

AI-enabled Interventions for Improving Healthcare and Psychological Well-being of the Rapidly Ageing Silent Generation

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Abstract

Rate of abuse and family-neglect cases of the rapidly ageing elderly population have increased, resulting in long-term psychological consequences on their wellbeing. The silent generation population of age group 80-97 years or living eighty plus is expected to triple and is likely to cross 426 million by 2050. It needs to be eased with AI-enabled social interventions, supported with age-inclusive public policies, and provided with resilient healthcare infrastructure for their happy ageing. Predominant mental health conditions of the elderly are anxiety, depression, and schizophrenia. Dementia is the most common neurological implication caused by biological ageing of nerve cells, which damages brain cognitive functions. Other general geriatric health problems include hearing loss, cataract, fracture, due to falls, chronic back-neck pain, pulmonary disease, urinary incontinence, and pressure ulcers due to frailty, diabetes, and strokes, which require proper medical attention and family care.

A synopsis of existing policies and practiced interventions is detailed through this qualitative research to ameliorate existing public policies for implementing AI-enabled interventions for healthcare and psychological well-being and improving the overall quality of life of the elderly population. It can be further humanized by permitting ethical use of AI-enabled social robots in the ALF and LTC for their abuse-free living with dignity. In post-Covid-19 world its services are being utilized globally; however, its acceptability in the regional context will depend heavily upon the cost of infrastructure, operational skill training its healthcare professionals, and digital literacy of the ageing users, apart from their religious belief, ethical concern, family financial capabilities, and cultural fit into the society.

Keywords

Artificial Intelligence (AI), Assisted Living Facility (ALF), Long Term Care (LTC), Resilient healthcare infrastructure, and Silent generation.

1. Introduction

The United Nation General Assembly on 14 Dec 1990, has manifested October 1, as the International Day of Older Persons and accepted the Principles of Older Person in 1991, based on the proceedings of the first Vienna Assembly in 1982, and later in the year 2002, the second Madrid International Plan of Action on Aging was shaped and in November 1989, UN Decade of Healthy Aging (2020-2030) was declared to align with the last 10 years of the Sustainable Development Goals (SDGs). The initial initiative to improve the healthcare of the elderly people was taken by the Geriatric-Long Term Care Review Committee of the office of the Chief Coroner of Ontario, with the mission to decrease their medical abuse. The motto of the Chief Coroner's office articulates that, 'we speak for the dead to protect the living.' The LTC committee was established to provide basic healthcare education to healthcare professionals for improving the overall healthcare and psychological well-being of the elderly people of Canada (Clark & Goldish, 2008). Since the global population is ageing very fast and has already crossed the eight billion mark in 2022 (UNFPA, 2025). The number of persons aged eighty and above is expected to cross 426 million by 2050 (WHO, 2025). The Indian elderly population aged sixty and above is also rapidly aging and has reached 149 million, which is most likely to equal 20 percent of the total Indian population of an astonishing 347 million people by the end of the year 2050 (India Ageing Report, 2023).

2. Objective of the Study

The prime objective of this qualitative research design is to raise awareness for attracting carefulness for the elderly people (aged 80 and above), who are living silently now and being subjected to social isolation and community abuse due to their age-related dependencies. This paper highlights their mental health, neurological conditions, and other psychosocial disabilities, which are causing impairment in their daily activity of living and posing a high risk of self-harm. It also recommends various age-inclusive public policy interventions for improving their healthcare and psychological well-being in the present societal environments.

3. Research Methodologies

A simple methodological approach focusing on secondary data was embraced for attracting care for the elderly people aged 80 and above. As they were mostly found deprived of their basic health care needs and lived through various abusive challenges from their children despite having devoted their lives to growing and nurturing them when they were infants and unable to perform any task without their elderly care and full-time parental support. Thus, tolerating any form of abuse against them, like verbal, physical, financial, and sexual violence against women in the present environment, due to their becoming elderly, is not desirable at all. An ancient blank verse in this regard is still spot-on and can even be tested without any letdown. It articulates that “Any person, who regularly takes care of older adults and respects their parents each day, his age, education, fame, and strength increase by fourfolds” (Sanskritwisdom.com, accessed on July 19, 2025).

