

Assessment of Loneliness Among the Elderly in Selected Regions in Indonesia: Basis for the Mental Health Awareness Development Program

Vausta Nurjanah¹, Vivi Retno Intening^{2*}

¹Catholic Musi Charitas University Palembang, Nurse Profession Program, Indonesia

²Bethesda Yakkum Health Sciences Yogyakarta, Bachelor in Nursing Program, Indonesia

^{1,2}Graduate School Student of St. Paul University Philippines, Philippines

Corresponding Author: Vivi Retno Intening

Email: vivi@stikesbethesda.ac.id

Article Info

Online : <http://journal.ums.ac.id/index.php/ijnp>

ISSN : 2548 4249 (Print)

: 2548 592X (Online)

DOI : 10.18196/ijnp.v9i1.24840

Article History

Received : 18 November 2024

Revised : 09 July 2025

Accepted : 14 July 2025



Abstract

Background: Loneliness is a mental health problem in many countries worldwide. Older people who live alone and are separated from their children, grandkids, and close caretakers are more likely to experience loneliness for a number of reasons. Programs that increase awareness of mental health difficulties, especially for older people, are vital because this danger exists in developing countries like Indonesia as well. Prior to the application of mental health nursing interventions, research on loneliness in older people is required.

Objective: The purpose of this study was to evaluate loneliness among older people and create program ideas for increasing mental health awareness that Indonesia can use.

Method: This study employed a descriptive-analytic approach, and the UCLA version 3 loneliness evaluation was used to gauge the loneliness of 257 senior respondents in Yogyakarta and Palembang. Older adults who met the following requirements were eligible to participate in this study: they had to be over 60, cooperative, willing to participate as research subjects, and not feel threatened by the gravity of answering the questionnaire. Elderly persons with disabilities, older adults with disorders, and older adults who encounter complaints during the research procedure that make it impossible for them to continue as respondents are the inclusion criteria in this study.

Result: Most respondents had low levels of loneliness (30.7%), fairly high levels (30%), moderate levels (21.8%), and high levels (17.5%). One alternative initiative for raising mental health awareness and helping lonely older adults is Cerita, Silaturahmi, Lakukan hobby.

Conclusion: Based on the study's findings, the researcher suggests Cerita, Silaturahmi, Lakukan hobby as an older mental health awareness program package that might be implemented in Indonesia.

Keywords: assessments; awareness program; elderly; loneliness; mental health

INTRODUCTION

Indonesia, Japan, China, India, and the United States have the highest elderly populations in the world ([Rahmi et al., 2021](#)). The percentage of older adults in Indonesia has doubled over fifty years (1971–2019), according to data from the Central Statistics Agency (BPS). By 2023, the percentage of the Indonesian population that falls into old age will reach 11.75%. By gender, 52.28% of older people are female, and 47.2% of the elderly are male. 59% of them are young elderly, meaning they are 60 to 69 years old; 26.76% are middle elderly, meaning they are 70 to 79 years old; and 8.65% are old elderly, meaning they are more than 80 years old

([Luhmann et al., 2023](#)). Old age, also referred to as elderly, is a condition that occurs in a person's life. The aging process is a lifelong process that begins at the beginning of life. According to ([Joanna & Bryonnie, 2021](#)), growing old is a natural process that means a person's life has gone through stages of life, such as neonate, baby, preschool, school, teenager, adult, and old. Aging causes many changes, including physical, psychological, cognitive, and social changes. Psychological changes experienced by the elderly include short-term memory, frustration, loneliness, fear of losing

freedom, fear of facing death, and depression ([Joshi et al., 2024](#)).

Loneliness is a condition of emotional disturbance that arises when a person feels alienated, misunderstood, or rejected by others, as well as not having appropriate social partners for desired activities, especially activities that provide a sense of social integration and opportunities for social closeness ([Prizeman et al., 2023](#)). Loneliness is a self-response to the difference we perceive between the quantity and quality of desired social life in actual social relationships ([von Soest et al., 2020](#)). A report from the National Academies of Sciences, Engineering, and Medicine (NASEM) shows that more than a third of adults aged 45 and older feel lonely, and nearly a quarter of adults aged 65 and older are considered so lonely that they feel socially isolated ([Zhang et al., 2023](#)).

A 2022 survey conducted in 16 countries found that nearly 60 percent of young adults between the ages of 18 and 24 reported negative effects on well-being due to feelings of loneliness, while about 22 percent of respondents aged 65 and older reported experiencing feelings of loneliness ([Luhmann et al., 2023](#)). World Health Organization (WHO) data in 2023 said that loneliness is one of the risk factors for health problems, including 50% causing the risk of dementia, 25% causing the risk of early death, and 30% increasing the risk of stroke and cardiovascular disease, especially in the elderly ([Hawkley et al., 2022](#)). There is a strong relationship between feelings of loneliness and depression ([Winkler et al., 2024](#)). If the elderly feel socially isolated or lonely, negative self-esteem and suicidal thoughts may increase, while life satisfaction often decreases. The prevalence of loneliness in Indonesia among people over the age of 50 is 15.1%. Caring for parents is associated with a reduced risk of loneliness in old age ([Akhter-Khan et al., 2023](#)).

