2025, Vol. 5, No. 2, 48–56
https://doi.org/10.47602/johah.v5i2.96

Addressing Mental Health and Wellbeing Among Older Adults in Communities of Color: A Scoping Review of Community-Based Participatory Research Approaches

Tahani Dari[1], Ellise Nolan[2], and Tyler Thomas[3]

[1]Department of Counseling and Addiction Studies, University of Detroit Mercy, USA
[2]Department of Counseling, Bowling Green University, USA
[3]Department of Counselor Education, The University of Toledo, USA

This study explores how community-based participatory approaches can address the challenges faced by older adults in communities of color through a scoping review of 23 studies focusing on the emotional health of this population. The authors emphasize that the number of older adults in communities of color is expected to increase in the coming years, highlighting the mental health disparities experienced by these groups and underscoring the need for appropriate research frameworks to address their specific needs. Using a systematic review protocol (PRISMA-P), the authors investigate the primary research question: What is the coverage of the mental health needs of older adults from communities of color using community-based participatory research (CBPR) over the last 15 years? The study provides an introduction to CBPR as implemented by counselors and considers how CBPR can enhance equity in mental health outcomes through collaborative efforts. The researchers identify methodological trends, publication patterns, and recurring themes related to barriers to mental health among older adults in communities of color, as well as themes regarding the benefits of using CBPR with this population. Finally, the authors discuss implications for counseling practice, future research directions, and counselor education.

Keywords: Wellbeing, communities of color, community based participatory research, mental health, older adults

Mental health and well-being influence both quality of life and life expectancy (Uzun, 2024). A comprehensive review of studies examining subjective well-being suggests a causal relationship between well-being and longevity (Diener & Chan, 2011). Additional research consistently demonstrates that individuals living with mental health disorders have a significantly higher risk (two to three times greater) of premature mortality compared to those without such conditions. This elevated risk spans a variety of diagnoses, indicating that lifespan may be drastically reduced if mental disorders remain untreated and persist into older age (Chan et al., 2023). Moreover, some researchers have linked specific health concerns, such as cardiovascular disease, to mental illness, which contributes to higher rates of morbidity (Ilyas et al., 2017).

Critically, evidence has consistently demonstrated excess mortality among individuals with a variety of mental disorders, with an overall two to three times higher risk of premature death compared to the general population. Mental disorders are associated with substantially reduced life expectancy, which is transdiagnostic in nature and encompasses a wide range of diagnoses. The implementation of comprehensive and multilevel intervention approaches is urgently needed to address lifespan inequalities among people with mental disorders (Chan et al., 2023).

Research indicates that 20% of individuals aged 55 years or older experience mental health distress (Carpenter et al., 2022). Dementia and depression are the most common mental and neurological disorders within this age group (Carpenter et al., 2022; World Health Organization [WHO], 2017). Depression in older adults is associated with functional impairment, diminished quality of life, and increased mortality (Carpenter et al., 2022; Ortman et al., 2014). According to the United States Census Bureau, the population aged 65 and older is projected to increase in the coming decades (Caplan, 2024). The population of older Black, Indigenous, Hispanic, and other ethnic minorities is also expected to increase by 125% by 2040, with this group representing 34% of adults over the age of 65 (Caplan, 2024; Carpenter et al., 2022).

A recent white paper from the Center on Health Policy at Brookings highlights a growing health disparity, including mental health disparities, between White people and people of color (Agarwal et al., 2024). Not all older adults benefit equally from documented increases in life expectancy and improved health, with disparities influenced by factors such as economic status, race, and gender (Agarwal et al., 2024). Older adults in communities of color experience disproportionate mental health vulnerabilities compared to their White counterparts (Agarwal et al., 2024; Carpenter et al.,

Tahani Dari https://orcid.org/0000-0002-5873-5435
Ellise Nolan https://orcid.org/0009-0000-6068-4481

Correspondence concerning this article should be addressed to Tahani Dari, Ph.D., Department of Counseling and Addiction Studies, University of Detroit Mercy, McNichols Campus, Detroit, Michigan, USA. Email: darith@udmercy.edu

2022). For example, a study examining depression among 25,503 older adults found significant racial and ethnic disparities in depression severity, symptom burden, and rates of care. Participants from racial minority groups exhibited higher depression severity scores, greater odds of multiple depressive symptoms, and lower prevalence of depression treatment (Vyas et al., 2020). The projected increase in the older population within communities of color will have significant implications for families and communities and will require increased attention from policymakers and program designers.

Community-based participatory research (CBPR) approaches are increasingly being employed by researchers to better understand and address health disparities among vulnerable populations. Such disparities often occur at the intersection of ethnicity, housing status, and mental illness, reflecting the complexity of identities, social problems, and community environments. CBPR offers stakeholders a responsible and generative way to engage with the multifaceted nature of community members' life circumstances and struggles (Lawson et al., 2015). For example, health disparities have been documented at the intersection of ethnicity, housing status, and mental illness (Vyas et al., 2020). CBPR addresses these issues by recognizing intersecting structural determinants as well as the effects of bias and stereotypes on welfare and mental health (Corrigan et al., 2015). Furthermore, CBPR supports the development of culturally relevant interventions for diverse populations and provides counselors with pathways to introduce positive coping strategies. These approaches can also promote relationship-building within communities (Dari et al., 2019, 2022). Drawing from CBPR frameworks, this article explores the existing body of knowledge regarding the mental health needs of older adults in communities of color and identifies practical strategies and skills for intervention. The aim is to demonstrate the specific need for a sustainable research approach—CBPR—targeting older adults in communities of color, thereby supporting this growing population through evidence-based practice.