On the basis of the above prevalent theme, a qualitative and exploratory research design was finally selected, and by adopting the rigorous search methodologies using Medical Subject Headings (MSH) from the recently cited publications of the following medical publication journals of repute like BJPsych, BMC, CP-CUP, Cureus, Elsevier, Emerald, Frontiers, GGM, GScholar, IJG, IJERPH, IJMHS, IJP, IJRBS, JAGS, JMIR, Lancet, Lancet Neurology, MDPI, Nature, OUP, RGate, Sage, Springer, Sustainability, World Psychiatry, and Wiley Online Publications, they were made online.

In order to find out the relation between mental healthcare and psychological well-being of the elderly population (aged 80 and above) availing caregivers services both in the home atmosphere and societal framework utilizing a developed knowledge synthesis tool (ScienceDirect.com, accessed on July 19, 2025), available online, to draw a rapid thematic review of the accessed literature and to bridge the gap and present the findings thereof to achieve the aforesaid objective of this exploratory research undertaken for academic purpose only (Among K, 2022).

In order to strengthen the existing healthcare response systems for the overall well-being of the elderly population, who presently suffer from the dismay of ruinous abuse owing to their getting older, it was considered necessary to evaluate the available healthcare infrastructure facilities meant for caring for the elderly population (aged 80 and above). The UNFPA India Ageing Report-2023 reflects some valuable secondary data highlighting the current Indian elderly population (aged 60 and above), which is found to be 10 percent of the total population, which is projected to double to 20 percent by the end of the year

2050, and about to reach 34.70 Cr, with hardly 240 Nos. of trained geriatricians presently available to cater to 14Cr older adults, most of them are illiterates with very limited access to basic digital information. Out of which, there are 29 percent living pensioners and only 25 percent are getting insurance benefits, whereas 71 percent women were facing compounded vulnerabilities and abuse in their present environment (Sources: India Ageing Report-2023, accessed on July 19, 2025). The UN Global Burden of Disease (GBD) results for the year 2024 were also quite thought-provoking, as it has also projected the total number of people aged 60 years or more by 2050, to reach 2.1B and the number of people aged 80 more by 2050, to reach 426M. 14 percent people aged 60 and above were found living with a mental health condition and percentage of the people aged 60 and above who died from the reported suicide in 2019, which is 27.2 percent, is from the Global Health Estimates (GHE). While Alzheimer's, is the most common form of Dementia and alone accounts for nearly 60-70 percent cases, 57M people had Dementia in the year 2021, and 10M new dementia cases are being reported every year from the 60 percent population emerging mostly from the poorer countries. In the year 2019, reported number of people living with Mental Disorder was 970M, Anxiety Disorder was 301M, Depressive Disorder was 280M, Bipolar, and Dissocial Disorder was 40M, Schizophrenia was 24M, and Eating Disorder was 14M, with 5.7 percent older people aged 60 and above were found to having depressive disorder or depression and reported with a total abuse percentage up to the tune of 15.7 percent (at least 1 in 6 numbers of elderly adult aged 60 and above) (sources: World Population Prospect-2022, IHME, GBD, Results (GHDx), accessed on July 19, 2025). The Landscape Today report of India's Ageing Society has also tabulated the percentage of population of the elderly adults (aged 60 and above) living in different Indian states which is found to be 11 percent and above, with Kerala having the highest at 22.8 percent, followed by TN at 20.8 percent and HP-19.6 percent, (sources: India's Ageing Society-The Landscape Today-2025, accessed on July 19, 2025).

4. Review of the Literature

In order to draw a thematic review of the available online stuff of the published literatures and to suggest a number of suitable interventions for addressing the present gap in the healthcare infrastructure system meant for promoting the psychological well-being of the elderly adults (aged 80 and above) and to promote their mental healthcare and overall psychological well-being, a rapid survey of copiously available online literatures on the subject domain was made

and presented here in detail to validate the findings of the best global practices adopted in this regard, as very limited research has been conducted in India to promote the mental health and psychological well-being of the elderly.