In fact, the problem of loneliness among the elderly has not been a special concern for families and health workers in Indonesia. The government has not specifically paid attention to the problem of loneliness in the elderly, and there has been no detailed program implemented by the government to overcome the problem of loneliness in the elderly in Indonesia ([Galiana et al., 2020](#)). This fact is

evidenced by the increasing number of deaths among the elderly that cannot be recognized immediately. Based on BBC News Indonesia news, on July 19, 2024, an elderly couple was found dead in their home without any signs of violence. It was only discovered after one week when the body began to decompose and cause an unpleasant odor. From the information of the closest people, this elderly couple lived alone at home and had recently isolated themselves. Based on information from their neighbors, the elderly had told them about their feelings of loneliness because they were far from their children and grandchildren ([Asri et al., 2025](#)). Several alternatives to prevent loneliness in the elderly have been carried out, but these interventions have rarely or never been carried out in elderly settings in Indonesia ([Shekelle et al., 2024](#)).

A previous literature review clarified why there was variation in how loneliness was measured and conflicting results about the connection between psychotic symptoms and loneliness ([Winkler et al., 2024](#)). Psychological and social issues, including elevated levels of depression, psychosis, and anxiety, inadequate social support, low life quality, heightened internalized stigma and perceived discrimination, and low self-esteem, can all have an impact on loneliness in people with psychosis. The study's findings clarify the connection between people's experiences of loneliness and mental illnesses. The evaluation of loneliness among the elderly is anticipated to serve as the foundational material for developing initiatives aimed at raising awareness about mental health, particularly among this population. In order to reduce loneliness among the elderly in Indonesia, it is anticipated that this mental health awareness program will be implemented for those who are at risk of experiencing it during times of life transition ([Qonita et al., 2021](#)). Based on the data and phenomena above, it is necessary to conduct an assessment of loneliness among the elderly in Indonesia as an effort to develop a quality design for raising awareness of mental health, especially for the elderly.

World Health Organization (WHO) data in 2023 said that loneliness is one of the risk factors for health problems, including 50% causing the risk of

dementia, 25% causing the risk of early death, and 30% increasing the risk of stroke and cardiovascular disease, especially in the elderly ([Winkler et al., 2024](#)). In addition, strong relationship between feelings of loneliness and depression was found in the previous study ([Banerjee et al., 2023](#)). If the elderly feel socially isolated or lonely, negative self-esteem and suicidal thoughts may increase, while life satisfaction often decreases ([Akhter-Khan et al., 2023](#)).

Loneliness is defined as a condition of emotional disturbance that arises when a person feels alienated, misunderstood, or rejected by others, as well as not having appropriate social partners for desired activities, especially activities that provide a sense of social integration and opportunities for social closeness ([Prizeman et al., 2023](#)). Researcher Tilmann von Soest from Oslo University defines loneliness as a self-response to the difference we perceive between the quantity and quality of desired social life in actual social relationships ([von Soest et al., 2020](#)).

METHOD

This study used a descriptive research design. The data from this study are presented in the form of frequencies and percentages. After analyzing the descriptive data on loneliness in the elderly, the author went on to design a mental health program for the elderly based on research results and the literature. Participants in this study were older adults aged 60 years and over in the Palembang and Yogyakarta regions of Indonesia, with a population of 882,910. In this study, the accidental sampling technique was used. The sample in this study was 257 senior persons, 127 from Palembang and 130 from Yogyakarta, representing 25% of the total population. The result was 256.72, rounded up. In order to be eligible to participate in this study, elderly individuals had to be over 60, cooperative, willing to participate as research subjects (as demonstrated by filling out an informed consent form), and not feel intimidated by the seriousness of answering the questionnaire. The inclusion criteria for this study are older adults with disabilities, older adults with disorders, and older adults who

experience problems during the research process that prevent them from continuing as respondents.

Assessment of Loneliness from UCLA Version 3, with 20 statement items, will be filled in by the elderly based on the conditions and situations they feel. A 20-item scale designed to measure one's subjective feelings of loneliness. Participants rate each item as either O ("I often feel this way"), S ("I sometimes feel this way"), R ("I rarely feel this way"), N ("I never feel this way") followed by the scoring letter N score 1; R score 2; S score 3; and O score 4. After 20 statements are filled in by the elderly, then proceed with the score calculation with the following interpretation: score 20-34 low level; score 35-49 moderate; score 50-64 moderate high; and score 65-80 high degree. Analyses of the reliability, validity, and factor structure of this new version of the UCLA Loneliness Scale were conducted. The results indicated that the measure was highly reliable, both in terms of internal consistency (coefficients ranging from 0.89 to 0.94) and test-retest reliability over 1 year ($r = 0.73$). Convergent validity for the scale was indicated by significant correlations with other measures of loneliness ([Bottaro et al., 2023](#)). This instrument has been used previously in the Indonesian setting ([Eliza et al., 2023](#)), which modifies the loneliness assessment instrument from UCLA that has been modified in Indonesian version, so it can be used to assess loneliness among the elderly in Indonesia ([Gultom et al., 2024](#)).

The data collection method was face-to-face with the elderly in the community. Data analysis was carried out using software, and univariate analysis of percentages for the level of loneliness variable. Prior to the research, this research protocol had passed the health research ethics test at the Health Research Ethics Commission of STIKES Bethesda Yakkum with Registered No: 166/KEPK.02.01/X/2024. This study was carried out with consideration for the safety and well-being of the participants in compliance with health research ethics.

RESULTS

Participant's Profile

The demographic characteristics of the respondents in this study are presented in Table 1 below.

