Aging & Mental Health

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/camh20

Psychological interventions designed to reduce relocation stress for older people transitioning into permanent residential aged care: a systematic scoping review

Shanna Fealy, Suzanne McLaren, Melissa Nott, Claire Ellen Seaman, Belinda Cash & Lorraine Rose

To cite this article: Shanna Fealy, Suzanne McLaren, Melissa Nott, Claire Ellen Seaman, Belinda Cash & Lorraine Rose (2024) Psychological interventions designed to reduce relocation stress for older people transitioning into permanent residential aged care: a systematic scoping review, Aging & Mental Health, 28:9, 1197-1208, DOI: 10.1080/13607863.2024.2340731

To link to this article: https://doi.org/10.1080/13607863.2024.2340731

© 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group

View supplementary material

Published online: 18 Apr 2024.

Submit your article to this journal

Article views: 2350

View related articles

View Crossmark data

Citing articles: 2 View citing articles

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=camh20

AGING & MENTAL HEALTH
2024, VOL. 28, NO. 9, 1197–1208
https://doi.org/10.1080/13607863.2024.2340731

Psychological interventions designed to reduce relocation stress for older people transitioning into permanent residential aged care: a systematic scoping review

Shanna Fealy[a,b], Suzanne McLaren[a,c], Melissa Nott[a,d], Claire Ellen Seaman[a,d], Belinda Cash[a,e] and Lorraine Rose[f]

[a]Ageing Well in Rural and Regional Australia Research Group, Charles Sturt University, Port Macquarie, NSW, Australia; [b]College of Health, Medicine and Wellbeing, The University of Newcastle, Callaghan, Australia; [c]School of Psychology, Charles Sturt University, Port Macquarie, NSW, Australia; [d]Three Rivers Department of Rural Health, Charles Sturt University, Port Macquarie, NSW, Australia; [e]School of Social Work and Arts, Charles Sturt University, Port Macquarie, NSW, Australia; [f]Division of Library Services, Charles Sturt University, Port Macquarie, NSW, Australia

ABSTRACT

Objectives: This study aimed to identify and evaluate psychological interventions or strategies designed to reduce relocation stress in older people making the permanent transition into residential aged care.

Method: A scoping review following the Joanna Briggs Institute methodology for scoping reviews and the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) was conducted. An electronic search of nine databases and the search engine google scholar was completed in December 2022. Article screening and quality appraisal was undertaken independently by at least two reviewers.

Results: Eight full-text articles were included for review, from which four psychological interventions were identified: 1) Resident peer support; 2) Life review; 3) Mental Health Service for Older Adults; 4) The Program to Enhance Adjustment to Residential Living. No interventions were implemented before transitioning into care; all were implemented within three months of resident relocation into an aged care facility.

Conclusion: The transition to residential aged care is an inherently distressing experience. The absence of interventions implemented during the pre- and mid-transition phases presents a gap in the literature and suggests an opportunity for early intervention. As population ageing continues to increase, there is a pressing need for the development and implementation of interventions aimed at reducing symptoms of depression and anxiety for older people undertaking this major life transition.

ARTICLE HISTORY
Received 6 October 2023
Accepted 2 April 2024

KEYWORDS
Residential aged care; nursing home care; transition; depression; anxiety; relocation stress

Introduction

Globally, populations are rapidly ageing (United Nations, 2022). The proportion of people aged 65 years and over is projected to increase to 16% by 2050. This will account for one in every six people, with the proportion of those aged 80 years and over tripling to 426 million (United Nations, 2022). This change in population demographics is expected to be one of the most significant transformations of the twenty-first century (Kasai, 2021; United Nations, 2022). As the proportion of older people increases so does the demand for aged care services. Although most older people prefer to age in place and remain at home in the community, there will be an associated increase in the number of people with changing physical, psychological, and psychosocial circumstances who will necessarily make the transition into permanent residential aged care (Costlow & Parmelee, 2020; Henning-Smith et al., 2023).

The transition into residential aged care (also referred to as nursing home care) is internationally recognised as a significant life event and is characterised by psychological distress for many older people (Brownie et al., 2014; Polacsek & Woolford, 2022; Yong et al., 2021). Groenvynck et al. (2022) describe the transition pathway as encompassing a pre-transition phase (when the need for residential care is first discussed), mid-transition phase (where the person prepares for the move) and post-transition or post-relocation phase (when the person is living in residential care). Relocation stress, a recognised nursing diagnosis, is increasingly being used to describe the psychological distress experienced by older people during the transition to residential aged care, including symptoms of confusion, anxiety, depression, loss and loneliness (Brownie et al., 2014; Costlow & Parmelee, 2020; Polacsek & Woolford, 2022).

Pre- and Mid-Transition factors

The antecedent events and decision-making processes preceding the transition pathway play a pivotal role in shaping an older person's mental health. (Brownie et al., 2014; Davison et al., 2022; O'Neill et al., 2020; Polacsek & Woolford, 2022). A qualitative systematic review by Brownie et al. (2014) explains that older people who perceived their transition into care as involuntary often experienced symptoms of depression, loneliness, sadness and anger. This was largely attributed to a loss of

CONTACT Shanna Fealy sfealy@csu.edu.au
Supplemental data for this article can be accessed online at https://doi.org/10.1080/13607863.2024.2340731.
© 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (http://creativecommons.org/licenses/by-nc-nd/4.0/), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

personal independence and decision-making control during the pre- and mid-transition phases. In contrast, older people who experienced a voluntary transition, who had the opportunity to engage in informed decision-making, preparation and planning, perceived the experience as more positive, given their individual circumstances (Brownie et al., 2014). Polacsek and Woolford (2022) further emphasise the role of the decision-making process as a determining factor. Residents who experienced a physical or cognitive decline in health before transitioning felt marginalised in the decision-making process and at times were not aware that the transition would be permanent (Polacsek & Woolford, 2022).

Post-Relocation factors

Following relocation, adjustment to the care environment also critically impacts the mental health outcomes of older adults (Brownie et al., 2014; Davison et al., 2022; Polacsek & Woolford, 2022; Yong et al., 2021). The new environment brings with it new daily experiences and social interactions with which residents may not be accustomed. Older people have expressed feelings of loss during this period, attributed to loss of meaningful possessions, home comforts, and close rewarding relationships (Brownie et al., 2014; Polacsek & Woolford, 2022; Yong et al., 2021). Costlow and Parmelee (2020) quantified the impact of relocation stress on depression and anxiety scores amongst a cohort of aged care residents (*N* = 568). Residents who reported relocation stress within their first 12 months at the facility (*N* = 107), exhibited significantly higher symptoms of depression and anxiety compared to those not reporting relocation stress, regardless of cognitive status (Costlow & Parmelee, 2020).

Of concern is that distress experienced by older adults during the transition pathway may have long-term adverse outcomes on resident quality of life post-relocation. These include social isolation (Lapane et al., 2022), feeling of loneliness (Gardiner et al., 2020; Lapane et al., 2022), and even premature mortality (Lapane et al., 2022).

Background

Depression and anxiety are common mental health challenges among older adults transitioning to aged care. While depression affects about 7% of all people aged over 60 years (Lotfaliany et al., 2019; World Health Organization, 2017), some studies indicate that the proportion may be much higher among those new to residential aged care. A large population-based cohort study of older people (*N* = 430,862) entering aged care in Australia found 46% had depression (Amare et al., 2020). Higher rates of depression of up to 58% were reported amongst those who experienced physical health decline upon entry to aged care (Amare et al., 2020). Another large study conducted in America (*N* = 272,311) identified depression among 36% of newly admitted aged care residents, with anxiety co-occurring in up to 25% of the cohort (Ulbricht et al., 2019).