The Purpose of This Study

The primary research question for this study was: What is the coverage of the mental health needs of older adults from communities of color using CBPR over the last 15 years? The purpose of this study is to examine the coverage of the mental health and well-being needs of older adults from communities of color using CBPR during this period.

To guide the review, the authors followed the methodology proposed by Arksey and O'Malley (2005), incorporating the enhancements suggested by Levac et al. (2010). CBPR was selected as a useful and accessible framework to assess the state of knowledge regarding the mental health needs of older adults in communities of color (Delman et al., 2019). In addition to the primary research question, the following subquestions guided the analysis::

1. What types of publications (e.g., qualitative, quantitative, mixed methods, program evaluations, or conceptual articles) most frequently address the primary research question?
2. Are there observable trends in the literature related to: Year of publication, Professional affiliation of the publishing journal, and The publishing journal itself?
3. What thematic areas are addressed in this body of research?

Method

The authors used the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) to systematically explore the primary research question and subquestions (Moher et al., 2015). PRISMA-P establishes key components of a systematic review, aiming to decrease arbitrariness in decision-making and to increase replicability by providing a priori steps (Moher et al., 2015). This framework is appropriate for a scoping review because it identifies frequency trends and content themes in the results while reducing bias inherent in the screening and eligibility process (Moher et al., 2015). The PRISMA-P flow diagram for this study is presented in Figure 1.

Inclusion Criteria

The authors established several inclusion criteria to determine article eligibility for the scoping review. Articles had to be published in a peer-reviewed journal between 2007 and 2022. Eligible articles could be research-based, conceptual in nature, or program evaluations. They also needed to employ a clear methodology (i.e., quantitative, qualitative, or mixed methods) and explicitly apply CBPR principles in the research process. Additionally, articles were required to focus on the mental health of older adults from communities of color. Non–peer-reviewed publications were excluded.

Information Sources

The authors followed the scoping review criteria outlined by Peters et al. (2015), which require the use of at least three bibliographic citation databases. Working closely with a university librarian, the authors identified and selected appropriate databases for the review. Searches were conducted in Academic Search Complete, PsycINFO, SocINDEX, and CINAHL (Cumulative Index to Nursing and Allied Health Literature). Duplicate articles were removed prior to the screening process.

Search Terms

Researchers identified search terms aligned with the inclusion criteria of this study. The following Boolean search strings were used:

- ("older adults" OR "elderly" OR "elders" OR "seniors" OR "aging"),
- ("mental health" OR "mental illness" OR "mental disorder" OR "psychiatric illness"),
- ("community-based participatory research" OR "CBPR" OR "action research"), AND
- ("BIPOC" OR "Black" OR "Asian" OR "minorities" OR "Indigenous" OR "Native" OR "people of color" OR "communities of color").

The authors entered search terms and keywords into the database query tools and then exported the results. They documented results from each database on a yield list for subsequent screening. To enhance methodological consistency, each researcher used a search yield matrix. Articles were organized within the matrix using three fields:

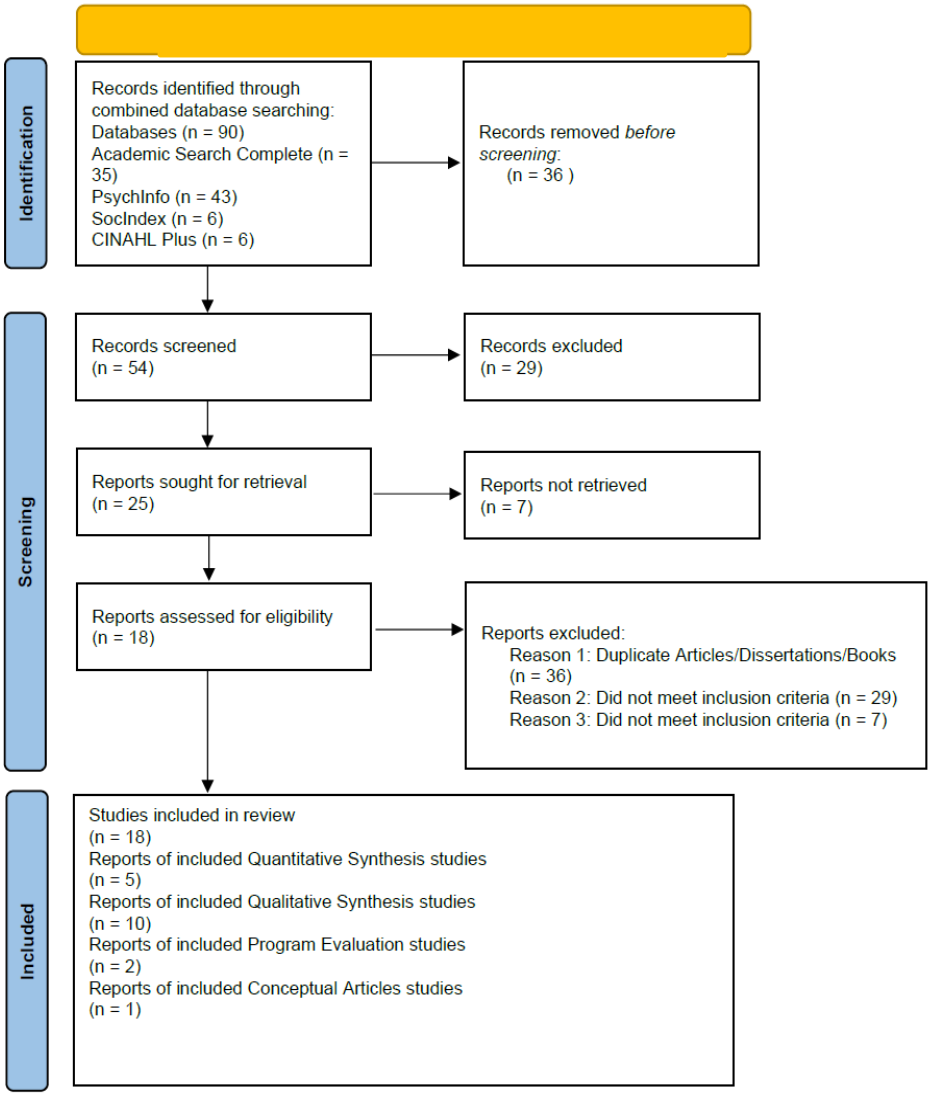

Figure 1. PRISMA flow diagram

(1) article title, (2) authors, and (3) year of publication. This process facilitated a cleaner comparison of articles. Each researcher then conducted two levels of screening.

Selection of Sources of Evidence

Researchers conducted two levels of screening to determine whether the articles identified in the search process met the scoping review's inclusion criteria.

For Level 1 screening, researchers reviewed the title and abstract of each article to assess relevance to the target population (i.e., the mental health of older adults of color) and the use of a CBPR method. Articles that passed this screening were added to two separate search yield matrices. The authors then compared the lists to remove duplicates. In cases of disagreement regarding inclusion, a third team member was consulted to provide a tie-breaking vote.

For Level 2 screening, the full text of each article was reviewed to confirm eligibility based on the inclusion criteria. A final yield matrix was generated, removing duplicates until the definitive list of articles was completed. The PRISMA-P flow diagram (Figure 1, Appendix A) illustrates the complete article selection process.

Synthesis of Results

The authors synthesized the results using descriptive statistics, including tables to visualize data by frequency and type. Each subquestion was reviewed to identify the data that best addressed it. The results are presented according to the reporting process for scoping reviews as outlined by Tricco et al. (2016).

Results

Selection of Sources

The researchers initially retrieved a total of 42 citations from the Academic Search Complete database (n = 42). In contrast, PsycINFO returned 17 results, SocINDEX returned three results, and CINAHL Plus returned one result, yielding a total of 63 articles across all databases.

After removing duplicates, 52 articles remained. During Level 1 screening, 29 ineligible articles that did not meet the inclusion criteria were removed, leaving 23 citations. During Level 2

screening, five additional articles were excluded for not meeting the inclusion criteria. Following both levels of screening, 18 articles were included in the final scoping review.

Table 1. Recurring themes in scoping review of literature on mental health coverage among communities of color

Theme	*n*
Barriers to Mental Health	
Low social support	10
Barriers to culturally appropriate treatment	13
Social class/poverty	8
Barriers to access	16
Within group stigma	9
Historical mistrust and trauma	8
Elder mistreatment	5
Benefits of using CBPR when working with older adults of color	
Inclusivity	11
Access to population knowledge	15
Participant involvement	7
Building trust with underrepresented groups in research	14
Positive outcomes	13

Methodological Trends

To analyze methodological trends, the authors examined the research questions, methods, and results sections of each study. Five studies (30%) used a quantitative methodology, and nine studies (53%) employed qualitative methods. Additionally, one study utilized a mixed-methods approach, and two studies used a program evaluation framework. No conceptual articles met the inclusion criteria.

Publication Trends

The inclusion criteria spanned a 15-year period (2007–2022). However, no articles published before 2010 met the criteria. The number of studies employing CBPR to examine older adult mental health in communities of color remained relatively stable from 2010 to 2022, with a noticeable increase in 2020. Specifically, one article was published in 2009, two in 2010, one in 2011, three in 2012, one in 2014, one in 2015, one in 2016, one in 2017, one in 2018, four in 2020, and one in 2021.

Regarding journal affiliation, none of the identified articles were published in counseling journals. Instead, all 18 articles appeared in topical interdisciplinary journals, nine of which focused specifically on aging-related issues. These journals accepted submissions from multiple fields, including medicine, nursing, public health, psychology, and social work. One journal, The Gerontologist, published two of the included articles. The remaining articles were published across a diverse set of outlets, including: *Journal of Urban Health; The Journals of Gerontology, Gerontology, Aging and Mental Health; Journal of Intergenerational Relationships; Journal of Cross Cultural Gerontology; Ethnicity and Inequalities in Health and Social Care; Journal of Palliative Care; Canadian Journal of Community Mental Health; Journal of Geriatric Psychiatry; International Psychogeriatrics; Journal of Women's Health; Canadian Journal on Aging, Society & Natural Resources; and American Indian & Alaska Native Mental Health Research: The Journal of the National Center and Health and Social Care in the Community*.

Recurring Themes

The authors identified multiple recurring themes across the articles, divided into two broad categories with corresponding subthemes. The first category explored barriers to mental health among older adults in communities of color (n = 17). Seven subthemes related to these barriers were identified and are summarized in Table 1. The second category examined the benefits of using CBPR with this population (n = 16). Five subthemes related to the benefits of CBPR are also presented in Table 1.

Discussion

Two major recurring themes were identified: (a) barriers to mental health and well-being among older adults in communities of color and (b) benefits of using community-based participatory research (CBPR) when working with this population. Each theme and its subthemes (see Table 1) are explored in greater detail below. Subthemes are defined and supported by examples from the articles reviewed in the scoping study, enriching readers' understanding of the issues under each subtheme. This section also explores the ways in which the subthemes connect with and influence one another..

Barriers to Mental Health and Wellbeing Among Older Adults in Communities of Color

The first theme highlights significant barriers to mental and emotional health reported by older adults in communities of color. Subthemes include social support, barriers to culturally appropriate treatment, poverty/social class, barriers to access, within-group stigma, historical mistrust and trauma, and elder mistreatment. Each subtheme is discussed separately, with examples from the literature illustrating their impact.