Thus, the mostly recently concluded overseas studies were taken into account for presenting the literature review in detail. A current-year study on achieving the SDGs targets of resilient healthcare systems, focusing on public health challenges and medicine in the zone of conflict, was recently concluded (Ugwu et al., 2025). The recently released Lancet Countdown report pointed out many health threats and called for decisive health-focused actions to reduce the deaths due to GBD and to deliver a healthy future for all (Marina Romanello et al., 2024), as most of the burden proportion was found emerging from the disorders in people ages 60 and above (Martin Prince et al., 2015). Fatima, Gizal, et al., have currently examined the factors affecting mental health and studied interventions to reduce the stigma and improve mindfulness using a strong social support system (Fatima et al., 2025). To reduce the stigma of mental health, use of music therapy was also professed (Tuastad Lars, et al., 2023), as present mental health stigma may lead to self-harm, recalling the famous lyrics patented by the Creeping Death Music Company of Ulrich, Lars, and James Hetfield (1991), as “life is ours and nothing else matters.”

A recent Nature’s scientific report reveals that health literacy reduces the psychological and social distress and dysfunctions and improves the ability to make healthier choices (Aliasghar et al., 2024). In a recently concluded Chinese community-based cross-sectional study, it was found that older adults had a higher risk of intrinsic capacity decline due to not regularly exercising, resulting in a decrease in their handgrip strength and an increase in the comorbidity index (Jiang et al., 2023). In a currently concluded Saudi study, it was also noticed that accidents due to falls, injuries, and deaths can be addressed using the STEADI tool developed for the prevention of falls for the safety of patient and to reduce their hospitalization (Aljarbou et al., 2025). Dementia caregiver experiences were found to be studied in home-based care in rural parts of India, and challenges faced by the family caregiver having dual reality were examined to reduce their burden, stress, and poor health conditions due to lack of knowledge and support (Lillekroken et al., 2024). The Brazilian yoga-based interventions were found to improve the quality of life of dementia caregivers (Pinto et al., 2024). Similarly, mindfulness, and self-regulation interventions were found to improve the self-neglect behavior in older diabetic adults in Iran (Jahromi et al., 2024). A cross-sectional path analysis of the Iranian adult population with mental health disorders to elucidate the mediating role of

quality of life through social support and good governance interventions was also found carried out for reducing discrimination for promotion of their mental health and well-being (Kakemam et al., 2024). A scoping review on the healthcare and social care of the elderly living in Asia was also published in the Sustainability Journal for their social development (Alavi et al., 2022).

CUP has recently published a systematic review of reviews to examine the interventions targeting social determinants of mental disorders to map the UN SDGs (Oswald et al., 2024). An extensive review of the healthy ageing trajectories of the elderly was conducted to develop an analytical framework to inform transformative changes across community and healthcare domains as advocated by the WHO Decade of Healthy Ageing for promotion and prevention of mental health of the elderly (Horgan et al., 2024). Quality rights initiatives under the United Nations Convention on Rights of Persons with Disabilities (CRPD) were significantly found to impact the quality of mental health services in the Indian state of Gujarat (Pathare et al., 2021). Evidence-based interventions to address the loneliness issues of the elderly and group-based treatment and training to use the internet for connecting socially and better community living were studied in the USA (Shekelle et al., 2023).

A rapidly ageing population requires implementation of collaborative, socially engaging policies to cater to the needs of the elderly people for reducing their disability and dependencies arising due to ageing (Hafiz et al., 2024). In the era of global warming, the need for formulating action plans for the country's mental health policy legislation to promote awareness and to protect and prevent the mental health problems of society was emphasized (Ansari M I Z., 2023). Policy support in terms of access to education for older women and better healthcare support was found to reduce the depressive symptoms and cognitive impairment amongst the elderly residents of rural areas (Muhammad T., 2023). The role of family was found to be important in nurturing mental health influences, emotional well-being, and creating a supportive home environment for psychological long-term care of the elderly. (Rasool A., 2022). Social isolations, mental health conditions, and psychosocial dimensions of ageing was found to promote suicide in the geriatric population aged 65 and above (Ahmed & Patil., 2024), and a stressful working environment, a high degree of burnout and a lack of mindfulness activity were found to be accountable for causing the mental disorders among Indians (Ansari M I Z., 2025). Social isolation and loneliness of the elderly were found to adversely affect the mental health and well-being of the elderly (Sivakumar et al., 2024). The mediating role of gender, marital status, and education level of elderly living in old age homes was also found to impact their psychological well-being