These high rates of depression and anxiety evident among people transitioning to residential aged care persist beyond the initial post-relocation stage (Alexopoulos, 2005; Borza et al., 2022; Creighton et al., 2016; Davison et al., 2022; Yuan et al., 2021). Yuan et al. (2021) studied a large cohort of older, newly admitted American aged care residents with depressive symptoms (*N* = 88,532). They found that 95% of these residents continued to experience persistent depressive symptoms after 90 days in care, with mood disorders and fatigue symptoms the most common. A secondary analysis of data from an Australian randomised controlled trial evaluating a brief psychological intervention (*N* = 203) reported high levels of depression (45%) and anxiety (22%) among newly admitted residents. These levels remained unchanged when assessed at 1 month and 8 months following relocation (Davison et al., 2022). Borza et al. (2022) examined depressive symptoms among newly admitted Norwegian residents (*N* = 691). Findings revealed that the majority of residents exhibited mild (*N* = 225, 32.56%) to moderate (*N* = 351, 50.80%) depressive symptoms that persisted up to 36 months post-relocation (Borza et al., 2022).

The high prevalence and persistence of depressive and anxiety symptoms experienced by newly admitted aged care residents highlight a critical need for intervention. There is potential for preventative psychological health interventions to be implemented during the pre- and mid-transition phases and during the post-relocation phase, which could help reduce relocation stress and improve resident quality of life. Groenvynck et al. (2022) conducted a scoping review that explored interventions designed to improve the transitional care experience, with an emphasis on continuity of care. These interventions targeted the ‘care triad’; individuals, their family and carers, and their health professionals. The review primarily identified interventions aimed at supporting informal carers. Notably, only five studies directly addressed the older person’s transition from home into care, two of which focused on populations with dementia, with only one study protocol proposing the trial of a psychological intervention aimed at older people newly relocated into an aged care facility (Groenvynck et al., 2022).

Interventions designed to support older people and their informal carers with navigating and coordinating services throughout the transition pathway are vital. However, the reality is that a substantial proportion of older people make the transition to aged care under perceived duress. They are often admitted from a hospital or other acute care facility and following a physical or mental health-related crisis, manifesting as relocation stress (Brownie et al., 2014; Davison et al., 2022; Groenvynck et al., 2022; O’Neill et al., 2020; Polacsek & Woolford, 2022). The literature indicates that these older adults are most vulnerable to prolonged psychological distress from their transition experience. For these people, evidence-based interventions that specifically aim to alleviate symptoms of depression and anxiety during this challenging life event are most needed.

This scoping review therefore aimed to systematically evaluate the published literature (inclusive of protocols and guidelines) to specifically identify and evaluate psychological interventions or strategies designed to reduce relocation stress in older people making the permanent transition into residential aged care. The objective was to identify interventions implemented during the pre- and mid-transition phases and up to 3 months (90 days) post-relocation, whether from home, hospital, or rehabilitative care environments. By identifying these interventions and providing a narrative synthesis of findings the study will contribute new insights to the evidence base. Additionally, this study will provide guidance for the design, development and implementation of future interventions that aim to reduce relocation stress and enhance the quality of life for older people transitioning into permanent residential aged care.

Materials and methods

The review was guided by the Joanna Briggs Institute methodology for scoping reviews (Peters et al., 2020) and strengthened by following the Preferred Reporting Items for Systematic reviews and Meta-Analysis extension for scoping reviews (PRISMA-ScR) (Tricco et al., 2018). An initial *a priori* review protocol and eligibility criteria were devised with consideration given to the broad research question, based on the Population, Concept, and Context (PCC) elements (Peters et al., 2020) and registered at figshare (https://figshare.com) prior to conducting the primary literature search strategy (Fealy et al., 2023).

Search strategy

A preliminary search of review protocol registry databases (Cochrane Library, Prospero, figshare, Open Science Framework and the Joanna Briggs Institute), medical and allied health databases (Medline and Cumulative Index to Nursing and Allied Health Literature—[CINAHL]), policy databases (Evidence for Policy & Practice - EPPI Centre (DoPHER & TRoPHI)), and the search engine Google scholar was conducted in November 2022 with the assistance of a research librarian (LR). The purpose of the preliminary search was to refine search terms and avoid replication of existing evidence. No review articles specifically focused on identifying psychological interventions aimed at reducing relocation stress experienced by older people during the permanent transition to residential aged care were identified.

The primary electronic search of nine databases was conducted by a research librarian (LR) on 15th December 2022. Databases searched included: Medline, Emcare, CINAHL, PsychInfo, Scopus, Analysis and Policy Observatory, Turning Research into Practice, Evidence for Policy & Practice—EPPI Centre (DoPHER & TRoPHI), and Epistemonikos. A Google Scholar search for grey literature was also conducted. Keyword search terms and Boolean operators utilised are displayed in Supplementary file S1. Keywords were mapped to database subject headings where possible. All database search strategies were limited to English language and human studies for pragmatic reasons with no date limitations applied. The search results from all databases were imported into Endnote **TM** version 20, for level one (title & abstract) and level two (full text) screening. Duplicate records were removed before screening using Endnote's find duplicates function.

Table 1. Inclusion/exclusion criteria.

Inclusion Criteria	Exclusion Criteria
Population	
• Older people transitioning into permanent residential aged care (RAC) ≥ 65 yrs. • Either pre-relocation (i.e. awaiting transition) or newly relocated, residing in the facility ≤ 3 months (90 days).	• Other adult populations < 65 yrs. • People residing in RAC > 3 months.
Concept	
• Psychological (mental health) interventions OR strategies designed for implementation or implemented to address psychological distress associated with the transition to RAC.	• Non psychological (mental health) interventions OR strategies not designed to address distress associated with transitioning to RAC. • Psychological (mental health) interventions designed for residents already in care > 3 months.
Context	
• Older people transitioning into permanent RAC ≥ 65 yrs., for the first time from the home or hospital care or rehabilitation type care contexts. • Articles published in/or translated into English. • Articles – published study papers (RCTs, observational studies, review articles, case studies, study protocols), published policy documents and guidelines.	• Older people not transiting for the first time into permanent care i.e. between facility relocation and /or respite short term transition. • Articles published in a language other than English. Animal studies, opinion pieces, conference abstracts or articles unable to be retrieved through the institutional library databases.

Study selection

Before conducting level one screening, the first 50 records were reviewed independently by two reviewers (SF & SM) according to the eligibility criteria. Reviewers then came together to compare coding schemes to ensure consistent application of the criteria across all records. This facilitated a consistent approach to defining the 'transition period' that was then applied to the article screening process. Recognising the complexity of the transition period we sought to capture a comprehensive range of psychological interventions, including interventions implemented before the older person moved into care. Therefore we adopted the definition of the transition pathway by Groenvynck et al. (2022), encompassing the pre-transition phase (when the need for care is first discussed) and extending up to 3 months (90 days) post-relocation as per Table 1.