Table 1. Participants' Demographic Profile of Loneliness Among the Elderly in Selected Regions in Indonesia

Demographic Profile	Frequency	Percentage
Age		
Elderly (60-74 years old)	179	69.6
Old (75-90 years old)	77	30
Very old (> 90 years old)	1	0.4
Total	257	100
Gender		
Male	110	42.8
Female	147	57.2
Total	257	100
Origin		
Java	206	80.2
Chinese	22	8.6
Palembang	3	1.2
Batak	9	3.5
Bali	1	0.4
Lampung	7	2.7
Betawi	2	0.8
Banjar	1	0.4
Manado	1	0.4
Sunda	2	0.8
Flores	2	0.8
Nias	1	0.4
Total	257	100
Religion		
Chatolic	57	22.2
Christian	154	59.9
Moslem	42	16.3
Hindus	2	0.8
Buddhis	1	0.4
Konguchu	1	0.4
Total	257	100
Civil Status		
Unmarried	25	9.7
Married	166	64.6
Divorce by death	57	22.2
Divorce	9	3.5
Total	257	100
Educational background		
Uneducated	13	5.1
Primary educational	35	13.6
Secondary educational	84	32.7

Demographic Profile	Frequency	Percentage
Higher educational	125	48.6
Total	257	100
Significant others		
None	31	12.1
Couple	151	58.8
Children	47	18.3
Others	28	10.8
Total	257	100
Socioeconomic status		
Lower	113	44
Lower middle	30	11.7
Upper middle	48	18.7
Upper class	66	25.7
Total	257	100

Table 1 explains the demographic data of the participants in this study. From 257 participants, the majority were in the elderly category (60-74 years) as much as 69.6%; female gender 57.2%; came from the Java tribe 80.2%; Christian 59.9%; married

64.6%; with the most educational background being higher education 48.6%; living together with a partner, namely a husband or wife, 58.8%; and low social economic status (44%).

Level of Loneliness among the Elderly

Table 2. Assessment of Loneliness Among the Elderly in Selected Regions in Indonesia

Loneliness	Frequency	Percentage
Low	79	30.7
Moderate	56	21.8
Moderate high	77	30
High degree	45	17.5
Total	257	100

Table 2 shows the level of loneliness of participants in this study. The majority of participants fell into

the low category, as much as 30.7%, and the least in the high degree category, as much as 17.5%.

Mental Health Awareness Program

Researchers created a program to anticipate loneliness in the elderly or stop an increase in loneliness in the elderly based on mental health therapies for the elderly, based on the findings of research and literature studies. The three primary activities in this program—storytelling, gathering, and engaging in hobbies—are referred to as Cerita, Silaturahmi, Lakukan hobby (CERAHBY). The purpose of this campaign is to increase public

awareness of senior mental health. These activities can be conducted in nursing homes that provide care for a large number of senior residents, as well as in hospitals, by using the following summary of each session's activities:

1. Storytelling: The elderly are given as many opportunities as possible to express their sentiments and anything else they might

- like to discuss with friends, family, nurses, or other medical professionals during this session.
2. **Gathering:** In this session, "gathering" can be understood as establishing direct or indirect communication with others. It can also involve the use of technology, such as video calls, virtual face-to-face interactions with friends and family, or face-to-face interactions with other senior citizens.

3. **Engage in hobbies:** During this session, senior citizens are given the chance to engage in activities that align with their interests and can be tailored to their current capabilities. These activities may include cooking, gardening, sewing, singing, and painting.

CERAHBY can be implemented in elderly health services with the stages as described in Table 3 below.

Table 3. CERAHBY Mental Health Awareness Program for the Elderly

Objective	Program Activities	Person in Charge	Expected Outcomes
Socialization of the objectives and benefits of the CERAHBY Program: <ul style="list-style-type: none"> • Hospital • Nursing home • Communities/families with the elderly 	Introduction: <ul style="list-style-type: none"> • Purpose of the program • Reiterate the benefit of the program • Discuss the program for practice with the nursing home administrator 	Hospital Director, Nursing home administrator, Nursing staff at the hospital, and nursing home, Families with elderly	After 2 months, the hospital community and nursing home community in Palembang & Yogyakarta have improved their understanding and knowledge about the objectives and benefits of the Hospital Support Program for Elderly Care services.
Implementation of the CERAHBY Program	<ol style="list-style-type: none"> 1. Presentation and simulation in a targeted institution 2. Simulation in the implementation of the program 3. Empower the hospital director, nursing home administrator, and nursing staff. 4. Reiterate the benefit of the program. 	Hospital Director, Nursing home administrator, Nursing staff at the hospital, and nursing home, Families with elderly	After 3 months, the selected hospital community and nursing home community in Palembang & Yogyakarta can demonstrate the Hospital Support Program for Elderly Care services.

Objective	Program Activities	Person in Charge	Expected Outcomes
	5. Discuss the simulation program with hospital staff, nursing homes, and the community.		
CERAHBY Program Evaluation	1. Reiterate the benefit of the program 2. Discuss the problem encountered	Hospital Director, Nursing home administrator, Nursing staff at the hospital, and nursing home, Families with elderly	After 5-6 months, the selected hospital community and nursing home community in Palembang & Yogyakarta know about the Hospital Support Program for Elderly Care services.

