



The influence of mental health on life satisfaction mediated by self-rated health: A study of Thai older adults

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Abstract

This study aimed to validate a model that explored the relationship between mental health and life satisfaction, with self-rated health acting as a mediator. Secondary data from the 2021 research project “Health, Aging, and Retirement in Thailand (Wave 3)” were analyzed. The sample consisted of 3,156 respondents aged 50 years and older. The research findings revealed that mental health indirectly affected life satisfaction (β 0.376). Additionally, self-rated health directly affected life satisfaction (β 0.794) and mediated the relationship between mental health and life satisfaction among Thai older adults. These results suggested that the model aligned well with the empirical data. Data analysis enables policymakers and health professionals to effectively make evidence-based decisions that address social and health issues.

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Introduction

Statement of the Problem

The global elderly population is experiencing a rapid increase. Between 2000 and 2014, the number of older adults surged from 418 million to 588 million, with an annual growth rate of 2.4 percent over 14 years. In contrast, the global population growth rate has declined to 1.2 percent (United Nations Department of Economic and Social Affairs, Population Division,

2024). According to a study by Lattman et al. (2019), people worldwide live longer than ever. Furthermore, the proportion of older adults in the global population is expanding exponentially (Celik et al., 2018; Lattman et al., 2019). In 1950, individuals aged over 60 represented just 8.6 percent of the global population. Totaling more than 384 million. Today, the proportion has risen to 12 percent, encompassing over 900 million individuals. The projections suggest that by 2050, older adults will constitute 22 percent of the world’s population.

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Celik et al. (2018) posit that the aging population represents the most significant demographic shift currently underway. From a demographic perspective, developed countries have already shown substantial proportions of older adults. In 2017, 25 percent of Europe's population and 21 percent of Russia's population were aged 60 and above, according to (United Nations Department of Economic and Social Affairs, Population Division, 2019). These percentages are projected to escalate to 34 percent in Europe and 28 percent in Russia by 2050. Meanwhile, Thailand is undergoing a remarkable expansion in its elderly population. The proportion of individuals aged 60 and over skyrocketed over half a century, increasing from a mere 1.2 percent in 1960 to 8.3 percent in 2010. The Foundation of the Institute of Gerontology Research and Development anticipated that by 2031, Thailand will evolve into an 'advanced aging society,' with older people constituting more than 28 percent of the population (Phungviwatnikul & Voraprateep, 2024).

Due to the rapid expansion of the aging population, issues related to mental health and quality of life have gained increased prominence among older adults compared to other age groups (Celik et al., 2018; Lattman et al., 2019). Mental health significantly influences the overall well-being and functionality of older adults. (Muñoz-Bermejo et al., 2020), as poor mental health can lead to increased morbidity, decreased physical health, and a reduced ability to engage in social activities. Research indicates that mental health problems, such as depression and anxiety, are prevalent among older adults and can adversely affect their life satisfaction and perceived quality of life. (Öztop & Kınacı, 2016) Furthermore, self-rated health is a strong predictor of health outcomes in this demographic, as it reflects individuals' perceptions of their health status and is associated with mortality and disability (Kutubaeva, 2019). Given these factors, understanding the determinants of life satisfaction in older adults is crucial for societal progress. It can inform targeted interventions to improve their mental health and overall quality of life.

Recent research primarily focuses on variables that contribute to the Life satisfaction of older adults (Öztop & Kınacı, 2016), including factors such as gender, educational level, familial relationships, self-esteem, societal roles, income, social support, community engagement, and geographical variables. However, there is an urgent need for more comprehensive investigations into the complex interrelationships between mental and physical determinants that influence life satisfaction (Celik et al., 2018), given the existing gap in Thai research concerning the interplay among life satisfaction, mental health, and self-rated health. Therefore, this study aims to explore these interconnections, particularly emphasizing self-rated health as a mediating variable.