(Mishra et al., 2023). A recent MVR study on healthy ageing reveals education, gender equality, safety, and healthcare access as pivotal factors for the overall well-being of the elderly (Dhillon & Das, 2024). The mental health challenges were more societal, and related issues were the outcomes of cultural norms and practices that affect the individual as well as their caregivers and, in particular, their relatives. Significant provisions were found to be made available under the Indian Mental Health Act, 2017 (Goswami & Handa, 2024).

OUP in association with The London School of Hygiene and Tropical Medicine, had also published a detailed report on primary mental healthcare of elderly in India, and emphasized that for its development age inclusive, unambiguous, integrated policy approaches are needed to address the complex mental healthcare needs of elderly in India (Hamel K et al., 2021), and for primary healthcare of older person's mental health, and to define the role of family members, community base caregivers and healthcare workers, integrating the alternative medicine services like Ayurveda, Yoga-naturopathy, Unani, Siddha-Sowa-Rigpa, and Homoeopathy (AYUSH), into the Primary Health Centers are needed (Hamel Kerstin et al., 2021), and to develop the robust network of mental health services at PHC level was found necessary for strengthening the primary mental healthcare of elderly in India (Hamel & Kafczyk, 2024). Recent ageing and social policies research highlighted the challenges faced by the elderly and advocated for their institutional care over familial support to avoid family abuse for their better healthcare and psychological well-being with government support (Annapuranam K, 2025). Health and social welfare policies governing mental health and ageing to strengthen Indian policy responses to ageing and to uphold the rights of the elderly to live with dignity and free from abuse were found to be reviewed in detail (Mohan. A et al., 2024). The Kerala elderly ageing in place study recommends a healthy living strategy utilizing digital health interventions for better geriatric care as a sustainable solution (Thampi & Mathew, 2024).

Use of AI-enabled social robots to resolve healthcare challenges requires orientation training and raises ethical concerns, but it was found to lift the interest of healthcare providers in improving the healthcare and psychological well-being of the elderly (Wong et al., 2024). For developing positive emotional impact and regulatory interventions for improving overall healthcare of patients and transforming mental health practices using machine learning, supervised machine learning, and unsupervised machine learning AI tools in the diagnosis and treatment of psychiatric mental health disorders, the awareness was found necessary (Thakkar et al., 2024). Digital technology integration for mental health promotion, treatment, and implementing real-time interventions using