Records not meeting the eligibility criteria were screened out in hierarchical order according to the following coding scheme; (i) Not a study of interest (NS) (ii) Not the population (NP); (iii) Not the concept (NC); (iv) Not the context (NcT). The two reviewers (SF & SM) then came together to compare coding schemes and discussed any discrepancies with screening. Consensus was achieved without the need for arbitration by a third reviewer. Articles meeting the eligibility criteria or where limited information was provided within a record at level one screening were subject to level two (full-text) screening, following the same procedure detailed above.

Quality appraisal

Following level two screening, full-text articles of the records deemed eligible for inclusion were subject to quality appraisal. Reviewers (MN, BC & CS) independently assessed the methodological quality of articles using the quality appraisal tool developed by Hawker et al. (2002). This tool was selected for its applicability to a variety of research articles that are typically included within scoping reviews. Although not a necessary step in scoping review methodology, the reviewers agreed this process would strengthen the reporting of review findings. The appraisal tool contains a set of explicit criteria for appraising study aims, design, ethical conduct, sampling, data analysis and reporting of results (Hawker et al., 2002). A third reviewer (SM) was required to arbitrate during quality appraisal with consensus achieved. No studies were excluded from this review due to quality appraisal.

Data extraction

Study characteristics were extracted independently by reviewers (MN, BC & CS) and checked by reviewers (SF & MN).

Information extracted included: publication title, authors, year, country, article type, intervention type and design, and study information (population, outcome measures, results) as available and using a purposive data extraction table.

Results

As per the flowchart detailed in Figure 1, the primary electronic search strategy identified 459 non-duplicated records for level one screening. Ninety-seven records required further investigation. Of these, 90 records were retrieved in full text and subjected to level two screening. Seven articles were unable to be located and were excluded from the review. Following second round screening a total of eight full-text articles (two protocols and six studies) were included for review (Davison et al., 2020, 2021, 2022; Haight et al., 1998; Kelly et al., 2022; Kotynia-English et al., 2005; Ryden et al., 1999; Scharlach, 1988). Article publication dates spanned over four decades (1988-2022) and were either conducted in America or Australia. A total of four psychological interventions were identified. No interventions were implemented during the pre- or mid-transition phases. All interventions identified were aimed at reducing psychological distress during the post-relocation phase, amongst populations of newly relocated residents once in an aged care facility.

Methodological quality

As per Table 2, the quality of included articles varied from Good to Poor. Those appraised as Fair or Poor were deemed to be lacking transparency in the reporting of the study methodology, intervention, analysis and reporting of results (Kotynia-English et al., 2005; Scharlach, 1988). Moreover, three out of the four intervention studies provided minimal to no information related to the ethical conduct of the studies (Haight et al., 1998; Kotynia-English et al., 2005; Scharlach, 1988).

Article characteristics

Characteristics of included articles are presented in Table 3. One study protocol and three study articles described different aspects of the same intervention, the Program to Enhance Adjustment to Residential Living (PEARL) (Davison et al., 2020, 2021, 2022; Kelly et al., 2022). The second protocol paper described an evidenced-based nursing care protocol for advanced practice nurses working in aged care facilities (Ryden et al., 1999). The remaining articles evaluated three different psychological interventions: Resident peer counselling (Scharlach, 1988); Life Review (Haight et al., 1998); and Mental Health Service for Older Adults (MHSOA) (Kotynia-English et al., 2005).

Study designs used to evaluate interventions ranged from large multicentre randomised controlled trials (Davison et al., 2021, 2022; Haight et al., 1998; Kotynia-English et al., 2005) to small single centre non-randomised study designs (Scharlach, 1988). The nursing care protocol by Ryden et al. (1999) was theoretical and not evaluated for feasibility or effectiveness. Among the five articles that evaluated intervention effectiveness, sample sizes ranged from 30 to 216 participants; included participants with varied levels of cognition; and reported a mean age

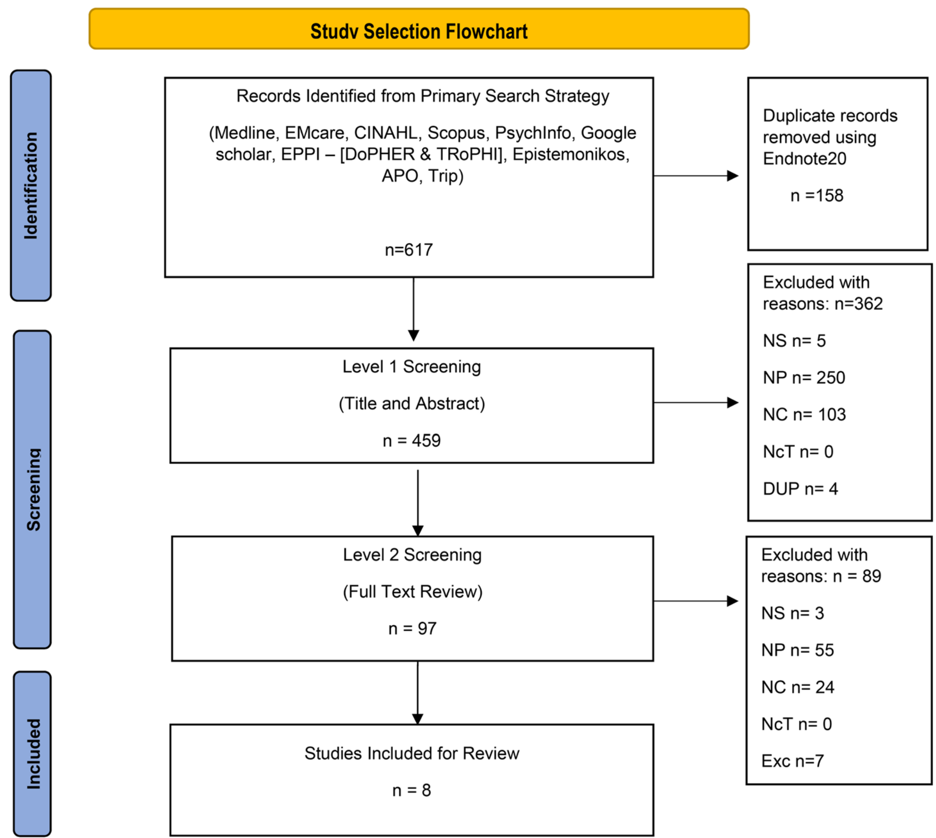

Figure 1. Study selection flowchart.
*NS = Not a Study of Interest, NP = Not the population, NC = Not the Concept, NcT = Not the context, DUP = duplicate article, Exc = exclude unable to retrieve full text article.
Adapted From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n7

Table 2. Quality appraisal.