The Research Questions

While many studies suggest a direct relationship between the mental health and life satisfaction of older individuals, the present research proposes a more nuanced interplay between these dimensions (Puvill et al., 2016; Reyes Fernández et al., 2016). Specifically, this study seeks to validate a model in which factors related to mental health influence life satisfaction, with self-rated health as a mediating variable. The conceptual framework for this investigation was informed by the findings of 'The Influence of Physical and Mental Health on Life Satisfaction is Mediated by Self-Rated Health: A Study with Brazilian Elderly' (Pinto et al., 2016). As shown in Figure 1, this framework is particularly significant in the Thai context, as it highlights the interplay between physical and mental health and its impact on life satisfaction among the elderly population in Thailand. Given the increasing aging population in Thailand, understanding how these health factors influence life satisfaction is crucial for developing targeted interventions and policies.

Research Objectives

This study aims to validate a model in which mental health variables influence life satisfaction, with self-rated health functioning as a mediating variable.

Hypothesis

Hypothesis 1: Mental health affects the life satisfaction of older adults.

Hypothesis 2: Self-rated health affects the life satisfaction of older adults.

Hypothesis 3: Self-rated health mediates the relationship between mental health and the life satisfaction of older adults.

Conceptual Framework of the Research

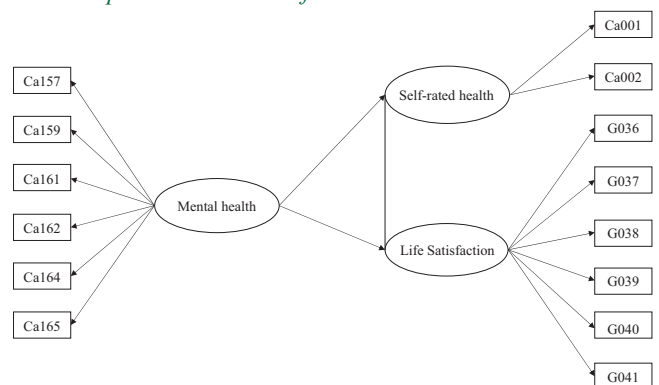


Figure 1 Mediating effect of self-rated health on the relationship between mental health and life satisfaction

Literature Review

The literature review is structured into two primary sections. The first section presents the operational definitions of the dependent variable, life satisfaction, alongside the independent variables, mental health and self-rated health. This section provides a comprehensive understanding of how these constructs are defined and measured within the existing literature. The second section examines the relationships between the independent variables and the dependent variable, highlighting key findings and trends observed in prior research.

Operational Definition of Life Satisfaction

Numerous studies investigating the determinants of well-being and life satisfaction have consistently portrayed life satisfaction as a concept with multiple dimensions (Bratt et al., 2017; Dumitrache et al., 2018; Öztop & Kınacı, 2016; Park & Lee, 2017). Life satisfaction has been assessed using eight distinct items that delve into the diverse facets of the experiences of older people (Park & Lee, 2017). In light of the existing literature, there is a prevailing agreement among researchers that life satisfaction is a nuanced and multifaceted construct, making its precise measurement a formidable task.

The nexus between life satisfaction and health is well-established. Mroczek and Spiro (2005) delineated a significant correlation between life satisfaction and detrimental health outcomes. It is imperative to note that health determinants can be categorized into two primary domains: physical and mental health. The latter is often referred to as emotional well-being. Adams et al. (2016) emphasized life satisfaction as an integral component of comprehensive well-being, conducting extensive research on the elements that bolster physical, social, and mental health. Öztop and Kınacı (2016) contend that life satisfaction reflects an individual's holistic feelings towards life and self-esteem as an essential indicator of emotional well-being.

Recent scholarly inquiries have delved into the nuanced relationships between life satisfaction and physical and mental health dimensions (Matud et al., 2019). As Öztop and Kınacı (2016) articulated, life satisfaction encompassed a holistic contentment that surpassed ephemeral situational joys. This profound contentment indicates sound mental health, containing happiness, motivation, enduring social engagements, and graceful aging processes. Such observations highlight the burgeoning academic curiosity regarding the

distinct influences of physical and mental health on life satisfaction.