DISCUSSION

In 2024, the World Health Organization classified the old as follows: old (elderly), which refers to the age range of 60 to 74 years. Elderly (old), namely those between the ages of 75 and 90. Very old" refers to those who are over 90 years of age. The most common way to assess aging is by chronological age. A person over 60 is commonly referred to as elderly due to convention. The majority of people retire and begin getting pensions at this age as well. However, the age at which people reach old age varies and can be influenced by lifestyle, genetics, and general health ([Reynolds et al., 2022](#)). According to data from the Indonesian Central Bureau of Statistics in 2024, the country's population by age and sex reveals that more women are over 60 ([Basrowi et al., 2021](#)). The longer life expectancy for women in Indonesia is probably connected to this. Men are more vulnerable to degenerative or non-communicable diseases as they age. Research indicates that lifestyle and health care awareness have an impact on this. Non-communicable diseases can be brought on by a

number of things, including smoking, drinking, and leading a poor lifestyle that includes inactivity ([Sudayasa et al., 2020](#)). In terms of mental health, males are more likely than females to experience mental health illnesses in their later years.

With 40.22%, the Javanese tribe is the biggest in Indonesia. Additionally, the Javanese tribe is widely dispersed throughout Indonesia. The Javanese tribe flourished on all of Indonesia's major islands, including Sumatra, Kalimantan, Sulawesi, and Papua, according to the statistics. They are dispersed throughout Indonesia as well as other nations. The Javanese define "healthy" as a condition in which the mental and bodily realms are in equilibrium. Actually, the mind is the source of everything. "Waras" denotes "healthy" in the context of the body ([Wulandari et al., 2024](#)). In addition to the Javanese tribe, which has a very significant number and a wide distribution, one of the characteristics of Indonesia is that the majority of the population is Muslim. Although Muslims

make up the majority of Indonesia's population, the study's community approach and church setting led to the majority of respondents being Christians. More information regarding spirituality and mental health in the elderly, particularly the issue of loneliness in the elderly, has been provided by earlier studies. According to research ([Himawan et al., 2023](#)), there is a considerable positive correlation between an older person's degree of spirituality and their risk of loneliness. WHO takes into account the spiritual aspect in addition to the psychological and bodily aspects ([Damayanti et al., 2023](#)). Spirituality can originate from a spiritual, psychological, or religious perspective since it focuses on an individual's relationship with God ([Himawan et al., 2023](#)).

In terms of civil status, the majority of respondents in this study are married. Those who are married will have better health than those who are not married. Married people have better heart health than single people and can lower their stress levels ([Shrout, 2021](#)). Married males will also have far better health than single ones. Research from the Journal of Marriage and Family has demonstrated this. According to a study, losing a spouse or other significant individuals in an older person's life might lead to loneliness in that person ([Rakasiwi, 2021](#)).

Moving on to educational background, according to research, people with less education are more likely to feel lonely as they age. It has to do with the person's adaptive coping mechanism. Positive coping and adaptation skills increase with an individual's educational attainment. Statistics show that 83% of older adults can read and write ([Galiana et al., 2020](#)). Older adults have an average of 5.36 years of education. Older men have longer average schooling durations than women (6.13 versus 4.65 years), older people in cities have longer average schooling durations than those in rural areas (6.50 versus 3.91 years), and older people with higher welfare levels have longer school years. People with higher levels of education will respond to situations more logically, have a lower chance of depression,

and be more motivated at work than people with lower levels of education ([Hemberg et al., 2022](#)).

In terms of living together with a significant person, the majority of respondents are living with a spouse. The presence of a spouse when it matters to the elderly. The loss of a life partner causes a decrease in self-esteem in the elderly. Low self-esteem triggers more serious psychological problems for the elderly, such as depression ([Assa et al., 2020](#)). The loss of a life partner is also one of the causes of feelings of loneliness in the elderly ([Sihab & Nurchayati, 2021](#)). Since most older persons in this study live with their spouses, there may not be much of a risk to the respondents' mental health. Looking back at the results of this study, the majority of the elderly still live with their spouses, so it is relevant to the level of loneliness presented in Table 2, where the majority of loneliness levels in this study are at a low level.

Lower socioeconomic status has the largest percentage of respondents in this study. Low-income people will focus more on providing for the necessities that sustain their life and their families. On the other hand, those with higher incomes will have more chances to meet their tertiary needs. High-income individuals will be more open to information, which will increase their knowledge and logical thinking. A person with a lower income has worse health than someone with a greater income, according to research by ([Livingston et al., 2022](#)). It is because people with high and low incomes have different lifestyles. A person with a high income consistently has a better health status. It can also result in higher mortality rates among people with low incomes, caused by poor health status ([Rakasiwi, 2021](#)). Older adults face the following issues: 1) physical impairments that lead to reliance on others; 2) unclear financial resources that result in lifestyle changes; 3) seeking a new social circle to replace deceased friends; 4) seeking new activities to occupy much free time; and 5) learning how to care for grown-up children ([Qonita et al., 2021](#)). The elderly are at risk for both physical

and mental issues as a result of these issues. Because body function and mental adaptation deteriorate with age, the likelihood of encountering physical and mental issues increases with age ([Eliza et al., 2023](#)).

In terms of the level of loneliness, referring to Table 2, the majority of older adults in this study have a low level of loneliness. Various conceptualizations of loneliness exist, such as the difference between the quantity and quality of social relationships that an individual perceives and desires, the perception of social isolation, the perceived lack of social contact, or the lack of people with whom to share social and emotional experiences ([Joshi et al., 2024](#); [Kullgren et al., 2023](#); [Puyan  et al., 2025](#)). There is no universally recognized terminology to describe the sense of loneliness, as it is so complicated and multifaceted. Effective prevention and intervention of loneliness requires an understanding of its causes since loneliness tends to manifest differently in persons of different ages ([Somes, 2021](#)).