tele-health, mobile apps, virtual reality, and machine learning models were found efficacious in addressing the mental health issues with privacy concerns in a detailed study conducted in the UAE (Al Daweik et al., 2024). Wiley Nursing Open recently published a study (Steinke et al., 2024) on the quality of life of the elderly who reside in Assisted Living Facilities (ALF), which clearly describes their adaptability of adjustment to the social environment, physical environment, and home care facility arrangements. The National Health Aging Trends Study conducted at Michigan recognized factors associated with the transfer of the elderly from ALF to nursing homes to promote physical functions, for ease of Activities of Daily Living (ADL) for economic benefits (Son JY et al., 2024). Social and companion robots such as LAVOT and PARO had provided effective Long Term Care (LTC) in diseases like dementia to increase longevity and ease of daily living activity and handled social isolation and loneliness issues amongst elderly suffering from chronic illness (Deusdad B, 2024), as AI enabled digital and mental health innovations can work for all people and can positively impact the LTC if augmented properly using Gen AI, LLM, VR, and Smart Phone Apps for digital navigation with human support (Torous et al., 2025), even though in the recent technological advance era of AI-enabled robotics, ethical use of social robots like PARO and LOVOT for long term care of elderly to support their mental health and psychological well-being may not be able to substitute the personalized human care required for happy ageing with dignity (Hung L, 2025). However the use of wearable Health Apps were found supporting the mental healthcare with better physical functions of ADL amongst the global users across US, China and Singapore (Edmund Lee, 2024). Though the upsurge in the abusive environment for the elderly in society was noticed owing to their ageing, loneliness, depression, heart diseases, diabetes, and chronic illness due to their present geriatrics, and mental health conditions, they are paying the price for getting old. While new factors such as the recent pandemic, global warming, and emerging technologies have brought new kinds of challenges into their present lives, it was considered necessary to better understand and add value to the mental health conditions of the elderly. One can refer to the most liked book by the practicing health care professionals, “Volunteering in Global Mental Health”: A Practical Guide for Clinicians by (Thomson Sophie et al., 2023), Out of Her Mind by (Linda Gask, 2024), The Toxic Stress by (Lawson R, and Wulsin 2024), and Adultish by (Charlotte Markey, 2024) and Climate Change and Youth Mental Health by (Elizabeth Haase, 2024) for elevating further knowledge on the subject domain, if required to help an elderly adult suffering from ageing.

5. Policy Implications

Though Indian Government was in action after finalization of the initial Madrid International Plan of Action on Aging-1989 by the UN, and tossed several welfare schemes for the welfare of elderly adults right from 1994-2018, and in the year 2019 amended the Maintenance and Welfare of Parents and Senior Citizens Act (M&WPSrCA-2007) later in 2021, it was decided to implement the next five year National Action Plan for Welfare of the Senior Citizens (NAPSrC 2021-2026).

However, all such schemes are running below expectations and are unable to achieve the target of facilitating happy ageing and improving the overall quality of life of the silent generation. The secondary data reveals that 71 percent elderly people do not receive any amount of pension. Just Rupees 200 to 500/- per month pension amount is paid to the elderly people belonging to the below poverty level category under IGNOAPS-2007, and only one-fourth of elderly people were getting benefits from the health insurance schemes. The same old welfare pension schemes and insurance policies were generally found being re-launched, just with a new name, by the incoming government in power every five years for their political gain, and attracting the digitally illiterate beneficiaries for their own electoral benefit.

A comprehensive year-wise list of some of the major welfare schemes launched for the welfare of the senior citizens by the Government of India, so far is provided here for making references. National Old Age Pension Scheme-1994, National Policy on Older Persons-1999, National Council for Older Person-1999, Pradhan Mantri Vya Vandana Yojna-2003, Indira Gandhi National Old Age Pension Scheme (IGNOAPS-2007), Maintenance and Welfare of Parents and Senior Citizens Act 2007, Indira Gandhi National Widow Pension Scheme-2009, Indira Gandhi National Disability Pension Scheme-2009, National Program for Healthcare of Elderly-2010, National Policy for Senior Citizens-2011, Varishtha Pension Bima Yojna-2014, Atal Pension Yojna-2015, Pradhan Mantra Suraksha Bima Yojna-2015, Senior Citizen's Welfare Fund-2016, National Mental Healthcare Act 2017, National Health Mission-National Health Program-2017, Rashtriya Vayoshri Yojna-2017, Pradhan Mantri Jan Aarogya Yojna (PMJAY), Aayushman Bharat National Health Protection Scheme (ABNHPS)-2018, Senior Citizen Saving Scheme-2019, Maintenance and Welfare of Parents and Senior Citizens Act (M&WPSrCA-2007's) Amendment Bill-2019), Atal VaYo Abhyuday Yojna-2021, National Social Assistance Program, Integrated Program for the Older Persons, Pradhan Mantri Jan Aushadhi Kendra (PMJAK), National Senior Citizen Saving Scheme, and

Sansad Adarsh Gram Yojna. Under the Integrated Program for Senior Citizens, it has recently been mandated to implement the next five-year national action plan for the welfare of the senior citizens, named NAPSrC 2021-2026.