Social Support

Studies assigned to the "social support" subtheme examined social support as either an assessment focus or intervention target. High levels of social support have been shown to foster resilience among older adults facing stress and trauma (Arslan & Coşkun, 2023; Arslan & Şahin, 2025). Conversely, a lack of social support can reduce one's ability to cope with stressful life circumstances.

The intersection of multiple forms of discrimination and marginalization with ageism plays a significant role in social isolation. Such compounded stigmas can exclude older adults of color from both public and private social spaces (Chadiha et al., 2011; Salma & Salami, 2019). In a study on immigrant older adults, one participant explicitly identified racism as a stressor, citing feelings of exclusion and concerns about personal safety for themselves and their family (Salma & Salami, 2019).

Racism can also negatively affect social support and overall mental health. Moreover, some older adults experience mistreatment within their own families (Dong et al., 2014). Elder mistreatment may evoke shame in cultures that value respect for elders (Dong et al., 2014). For example, Chinese older adults experiencing elder mistreatment were found to be less likely to engage socially,

increasing their risk of loneliness and depression (Dong et al., 2015). This pattern has also been observed among immigrant older adults more broadly (Dong et al., 2014; Salma & Salami, 2019). In addition to its psychological impact, low social support has been associated with increased risky sexual behavior among older African American women (Thames et al., 2018).

Barriers to Culturally Appropriate Treatment

Older adults of color often face barriers to accessing culturally appropriate treatment. Such barriers arise from limited knowledge about interventions tailored to their needs (Dong et al., 2014; Machizawa & Lau, 2010). Recruiting and retaining older participants from communities of color for research and intervention programs can be particularly challenging, often due to distrust of existing systems (Chadiha et al., 2011; Dong et al., 2017).

Additionally, older adults of color encounter challenges not always considered by providers, such as cultural treatment preferences and sociocultural barriers specific to minority groups (Dong et al., 2014; Reinschmidt et al., 2016; Waddell et al., 2017). For instance, Thames et al. (2018) found that African American women over age 50 reported cultural and age-related stigmas that prevented them from discussing sexual health with physicians. These barriers, combined with experiences of depression and isolation, hindered preventive care and contributed to increased vulnerability to health complications and strained interpersonal relationships.

Poverty and Social Class

This subtheme encompasses stressors related to poverty and social class that exacerbate mental health challenges. Structural inequities disproportionately affect the health of older adults of color compared to White peers (Reinschmidt et al., 2016; Salma & Salami, 2019). Financial limitations, reduced access, and distrust of providers all contribute to these disparities (Machizawa & Lau, 2010). Poverty also heightens the risk of social isolation, loneliness, and depression (Machizawa & Lau, 2010; Salma & Salami, 2019).

Barriers to Access

Studies were categorized under the "barriers to access" theme if they addressed either limited awareness of available mental health resources or a lack of treatment options. Sixteen of the 18 reviewed articles reported challenges related to accessing mental health care. Older adults from minority backgrounds disproportionately receive services in primary care settings, which often lack the infrastructure to provide evidence-based mental health treatment or coordinate with social and community resources (Izquierdo et al., 2018).

Although depression is highly prevalent among older adults—particularly older adults of color—it remains both underrecognized and undertreated (Wyman et al., 2019). Even when these individuals access care, the quality is often inadequate. Multiple studies have demonstrated that African Americans are significantly less likely than White adults to receive guideline-concordant depression treatment and are more likely to terminate treatment prematurely (Wyman et al., 2019).

In addition, ageism and racism further hinder access to quality care (Machizawa & Lau, 2010; Wyman et al., 2019). Negative age stereotypes contribute to implicit biases against older adults (Fullen et al., 2019). Consequently, gerontological services face ongoing recruitment challenges, and personnel shortages are projected to worsen in coming decades, further reducing access to quality care for older adults of color (Fullen et al., 2019).

Within-Group Stigma

Articles were categorized under the "within-group stigma" theme when they examined cultural attitudes, beliefs, or practices that discouraged participants from engaging in mental health treatment. Many older adults of color experience stigma within their own cultural groups regarding mental health care (Machizawa & Lau, 2010; Wyman et al., 2019). Such stigma can manifest as negative reactions from community members or as internalized beliefs, such as "Black people don't get depressed" or the stereotype of the "strong Black woman" (Wyman et al., 2019).

Similarly, Chinese American older adults reported that shame and cultural stigma associated with elder abuse often overshadowed motivations to seek treatment or intervention (Dong et al., 2014). Participants referred to Confucian teachings, which emphasize children's caregiving roles and family harmony. When these expectations were not met, the resulting violations were perceived as bringing shame upon the family, further discouraging help-seeking behaviors (Dong et al., 2014).

Historical Mistrust

Articles were assigned to the "historical mistrust" theme when they examined participants' negative attitudes toward health care providers stemming from historical experiences of racism and abuse within the health care system. Conducting health services research in communities of color can be especially challenging because these groups have long experienced systemic racism and discrimination in both care delivery and research (Chadiha et al., 2011; Waddell et al., 2017). For example, African Americans are more likely than White Americans to believe that health research poses personal risks and that minority populations are not provided with full disclosure. In one study on African American women's perspectives on depression, participants expressed skepticism toward providers and treatments, perceiving them as "White systems of care" (Thames et al., 2018). Several studies highlight that mental health practitioners must make greater efforts to recognize and address the consequences of racism (Chadiha et al., 2011; Thames et al., 2018).