Older adults experience loneliness when a life partner or close friend passes away, they are left alone and without a sexual partner, they are separated from their family, they are not involved in caring for their grown children who are in high school and do not require complicated care, they have fewer friends and relationships because they are not active outside the home, their children leave home to pursue higher education, their children leave home to work, or their children have grown up and started their own families. The elderly will feel isolated, alienated, and cut off from others as a result of these emotions ([Luhmann et al., 2023](#)). The physical and mental health of the elderly would suffer as a result of these sentiments. The elderly will not have psychological well-being if this condition is not treated right away. Loneliness is a significant phenomenon since it can result in a number of issues, from everyday living activities to mental health conditions like depression, sleep disorders, stress, and suicidal thoughts ([Taylor et al., 2023](#)).

According to [Smith & Alheneidi \(2023\)](#), loneliness can be classified into two categories: social isolation and emotional isolation. When someone feels that no one cares about them and that they do not have any deep or intimate relationships or attention in social situations, they are said to be emotionally isolated. Social isolation is the result of older people not being fully involved in their own lives, having no social networks or communication connections, or just being bored and alienated as a result of a network's lack of connections. Senior loneliness is influenced by a number of factors, including the perception that they do not receive affection from their family, a lack of social connections and interactions with their surroundings, and changes in circumstances such as living far from children ([Wibawa, 2020](#)).

Loneliness can result from a number of causes, according to ([Hemberg et al., 2022](#)). The risk of loneliness can be separated into two categories based on its cause: situational loneliness and maturational loneliness ([Saporta et al., 2021](#)). It explains that loneliness in the elderly is a psychological issue that can be observed from the elderly's ability to carry out their daily activities. Older adults' ability to perform fundamental daily tasks determines their level of independence in carrying them out ([Maci  et al., 2021](#)). Currently, families and society give older adults very little real attention, particularly when it comes to meeting their basic requirements.

Although the low level of loneliness in this study was the highest at 30.7%, it is clear from the results of the subsequent levels—moderate, moderately high, and high degree—that the degree of loneliness among Indonesia's senior citizens should be taken seriously. One of the world's developing nations is Indonesia. According to a study, older people in low- and middle-income nations are becoming lonelier ([Banerjee et al., 2023](#)). Despite the widespread belief that the majority of senior people in low-income nations live with their relatives, many of them experience loneliness. The percentage of older adults who report feeling lonely in certain nations

ranges from 10 to 25 percent, with little variation with age, which is about the same as in the US. Loneliness rates in other nations are significantly greater than in the US; in Mexico, among people over 80, the incidence is over 50%. Depression is strongly predicted by loneliness ([Luhmann et al., 2023](#)).

Loneliness is one of the best indicators of depression in older adults ([Banerjee et al., 2023](#)). Therefore, a mental health awareness campaign must be created in order to prevent depression in the elderly that is brought on by depression. Activities help older adults forget their loneliness when in a peer group; they feel happiness by singing, chatting, or sharing their burdens through story activities. By expressing their feelings, older adults can reduce feelings of loneliness. Hence, nursing home staff or elderly companions need to be able to stimulate older adults to chat often and express their feelings .

Nowadays, there has been no specific program to address the loneliness of Indonesia's elderly, and the Indonesian government implements a strategy to address mental health problems in general, namely as guided by the Mental Health Law 18 (2014) and enforcing a multisectoral approach to addressing mental health problems. This law regulates mental health programs, both in hospitals and the community. These programs, based on Mental Health Law 18, include all mental health promotive, preventive, curative, and rehabilitative efforts. This program aims to improve the mental health status of individuals, families, and communities ([Bikker et al., 2021](#)). However, there are no publicly available detailed guidelines on implementing such programs, only general activities such as health education, early detection, counseling, medication monitoring, and activity therapy for rehabilitation. In addition, health workers at Community Health Centers require training to enhance their knowledge and skills ([Joubert & Reid, 2023](#)), and information about this training is not widely distributed to all Community Health Centers in Indonesia.

Researchers came up with the straightforward program concept known as CERAHBY in an attempt to increase public awareness of elderly mental health issues. The three primary activities in this program are storytelling, gathering, and engaging in hobbies. Older adults can cope better with life changes when they are told stories ([Wibawa, 2020](#)). The elderly who receive counseling guidance can overcome feelings of loneliness. Storytelling exercises are one of the activities used in counseling to help convey emotions ([Marsillas & Schoenmakers, 2022](#); [Resna et al., 2022](#)). Thus, storytelling helps older people cope with life transitions by easing their psychological burden. It may raise awareness of mental health issues. For the elderly, interacting with people through friendship can be a useful diversion from loneliness. Alterations in the circumstances that older people face, such as the loss of family time due to occupied children, the abandonment of a life partner, and the reduction of social connections that older people engage in ([Eliza et al., 2023](#)). In an attempt to reestablish the elderly's function as social creatures, the gathering in this program is anticipated to replace the social contacts they have lost ([Jordan, 2023](#)). Engaging in activities that older people enjoy is another approach to preventing loneliness, in addition to social engagement. Engaging in activities you enjoy boosts endorphin production, which can also help older adults who are experiencing pain or stress ([Mahindru et al., 2023](#); [Safitri et al., 2022](#)).