Quality Appraisal Questions	Scharlach (1988)	Haight et al. (1998)	Ryden et al. (1999)	Kotynia-English et al. (2005)	Davison et al. (2020)	Davison et al. (2021)	Davison et al. (2022)	Kelly et al. (2022)
1. Abstract and title: Is a clear description of the study provided?	P	G	F	G	G	G	G	G
2. Introduction and aims: Was there a good background and clear statement of the aims of the research?	F	G	G	F	G	G	G	G
3. Method and data: Is the method appropriate and clearly explained?	P	G	G	F	G	G	G	G
4. Sampling: Was the sampling strategy appropriate to address the aims?	P	G	N/A	F	G	G	G	P
5. Was the description of the data analysis sufficiently rigorous?	P	G	N/A	G	G	G	G	N/A
6. Ethics and bias: Have ethical issues been addressed, and was necessary ethical approval gained? Has the relationship between researchers and participants been adequately considered?	VP	VP	N/A	P	G	G	G	VP
7. Results: Is there a clear statement of the findings?	P	F	N/A	G	N/A	G	G	G
8. Transferability or generalizability: Are the findings of this study transferable (generalizable) to a wider population?	P	G	F	F	G	G	G	P
9. Implications and usefulness: How important are these findings to policy and practice	P	G	G	F	N/A	G	G	G
Overall Appraisal	**POOR**	**GOOD**	**GOOD**	**FAIR**	**GOOD**	**GOOD**	**GOOD**	**GOOD**

*Rated as Good (G), Fair (F), Poor (P), Very Poor (VP)

range of participants between 79 and 84 years. The timing of intervention implementation ranged between three days to six weeks post-relocation with follow up occurring between one to eight weeks in the short term, and six to 12 months in the longer term (Davison et al., 2021, 2022; Haight et al., 1998; Kotynia-English et al., 2005; Scharlach, 1988). In terms of measuring symptoms of psychological distress, heterogenous depression scales were most frequently employed to measure intervention effectiveness (pre-test/post-test) or were included as a screening component as part of the resident's care plan (Davison et al., 2021; Haight et al., 1998; Kotynia-English et al., 2005; Ryden et al., 1999).

Intervention characteristics

All interventions were non-pharmacological in nature, involved individual rather than group interactions and were aimed at supporting a resident's psychological adjustment to living in an aged care facility. Regarding the design of interventions, two (PEARL and Life Review) were underpinned by theoretical frameworks (Davison et al., 2021; Haight et al., 1998). No interventions were explicitly described as co-designed with input from older people or aged care facility staff.

The PEARL intervention designed by Davison and colleagues involved five (45–60-minute) resident discussions with a psychologist (Davison et al., 2020, 2021, 2022; Kelly et al., 2022). Structured discussions aimed to enhance individual resident autonomy, competence and social relationships. The brief intervention involved discussions over three consecutive weeks, with two follow up 'booster' discussion sessions occurring at two and four weeks after the third session (Davison et al., 2020; Kelly et al., 2022). Depression, measured using the Cornell Scale for Depression in Dementia, decreased at two months post-intervention, with the decrease being significantly larger in the treatment group compared with the control group (Davison et al., 2021). This difference was not evident between baseline and follow-up at four months post-intervention; however, at four-month follow-up, the treatment group scored significantly lower than the control group on anxiety, assessed using the Geriatric Anxiety Inventory. Results indicated that quality of life and adjustment to the aged care facility increased significantly over time for the intervention group but not for the control group (Davison et al., 2022).

Kotynia-English et al. (2005) evaluated the effect of early resident referral (screened within two-weeks of admission) to an external mental health service for older adults (MHSOA) on mental health outcomes assessed at 12 months. New residents were screened for psychiatric morbidity using the Geriatric Depression Scale, Health of the Nation Outcome Scales for older adults, Mini-Mental State Examination, and the Neuropsychiatric Inventory. Participants deemed to have psychiatric morbidity and randomised to the intervention group were referred to the MHSOA for further review and follow-up. No other information was provided regarding the MHSOA intervention in terms of therapies used or timing and duration of therapies implemented. No significant differences between those receiving the MHSOA intervention and those receiving usual facility-based care were observed for all outcome measures at 12-months (Kotynia-English et al., 2005).

The Life Review intervention, trialled by Haight et al. (1998), was described as a form of structured reminiscence therapy aimed at preventing despair and promoting integrity (measured by life satisfaction, self-esteem and psychological wellbeing) amongst newly relocated aged care residents who were within six weeks of relocation. Life Review is based on the premise that the transition to aged care for many older people is seen as a crisis and can cause them to re-examine their lives, with the implementation of a structured life review intervention possibly promoting psychological wellbeing and aiding in resident adjustment post-relocation (Haight et al., 1998). The intervention was delivered individually by trained therapists and administered in 60-minute sessions over six weeks. Using a structured format, Life Review guides participants through childhood, adolescence, and adulthood, to evaluate the life they have lived, providing acceptance of current circumstances and preventing maladjustment to living in residential aged care. Participants in the intervention group demonstrated a significant decrease in depressive symptoms (measured using the Beck Depression Inventory) at eight-weeks and 12-months follow-up. The control group also evidenced a decrease in depressive symptoms at 12-months. Mean depression scores were significantly higher for those in the treatment group compared to the control group. Participants receiving the Life Review intervention reported

Table 3. Study characteristics, description of interventions and outcomes.

Citation	Country	Study design	Participants	Intervention	Co-design	Frequency/Duration	Outcome measures/timing (T)	Analysis / Outcomes
Scharlach (1988)	USA	Non-randomised control study.	$N = 30$ newly admitted residents. Inclusion Criteria: Not reported	Peer support and counselling provided by existing RAC residents who had received peer counselling training. Control: Usual care, no special attention.	No	Single counselling session within 3 days of admission.	Nurses' Observation Scale for Inpatient Evaluation (NOSIE-30) Lawton-Brody Physical Activities of Daily Living Scale. T: admission + 2 months later.	NOSIE-30 scores improved in 79% of Intervention group participants compared to 17% in the Control group. Nil differences between groups on any study outcomes.
Haight et al. (1998)	USA	Randomised Controlled Trial	$N = 256$ newly admitted residents, (within 6 wk of admission). Mean age = 80 yrs Inclusion Criteria: Without depression, measured by the Diagnostic Interview Schedule. Orientated to person, time, place as per mental status questionnaire.	Life Review Structured reminiscence therapy conducted by trained Life Review therapist. Life Review intervention guided by Erikson's ages of man framework. Control: Received 1 hr friendly visits from life review therapists over the study period. Friendly visitors talked about health, the weather, TV shows, and current events.	No	1 hr Life Review sessions conducted weekly for 6 wks.	Beck Depression Inventory The Hopelessness Scale Beck Suicide Ideation Scale Psychological wellbeing Scale Life satisfaction Index-A Self-esteem Scale T: pre-intervention, 8 wks, and 12 months post intervention.	Significant time x group interaction at 8 wks on depression (favouring intervention group). Significant between-group differences at 12 months for depression, hopelessness & psychological wellbeing ($p < 0.05$; favouring intervention group). 20% loss to follow up at 8 wks post-test time point ($n = 201$), 50% loss to follow up ($n = 122$) at 12 months.
Ryden et al. (1999)	USA	Case study descriptive **Nursing Protocol**	Not reported.	Nursing protocol involving screening, interview + tailored activities conducted by an advanced practice nurse. Protocols were adapted from depression guidelines from the Agency for Health Care Policy Research.	Family input is sought to tailor activities and personalise rooms.	Nursing protocol administered at admission with reassessment recommended after 3 months in care.	Geriatric Depression Scale Geriatric Centre Morale Scale Apparent Emotion Rating Scale T: shortly following admission + 3-month review.	Not conducted.
Kotynia-English et al. (2005)	Australia	Randomised Controlled Trial	$N = 106$ newly admitted residents, (within 2 wks of admission). Mean age = 83 yrs Inclusion Criteria: Presence of psychiatric morbidity. Geriatric Depression Scale –15 scores > 5. Neuropsychiatric Inventory scale scores > 0.	Early screening for psychiatric morbidity and referral to an external mental health service for older adults Control: Received standard care.	No	All referred to receive the intervention were followed-up until the presenting complaint resolved, normally within 3 months.	Geriatric Depression Scale –15 Health of the Nation Outcome Scales for Older Adults Mini-mental State Examination Neuropsychiatric Inventory T: Baseline (within 2 wks of admission) + 12-months follow-up.	No significant between-group differences at 12 months for all outcome measures. 22% loss to follow up at 12 months ($n = 83$).
Davison et al. (2020)	Australia	Cluster Randomised Controlled Trial **Study Protocol**	$N = 308$ projected sample of newly admitted residents, (within 4 wks of admission). Inclusion Criteria: All levels of depression and those without symptoms of depression. Mild cognitive impairment - Mini-Mental State Examination >15, English speaking.	The Program to Enhance Adjustment to Residential Living (PEARL); Brief structured psychological intervention based on self-determination theory. Designed to be delivered by various trained clinicians. Control: Usual care offered by the facility.	No	45- to 60-min sessions conducted weekly. 3-week duration 'Booster' sessions at 2 and 4 wks after the last PEARL session. Total intervention duration = 7 wks.	Cornell Scale for Depression in Dementia Structured Clinical Interview for DSM-5 Disorders – Clinician Version (SCID-5-CD) for Major depressive disorders Geriatric Anxiety Scale Quality of Life in Alzheimer's Disease Depression, Anxiety and Stress Scale-21 Index of Relocation Adjustment Scale Instrumental Activities of Daily Living Scale Basic Needs Satisfaction in Life Scale Importance of Basic Needs Scale Meaningful Activity in Residential Care Scale View of Relocation Scale T: Baseline (within 4 wks of admission) + 1-week + 2-months + 6-months follow-up.	Not conducted.