Historical collective trauma also presents challenges for many older adults of color. In a study on historical trauma and resilience among American Indian populations, participants described the introduction of alcohol as a form of historical trauma and reported its use as a coping strategy for discrimination, job loss, and other hardships (Reinschmidt et al., 2016). Elders further described current mental health challenges as continuations of past experiences, including family separation and the resulting loss of traditional knowledge (Reinschmidt et al., 2016)..

Elder Mistreatment

Studies addressing the impact of elder abuse and mistreatment as barriers to mental health care were categorized under the "elder mistreatment" theme. Elder mistreatment has been shown to negatively affect the mental health of older adults and is strongly associated with suicidal ideation (Dong et al., 2015). Multiple studies found that Chinese older adults in the United States who experienced elder mistreatment were 2.46 times more likely to report

suicidal ideation within the past two weeks and within the past 12 months compared to those who had not experienced mistreatment (Dong et al., 2014; Dong et al., 2015).

Unfortunately, many victims of elder abuse are unaware of available services (Dong et al., 2014). In cultures that emphasize honoring elders, mistreatment is often accompanied by shame, which further reduces the likelihood of seeking treatment (Dong et al., 2014; Dong et al., 2017; Wyman et al., 2019).

Cultural diversity also remains poorly understood in relation to both physical and psychological forms of elder abuse (Dong et al., 2014). Despite efforts at academic, community, state, and federal levels, knowledge about the cultural dimensions of elder abuse prevention and intervention remains limited. Moreover, cultural differences shape perceptions of what constitutes elder abuse (Dong et al., 2011; Wyman et al., 2019).

Self-neglect is another factor linked to suicidal ideation among older adults. Dong et al. (2015) reported a 29.1% prevalence of self-neglect among Chinese older adults, attributing it to language barriers, cultural obstacles, and social isolation.

CBPR: Addressing Challenges

The first recurring theme of this scoping review highlighted common barriers to mental health and well-being among older adults in communities of color. Factors such as low levels of social support, limited access to culturally appropriate treatment, poverty, lack of treatment options, within-group stigma, historical mistrust and trauma, and elder mistreatment all contribute to mental health disparities in this population. A second recurring theme emphasizes how community-based participatory research (CBPR) offers effective strategies to address these challenges. CBPR fosters inclusivity, provides researchers with access to valuable community knowledge, enhances participant involvement, builds trust with traditionally underrepresented groups, and generates positive outcomes.

Inclusivity

Articles assigned to the "inclusivity" theme emphasized the value of CBPR frameworks in involving marginalized populations in research through collaboration. Several studies described how CBPR invited participation from communities with historically limited opportunities to share their perspectives (Brooks-Cleator & Lewis, 2019; Dong et al., 2014; Waddell et al., 2017). This methodology allows participants to highlight community strengths and vulnerabilities, helping to shape collaborative research agendas (Brooks-Cleator et al., 2019; Chadiha et al., 2010). Furthermore, CBPR enables researchers to engage with participants in trusted, familiar locations, promoting strategies such as relationship building, task sharing, and collaboration in care implementation (Thames et al., 2018).

Access to Population Knowledge

The "population knowledge" theme was assigned to articles discussing how CBPR approaches generate insights that cannot be achieved without community collaboration. Studies demonstrated that CBPR integrates community knowledge—such as strengths, needs, resources, and frameworks– with theoretical and research expertise to design and evaluate interventions (Machizawa & Lau, 2010; Waddell et al., 2017). For example, research on Alaska Native Elders' perceptions of physical activity revealed that being active within the community helped maintain their roles as Elders, thereby supporting well-being and mental health (Brooks-Cleator et al., 2019). Findings also suggest that participants are more receptive to treatment when culturally appropriate interventions are used (Chadiha et al., 2010; Machizawa & Lau, 2010; Waddell et al., 2017).

Participant Involvement

Studies were categorized under the "participant involvement" theme if they explicitly applied CBPR principles to enhance participant agency and engagement throughout the research process. In many cases, older adult community members of color contributed to all stages of research, from selecting research topics and informing data collection procedures to determining how findings would be applied (Brooks-Cleator et al., 2019; Chadiha et al., 2011; Dari et al., 2019; Wyman et al., 2019). When older adults were included as stakeholders rather than passive subjects, they perceived the research as more beneficial for their communities and were more likely to participate in future projects (Brooks-Cleator et al., 2019; Chadiha et al., 2011).

Building Trust with Traditionally Underrepresented Groups

Studies were categorized under this theme when they demonstrated how researchers cultivated and sustained relationships with older adults from communities of color that were characterized by trust, transparency, and openness. Within African American communities, CBPR has been used as an effective strategy to address mistrust and skepticism toward health research (Chadiha et al., 2010; Thames et al., 2018). CBPR helps dismantle power dynamics by creating opportunities for shared storytelling and reciprocal dialogue. Several studies showed that CBPR enabled community stakeholders to feel that their thoughts, impressions, feelings, and experiences were valued without judgment (Dong et al., 2014). Building genuine and personal connections between researchers and participants fostered stronger attachments to the projects and helped deconstruct preconceived notions of power within the group (Dong et al., 2014; Machizawa & Lau, 2010).

Positive Outcomes

Studies were assigned to the "positive outcomes" theme if their primary findings were linked to advocacy actions, such as guiding the development of protocols for culturally appropriate treatment of older adults of color or informing program and policy changes to enhance equity. CBPR studies often serve as precursors to well-being initiatives, including support groups designed to promote the sexual health of older Black women. They can also function as evaluation tools to assess program effectiveness, as demonstrated in research examining telephone outreach for seniors in Detroit during the COVID-19 pandemic (Rorai et al., 2021; Thames et al., 2018).

