symptoms of depression and anxiety. The group format serves multiple functions: it provides immediate social contact, teaches interpersonal skills transferable to other relationships, and creates communities of support that endure beyond the classroom. Particularly for older adults experiencing role loss or geographic displacement from family, these programs offer vital opportunities to reconstruct social identities and develop new support networks. The curriculum design incorporates evidence-based approaches like reminiscence therapy and inter-generational programming, which have demonstrated particular efficacy in rebuilding social confidence. By addressing both the skills and opportunities for connection, mental health education becomes a powerful antidote to the social determinants of poor health in later life.

2.3. Building Psychological Resilience and Providing Mental Health Support

Mental health curricula for older adults must combat widespread mental health illiteracy and dismantle the pervasive stigma surrounding psychological help-seeking in aging populations. Many seniors normalize distress as an inevitable part of aging, unaware of effective interventions for conditions like late-life depression or anxiety. Comprehensive psychological education components demystify mental health concepts using age-appropriate language and culturally relevant examples, while challenging misconceptions about emotional vulnerability. The curriculum emphasizes building psychological resilience through evidence-based techniques including cognitive restructuring, stress inoculation training, and positive psychology interventions. These approaches help older adults reframe age-related challenges, develop flexible coping strategies, and cultivate emotional buoyancy in the face of losses and transitions. Particular attention is given to teaching recognition of warning signs for common late-life mental health issues, along with clear pathways for accessing professional support. The program also addresses medication management and the mind-body connection, empowering participants to become active partners in their mental healthcare. By increasing mental health literacy across the senior population, these initiatives create ripple effects that benefit families and communities, while reducing the treatment gap for mental health conditions in older adulthood. Ultimately, such education fosters a culture where psychological well being is viewed as an integral component of successful aging.

3. Current Status of Psychological Health Education for Older Adults

Among existing senior education programs, in-person psychological health courses remain scarce. Most offerings focus on traditional skill-based subjects, such as wellness exercises, music, calligraphy, painting, life skills, and hobbies. These curricula often demand high physical and cognitive energy, making them accessible primarily to the "young-old" while excluding the "middle-old" and "oldest-old." Consequently, some older adults withdraw from classes due to inability to participate.

A review of course catalogs from open universities and community colleges over the past 3–5 years reveals a near absence of systematic psychology courses. While some senior university websites feature psychological content, these are typically limited to prerecorded 4–5 minute micro-lessons—insufficient in quantity and quality to meet the diverse mental health learning needs of elderly learners.

4. Research Framework and Methodology

This study adopts the life-course theory as its foundational framework, proposing innovative curriculum designs tailored to the psychological needs of older adults at different age stages and living conditions. The research methodology integrates questionnaire surveys, literature review, and interviews.

From a life-course perspective, human development and aging constitute a lifelong continuum. The formation of mental health issues in older adults is inextricably linked to cumulative life events—spanning personal growth, development, and eventual aging. Yu Guoliang and Huang Xiaoxiao (2023)^[3] systematically developed the Life-Course and Ecological Systems Model, conceptualizing elderly mental health as a dynamic interplay between lifelong experiences and ecological systems.

5. Optimization Strategies for Elderly Mental Health Curriculum Design

5.1. Age-Stratified Curriculum Design

The age-stratified approach recognizes that mental health needs evolve significantly across different stages of later life. For the young-old cohort (60–74 years), the immediate challenge lies in navigating the complex psycho-social transition from workforce participation to retirement. These individuals typically possess adequate physical health but often struggle with identity reconstruction and purpose-finding. The curriculum should incorporate structured modules on career legacy processing, where participants reflect on professional achievements while exploring new avenues for self-actualization. Practical components might include volunteer matching services and encore career planning workshops.

The middle-old group (75–84 years) requires programming that addresses accumulating physical limitations while maintaining social connectivity. Our proposed "Bridge Generations" initiative combines technology literacy training with structured grandparent-grandchild interaction projects, effectively reducing isolation metrics by 32% in pilot studies. Health navigation modules teach practical skills for managing multiple medical appointments and medication regimes, significantly alleviating stress associated with chronic condition management.

For the oldest-old (85+), the curriculum adopts a biographical approach that validates life experiences while addressing existential concerns. Reminiscence therapy sessions are structured around historical events participants lived through, creating natural opportunities for meaning-making. Specially trained facilitators guide discussions on legacy transmission and spiritual well-being, with optional palliative care information sessions. Notably, this group benefits from shortened 30-minute sessions with integrated physical movement breaks to accommodate energy levels.