(Continued).

Table 3. Continued.

Davison et al. (2021)	Australia	Two-arm, parallel, cluster randomised control trial	$N = 216$ newly admitted residents, (within 4 wks of admission). Mean age = 85 yrs Inclusion Criteria: All levels of depression, and those without symptoms of depression. Mild cognitive impairment - Mini-Mental State Examination >15, English speaking, Not a previous nursing home resident.	The Program to Enhance Adjustment to Residential Living (PEARL); Brief structured psychological intervention based on self-determination theory. Designed to be delivered by various trained clinicians. Control: Usual care offered by the facility.	No	45- to 60-min sessions conducted weekly. 3-week duration 'Booster' sessions at 2 and 4 wks after the last PEARL session. Total intervention duration = 7 wks.	Cornell Scale for Depression in Dementia T: Baseline (within 4 wks of admission) + 2-months + 6-month follow-up.	Significant between-group differences at 2 months for depression ($p < 0.05$; favouring intervention group). Nil differences at 6 months. 26% loss to follow up at 6 months ($n = 159$)
Davison et al. (2022)	Australia	Two-arm, parallel, cluster randomised control trial	$N = 216$ newly admitted residents, (within 4 wks of admission). Mean age = 85 yrs Inclusion Criteria: All levels of depression, and those without symptoms of depression. Mild cognitive impairment - Mini-Mental State Examination >15, English speaking, Not a previous nursing home resident.	The Program to Enhance Adjustment to Residential Living (PEARL); Brief structured psychological intervention based on self-determination theory. Designed to be delivered by various trained clinicians. Control: Usual care offered by the facility.	No	45- to 60-min sessions conducted weekly. 3-week duration 'Booster' sessions at 2 and 4 wks after the last PEARL session. Total intervention duration = 7 wks.	Geriatric Anxiety Inventory Quality of Life (QOL) in Alzheimer's Disease Index of Relocation Adjustment Scale Depression, Anxiety and Stress Scale-21 T: Baseline (within 4 wks of admission) + 2-months + 6-month follow-up.	Significant time x group interaction at 2 months (favouring intervention group) on adjustment and QOL. No significant between-group differences for anxiety at 6 months. Significant time x group interaction at 6 months (favouring intervention group) on anxiety and QOL. No differences were seen for stress scores at any time points. In a subgroup analyses, the intervention outcomes changed significantly during the study period for adjustment ($p < .001$), anxiety ($p < .001$) and quality of life scores ($p = .006$); no differences in scale scores were seen over time in the Control group.
Kelly et al. (2022)	Australia	Case study descriptive	$N = 3$ newly admitted residents (Within 5 wks of admission). Inclusion Criteria: All levels of depression, and those without symptoms of depression. Mild cognitive impairment - Mini-Mental State Examination >15, English speaking, Not a previous nursing home resident.	The Program to Enhance Adjustment to Residential Living (PEARL). Delivered by a trained mental health clinician, using a clinician manual. Sessions structured around self-determination theory.	No	Session 1: Focus on psychological need of social relatedness; Session 2: Focus on competence through meaningful activities; Session 3: Enhancing residents' autonomy. Booster 1: Role of key staff member to support goals; Booster 2: review and celebrate achievements.	Not reported.	Care staff appreciated psychological input and education regarding older adult mental health however, they particularly valued interventions that were practical and able to be supported longer-term.

significantly higher levels of life satisfaction and psychological well-being, and significantly lower levels of hopelessness than the control group at 12 months follow-up (Haight et al., 1998).

Scharlach (1988) conducted a small pilot study to evaluate a peer counselling intervention designed to improve social adjustment and physical functioning for newly admitted residents. Peer counsellors were interested residents of the facility who undertook eight-weeks of structured peer counselling training. Every second newly admitted resident ($n = 14$) over two-months was visited by a peer counsellor, who attempted to engage in conversation and provided a new resident information sheet within three days of relocation (Scharlach, 1988). No information was provided regarding follow-up visits. Results suggest social adjustment (measured using the Nurses' Observation Scale for Inpatient Evaluation-30) improved post-intervention with scores increasing amongst 79% of participants in the intervention group compared to only 17% in the control group (Scharlach, 1988).

Lastly, Ryden et al. (1999) described an advanced practice nursing protocol designed to prevent depression in newly admitted residents and to provide early intervention for new residents with an existing depression diagnosis. The protocol was adapted from depression guidelines by the Agency for Health Care Policy Research in America. The protocol was illustrated using a flow chart, which involved initial depression screening to determine risk, followed by a comprehensive admission interview to determine the new resident's personal perceptions about entering residential aged care. For those screened as 'at risk' of depression, individual care plans were developed following the interview, to support residents' self-esteem through tailored activities and staff/resident interactions. Before care plan implementation, families (if available) were encouraged to personalise rooms with meaningful possessions and to provide further biographical information. For those with existing depression, their family, primary care provider and psychiatric provider were consulted, with consideration given to pharmacological treatment regimes, to inform the tailored care plan before implementation. No evaluation of the protocol was conducted, however, a theoretical case study illustrating the protocol was provided (Ryden et al., 1999).

Discussion

To our knowledge, this is the first systematic scoping review conducted to identify psychological interventions designed to reduce relocation stress among older persons making the transition into permanent residential aged care. Despite conducting a thorough search of the literature, this review did not locate any interventions implemented during the pre- or mid-transition phases (i.e. before the older person moves into residential aged care). All identified interventions were implemented within the first three months following relocation, four of which were evaluated. With consideration that the process of transitioning to residential aged care is well acknowledged as a distressing experience and significant life event; it is surprising to discover an absence of interventions seeking to mitigate relocation stress before a person transitions. This represents a significant gap in the literature and presents an opportunity for the design and development of interventions that could be implemented earlier in the transition pathway. Given that mental health challenges disproportionally affect older people who reside in residential aged care (Amare et al., 2020; Cations et al., 2022), increasing support during the pre- and mid-transition periods could potentially contribute to decreased psychological distress amongst this population, affecting the overall success of the transition process. By intervening at an earlier stage there is potential for a smoother and more adaptive adjustment to aged care residency, leading to improved quality of life and a potential reduction in depressive and anxiety symptoms for older people once they have relocated.