Limitations

This study employed a scoping review methodology to synthesize peer-reviewed research on the mental health of older adults of color from a Community-Based Participatory Research (CBPR) perspective. While this approach yielded valuable insights, several limitations should be acknowledged. The research team relied on a set of specific search terms to identify relevant studies; however, alternative terminology used to describe the target

population or research methodology may not have been captured, potentially leading to omissions. Although a large academic database was used, additional relevant databases may contain studies that were not included in this review.

Another limitation is that only peer-reviewed articles were considered, which may have excluded important insights from the grey literature that also applies CBPR approaches to address mental health disparities. In addition, research articles that did not explicitly label their methodology as CBPR may have been excluded, even if they incorporated elements of community engagement relevant to this study. Furthermore, articles addressing indirect determinants of mental health—such as food insecurity, housing instability, or systemic social factors (Lenz et al., 2023; Sheperis et al., 2023)–were not included, despite their potential impact on well-being.

Addressing these limitations in future research could provide a more comprehensive understanding of the mental health disparities faced by older adults of color and strengthen the role of CBPR in developing equitable and culturally responsive interventions.

Implications for Future Research

This scoping review underscores the need for more empirical research and publications at the intersection of counseling, gerontology, and racial/cultural diversity. Counseling scholarship has a growing opportunity to expand its focus on cultural diversity and social justice/advocacy, thereby fostering more inclusive and equitable practices that better serve diverse communities (Fullen et al., 2019). Future research should more deeply engage with community perspectives on mental wellness among older adults (Izquierdo et al., 2018) and explore a broader range of culturally diverse concepts of healthy aging beyond those rooted in Western biomedical frameworks (Brooks-Cleator et al., 2019).

Significant uncertainty remains regarding the interventions most effective in addressing elder abuse across cultural contexts (Nahmiash & Reis, 2000). Future research should therefore prioritize the design, implementation, and evaluation of programs that prevent elder abuse, reduce stigma, and enhance accessibility for the populations most affected (Dong et al., 2014). Given the well-documented association between elder abuse and suicidal ideation, robust empirical work is needed to assess strategies for improving mental health and reducing suicidality among older adults across racial and cultural groups (Nicolaidis et al., 2010).

Understanding perceptions of aging among diverse groups also requires careful consideration of intergenerational trauma (Reinschmidt et al., 2016). Research must account for the historical dispossession and oppression experienced by Indigenous populations (Brooks-Cleator et al., 2019) and other communities of color. CBPR is particularly well suited for such research, as it emphasizes trust-building with underrepresented populations in mental health.

Implications for Counselors and Training

The results of this scoping review are significant for counselors in both practice and research. Counselors who work with older adults in communities of color can practice cultural humility by educating themselves about the barriers to mental health well-being faced by this population. Likewise, cultural humility and responsiveness should be integrated into treatment plans. They can also engage in advocacy efforts to increase access to services and develop culturally appropriate interventions in collaboration with practitioners. By approaching interventions with positive psychology, older persons of color can gain access to a better, happier, healthier outlook on life, improving their overall well-being through tailored positive and culturally appropriate treatment (Uzun, 2024).

Expanding Multidisciplinary and Community-Based Training Models are encouraged. Training should encourage collaboration between mental health professionals, primary care providers, social workers, and community health workers to ensure a holistic approach to care. Participatory approaches such as CBPR can be incorporated into service-learning projects, research initiatives, and fieldwork to provide counselors-in-training with direct experience working with marginalized older adults.

This review demonstrates that CBPR is a transformative approach in addressing mental health disparities among older adults in communities of color. However, its potential remains underutilized in mental health research, training, and policy. By expanding participatory research, integrating culturally responsive care, and advocating for systemic changes, mental health professionals can help create equitable, accessible, and effective mental health interventions for historically marginalized aging populations.

Compliance with Ethical Standards

Disclosure of Potential Conflicts of Interest. The authors declare no conflicts of interest related to the research, authorship and/or publication of this article.

Funding. The authors have received no financial support for the research, authorship and/or publication of this article.

Ethical Approval. This research did not involve human subjects; therefore, it did not require approval from the Institutional Review Board.

Informed Consent. Not applicable

Data Sharing Statement. Not applicable.

Received: November 28, 2024
Accepted: June 25, 2025
Published Online: July 13, 2025

References

Agarwal, V., Frank, R., & Zilkha, C. (2024). The mental health landscape of older adults in the U.S. Center on Health Policy at Brookings. Retrieved January 25, 2025, from https://www.brookings.edu/wp-content/uploads/2024/06/20240702_CHP_Frank_OlderAdultsMH.pdf

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, *8*(1), 19–32. https://doi.org/10.1080/1364557032000119616

Armiya'u, A. Y., Yıldırım, M., Muhammad, A., Tanhan, A., & Young, J. S. (2024). Mental health facilitators and barriers during Covid-19 in Nigeria. *Journal of Asian and African*

Studies, 59(2), 354–376. https://doi.org/10.1177/00219096221111354

Arslan, G., & Coşkun, M. (2023). School belongingness in academically at-risk adolescents: Addressing psychosocial functioning and psychological well-being. *Journal of Happiness and Health, 3*(1), 1–13. https://doi.org/10.47602/johah.v3i1.9

Arslan, G., & Şahin, D. S. (2025). Perceived stress and death-related distress in older adults: Exploring the role of social support and emotional loneliness. *Death Studies.* https://doi.org/10.1080/07481187.2025.2460914

*Brooks-Cleator, L. A., & Lewis, J. P. (2019). Alaska Native Elders' perspectives on physical activity and successful aging. *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement, 39*(2), 294–304. https://doi.org/10.1017/s0714980819000400