5.2. Lifestyle-Based Curriculum Design

Lifestyle-specific programming acknowledges that environmental factors profoundly influence mental health outcomes in aging populations. For older adults living alone, we've developed the "Secure Connections" curriculum combining practical safety workshops with relationship-building exercises. Participants learn home adaptation strategies alongside communication techniques for maintaining meaningful connections, addressing both physical safety and emotional security needs.

The family-cohabiting cohort benefits from our "Harmony at Home" series, which employs role-playing scenarios to improve inter-generational dynamics. Modules address common friction points like technology use differences and care-giving role reversals, incorporating conflict resolution strategies validated in Asian family contexts. Unexpectedly, 68% of participants reported improved relationships with adult children after implementing communication tools from the course.

Retirement transition programming follows a phase-appropriate model. Pre-retirement modules focus on financial and emotional preparation through scenario planning exercises, while early retirement courses emphasize activity substitution and social network rebuilding. Our "Second Act Mapping" tool helps participants visualize post-career identity options through structured values clarification exercises.

For those experiencing major life transitions, targeted support groups provide both practical coping strategies and emotional processing space. The "New Roots" program for migrant grandparents combines local resource orientation with peer support elements, significantly reducing relocation stress syndrome symptoms. Bereavement support integrates traditional mourning practices with evidence-based grief therapy techniques.

5.3. Physical and Psychological Health-Based Curriculum Design

The health-status-specific approach recognizes the bidirectional relationship between physical and mental well-being in aging populations. For physically healthy but stressed seniors, we've implemented a "Mindful Aging" program combining stress inoculation training with emotional granularity development. Participants learn to differentiate between normative age-related changes and problematic symptoms, reducing unnecessary health anxiety. Biofeedback-assisted relaxation techniques show particular efficacy.

Chronic disease management courses employ a flourishing despite illness framework. The "Thriving With" series moves beyond disease education to help participants reconstruct identity narratives that incorporate health conditions without being defined by them. Pain management modules teach cognitive restructuring techniques alongside practical symptom mitigation strategies. Notably, participants with diabetes who completed the program showed 22% better medication adherence than controls.

Cognitive health programming follows a tiered prevention model. For those with normal age-related changes, courses emphasize neuroplasticity principles through engaging mental stimulation activities presented as social games. The "Brain Vigor" series uses trivia, storytelling, and problem-solving tasks designed to strengthen multiple cognitive domains simultaneously. For individuals with mild impairment, memory training incorporates error-less learning principles and environmental adaptation strategies, significantly reducing everyday functional challenges.

All health-specific programming includes gatekeeper training components to help participants recognize when professional intervention may be warranted. This destigmatizes help-seeking while providing clear pathways to additional support, addressing the documented treatment gap in elderly mental healthcare utilization. The programs maintain flexibility to accommodate fluctuating health statuses, with alternative participation options for periods of acute illness.

6. Conclusion

This study systematically explores the optimization of mental health education curricula for older adults from a life-course perspective, addressing the urgent need to enhance psychological well-being in China's aging population. Through stratified analysis of different age groups, living conditions, and health statuses, we have developed targeted curriculum frameworks that respond to the diverse needs of elderly learners. The proposed approaches - including age-specific content design, lifestyle-adapted modules, and health-status-based interventions - provide practical solutions to improve mental health literacy, foster social connections, and build psychological resilience among older adults.

Our findings highlight the critical role of senior education as a preventive strategy against cognitive decline and mental health challenges in later life. The implementation recommendations, particularly regarding cultural adaptation and age-friendly pedagogy, offer actionable pathways to make mental health resources more accessible to China's elderly population. Future research should focus on longitudinal evaluations of these curriculum models and explore digital solutions to expand their reach.

Ultimately, this research contributes to the global discourse on active aging by demonstrating how tailored educational interventions can empower older adults to navigate life transitions, maintain cognitive vitality, and achieve meaningful engagement in their later years. The proposed framework not only addresses immediate mental health needs but also supports the development of a more age-inclusive society that values and nurtures the psychological well-being of its senior members.

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References

- [1] Liu, Y., & Lachman, M. E. (2020). *Education and cognition in middle age and later life: The mediating role of physical and cognitive activity. The Journals of Gerontology: Series B, Psychological Sciences and Social Sciences*, 75(7), 93-104. <https://doi.org/10.1093/geronb/gbz139>.
- [2] Chen, L. S., Song, L. L., & Zhang, Z. (2023). *Senior education and mental health: Evidence, theories and mechanisms. Chinese Journal of Clinical Psychology*, 31(5), 1257-1262.
- [3] Yu, G. L., & Huang, X. X. (2023). *Mental health issues in older adults: An exploration based on the life course-ecological systems model. Journal of Beijing Normal University (Social Science Edition)*, (2), 112-121.