Although the low percentage is the highest from the results of this study, overall, there were 45 respondents at the high moderate level, indicating that Indonesian older adults have the potential to experience loneliness as they do not receive serious attention from all parties, including the government, society, family, and those closest to them. Moreover, in Indonesia, it is still often a dilemma for families who have older adults at home, especially families who are busy and do not have time to care for the elderly at home. Meanwhile, society in general still thinks that entrusting the

elderly to a nursing home means throwing away the elderly. This mindset makes the elderly live in limbo. They are not cared for properly at home. When the elderly ask to be sent to a nursing home, the family is all against it; some older adults have been left in a nursing home, and no one from their family has come to visit for years ([Joshi et al., 2024](#)).

Since the government has not specifically paid attention to the problem of loneliness in the elderly, there has been no detailed program implemented by the government to overcome the problem of loneliness in the elderly in Indonesia. Mental Health Awareness Program for Elderly Enhancement, recommended based on the findings of the study, is a Hospital Support Program for Elderly Care services. The proposed mental health program to overcome the loneliness of Indonesian older adults that can be implemented is: A culture of meeting to communicate both in person and through digital media. This meeting culture is intended so that older

adults interact more often with other people and can express their feelings or all their needs to other people, preferably those closest to them, namely family or friends. The most commonly identified interventions are digital interventions to improve social quality interaction with family and friends and the community through video conferencing and phone calls ([Welch et al., 2023](#)). Digital interventions to increase social support, especially socially helpful props and virtual pets, are also common. Friendly face-to-face visits, where people are matched with someone who visits them in person regularly, are a realistic and sustainable option for providing social support. Most interventions focus on reducing loneliness and depression and improving the quality of life of older people. Although more research is required to determine its efficacy, CERAHBY is anticipated to be an alternative program in avoiding and conquering loneliness in the elderly.

CONCLUSION

According to the study's findings, the majority of the 257 elderly respondents in Yogyakarta and Palembang who took the UCLA version 3 loneliness evaluation had low levels of loneliness. The researcher suggests CERAHBY, a package of mental health awareness programs for the elderly that can be implemented in Indonesia. Nurses can conduct

mental health awareness workshops as a form of therapy for older individuals who suffer from loneliness and as a preventative measure against loneliness in the elderly. This program can be implemented in a community, nursing home, or hospital setting.

ACKNOWLEDGEMENT

Gratitude goes to Catholic Musi Charitas University Palembang, Bethesda Yakkum Health Sciences Institute Yogyakarta, and St. Paul University

Philippines, which provide support for this research publication.

REFERENCES

- Akhter-Khan, S. C., Chua, K. C., Al Kindhi, B., Mayston, R., & Prina, M. (2023). Unpaid productive activities and loneliness in later life: Results from the Indonesian Family Life Survey (2000–2014). *Archives of Gerontology and Geriatrics*, 105(October 2022), 104851. <https://doi.org/10.1016/j.archger.2022.104851>
- Asri, Y., Hartono, A., Murwani, A., Kristiarini, J. J., & Manga, Y. B. (2025). Prevalence and associated factors of loneliness among older adults in

- Indonesia: insights from the Indonesian family life survey (ifls-5). *Jurnal Ners*, 20(1), 13–20. <https://doi.org/10.20473/jn.v20i1.59927>
- Assa, R. K., Hutaeruk, M., & Natalia, A. (2020). Hubungan Spouseless Dengan Self Esteem Pada Lansia Di Desa Ritey Kecamatan Amurangtimur Kabupaten Minahasa Selatan. *Jurnal Keperawatan*, 8(2), 72. <https://doi.org/10.35790/jkp.v8i2.32323>
- Banerjee, A., Duflo, E., Grela, E., McKelway, M., Schilbach, F., Sharma, G., & Vaidyanathan, G. (2023). Depression and Loneliness among the Elderly in Low- and Middle-Income Countries. *Journal of Economic Perspectives*, 37(2), 179–202. <https://doi.org/10.1257/jep.37.2.179>
- Basrowi, R. W., Rahayu, E. M., Khoe, L. C., Wasito, E., & Sundjaya, T. (2021). The road to healthy ageing: What has indonesia achieved so far? *Nutrients*, 13(10), 1–11. <https://doi.org/10.3390/nu13103441>
- Bikker, Annemieke P Lesmana, C. B. J., & Tiliopoulos, N. (2021). The Indonesian mental health act: psychiatrists' views on the act and its implementation. *Health Policy Plan*, 36(2). <https://doi.org/10.1093/heapol/czaa139>
- Bottaro, R., Valenti, G. D., & Faraci, P. (2023). Assessment of an Epidemic Urgency: Psychometric Evidence for the UCLA Loneliness Scale. *Psychology Research and Behavior Management*, 16(July), 2843–2855. <https://doi.org/10.2147/PRBM.S406523>
- Damayanti, N. A., Wulandari, R. D., Ridlo, I. A., Azzahra, L., Akrimah, W. D., Rahmah, F., & Anis, W. (2023). Kesetaraan Gender dalam Pengambilan Keputusan Pemanfaatan Pelayanan Kesehatan di Daerah Urban dan Rural, Indonesia. *Jurnal Manajemen Kesehatan Indonesia*, 11(2), 132–142. <https://doi.org/10.14710/jmki.11.2.2023.132-142>
- Eliza, E., Juanita, J., & Nurhasanah, N. (2023). Gambaran Kesepian pada Lanjut Usia dengan Kehilangan Pasangan. *JIM FKep*, 7(4), 82–88. <http://dx.doi.org/10.20473/jn.v20i1.59927>
- Galiana, L., Tomás, J. M., Fernández, I., & Oliver, A. (2020). Predicting Well-Being Among the Elderly: The Role of Coping Strategies. *Frontiers in Psychology*, 11(April), 1–8. <https://doi.org/10.3389/fpsyg.2020.00616>
- Gultom, L. A., Triwahyuni, A., & Qodariah, L. (2024). A Preliminary Adaptation and Validation of the Indonesian Version of the Loneliness and Aloneness Scale for Children and Adolescent (LACA). *Gadjah Mada Journal of Psychology (GamaJoP)*, 10(2), 131. <https://doi.org/10.22146/gamajop.86699>
- Hawkey, L. C., Buecker, S., Kaiser, T., & Luhmann, M. (2022). *Differences in Loneliness*. 46(1), 39–49. <https://doi.org/10.1177/0165025420971048>
- Hemberg, J., Östman, L., Korzhina, Y., Groundstroem, H., Nyström, L., & Nyman-Kurkiala, P. (2022). Loneliness as experienced by adolescents and young adults: an explorative qualitative study. *International Journal of Adolescence and Youth*, 27(1), 362–384. <https://doi.org/10.1080/02673843.2022.2109422>
- Himawan, R., Sari, I., Hartinah, D., & Jauhar, M. (2023). Tingkat Spiritualitas Dan Risiko Kesepian Pada Lansia. *Jurnal Ilmu Keperawatan Dan Kebidanan*, 14(2), 507–517. <https://doi.org/10.26751/jikk.v14i2.2079>
- Joanna, P., & Bryonnie, B. (2021). The physiology of ageing and how these changes affect older people. *Medicine*, 49(1). <https://doi.org/https://doi.org/10.1016/j.jmp.med.2020.10.011>
- Jordan, M. (2023). The power of connection: Self-care strategies of social wellbeing. *Journal of Interprofessional Education and Practice*, 31(November 2022), 100586. <https://doi.org/10.1016/j.xjep.2022.100586>
- Joshi, M., Finney, N., & Hale, J. M. (2024). Loneliness and social isolation of ethnic minority/immigrant older adults: A scoping review. *Ageing and Society*, 1–14. <https://doi.org/10.1017/S0144686X24000205>