On scrutinizing the above schemes meant for the welfare of the senior citizens, it was very significantly noticed that there was a lack of a proper monitoring mechanism, and moreover, the funds remain unutilized in the book of accounts and are not being actually used for the welfare of the senior citizens as envisaged. Though the legal recourse on financial abuse of elderly people is now covered under M&WPSrCA-2007's Amendment Bill-2019, and a few schemes like PMJAY and PMJAK are gaining some popularity, and PMJAY is offering some kind of support to the needy people, but with low visibility and beyond the reach of elderly people. Mass-scale misuse of the allocated funds under the schemes like ABNHPS-2018 was reported on the part of the private sector service providers in the name of healthcare and psychological well-being of elderly people. Thus, age-inclusive public policies are the need of the hour. Just increasing the bank interest rates to attract the substantial amount of deposits from the deprived senior citizens are not going to enhance their overall quality of life, but in turn it is benefitting the public sector banks itself, since in most of the cases the earned interest amount remains stuck in the bank for long-time and later it goes directly to the nominees after the death of the beneficiary. Thus, raising a higher rate of interest on deposits made by the senior citizens is of no use, as it does not serve the basic purpose at all.

However, it is worth mentioning that provisions for the day care support of the elderly have been made under IPSrC for their long-term care, and facilitating the old age homes and provision for their ease of mobility has also been made by reserving the lower seats under the senior citizen quota by the Indian Railways. Free onboarding and disembarking assistance has been fully assured by all the operating airlines for helping the elderly passengers, and a special tax rebate was also made for the senior citizens under the Income Tax Act, 1961. The elderly toll-free helpline number, 14567 was also started. National plans for senior citizens and state-level action plans for senior citizens have been made, and two National Centers on ageing have been started at New Delhi and Chennai, and one National Institute of Social Defense and several Regional Resource Training Centers were opened for spreading the specialized domain knowledge.

6. Social Interventions

For taking care of the elderly adults representing the silent generation some of the AI- enabled social interventions are required to be implemented without making any further delay, since in today's scientifically advanced society, it is worth mentioning that every small intervention is supported by the research findings, and there are copious studies conducted around the globe involving gap map analysis, systematic meta-analysis, and randomized controlled trials which support the outcome of the adopted interventions and public welfare policy responses on ageing, but still a lot more has to be done. There is an immediate need to ameliorate existing elderly welfare policies for implementing the age-inclusive public policy interventions which can directly help the older adults by providing complete healthcare benefits required for their well-being and boosting morale for their happy ageing by protecting their basic rights of abuse free living with dignity. As in the present scenario, most of the old-age pension schemes and policies are not at all effective in catering to the daily basic expenses of the elderly people since the disbursed amount is quite meager and generally remains unutilized in the bank accounts, and in most cases it goes to the legal heir or inheritor account after the death of the real beneficiary. Similarly, raising the higher rate of interest on deposits made by the senior citizens is of no use since it does not serve the basic purpose, as it was observed that there is a lack of a proper monitoring mechanism, and the funds remain unutilized in the book of accounts and are not actually used for the welfare of the senior citizens as envisaged. Building codes for skyscrapers and multistoried residential towers need to be amended to mandatorily provide a stretcher-length passenger lift for ferrying the elderly; provide ramps, walking handles, gripping support, and anti-fall measures at all vulnerable public places, pilgrimage center, prayer homes; and provide basement parking and elderly public convenience facilities made with anti-slip floorings and provided with 24x7 manned wheelchair assistance to avoid any physical harm due to falls and any untoward accident.

Apart from the personal in-practice health initiatives such as engaging in the mindfulness activity, meditation, yoga, exercise, music, sound sleep, nutritious diet, group activities, collective gatherings, and social functions, which were found to positively impact the quality of life and improve the overall psychological well-being of the elderly and in turn support their happy ageing. There are a few more proven interventions, which are to be taken care of under the new age inclusive public policies to be amended exclusively for the elderly population (aged 80 and above) to cover the free availability of wearable

assistive technology devices, full doorstep clinical diagnostic and medical healthcare services and permitting the ethical use of highly trending AI-enabled innovative robotics interventions in the ALF and LTC facilities for abuse free living with dignity and implementing the globally advocated Universal Health Coverage (UHC) interventions for their much better care.