Of the four evaluated interventions, we observed varying levels of intervention effectiveness for reducing psychological distress. Intervention outcomes tended to be beneficial in the short-term, with long-term benefits inconclusive. For example, the PEARL intervention by Davison et al. (2021) demonstrated effectiveness in reducing depressive symptoms at two months but not at six months. In contrast, they found that the intervention was effective at reducing anxiety symptoms at six months (Davison et al., 2022). Kotynia-English et al. (2005) found no benefits of their intervention on any measure, including depressive symptoms, at the 12-month follow-up. Haight et al. (1998) did find benefits of their intervention for several outcomes including depressive symptoms at 12 months, but this was true for those in the treatment and control group.

These findings suggest that while post-relocation interventions implemented early can be beneficial, for longer-term symptom reduction consideration of additional strategies may be required. This may include the need for interventions of longer duration or new interventions implemented after the initial three-month post-relocation phase. There is a need to develop and implement interventions aimed at reducing psychological distress, particularly depressive symptoms, for residents who have been in care for 6 months or longer. Such interventions may need to target post-relocation factors that come into play once an older adult has been in residential aged care for some time. The post-transition phase might consist of sub-phases, the initial relocation phase, and at least one more phase that commences after the initial settling-in period. Interventions likely need to be attuned to these distinct phases of the post-transition process to modify residents' sense of loss, and establish new, meaningful relationships once settled into residential care.

Collectively, the articles reviewed offer useful insights for future intervention design and trial implementation, particularly within the residential aged care setting. Both the PEARL and Life Review interventions employed individualised approaches over group approaches, delivered by qualified professionals (Davison et al., 2022; Haight et al., 1998). While such qualified professionals are adept at delivering these types of interventions, their long-term feasibility and sustainability in care settings requires thoughtful consideration. To date, significant barriers have been identified with the provision of professional mental health services within residential aged care facilities, including a lack of professionally qualified staff, trained to identify and treat mental health conditions (Cations et al., 2022). Furthermore, workforce challenges including high staff workloads and high staff turnover as reported by Davison et al. (2022) add complexity to sustainable intervention implementation. In response to these organisational barriers the Life Review intervention emerges as a promising solution.

Life Review, a form of structured reminiscence therapy, evaluated by Haight et al. (1998) demonstrated benefits for reducing depressive symptoms. Reminiscence is a form of psychotherapy employed to recall past memories, feelings

and thoughts to facilitate pleasure and adjustment to present circumstances (Liu et al., 2021). A systematic review of randomised controlled trials by Liu et al. (2021) investigated the effectiveness of reminiscence therapy (group or individual) for alleviating depressive symptoms amongst older adults. From a meta-analysis of ten included studies, reminiscence therapy was observed to significantly reduce depressive symptoms when compared with usual care. Of interest, eight of the reviewed studies employed group reminiscence therapy with only two studies employing individual therapy. While the sub-group analysis exhibited statistically significant reductions in depression for group and individual therapy, group therapy was suggested to be less resource intensive and more cost effective than individual therapy (Liu et al., 2021). Given the current lack of care facility staff trained to manage the complex mental health needs of older people, group therapies could be employed to mitigate these workforce challenges while still having a positive effect on resident mental health.

One intervention that could be implemented to reduce distress symptoms that does not require sustained professional psychological support is peer counselling (Pfeiffer et al., 2011; Seeley et al., 2017). While the peer counselling study by Scharlach (1988) was not able to demonstrate generalisable outcomes, low intensity interventions such as peer support are emerging as informal cognitive behavioural therapy approaches that show promise for reducing depression amongst older adults, particularly where access to professional mental health services are scarce or costly (Pfeiffer et al., 2011; Seeley et al., 2017).

Peer support is described as unidirectional support provided by a mentor or more experienced peer, to a novice peer, and can be delivered in groups or pairs, in person, over the telephone, or *via* internet video conferencing (Pfeiffer et al., 2011; Seeley et al., 2017). The mechanisms of peer support interventions in this context are aimed at decreasing isolation experienced by people with mental health challenges, reducing the impact of stressors, sharing of heath and self-management information and positive role modelling (Seeley et al., 2017). As demonstrated by Scharlach (1988), when implemented within the aged care environment, peer support may have positive psychological effects for both the peer counsellors and newly relocated residents. Adding to its potential, a meta-analysis of seven peer support intervention trials amongst adult populations with depression identified a medium effect in depression symptom reduction for those receiving peer support compared to usual care (Pfeiffer et al., 2011). While the low-cost and ease of implementation proposed by peer support interventions make these strategies feasible in the aged care environment, certain challenges do need consideration. Consistent with findings from the implementation of peer counsellors by Scharlach (1988), the presence of resident cognitive impairment may hinder their ability to engage with the intervention as intended.

Recognising the multifaceted challenges involved in addressing relocation stress during the transition pathway, there is growing support for co-design methodologies in the development and implementation of interventions. Co-design methodologies involve the collaboration of a diverse set of stakeholders (Bate & Robert, 2007). In the context of this review this may include older people making the transition to, or residing in residential aged care, family members, care facility staff, and researchers, who come together to design, implement, and evaluate an intervention. Although no studies included in this review applied co-design methodologies, a landmark investigation (Royal Commission) into aged care quality and safety in Australia highlighted a need for sector-wide transformation, advocating for the prioritisation of co-design approaches to evaluate new and innovative care models and solutions (Commonwealth of Australia, 2021). A recent scoping review of co-design methodologies used with older people by Cowdell et al. (2022) highlighted 48 interventions designed with older people, five of which included the participation older people living within residential aged care settings. Methodologies such as Participatory Experience Based Co-Design (Bate & Robert, 2007; Mulvale et al., 2016), are user-centred research methodologies that provide a framework to promote the active participation of multiple and diverse stakeholders in the design and evaluation of interventions. These methods ensure that interventions are designed with, and not imposed upon, those most affected by their implementation and have been particularly useful for health service enhancement amongst vulnerable populations (Bate & Robert, 2007; Mulvale et al., 2016).

Limitations

All studies included within this review were undertaken in either Australia or the United States of America, potentially influenced by the limitation of including English-language publications only. While some information was provided describing the neuro-cultural and linguistic diversity of the study samples, we found no reference to the use of adapted instruments or processes to support the inclusion of those with limited English literacy. These limitations are related to the methodological challenges of sample size and attrition, as the evaluation of intervention effectiveness for heterogenous subgroups received limited assessment. Notably, findings from the PEARL study indicated varying effectiveness among subgroups, with the intervention proving more efficacious for individuals without cognitive impairments. Moreover, while baseline major depressive disorder was descriptively assessed, a comprehensive assessment of tailored effectiveness for distinct subgroups remains elusive (Davison et al., 2021). Future research could look to apply co-design approaches that utilise mixed data collection methods to assess intervention relevance and effectiveness across different demographic groups. This is particularly relevant as the reliance on randomised-control trials, requiring substantial, multi-institutional engagement to achieve an adequate sample size may not capture the nuances of intervention impact and the disparities that exist. Especially in light of the substantial attrition rates encountered in evaluating long-term outcomes.