- Joubert, A., & Reid, M. (2023). Knowledge, skills, and training community health workers require to contribute to an interprofessional learning initiative. *International Journal of Africa Nursing Sciences*, 18(January), 100531. <https://doi.org/10.1016/j.ijans.2023.100531>
- Kullgren, J., Solway, E., Roberts, S., Singer, D., Kirch, M., Malani, P., & Smith, E. (2023). *National Poll on Healthy Aging: Trends in Loneliness Among Older Adults from 2018-2023*. 2020(January), 1–3. Retrieved from <https://dx.doi.org/10.7302/7011>
- Livingston, V., Jackson-nevels, B., & Reddy, V. V. (2022). *Social , Cultural , and Economic Determinants of Well-Being*. 1183–1199. <https://doi.org/10.3390/encyclopedia2030079>
- Luhmann, M., Buecker, S., & Rüsberg, M. (2023). Loneliness across time and space. *Nature Reviews Psychology*, 2(1), 9–23. <https://doi.org/10.1038/s44159-022-00124-1>
- Macià, D., Cattaneo, G., Solana, J., Tormos, J. M., Pascual-Leone, A., & Bartrés-Faz, D. (2021). Meaning in Life: A Major Predictive Factor for Loneliness Comparable to Health Status and Social Connectedness. *Frontiers in Psychology*, 12(February), 1–12. <https://doi.org/10.3389/fpsyg.2021.627547>
- Mahindru, A., Patil, P., & Agrawal, V. (2023). Role of Physical Activity on Mental Health and Well-Being: A Review. *Cureus*, 15(1), 1–7. <https://doi.org/10.7759/cureus.33475>
- Marsillas, S., & Schoenmakers, E. (2022). Older adults' mentioned practices for coping with loneliness. *European Journal of Ageing*, 19(3), 753–762. <https://doi.org/10.1007/s10433-021-00658-y>
- Prizeman, K., Weinstein, N., & McCabe, C. (2023). Effects of mental health stigma on loneliness, social isolation, and relationships in young people with depression symptoms. *BMC Psychiatry*, 23(1), 1–15. <https://doi.org/10.1186/s12888-023-04991-7>
- Puyané, M., Chabrera, C., Camón, E., & Cabrera, E. (2025). Uncovering the impact of loneliness in ageing populations: a comprehensive scoping review. *BMC Geriatrics*, 25(1). <https://doi.org/10.1186/s12877-025-05846-4>
- Qonita, F. N., Salsabila, N. A., Anjani, N. F., & Rahman, S. (2021). Kesehatan pada orang lanjut usia (Kesehatan Mental dan Kesehatan Fisik). *PSIKOWIPA (Psikologi Wijaya Putra)*, 2(1), 10–19. <https://doi.org/10.38156/psikowipa.v2i1.42>
- Rahmi, R., Yunita, J., Kamal, Y., Widodo, D., & Efendi, A. S. (2021). Media Kesmas (Public Health Media). *Media Kesmas (Public Health Media)*, 1(2), 225–240. <https://jom.hip.ac.id/index.php/kesmas/article/view/547>
- Rakasiwi, L. (2021). Pengaruh faktor demografi dan sosial ekonomi terhadap status kesehatan individu di Indonesia. *Kajian Ekonomi Dan Keuangan*, 5(2), 146–157. <https://doi.org/https://doi.org/10.31685/kek.v5i2.1008>
- Resna, R. W., Widiarti, Nofiantoro, W., Iskandar, R., Ashbahna, D. M., Royani, & Susilawati, S. (2022). Social environment support to overcome loneliness among older adults: A scoping review. *Belitung Nursing Journal*, 8(3), 197–203. <https://doi.org/10.33546/bnj.2092>
- Reynolds, C. F., Jeste, D. V., Sachdev, P. S., & Blazer, D. G. (2022). Mental health care for older adults: recent advances and new directions in clinical practice and research. *World Psychiatry*, 21(3), 336–363. <https://doi.org/10.1002/wps.20996>
- Safitri, Y., Juwita, D. S., & Apriyandi, F. (2022). Pengaruh terapi musik islami terhadap kecemasan pada lansia yang mengalami hipertensi di desa Batu Belah wilayah kerja Puskesmas Air Tiris Kecamatan Kampar Tahun 2022. *Jurnal Ners*, 6(2), 138–143. <https://doi.org/10.31004/jn.v6i2.7442>
- Saporta, N., Scheele, D., Lieberz, J., Stuhr-Wulff, F., Hurlemann, R., & Shamay-Tsoory, S. G. (2021). Opposing association of situational and chronic loneliness with interpersonal distance.