7. AI-enabled Robotic Interventions

In the present era of Gen-AI, the use of AI-enabled robots is trending in Western countries, where the use of Japanese social robots MARIO and PARO for ALF setups and companion robot LAVOT for LTC is gaining momentum for taking care of elderly population; it is even being utilized in home care setups also. These social robots can be easily programmed according to the physical and personal needs of the elderly. Just think beyond the human capacity, as now Gen-AI can limitlessly perform every task beyond our imaginations. For instance, it can be used for sounding an alarm for taking meals-breakfast, milk, tea, soup, or juice- and medicines, as the case may be, on time, and it can also set a reminder for morning and evening walk time, taking a bath, and changing old clothes. The AI-enabled social robots and wearable social health apps can automatically take all the programmed clinical measurements in time and record the data and can transmit the present level of glucose, uric acid, and thyroid measure heartbeat rate; monitor blood pressure; take pulse; record body temperature, and oxygen level; measure body height and weight for assessing bone density; and record optical reading for vision corrections for improving the eyesights periodically. It can also measure the length of hair, beard, and nails for initiating their in-time cleaning, cutting, trimming, and taking the filing actions as per the personalized needs of the elderly adults using highly innovative and advanced AI-enabled robotic technologies, just to ease their life.

8. Age-inclusive Policy Interventions

Age inclusive public policies are now the need of the hour, as they can provide complete healthcare and improve the overall quality of life and psychological well-being of elderly adults, boost their morale for happily ageing, and even protect their basic right to abuse-free living with dignity with full governmental support. The concept of Universal Health Coverage (UHC) seems to be the only legitimate solution, being advocated by the global thought leaders under the custodianship of the United Nations, where everyone can get quality health without facing any hardship. Therefore, by immediately integrating adaptation

of globally accepted UHC interventions with the amended age-inclusive public policies, developing economies like India can also very well achieve the sustainability health targets, SDG 3.8.1 (The Service Coverage) and the SDG 3.8.2 (The Financial Protection) for the well-being of all its rapidly ageing population with the help of the World Health Organization, World Bank, and Asian Development Bank.

9. Inferences and Discussions

The thematic review of all the selected medical publications, which were cited in the aforesaid survey of literature, reveals that most of the older adults (aged 60 and above) were found good health as they regularly contribute to society as community members. However, the elderly adults (aged 80 and above), were found to have a higher risk of developing a mental health condition due to experiencing violence and social abuse (Mohan A, 2024) or owing to its stigma (Fatima, 2025), social isolation, feeling loneliness (Shekelle, 2023), inequality, and sometimes their physical disabilities. WHO, Director-General Tedros Adhanom Ghebreyesus has very recently been quoted as saying, “The world is accepting the concept of Universal Health Coverage (UHC). Mental health must be an integral part of UHC. Nobody should be denied access to mental health care because she or he is poor or lives in a remote place (WHO).” Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well, work well, and contribute to their community, thus doing what matters in times of stress. Thus, in order to address the challenges faced by elderly people not only for living longer, but for surviving longer and ageing with dignity, it is high time to develop a cohesive response system by adopting research-based social interventions to change the existing public perceptions on ageing.

Thus, to ultimately improve the overall quality of life (Kakemam, 2024), and psychological well-being of the rapidly ageing elderly population, it is necessary to strengthen the resilient health care infrastructure by developing assisted living facilities and long term care facilities with full governmental support to build resilient healthcare infrastructure with proper monitoring mechanism and by making financial provisions for millions of elderly Indians population by thoroughly implementing age inclusive public policies (Hamel, 2021) and adopting AI-enabled technology interventions (Thampi, 2024) to reduce the global burden of disease, to increase the nation’s economic output and to achieve the sustainability (Oswald, 2024) health targets (Horgan, 2024) where everyone can get the benefit of quality health.