Conclusion

This study has conducted a comprehensive review of the published literature to identify interventions aimed at reducing psychological distress among older adults transitioning to residential aged care. The review did not locate any interventions aimed at supporting older people before the move into residential aged care. All identified interventions were implemented within the first three months following relocation. The absence of interventions implemented during the pre- and mid-transition phases presents a gap in the literature and suggests an opportunity for earlier intervention. Of the few identified interventions that were reviewed, some conferred

short-term psychological benefits, with long-term benefits of implementation during the early post- relocation stage inconclusive. Prioritising the co-design and evaluation of future psychological interventions attuned to distinct phases of the transition pathway may go some ways to overcome the multifaceted challenges inherent in the transition to residential aged care and may reduce relocation stress and improve the quality of life of older people making this significant life change.

Disclosure statement

There are no competing interests to declare.

Funding

This project received financial support from Charles Sturt University's Sturt Scheme and from Three Rivers Department of Rural Health under the Australian Government's Rural Health Multidisciplinary Training Program.

ORCID

Shanna Fealy http://orcid.org/0000-0003-4480-605X
Suzanne McLaren http://orcid.org/0000-0002-4121-2320
Melissa Nott http://orcid.org/0000-0001-7088-5826
Claire Ellen Seaman http://orcid.org/0000-0003-1565-4130
Belinda Cash http://orcid.org/0000-0002-5750-5443
Lorraine Rose http://orcid.org/0009-0001-9415-9316

References

Alexopoulos, G. S. (2005). Depression in the elderly. *Lancet (London, England)*, *365*(9475), 1961–1970. https://doi.org/10.1016/S0140-6736(05)66665-2

Amare, A. T., Caughey, G. E., Whitehead, C., Lang, C. E., Bray, S. C., Corlis, M., Visvanathan, R., Wesselingh, S., & Inacio, M. C. (2020). The prevalence, trends and determinants of mental health disorders in older Australians living in permanent residential aged care: Implications for policy and quality of aged care services. *Australian. The Australian and New Zealand Journal of Psychiatry*, *54*(12), 1200–1211. https://doi.org/10.1177/0004867420945367

Bate, P., & Robert, G. (2007). *Bringing user experience to healthcare improvement: The concepts, methods and practices of experience-based design* (1st ed., pp. 222). CRC Press. https://doi.org/10.1201/9781846197086

Borza, T., Selbæk, G., Lichtwarck, B., Benth, J. Š., & Bergh, S. (2022). The Course of Depressive Symptoms Over 36 Months in 696 Newly Admitted Nursing Home Residents. *Journal of the American Medical Directors Association*, *23*(11), 1838–1844. e1832. https://doi.org/10.1016/j.jamda.2022.08.007

Brownie, S., Horstmanshof, L., & Garbutt, R. (2014). Factors that impact residents' transition and psychological adjustment to long-term aged care: A systematic literature review. *International Journal of Nursing Studies*, *51*(12), 1654–1666. https://doi.org/10.1016/j.ijnurstu.2014.04.011

Cations, M., Collier, L. R., Caughey, G., Bartholomaeus, J., Lang, C., Crotty, M., Harvey, G., Wesselingh, S., Corlis, M., & Inacio, M. C. (2022). Government-subsidised mental health services are underused in Australian residential aged care facilities. *Australian Health Review: A Publication of the Australian Hospital Association*, *46*(4), 432–441. https://doi.org/10.1071/AH22049

Commonwealth of Australia. (2021). *Royal commission into aged care quality and safety final report: Care, dignity and respect*. Commonwealth of Australia. https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1_0.pdf

Costlow, K., & Parmelee, P. A. (2020). The impact of relocation stress on cognitively impaired and cognitively unimpaired long-term care residents. *Aging & Mental Health*, *24*(10), 1589–1595. https://doi.org/10.1080/13607863.2019.1660855

Cowdell, F., Dyson, J., Sykes, M., Dam, R., & Pendleton, R. (2022). How and how well have older people been engaged in healthcare intervention design, development or delivery using co-methodologies: A scoping review with narrative summary. *Health & Social Care in the Community*, *30*(2), 776–798. https://doi.org/10.1111/hsc.13199

Creighton, A. S., Davison, T. E., & Kissane, D. W. (2016). The prevalence of anxiety among older adults in nursing homes and other residential aged care facilities: A systematic review. *International Journal of Geriatric Psychiatry*, *31*(6), 555–566. https://doi.org/10.1002/gps.4378

Davison, T. E., McCabe, M. P., Busija, L., & Graham, A. (2022). Program to enhance adjustment to residential living (PEARL): Effect on adjustment, anxiety, quality of life, and stress. *Clinical Gerontologist*, *45*(5), 1117–1129. https://doi.org/10.1080/07317115.2022.2100729

Davison, T. E., McCabe, M. P., Busija, L., Graham, A., Camões-Costa, V., Kelly, J., & Byers, J. (2021). The effectiveness of the Program to Enhance Adjustment to Residential Living (PEARL) in reducing depression in newly admitted nursing home residents. *Journal of Affective Disorders*, *282*, 1067–1075. https://doi.org/10.1016/j.jad.2020.12.087

Davison, T. E., McCabe, M. P., Busija, L., Martin, C., & Graham, A. (2022). Trajectory and predictors of mental health symptoms and wellbeing in newly admitted nursing home residents. *Clinical Gerontologist*, *45*(5), 1103–1116. https://doi.org/10.1080/07317115.2021.2010154

Davison, T. E., McCabe, M. P., Busija, L., O'Connor, D. W., Costa, V. C., & Byers, J. (2020). A cluster randomised trial of the program to enhance adjustment to residential living (PEARL): A novel psychological intervention to reduce depression in newly admitted aged care residents. *BMC Geriatrics*, *20*(1), 98. https://doi.org/10.1186/s12877-020-1492-5

Fealy, S., McLaren, S., Rose, L., & Ageing Well in Rural and Regional Australia Research Group. (2023). Psychological Interventions designed to assist older people to transition to permanent residential aged care: A systematic scoping review protocol. *figshare*. Journal Contribution, 1–2. https://doi.org/10.6084/m9.figshare.21837036.v4

Gardiner, C., Laud, P., Heaton, T., & Gott, M. (2020). What is the prevalence of loneliness amongst older people living in residential and nursing care homes? A systematic review and meta-analysis. *Age and Ageing*, *49*(5), 748–757. https://doi.org/10.1093/ageing/afaa049

Groenvynck, L., Fakha, A., de Boer, B., Hamers, J. P., van Achterberg, T., van Rossum, E., & Verbeek, H. (2022). Interventions to improve the transition from home to a nursing home: A scoping review. *The Gerontologist*, *62*(7), e369–e383. https://doi.org/10.1093/geront/gnab036

Haight, B. K., Michel, Y., & Hendrix, S. (1998). Life review: Preventing despair in newly relocated nursing home residents short-and long-term effects. *International Journal of Aging & Human Development*, *47*(2), 119–142. https://doi.org/10.2190/A011-BRXD-HAFV-5N

Hawker, S., Payne, S., Kerr, C., Hardey, M., & Powell, J. (2002). Appraising the evidence: Reviewing disparate data systematically. *Qualitative Health Research*, *12*(9), 1284–1299. https://doi.org/10.1177/1049732302238251