- Brain Sciences, 11(9).
<https://doi.org/10.3390/brainsci11091135>
- Shekelle, P. G., Mlake-Lye, I. M., Begashaw, M. M., Booth, M. S., Myers, B., Lowery, N., & Shrank, W. H. (2024). Interventions to Reduce Loneliness in Community-Living Older Adults: a Systematic Review and Meta-analysis. *Journal of General Internal Medicine*, 39(6), 1015–1028. <https://doi.org/10.1007/s11606-023-08517-5>
- Shrout, M. R. (2021). The health consequences of stress in couples: A review and new integrated Dyadic Biobehavioral Stress Model. *Brain, Behavior, and Immunity - Health*, 16(May), 100328. <https://doi.org/10.1016/j.bbih.2021.100328>
- Sihab, & Nurchayati. (2021). Loneliness Pada Lansia Yang Tinggal Sendiri. *Journal Psikologi*, 8, 165–175. <https://doi.org/10.26740/cjpp.v8i8.41699>
- Smith, A. P., & Alheneidi, H. (2023). The Internet and Loneliness. *AMA Journal of Ethics*, 25(11), 833–838. <https://doi.org/10.1001/amajethics.2023.833>
- Somes, J. (2021). The Loneliness of Aging. *Journal of Emergency Nursing*, 47(3), 469–475. <https://doi.org/10.1016/j.jen.2020.12.009>
- Sudayasa, I. P., Rahman, M. F., Eso, A., Jamaluddin, J., Parawansah, P., Alifariki, L. O., ... Kholidha, A. N. (2020). Deteksi Dini Faktor Risiko Penyakit Tidak Menular Pada Masyarakat Desa Andepali Kecamatan Sampara Kabupaten Konawe. *Journal of Community Engagement in Health*, 3(1), 60–66. <https://doi.org/10.30994/jceh.v3i1.37>
- Taylor, H. O., Cudjoe, T. K. M., Bu, F., & Lim, M. H. (2023). The state of loneliness and social isolation research: current knowledge and future directions. *BMC Public Health*, 23(1), 1–3. <https://doi.org/10.1186/s12889-023-15967-3>
- von Soest, T., Luhmann, M., & Gerstorf, D. (2020). The development of loneliness through adolescence and young adulthood: Its nature, correlates, and midlife outcomes. *Developmental Psychology*, 56(10), 1919–1934. <https://psycnet.apa.org/record/2020-62198-001>
- Welch, V., Ghogomu, E. T., Barbeau, V. I., Dowling, S., Doyle, R., Beveridge, E., ... Mikton, C. (2023). Digital interventions to reduce social isolation and loneliness in older adults: An evidence and gap map. *Campbell Systematic Reviews*, 19(4). <https://doi.org/10.1002/cl2.1369>
- Wibawa, H. W. (2020). *Coping Strategy Lansia dalam Mengatasi Kesepian di Desa Panyocokan Kecamatan Ciwidey Kabupaten Bandung*. 237–246. Retrieved from <https://prosiding.poltekkesos.ac.id/index.php/ppsik/article/view/97>
- Winkler, K., Lincoln, T. M., Wiesjahn, M., Jung, E., & Schlier, B. (2024). How does loneliness interact with positive, negative and depressive symptoms of psychosis? New insights from a longitudinal therapy process study. *Schizophrenia Research*, 271(November 2023), 179–185. <https://doi.org/10.1016/j.schres.2024.07.024>
- Wulandari, S. K., Lestari, A., Sugiarti, N. P. B., Komariah, S., & Abdullah, M. N. A. (2024). Filosofi jenang procot sebagai makanan khas upacara tingkeban masyarakat suku Jawa. *SOSMANIORA: Jurnal Ilmu Sosial dan Humaniora*, 3(2), 256–261. <https://doi.org/10.55123/sosmaniora.v3i2.3529>
- Zhang, Y., Kuang, J., Xin, Z., Fang, J., Song, R., Yang, Y., & Wang, J. (2023). Loneliness, social isolation, depression and anxiety among the elderly in Shanghai: Findings from a longitudinal study. *Archives of Gerontology and Geriatrics*, 110, 104980. <https://doi.org/10.1016/j.archger.2023.104980>