Adams et al. (2016) contended that life satisfaction is intrinsically linked to subjective well-being. Rooted in individual perceptions and judgments, the present research utilizes subjective assessments to measure an individual's level of life satisfaction. Reinforcing this perspective, Öztop and Kınacı (2016) expounded that life satisfaction was contingent upon an individual's ability to appraise various facets of life quality favorably. Fundamentally, the degree of life satisfaction was connected intimately to one's evaluations and introspections.

Life satisfaction is a comprehensive measure that reflects an individual's ability to evaluate determinants of life quality, including familial relationships, educational experiences, and social interactions based on personal benchmarks (Hayat et al., 2016; Tomini et al., 2016). A study conducted by Yeo and Lee (2019) shows that elderly individuals residing with their families demonstrated higher levels of life satisfaction. Furthermore, physical and mental health conditions significantly influenced life satisfaction.

Life satisfaction is pivotal in promoting optimism and augmenting the quality of life (Matud et al., 2019; Yeo & Lee, 2019), particularly within an aging demographic. Yeo and Lee (2019) underscored that life satisfaction is often utilized as an indicator to assess an individual's overall quality of life. Conversely, Bao et al. (2013) posited that life satisfaction and quality of life were not distinct entities but rather interrelated concepts.

Life satisfaction encompasses various dimensions, including physical health, mental well-being, familial relationships (Szcześniak & Tułeczka, 2020; Zarei & Fooladvand, 2022), economic status (Owusu, 2021; Rajabi Gilan et al., 2021), and overall quality of life (Malvaso & Kang, 2022; Ruggeri et al., 2020). These facets were assessed across the six dimensions of the questionnaire.

Operational Definition of Mental Health and Self-rated Health

As individuals age, they confront various challenges, including complex health issues, unemployment, and personal losses. These adversities can significantly impact their mental well-being and overall quality of life (Celik et al., 2018; Reyes Fernández et al., 2016). The World Health Organization's (WHO) definition is the most widely accepted characterization of mental health. The WHO defines mental health as a state of

well-being in which the individual realizes their abilities, can cope with the everyday stresses of life, work productively and fruitfully, and contribute to their community (World Health Organization, 2004). The WHO distinguishes mental health into biomedical attributes and socio-cultural dimensions. Many scholars argue that societal factors are crucial in shaping our understanding of mental health. For example, some researchers posit that concepts related to mental health and illnesses extend beyond individual attributes and intertwine with diverse societal contexts (Dumitrache et al., 2018; Granlund et al., 2021; Manwell et al., 2015; Palumbo & Galderisi, 2020).

The prevailing scholarly consensus highlights the importance of prioritizing personal subjective experiences in discussions related to mental health. Palumbo and Galderisi (2020) have advocated that fundamental concepts of mental health should be grounded in the firsthand experiences of individuals coping with mental disorders. A recent comprehensive psychological survey encompassing 31 different topics underscored the foundational role of personal sentiments in the realm of mental health. Furthermore, it reinforces the central position of individual subjective feelings within the discourse on mental health (Manwell et al., 2015).

Anxiety and depressive states merit significant attention, particularly considering that only a tiny fraction of individuals suffering from depression receive accurate diagnoses (Reyes Fernández et al., 2016). The mental health parameters under consideration encompass elements such as emotional detachment from one's surroundings, difficulties in concentration, fluctuating emotional states, disruptions in sleep patterns, experiences of loneliness, feelings of diminished self-worth, and pervasive disappointment—the mental health assessments in this study based on examining these dimensions.

Relationships between Variables

Relationship between mental health and life satisfaction

The relationship between mental health and life satisfaction is inherently reciprocal. Numerous studies support the notion that variations in life satisfaction can reciprocally influence mental health (Dumitrache et al., 2018; Xie, 2018). The enhancement of positive psychological elements, such as life satisfaction and overall quality of life, has the potential to concurrently alleviate symptoms associated with mental health challenges and sleep disorders. Öztop and Kınacı (2016) have identified life satisfaction as a paramount determinant of an individual's mental health, particularly

within the context of senior citizens. This observation consisted of findings related to their mental and physical well-being (Arpacioğlu et al., 2021; Dumitrache et al., 2018; Zullig et al., 2006).