Henning-Smith, C., Lahr, M., Mulcahy, J., & MacDougall, H. (2023). Unmet needs for help with mobility limitations among older adults aging in place: The role of rurality. *Journal of Aging and Health*, *35*(9), 623–631. https://doi.org/10.1177/08982643231151777

Kasai, T. (2021). Preparing for population ageing in the Western Pacific Region. *The Lancet Regional Health. Western Pacific*, *6*, 100069. https://doi.org/10.1016/j.lanwpc.2020.100069

Kelly, J., Davison, T. E., & McCabe, M. P. (2022). A psychological needs-based intervention to facilitate adjustment and improve wellbeing in newly admitted aged care residents: Three illustrative case studies. *Clinical Psychologist*, *26*(1), 44–52. https://doi.org/10.1080/13284207.2021.1909419

Kotynia-English, R., McGowan, H., & Almeida, O. P. (2005). A randomized trial of early psychiatric intervention in residential care: Impact on health outcomes. *International Psychogeriatrics*, *17*(3), 475–485. https://doi.org/10.1017/S1041610205001572

Lapane, K. L., Lim, E., McPhillips, E., Barooah, A., Yuan, Y., & Dube, C. E. (2022). Health effects of loneliness and social isolation in older adults living in congregate long term care settings: A systematic review of quantitative and qualitative evidence. *Archives of Gerontology and Geriatrics*, *102*, 104728. https://doi.org/10.1016/j.archger.2022.104728

Liu, Z., Yang, F., Lou, Y., Zhou, W., & Tong, F. (2021). The effectiveness of reminiscence therapy on alleviating depressive symptoms in older adults: A systematic review. *Frontiers in Psychology*, *12*, 709853. https://doi.org/10.3389/fpsyg.2021.709853

Lotfaliany, M., Hoare, E., Jacka, F. N., Kowal, P., Berk, M., & Mohebbi, M. (2019). Variation in the prevalence of depression and patterns of association, sociodemographic and lifestyle factors in community-dwelling older adults in six low-and middle-income countries. *Journal of Affective Disorders*, *251*, 218–226. https://doi.org/10.1016/j.jad.2019.01.054

Mulvale, A., Miatello, A., Hackett, C., & Mulvale, G. (2016). Applying experience-based co-design with vulnerable populations: Lessons from a systematic review of methods to involve patients, families and service providers in child and youth mental health service improvement. *Patient Experience Journal*, *3*(1), 117–129. https://doi.org/10.35680/2372-0247.1104

O'Neill, M., Ryan, A., Tracey, A., & Laird, L. (2020). "You're at their mercy": Older peoples' experiences of moving from home to a care home: A grounded theory study. *International Journal of Older People Nursing*, *15*(2), e12305. https://doi.org/10.1111/opn.12305

Peters, M., Godfrey, C., McInerney, P., Munn, Z., Tricco, A., & Khalil, H. (2020). Scoping Reviews. *JBI Manual for Evidence Synthesis* (*11*). https://doi.org/10.11124/JBIES-20-00167

Peters, M. D. J., Marnie, C., Tricco, A. C., Pollock, D., Munn, Z., Alexander, L., McInerney, P., Godfrey, C. M., & Khalil, H. (2020). Updated methodological guidance for the conduct of scoping reviews. *JBI Evidence Synthesis*, *18*(10), 2119–2126. https://doi.org/10.11124/JBIES-20-00167

Pfeiffer, P. N., Heisler, M., Piette, J. D., Rogers, M. A., & Valenstein, M. (2011). Efficacy of peer support interventions for depression: A meta-analysis. *General Hospital Psychiatry*, *33*(1), 29–36. https://doi.org/10.1016/j.genhosppsych.2010.10.002

Polacsek, M., & Woolford, M. (2022). Strategies to support older adults' mental health during the transition into residential aged care: A qualitative study of multiple stakeholder perspectives. *BMC Geriatrics*, *22*(1), 151. https://doi.org/10.1186/s12877-022-02859-1

Ryden, M. B., Pearson, V., Kaas, M. J., Hanscom, J., Lee, H., Krichbaum, K., Wang, J.-J., & Snyder, M. (1999). Nursing interventions for depression in newly admitted nursing home residents. *Journal of Gerontological Nursing*, *25*(3), 20–29. https://doi.org/10.3928/0098-9134-19990301-10

Scharlach, A. E. (1988). Peer counselor training for nursing home residents. *The Gerontologist*, *28*(4), 499–502. https://doi.org/10.1093/geront/28.4.499

Seeley, J. R., Manitsas, T., & Gau, J. M. (2017). Feasibility study of a peer-facilitated low intensity cognitive-behavioral intervention for mild to moderate depression and anxiety in older adults. *Aging & Mental Health*, *21*(9), 968–974. https://doi.org/10.1080/13607863.2016.1186152

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., … Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Annals of Internal Medicine*, *169*(7), 467–473. https://doi.org/10.7326/M18-0850

Ulbricht, C. M., Hunnicutt, J. N., Hume, A. L., & Lapane, K. L. (2019). Depression, anxiety, and pain among newly admitted nursing home residents. *The Journal of Nursing Home Research Sciences*, *5*, 40–48. https://doi.org/10.14283/jnhrs.2019.8

United Nations. (2022). *GLOBAL ISSUES: Ageing*. United Nations https://www.un.org/en/global-issues/ageing

World Health Organization. (2017). *Mental health of Older Adults Fact Sheet*. Retrieved July from https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults

Yong, B., Lin, R., & Xiao, H. (2021). Factors associated with nursing home adjustment in older adults: A systematic review. *International Journal of Nursing Studies*, *113*, 103790. https://doi.org/10.1016/j.ijnurstu.2020.103790

Yuan, Y., Lapane, K. L., Rothschild, A. J., & Ulbricht, C. M. (2021). Changes in depressive symptoms and cognitive impairment in older long-stay nursing home residents in the USA: A latent transition analysis. *Aging & Mental Health*, *25*(10), 1903–1912. https://doi.org/10.1080/13607863.2020.1849021

Appendix: Preferred reporting items for systematic reviews and meta-Analyses extension for scoping reviews (PRISMA-ScR) checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	Main Manuscript Tile Page & Page 2.
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	Main Manuscript Page 2.
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	Main Manuscript Pages 3-6
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g. population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	Main Manuscript Page6
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g. a Web address); and if available, provide registration information, including the registration number.	Protocol registered DOI:10.6084/m9.figshare.21837036.v4
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g. years considered, language, and publication status), and provide a rationale.	Main Manuscript Page 8 & Table 1.
Information sources*	7	Describe all information sources in the search (e.g. databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	Main Manuscript Pages 6-8.
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Supplementary file S1.
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e. screening and eligibility) included in the scoping review.	Main Manuscript Pages 6-9.
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g. calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	Main Manuscript Page 8-9.
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	Main Manuscript Page 6-8.
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	Main Manuscript Page 8
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	Main Manuscript Page 8-9.
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	Main Manuscript Page 9 & Figure 1.
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Main Manuscript Table 3.
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	Main Manuscript Page 9 & Table 2.
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Main Manuscript Pages 9-13 & Table 3.
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	Main Manuscript Pages 9-13 & Table 3.
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	Main Manuscript Pages 13-17.
Limitations	20	Discuss the limitations of the scoping review process.	Main Manuscript Page 17.
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	Main Manuscript Page18.
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	Title Page