*Brooks-Cleator, L. A., Giles, A. R., & Flaherty, M. (2019). Community-level factors that contribute to First Nations and Inuit older adults feeling supported to age well in a Canadian city. *Journal of Aging Studies, 48,* 50–59. https://doi.org/10.1016/j.jaging.2019.01.001

Callahan, C. M., Wolinsky, F. D., Stump, T. E., Nienaber, N. A., Hui, S. C., & Tierney, W. M. (1998). Mortality, symptoms, and functional impairment in late-life depression. *Journal of General Internal Medicine, 13*(11), 746–752. https://doi.org/10.1046/j.1525-1497.1998.00226.x

Caplan, Z. (2024, February 22). 2020 Census: United States older population grew. U.S. Census Bureau. https://www.census.gov/library/stories/2024/02/2020-census-united-states-older-population-grew.html

Carpenter, B. D., Gatz, M., & Smyer, M. A. (2022). Mental health and aging in the 2020s. *American Psychologist, 77*(4), 538–550. https://doi.org/10.1037/amp0000873

*Chadiha, L. A., Washington, O. G. M., Lichtenberg, P. A., Green, C. R., Daniels, K. L., & Jackson, J. S. (2011). Building a registry of research volunteers among older urban African Americans: Recruitment processes and outcomes from a community-based partnership. *The Gerontologist, 51*(Suppl. 1), S106–S115. https://doi.org/10.1093/geront/gnr034

Chan, J. K. N., Correll, C., Sau Man Wong, C., Sai Ting Chu, R., Shi Cheng Fung, V., Hou Sem Wong, G., Hiu Ching Lei, J., & Chung Chang, W. (2023). Life expectancy and years of potential life lost in people with mental disorders: A systematic review and meta-analysis. *eClinicalMedicine, 65,* 102294.

Corrigan, P. W., Bink, A. B., Schmidt, A., Jones, N., & Rüsch, N. (2015). What is the impact of self-stigma? Loss of self-respect and the "why try" effect. *Journal of Mental Health, 25*(1), 10–15. https://doi.org/10.3109/09638237.2015.1021902

Dari, T., Fox, C., Laux, J. M., & Gonzalez, S. S. (2023). The development and validation of the Community-Based Participatory Research Knowledge Self-Assessment Scale (CBPR-KSAS): A Rasch analysis. *Measurement and Evaluation in Counseling and Development, 56*(1), 64–79. https://doi.org/10.1080/07481756.2022.2034478

Dari, T., Laux, J. M., Liu, Y., & Reynolds, J. (2019). Development of community-based participatory research competencies: A Delphi study identifying best practices in the collaborative process. *The Professional Counselor, 9*(1), 1–19. https://doi.org/10.15241/td.9.1.1

Delman, J., Progovac, A. M., Flomenhoft, T., Delman, D., Chambers, V., & Cook, B. L. (2019). Barriers and facilitators to community-based participatory care research for racial and ethnic minorities. *Health Affairs, 38*(3), 391–398. https://doi.org/10.1377/hlthaff.2018.05040

*Dong, X., Chang, E. S., Wong, E., & Simon, M. (2011). The perceptions, social determinants, and negative health outcomes associated with depressive symptoms among U.S. Chinese older adults. *The Gerontologist, 52*(5), 650–663. https://doi.org/10.1093/geront/gnr126

*Dong, X., Chen, R., Chang, E. S., & Simon, M. (2014). The prevalence of suicide attempts among community-dwelling US Chinese older adults: Findings from the PINE study. *Ethnicity and Inequalities in Health and Social Care, 7*(1), 23–35. https://doi.org/10.1108/EIHSC-10-2013-0030

*Dong, X., Chen, R., Wu, B., Zhang, N. J., Mui, A. C. Y. S., & Chi, I. (2015). Association between elder mistreatment and suicidal ideation among community-dwelling Chinese older adults in the USA. *Gerontology, 62*(1), 71–80. https://doi.org/10.1159/000437420

*Dong, X., Xu, Y., & Ding, D. (2017). Elder self-neglect and suicidal ideation in a U.S. Chinese aging population: Findings from the PINE study. *The Journals of Gerontology: Series A, 72*(Suppl. 1), S76–S81. https://doi.org/10.1093/gerona/glw229

Fullen, M. C., Gorby, S., Chan, C. D., Dobmeier, R. A., & Jordan, J. (2019). The current state of gerontological counseling research: A 26-year content analysis. *Journal of Counseling & Development, 97*(4), 387–397. https://doi.org/10.1002/jcad.12287

Ilyas, A., Chesney, E., & Patel, R. (2017). Improving life expectancy in people with serious mental illness: Should we place more emphasis on primary prevention? *The British Journal of Psychiatry, 211*(4), 194–197. https://doi.org/10.1192/bjp.bp.117.203240

*Izquierdo, A., Ong, M., Pulido, E., Wells, K. B., Berkman, M., Linski, B., Sauer, V., & Miranda, J. (2018). Community partners in care: 6- and 12-month outcomes of community engagement versus technical assistance to implement depression collaborative care among depressed older adults. *Ethnicity & Disease, 28*(Suppl.), 339–348. https://doi.org/10.18865/ed.28.s2.339

Lawson, H. A., Caringi, J., Pyles, L., Jurkowski, J., & Bozlak, C. (2015). *Participatory action research (Pocket Guide to Social Work Research Methods)* (1st ed.). Oxford University Press.