Several studies indicate the profound impact of mental health and negative emotional states on life satisfaction. Adams et al. (2016) observed that anxiety could have a detrimental effect on life satisfaction, while indicators of depression consistently demonstrated a negative correlation with life satisfaction metrics. Xie (2018) highlighted that reduced life satisfaction among older adults was associated with an increased risk of mental health issues. Past investigations have shed light on the intricate interplay between physical and mental health as multifaceted determinants. Yeo and Lee (2019) concluded that two primary factors, physical health and depression, significantly influenced life satisfaction. Notably, Bao et al. (2013) determined that depressive tendencies were formidable predictors of life satisfaction. Concurrently, other researchers have emphasized that the absence of anxiety and depressive symptoms was crucial for enhancing life satisfaction in older adults.

Interestingly, it is evident that mental health exerts a more pronounced influence on life satisfaction when compared to physical health. Puvill et al. (2016) observed that a decline in physical health rarely correlated strongly with diminished life satisfaction. In contrast, adverse mental health consistently showed a robust association with reduced life satisfaction, highlighting that, among older adults, mental health assumes a more pivotal role in shaping life satisfaction than physical health.

Nexus between Self-Rated Health and Life Satisfaction

A substantial body of research emphasizes the robust correlation between self-rated health and life satisfaction, particularly among older adults (Berg et al., 2006; Berg et al., 2009; Gerstorf et al., 2008; Hsu, 2012; John & Montgomery, 2010). Kutubaeva (2019), for instance, pinpointed self-rated health as a pivotal factor influencing life satisfaction. This profound linkage was corroborated by empirical evidence from Swedish datasets, encompassing individuals aged 65–89 who exhibited reduced self-sufficiency (Berg et al., 2006).

Numerous studies consistently suggest that higher self-rated health positively correlates with life satisfaction. Adams et al. (2016) highlighted that improved self-rated health coincided with increased life satisfaction. Furthermore, Reyes Fernández et al. (2016) asserted in their research that self-rated health emerged as a primary determinant of life satisfaction.

It is imperative to note that subjective perceptions may not always coincide with objective health measures (Petrie & Weinman, 2006). Such incongruence primarily stems from the fact that self-rated health hinges on individuals' subjective appraisals, typically solicited through questions such as 'In general, how would you rate your health?'. Various factors can influence these evaluations, among which individual mindsets stand out. Two prominent mindsets have been identified within theoretical frameworks: Growth and fixed (Dweck, 2012). The growth mindset encapsulates a proactive approach, marked by a readiness to tackle challenges and a continuous pursuit of learning. The influence of these mindsets on perceptions of self-rated health is undeniable. Dweck (2012) suggested that those with a growth mindset frequently demonstrate a more precise self-evaluation of their health status.

Methodology

This study employed a quantitative research design, utilizing secondary data from the 2021 "Health, Aging, and Retirement in Thailand (Wave 3)" survey. The primary aim was to examine the relationship between mental health and life satisfaction among older adults, with self-rated health serving as a mediating variable. A sample of 3,156 individuals aged 50 years and above was analyzed to validate the proposed model. Advanced statistical methods, including path analysis, were used to explore mental health's direct and indirect effects on life satisfaction. This methodological approach provided a comprehensive understanding of how these variables interact within the Thai elderly population.

