



Ageing Under Humanitarian and Economic Crises in Iran: Psychological Risks, Social Frailty, and Resilience

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Abstract

Background: Iran's rapid population ageing coincides with economic instability, recurrent disasters, and post-pandemic service disruption, potentially exacerbating depression, anxiety, loneliness, social frailty, and barriers to care.

Objectives: To synthesize evidence on psychological vulnerability and resilience among older adults in Iran during overlapping crises.

Methods: This focused narrative review searched PubMed/MEDLINE for records published from January 2015 through July 2026 and consulted authoritative sources from the World Health Organization and the United Nations. Iranian evidence was prioritized, and transferable international evidence was used when country-specific data were unavailable.

Results: Iranian studies have reported socioeconomic inequalities in depression and anxiety, loneliness, social frailty, disaster vulnerability, and pandemic-associated isolation. Sanctions have reduced access to certain medicines. Family support and community networks are protective but may be weakened by migration, financial strain, and disruptions in services.

Conclusions: Age-inclusive responses across mental health, primary care, disaster preparedness, digital inclusion, and social protection are warranted. However, direct longitudinal evidence linking specific crises to mental health outcomes remains limited.

Keywords: Economic Instability, Depression, Humanitarian Crises, Iran, Older Adults, Psychological Vulnerability, Resilience, Social Frailty

1. Background

Healthy ageing depends on physical and psychological capacity, social relationships, supportive environments, and equitable care. In Iran, adults aged 65 years or older comprised approximately 8% of the population in 2024, and the population aged 60 years or older is projected to reach 17.6% by 2035 (1, 2). This demographic transition coincides with inflation, sanctions, disasters, and persistent disruption related to COVID-19. Financial insecurity may exacerbate anxiety and depression; disrupted access to medicines may worsen illness and

distress; displacement and bereavement may increase loneliness; and digital exclusion may limit access to telehealth, emergency information, and social contact. Vulnerability therefore reflects interactions among crisis exposure, socioeconomic position, health status, social support, and resilience.

2. Objectives

To synthesize Iran-specific and transferable evidence on psychological vulnerability, social frailty, and resilience among older adults facing humanitarian and economic pressures.

3. Methods

This focused narrative review was updated in July 2026. PubMed/MEDLINE was searched for English-language records published from January 2015 through July 2026 using combinations of the terms Iran/Iranian, older adults/ageing, depression, anxiety, loneliness, social frailty, disaster, sanctions, medicine access, digital health, social support, and resilience. The World Health Organization and United Nations websites were searched for demographic and policy reports. Eligible sources addressed adults aged 60 years or older, ageing policy, or crisis-related psychosocial and service-access mechanisms. Duplicates, sources unrelated to later life, and items without empirical or policy content were excluded. Iranian studies were prioritized; broader evidence is explicitly identified as extrapolated. One author screened and extracted evidence, and another verified source retention and thematic allocation. Findings were grouped into demographic/care-system, psychological/social, disaster/digital, and resilience domains.

4. Results

Table 1 links each claim to its evidence base. Iran-specific evidence is strongest for psychological distress, social support, disaster vulnerability, and access to medicines; however, evidence for crisis causality and digital exclusion is weaker.

5. Discussion

The evidence suggests a convergent pathway: economic and humanitarian pressures disrupt material resources and continuity of care, whereas social disconnection and ageism shape psychological outcomes. The strongest Iran-specific findings are socioeconomic inequalities in anxiety and depression (4), associations between depression and social frailty (6), and the importance of loneliness and social support (5, 10). Evidence that sanctions reduced the availability of selected medicines supports a service-access mechanism but does not establish a direct mental health effect among older adults (3).

Policy should integrate behavioral health into routine ageing and emergency response systems. Primary care can conduct brief screening for depression, anxiety, loneliness, cognitive concerns, and interruptions in access to medicines, with referral pathways that remain functional during crises. Disaster plans should identify people living alone or those dependent on essential medicines and address mobility, sensory, cognitive, and digital barriers. Communication should remain available through both nondigital and accessible digital channels. Social

participation, family support, senior day services, and community outreach should be strengthened rather than treating older adults solely as passive aid recipients.

Iran's primary care infrastructure and efforts toward age-responsive universal health coverage provide practical entry points (11). These can be aligned with healthy-ageing priorities and action against ageism (12, 13). Transferable lessons include the need to integrate mental health, continuity of access to medicines, and social support planning. Sanctions architecture, family structures, and governance arrangements remain context-specific.

5.1. Study Limitations

This was not a systematic review. The search was limited to English-language PubMed/MEDLINE records and selected organizational websites, creating potential publication, language, and selection bias. Much of the Iranian evidence is cross-sectional or qualitative, digital evidence is partly extrapolated, and longitudinal studies of crises are scarce. The synthesis therefore supports plausible pathways and policy priorities rather than causal estimates.

5.2. Conclusions

Older adults in Iran face intersecting psychological, social, and care-access risks during crises. The evidence supports integrated mental health screening, continuity of essential care, age-inclusive disaster planning, accessible communication, and reinforcement of family and community support. Effect sizes and delivery models require context-specific evaluation.

Footnotes

AI Use Disclosure: For translation purposes, DeepSeek was used to a minor extent in the Abstract section.

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Table 1. Evidence-to-Claim Map for Vulnerability and Resilience Domains

Domain	Iran-Specific Evidence	Interpretation / Evidence Limit
Demographic/care pressure	About 8% were aged ≥ 65 in 2024; ≥ 60 -year-olds may reach 17.6% by 2035 (1, 2). Sanctions reduced the availability of selected noncommunicable disease medicines (3).	Care disruption is a plausible pathway to distress, but older-adult-specific causal estimates are unavailable.
Psychological/social risk	Lower socioeconomic status was associated with more anxiety and depressive symptoms; loneliness and depression were linked with social frailty (4, 5, 6). Nursing home residents described intensified isolation during COVID-19 (7).	Most evidence is cross-sectional or qualitative.
Disaster/digital exclusion	Iranian older adults described personal and social disaster vulnerabilities and experience-based coping (8).	Digital evidence is mainly international; low income, disability, and limited literacy may impede access to telehealth and emergency information (9).
Resilience	In Tehran, social support was associated with better mental health (10).	Family and community networks may protect well-being but can be strained by migration and financial hardship.

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