Lenz, A. S., & Lemberger-Truelove, M. E. (2023). The social determinants of mental health and professional counseling: A call to action. *Journal of Counseling & Development.* https://doi.org/10.1002/jcad.12489

Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: Advancing the methodology. *Implementation Science, 5,* 69. https://doi.org/10.1186/1748-5908-5-69

*Machizawa, S., & Lau, D. T. (2010). Psychological needs of Japanese American elders: Implications for culturally competent interventions. *Journal of Cross-Cultural*

Gerontology, *25*(2), 183–197. https://doi.org/10.1007/s10823-010-9117-7

Moher, D., Shamseer, L., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Shekelle, P., & Stewart, L. A. (2015). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews*, *4*, 1. https://doi.org/10.1186/2046-4053-4-1

Nahmiash, D., & Reis, M. (2000). Most successful intervention strategies for abused older adults. *Journal of Elder Abuse & Neglect.* https://doi.org/10.1300/J084v12n03_03

*Nicolaidis, C., Timmons, V., Thomas, M. J., Waters, A. S., Wahab, S., Mejia, A., & Mitchell, S. R. (2010). "You don't go tell White people nothing": African American women's perspectives on the influence of violence and race on depression and depression care. *American Journal of Public Health, 100*(8), 1470–1476. https://doi.org/10.2105/AJPH.2009.161950

Ortman, J., Velkoff, V., & Hogan, H. (2014). *An aging nation: The older population in the United States.* United States Census Bureau. https://www.census.gov/content/dam/Census/library/publications/2014/demo/p25-1140.pdf

Peters, M. D. J., Godfrey, C. M., McInerney, P., Khalil, H., Parker, D., & Baldini Soares, C. (2015). Guidance for conducting systematic scoping reviews. *International Journal of Evidence-Based Healthcare*, *13*(3), 141–146. http://www.ncbi.nlm.nih.gov/pubmed/26134548

*Reinschmidt, K. M., Attakai, A., Khan, C. B., Whitewater, S., & Teufel-Shone, N. (2016). Shaping a stories of resilience model from urban American Indian elders' narratives of historical trauma and resilience. *American Indian and Alaska Native Mental Health Research, 23*(4), 63–85. https://doi.org/10.5820/aian.2304.2016.63

*Rorai, V. O., Perry, T. E., Whitney, S. E., Gianfermi, H. C., Mitchell, J. A., Key, K. D., Lichtenberg, P. A., Taylor, R. J., Ilardo, J. L., Knurek, S. M., & Conyers, C. S. (2021). "It takes some empathy, sympathy, and listening": Telephone outreach to older Detroiters in a pandemic as a modality to gain an understanding of challenges and resiliency. *Journal of Urban Health, 98*(S2), 91–102. https://doi.org/10.1007/s11524-021-00564-9

*Salma, J., & Salami, B. (2019). "Growing old is not for the weak of heart": Social isolation and loneliness in Muslim immigrant older adults in Canada. *Health & Social Care in the Community, 28*(2), 615–623. https://doi.org/10.1111/hsc.12894

Sheperis, C. J., Cuff, P., & Sheperis, D. (2023). Educating professional counselors about the social determinants of mental health. *Journal of Counseling & Development, 101*(4), 429–439. https://doi.org/10.1002/jcad.12486

Since 1880 to 1890. United States Census Bureau. https://www.census.gov/library/stories/2023/05/2020-census-united-states-older-population-grew.html

*Thames, A. D., Hammond, A., Nunez, R. A., Mahmood, Z., Jones, F., Carter, S. L., Bilder, R. M., Fisher, S., Bivens-Davis, T., & Jones, L. (2018). Sexual health behavior and mental health among older African American women: The Sistahs, Sexuality, and Mental Health Well-Being project. *Journal of Women's Health, 27*(9), 1177–1185. https://doi.org/10.1089/jwh.2017.6777

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K., Colquhoun, H., Kastner, M., Levac, D., Ng, C., Sharpe, J. P., Wilson, K., Kenny, M., Warren, R., Wilson, C., Stelfox, H. T., & Straus, S. E. (2016). A scoping review on the conduct and reporting of scoping reviews. *BMC Medical Research Methodology, 16*, 15. https://doi.org/10.1186/s12874-016-0116-4

*Uzun, K. (2024). Hope and uncertainty among Turkish adults: Pathways to subjective well-being. *Journal of Happiness and Health, 4*(2), 81–92. https://doi.org/10.47602/johah.v4i2.86

Ünsal Seydooğulları, S. (2023). University students' wellbeing and mental health during COVID-19: An online photovoice approach. *Journal of Happiness and Health, 3*(2), 139–156. https://doi.org/10.47602/johah.v3i2.60

Vyas, C. M., Donneyong, M., Mischoulon, D., Chang, G., Gibson, H., Cook, N. R., Manson, J. E., Reynolds, C. F., & Okereke, O. I. (2020). Association of race and ethnicity with late-life depression severity, symptom burden, and care. *JAMA Network Open, 3*(3), e201606. https://doi.org/10.1001/jamanetworkopen.2020.1606

*Waddell, C. M., Robinson, R., & Crawford, A. (2017). Decolonizing approaches to Inuit community wellness: Conversations with elders in a Nunavut community. *Canadian Journal of Community Mental Health, 36*(1), 1–13. https://doi.org/10.7870/cjcmh-2017-001

World Health Organization. (2017, December 12). Mental health of older adults. https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults

*Wyman, M. F., Jonaitis, E. M., Ward, E. C., Zuelsdorff, M., & Gleason, C. E. (2019). Depressive role impairment and subthreshold depression in older Black and White women: Race differences in the clinical significance criterion. *International Psychogeriatrics, 32*(3), 393–405. https://doi.org/10.1017/S1041610219001133

Note: All articles marked with an asterisk (*) were included in the final scoping review.