Research Questionnaire

Life satisfaction

The Life Satisfaction Questionnaire is grounded in Diener's theory of Subjective Well-Being (SWB) (Diener, 1984), which posits that life satisfaction is a cognitive evaluation of one's overall life circumstances rather than based on momentary emotions or affective states. It incorporates four salient domains: physical health, mental health, family economy, and overall quality of life. Respondents are encouraged to assess their satisfaction within each domain using a scale of 0 to 10. In this context, a score of 0 indicates dissatisfaction, whereas 10 represents the pinnacle of contentment. As a construct, life satisfaction has gradually solidified

its status as an indispensable metric in well-being assessment. Rigorous empirical evaluations affirm the reliability and precision of this instrument. Furthermore, it is noteworthy that its applicability and consistency remain steadfast across diverse temporal and geographical landscapes.

Mental health

The World Health Organization's (WHO) definition of mental health supports a specialized Mental Health Questionnaire. WHO defines mental health as a state of well-being where individuals realize their abilities, cope with life's normal stresses, work productively, and contribute to their community. This questionnaire evaluates dimensions such as emotional states, feelings of stress, loneliness, and self-esteem, reflecting the multi-dimensional nature of mental health as proposed by WHO. The assessment tool employs a scale ranging from 0 to 10, wherein 0 signifies the complete absence of the corresponding emotion, and a score of 10 implies a persistent and daily experience.

Self-rated health

The self-rated health scale is based on Social Cognitive Theory (Bandura, 1986), which emphasizes that individuals' subjective health evaluations significantly influence their health behaviors and outcomes. Despite its brevity, comprising only two items, it delivers a comprehensive assessment. Participants are instructed to evaluate their health status using a scale from 0 to 10. A score of 0 indicates poor health, while a score of 10 exemplifies an individual at the pinnacle of health. This concise yet powerful questionnaire provides invaluable insights into how individuals perceive their health, independent of medical diagnoses or clinical evaluations.

Evaluation of Questionnaire Quality

Confirmatory Factor Analysis (CFA) was employed to evaluate questionnaire quality. The results indicated suitable factor loadings of observed variables for each respective component and appropriate Model Fit Indices, as shown in Table 1 and Table 2.

Table 1 Model fit indices of measurement model

Model	χ^2	df	p	χ^2/df	RMSEA
Initial model	4384.02	132	.00	33.21	0.101
First revised	3033.79	132	.00	22.98	0.084
Final revised	2623.22	126	.00	20.81	0.079

Table 2 Confirmatory component analysis results of the measurement model - construct reliability (ρ_c), average variance extracted (ρ_v), and variable precision (R^2)

Variable	Factor loading	ρ_c (CR)	ρ_v (AVE)	R^2
Self-rated health		0.98	0.96	
Self 1	0.934**			0.391
Self 2	1.105**			0.159
Life satisfaction		0.99	0.95	
Life 1	1.185**			0.523
Life 2	1.256**			0.651
Life 3	0.785**			0.143
Life 4	0.903**			0.107
Life 5	0.753**			0.206
Life 6	1.068**			0.448
Mental health		0.99	0.95	
Mental 1	0.435**			0.425
Mental 2	0.374**			0.391
Mental 3	0.380**			0.312
Mental 4	0.377**			0.159
Mental 5	0.388**			0.340
Mental 6	0.373**			0.509
Chi- Square = 2623.22 df = 126 p = .000 Chi- Square/ df = 20.81 RMSEA = 0.079				
** = T-Test (p value < .01)				

Self 2 exhibits the highest component weight at 1.105 in the Self-rated Health. It is closely followed by a component weight of 0.934 for Self 1, particularly when considering the coefficient of reliability (R^2) between the observed variables and the primary component. The data indicate that this specific composite component mainly explains the variability in Self 1, accounting for approximately 39 percent of its variance.

In Life Satisfaction, Life 2 presented the highest factor loading, registering at 1.256, closely followed by Life 1, which weighed 1.185. Significantly, these components primarily explained the variance of Life 2 and Life 1, contributing to a considerable 65.1 percent and 52.3 percent, respectively.

Within the composite components related to mental health, Mental 1 had the foremost weight, posting a value of 0.435, followed by Mental 5, which weighed 0.388. Notably, these standardized components elucidated the variance most prominently in Mental 6, accounting for 50.9 percent, while the variance explained by Mental 1 was 42.5 percent.