10. Conclusion and Recommendations

The factors responsible for the present wretched conditions of the elderly people aged eighty and above in the present era of high-tech innovative medical diagnostics, robotic surgery, advanced clinical research, health insurance and financial security were notably found to be the stigma of abuse, exploitation, high degree of loneliness, digital illiteracy, social isolation, lack of emotional support, and high-priced palliative day care facilities getting out of reach due to financial dependencies on their family members and caregivers, though the AI-enabled assisted living facilities remain accessible for the long-term care of the elite class of people. Therefore it is high time to act now for improving the quality of life of elderly aged eighty and above by adopting the desired technological (Al Dweik, 2024), social (Mohan A, 2024) and policy (Muhammad T, 2023) interventions without making any further delay to achieve the sustainability (Oswald, 2024) health target SDG 3.8 (Good health and Global well-being) with two of its monitoring indicators, SDG 3.8.1 (The Service Coverage) and the SDG 3.8.2 (The Financial Protection), for everyone by the end of year 2030 as envisioned by the global thought leaders and universal health and well-being monitoring bodies like WHO, WB, IMF, UN, UNDESA, UNFPO, ADB and other governmental, nongovernmental and public sector, private sector, community based, non-profit, and voluntary organizations working for improving the quality of public life for every citizen and achieving the good health (Kakemam, 2024) and global well-being targets. Therefore, it is high time for a developing economy like, India with a huge number of its growing silent generation population, to immediately switch over from all its existing schemes to implement the globally agreed and commended schemes like Universal Health Coverage (UHC), where everyone can get the health insurance benefit without any differentiation of age, gender, financial status, cast, and creed (Horgan, 2024). Thus, it is highly recommended to allocate a generous amount of financial budget to cater to the basic needs of the elderly people from the government and non-governmental reserve funds meant for CSR activities for increasing the overall lifespan of elderly people and ultimately reducing the Global Burden of Disease to achieve sustainability in the health sector (Ugwu, 2025). For uplifting the basic rights (Pathare, 2021) of the silent generation and boosting their dignity, the latest research and R&D projects on ageing must be academically supported, and related governmental efforts must be firmly taken to develop the high-end resilient healthcare infrastructure for community care of elderly people (Deusdad, 2024); startups must be financially supported for providing the basic orientation training to use

AI-enabled robots and to lift the interest of healthcare professionals (Wong et al., 2024) and for producing safe assistive technology products (Edmund Lee et al., 2024) for better mobility, spreading digital literacy (Aliasghar, 2024), encouraging financial inclusion either through pool funding or philanthropic activity for their happy ageing and living with dignity (Hung L et al., 2025) in the last phase of their precious life without facing any abuse (Mohan A, 2024) as life is beautifully gifted by the almighty to everyone. So one must live and move off happily. As life is ours, we live it our way, every day for us, something new, an open mind for a different view, and nothing else matters and nothing else matters (Ulrich L, 1991).

11. Limitations of the Study

There were a few limitations of this research study; its initial scope was kept limited to represent the silent generation only, as they were found to be more indignant of their basic elderly rights and found facing lots of abuse. The study was conducted at the convenience of the authors by completely following the international protocols. It abided by the Helsinki declaration and was concluded without receiving any financial support from external sources.

12. Future Research Directions

In view of the rapidly growing Indian silent generation population, it is further advised to conduct in depth study on the problems faced by them in detail with future researches and funded research and development projects on ageing, highlighting the acceptability of social robots, cost of incurred AI-enabled infrastructures, its operational skill training to healthcare professionals, and digital literacy of the ageing users (aged 80 and above) for developing resilient healthcare infrastructure for silent generation population, considering their personal willingness for digital transformation to adopt the new age AI-enabled technologies, religious belief, ethical concerns, family financial capabilities and cultural fit into the current societal environments in the Indian context, keeping in mind the provisions of Helsinki Declarations.

13. Acknowledgements

The principal author wishes to dedicate this research to his consort, Nikhat Iqbal, who has extended her full-time homely support by offering a selfless caregiver service to his elderly mother, aged eighty-plus, which enabled him to understand the necessities of the silent generation in the present era of social isolation and abuse due to calamitous ageing.

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