Upon comprehensive analysis of this measurement model, it became evident that every observed variable within the collective components had a factor weight loading above 0.3. The factor loading higher than 0.3 is considered statistically significant, indicating that the observed variable can represent the latent factor to a certain extent. This standard is based on an empirical rule (Hair et al., 2013). Additionally, these loadings were statistically significant at the .01 level, emphasizing their appropriateness in measuring each communal component effectively.

Furthermore, the model's examination suggests that the latent variable's reliability (Construct Reliability: P_c) is above 0.6. A Construct Reliability value exceeding 0.6 indicates good internal consistency of the model, making it suitable for research purposes (Kline, 1999).

The Average Variance Extracted (AVE) exceeding 0.5 reinforces the assertion that the measurement model was suitable for research pursuits. When the AVE value exceeds 0.5, it implies that the observed variables can explain more than 50 percent of the variance of their latent factor (Fornell & Larcker, 1981), thereby reinforcing the suitability of the measurement model for research pursuits.

Data Collection

This research utilized secondary data from a survey targeting urban and rural elderly populations in Thailand as part of the Health, Aging, and Retirement in Thailand (HART) project, a sister study of the Health and Retirement Study (HRS) conducted by the Institute for Social Research (ISR) at the University of Michigan. Since 2009, this project has been collaboratively conducted by researchers and faculty from the Research Center, School of Applied Statistics, School of Development Economics, and the School of Social Development, Intelligence, and Information Center (NIDA IIC) under the Center for Aging Society Research (CASR) at the National Institute of Development Administration (NIDA). For this study, we utilized data from HART Wave 3, which included 3,156 respondents aged 50 years and older. The study was approved by the Ethics Committee in Human Research at NIDA under the title

“Health, Aging, and Retirement in Thailand (HART): Wave 3,” with ethical approval granted under COA No. 2020/0010 and Protocol ID No. ECNIDA 2020/0012. The approval was issued on March 11, 2020, and remained valid until March 10, 2021, ensuring compliance with international ethical standards such as the Declaration of Helsinki, CIOMS Guidelines, and the Belmont Report.

The comprehensive survey questionnaire covered a range of areas such as family status, health status, employment information, financial aspects, personal views, future expectations, and life satisfaction. For the objectives of this research, the primary focus was data from the health status and life satisfaction sections.

Data Analysis

In this study, we conducted a nuanced examination to understand the mediating influence of self-rated health on the correlation between mental health and life satisfaction, explicitly focusing on the elderly Thai population by applying the Path Analysis Model. Through this methodological approach, the study aimed to illuminate potential pathways and dynamics that connect mental health and life satisfaction, with self-rated health playing a pivotal role as an intermediary factor.

Results

Among the respondents, the majority were female, accounting for 59.3 percent of the total, while males made up 40.7 percent. The average age was 71.5 years. Regarding marital status, 56.8 percent were married, while 37.6 percent were widowed, divorced, or separated. In terms of education, most respondents (75.9%) had completed primary school, while 5.6 percent had no formal education. Additionally, 91.3 percent

identified as Buddhist, followed by 8.1 percent Muslim. The average monthly income of the respondents was 3,441 baht.

As evident from Table 3, both self-rated health and life satisfaction were influenced by hypothetical variables. Specifically, mental health directly impacted self-rated health, demonstrating a coefficient of influence of 0.473 (p value $< .01$), accounting for 23.4 percent of the variance in self-rated health ($R^2 = 0.234$).

Additionally, self-rated health directly influenced life satisfaction with a coefficient of 0.794 (p value $< .01$). Indirectly, life satisfaction was influenced by mental health, with a coefficient of 0.376 (p value $< .01$). Collectively, the mental and self-rated health variables explicated 65 percent of the variance in life satisfaction ($R^2 = 0.654$).

An illustration depicting the mediating effect of self-rated health on the interplay between mental health and life satisfaction is presented in Figure 2. Additionally, mental health exerts both direct and indirect effects on life satisfaction. The indirect influence implies a mediating role of self-rated health in linking mental health to the life satisfaction of older Thai adults. From a model fit perspective, a RMSEA value below 0.05 indicates a satisfactory fit (χ^2 : 556.15; χ^2/df : 8.205; p = .000; largest standard residual: 5.274; RMSEA = <0.048).

Table 3 Regression analysis results in structural equations

IV	Dependent variables		
	Effect	Self-rated health	Life satisfaction
Mental health	DE	0.473**	0.031
	IE	--	0.376**
	TE	0.473**	0.407**
Self-rated health	DE	--	0.794**
	IE	--	--
	TE	--	0.794**
R^2		0.234	0.654

Note: * $p < .05$ ** $p < .01$ (DE = Direct Effect, IE = Indirect Effect, TE = Total Effect)

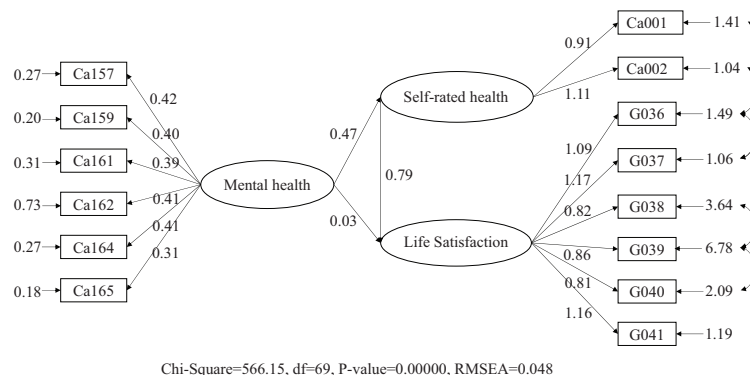


Figure 2 Illustrates the mediating effect of self-rated health on the interplay between mental health and life satisfaction
Note: Chi-Square = 566.15, $df = 69$, p value = .00000, RMSEA = 0.048

Discussion

The outcomes from our research revealed an indirect effect of mental health on life satisfaction by passing self-rated health and a direct effect on self-rated health, even though it did not directly affect life satisfaction itself. A plausible explanation is that self-rated health hinges on individuals' subjective appraisals that can influence self-evaluations, among which individual mindsets stand out (Petrie & Weinman, 2006). Therefore, good mental health reflects a high life satisfaction score by passing self-rated health.

The Direct Effect of Mental Health on Life Satisfaction Appears Negligible

Recent research has shown that physical and mental health significantly impact life satisfaction. For instance, Yeo and Lee (2019) identified physical health and depression symptoms as pivotal determinants of life satisfaction. In alignment, Xie (2018) observed a correlation between diminished life satisfaction among older adults and an increased prevalence of mental health issues. Furthermore, Bao et al. (2013) recognized depression symptoms as a primary indicator of life satisfaction levels. Supporting these findings, Adams et al. (2016) and Puvill et al. (2016) reported negative correlations between mental health disturbances and life satisfaction within the elderly population. These studies collectively confirm the significant relationship between the mental health of older individuals and their overall life satisfaction.

Interestingly, our observations present a more complex relationship compared to the consensus of previous studies. While earlier research has emphasized the significant role of mental health in life satisfaction, our findings suggest that the direct impact of mental health on life satisfaction in older adults may be less pronounced. This could be attributed to the fact that older individuals might prioritize concerns about their physical health over mental health issues. Consequently, it appears that physical health plays a more pivotal mediating role in the relationship between mental health and life satisfaction, rather than mental health serving as a direct predictor of life satisfaction. This indicates that addressing physical health concerns may be more relevant in understanding and enhancing life satisfaction among older adults.

A reasonable explanation for our contrasting findings might be that life satisfaction in older adults only declines when mental health problems reach a severity that interferes with daily activities. In situations where mental health issues are moderate or mild, life satisfaction could largely remain stable.

The Profound Impact of Self-rated Health on Life Satisfaction in Older Adults

The study's results align with previous research, highlighting the positive correlation between self-rated health and life satisfaction among the elderly. For instance, Matud et al. (2019) clarified the relationship between life satisfaction and three key factors: self-rated health, sleep quality, and participation in daily activities among the elderly. Further examination of the literature reveals Adams et al. (2016) and Kutubaeva (2019) emphasized the strong connection between individuals' perceptions of health and life satisfaction. These findings collectively highlight the critical role of self-rated health as a key determinant of comprehensive life satisfaction experienced by older adults.

The Mediating Role of Self-rated Health between Mental Health and Life Satisfaction in Older Adults

The results of the research indicate that the life satisfaction of older adults tends to decline when mental health issues significantly impact their self-rated health. This conclusion distinguishes from previous studies by uncovering the mediating role of self-rated health, highlighting how it significantly influences the connection between mental health and life satisfaction. This discovery suggests that prior research may have underestimated the importance of self-rated health as a crucial factor in this relationship.

Carol's research on mindsets offers valuable perspectives on this relationship, distinguishing between fixed and growth mindsets. She finds that a fixed mindset is associated with higher depressive symptoms (Dweck, 2012). This rigid self-perception can lead to distorted mental health. In contrast, individuals embracing a growth mindset demonstrate greater resilience and a more accurate mental health assessment, contributing to enhanced life satisfaction. Carol's research highlights the essential impact of mindset on the dynamics of self-rated health, mental health, and life satisfaction.

Conclusion and Recommendation

Conclusion

The essence of our research lies in the intricate interplay among mental health, self-rated health, and life satisfaction. The significance of mental health on life satisfaction cannot be understated; it is not the sole driver of life satisfaction, whereas self-rated health plays a mediating role between mental health and life satisfaction. It is imperative to understand that life satisfaction is a composite entity with multifarious determinants. While mental health undeniably remains central to this equation, self-rated health seamlessly bridges the gap, serving as the critical link between mental health and holistic life contentment.

Recommendations

The implications of self-rated health are pronounced in deciphering how health adversities impact the life satisfaction of older adults. This subjective measure of health, derived from an individual's evaluation, mirrors internalized experiences and perceptions concerning their well-being. Given its evident significance, there is a pressing need to amplify the focus on self-rated health. This metric is instrumental in comprehending the nuances of how mental health concerns shape the contours of life satisfaction. Such introspection becomes even more pertinent when considering the unique mental health challenges faced by older adults, which often have a direct bearing on their quality of life.

In light of these findings, we strongly advocate for increased research on self-rated health among older populations. By exploring this aspect further, policymakers, healthcare professionals, and community leaders can develop innovative strategies to improve health outcomes and overall well-being in this demographic. For example, tailored health programs that integrate mental health support with physical health monitoring can be implemented in healthcare settings. Additionally, community-based initiatives such as wellness workshops and social engagement activities could be designed to enhance both physical and mental health. Future studies would contribute to the academic field and provide practical insights for creating targeted interventions that boost life satisfaction, ultimately promoting a healthier and more fulfilled older generation across various sectors.

Research Limitations

One of this study's main limitations is its reliance on secondary data obtained from the "Health Aging and Retirement in Thailand: Round 3" survey. While this dataset provides a rich source of information on the experiences of 3,156 elderly participants from both urban and rural settings in Thailand, it naturally constrains the scope of variables available for analysis. Specifically, the study faced limitations in exploring the breadth of the self-rated health concept, as the survey included only two questions related to this variable. This constraint is significant given the complexity of self-rated health as a construct and its critical role in mediating the relationship between mental health and life satisfaction among older adults. The limited number of questions on self-rated health limited our ability to deeply analyze and understand its various aspects and consequences. Future research could benefit from primary data collection focused on a broader set of questions regarding self-rated health, allowing for a more comprehensive exploration of its impact on the life satisfaction of older adults.

Conflict of Interest

The authors declare that there is no conflict of interest.

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