



Demographic Cognitive Resilience in an Ageing Society

Pey Peili



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By Pey Peili

SYNOPSIS

As Southeast Asia's population ages, geriatric mental health must shift from a welfare issue to a demographic strategy for cognitive resilience. This commentary argues that unaddressed cognitive decline and mental vulnerability among older adults are a threat multiplier that erodes national resilience, necessitating a non-traditional security-oriented framework to safeguard societal health and stability.

COMMENTARY

An ageing population is often framed as a social welfare burden or a fiscal challenge for the state. Good mental health among the elderly is rarely recognised as a necessity and an important component of national resilience. However, as Southeast Asia undergoes a rapid demographic transition, a non-traditional security (NTS) perspective suggests challenging this discourse and reframing mental health among older adults as an issue of demographic [cognitive resilience](#).

This involves treating the mental well-being of the elderly as more than a healthcare obligation. Maintaining a population's mental health is a foundational pillar of societal stability and crisis-response capacity. Mental health has to be understood from a wider perspective of impact and implications on society as a whole, the national economy, and how the individual, family, and community at large work together to tackle the challenge in a systematic manner, in cooperation with like-minded organisations and governments.

In a region prone to polycrisis encompassing conflicts, pandemics, climate disasters, and socioeconomic shifts, the mental well-being of the aged is a foundational component of [human security](#). Unaddressed mental health problems strain

healthcare budgets and erode the social cohesion and decision-making capacity of the community.

Health Security in Mental Resilience

Mental health issues are often complex and compounded. However, it is helpful to separate them into two broad categories – clinical and psychosocial. Clinical capacity, which addresses neurodegenerative conditions such as dementia, is a matter of [systemic fragility](#) and can result in high resource commitments in [intensive care-loops](#).

Psychosocial vulnerabilities, which include cases of loneliness and depression, compound the risk of clinical cognitive diseases, as well as physical health resilience, to shocks. The COVID-19 pandemic served as a global stress test for resilience, including demographic cognitive resilience, revealing that psychosocial status is a security variable.

Data suggests that for many older adults, prolonged loneliness during the pandemic led to a more rapid decline in [health](#) than the viral threat or the resulting physical isolation. Loneliness acted as a catalyst for acute anxiety and [worsening cognitive function](#). Focusing exclusively on physical biosecurity (containment) neglects the real impacts of mental health – the “threat multiplier” effects – on physical health and population resilience.

Beyond the obvious case of pandemics, the occurrence of transboundary hazes and heatwaves in Southeast Asia can also unsettle the elderly in the affected countries. Elderly individuals face higher rates of anxiety, depression, and [psychiatric hospitalisation](#) due to heatwaves and air pollution. This creates a surge in demand for emergency services that can overwhelm state infrastructure and risk turning a health issue into a bigger societal challenge.

Conversely, when mental health is prioritised, it often serves as a [resilience buffer](#): a mentally resilient elderly population remains an active participant in disaster response, community leadership, and the informal economy. Studies on societal resilience show that mentally engaged older adults are an important part of human security and the local knowledge necessary for [community-level responses](#), and therefore serve as a defence against social fragmentation during periods of crisis.

Mental Health, Labour, and Security Nexus

The mental health of the aged also directly impacts the "sandwich generation", i.e., the middle-aged workforce currently supporting both children and parents. In the absence of robust mental health systems for the elderly, the burden of care falls on the society at large. Government action is essential in such a situation to ensure a fair distribution of non-familial care resources.

Familial caregiving for the aged can include managing clinical depression or dementia that requires close attention, or, in more severe cases, specialised caregiving. It also commonly involves reducing the elderly's isolation and loneliness,

which necessitates considerable time commitment. This, in turn, affects national productivity and the mental well-being of younger people.

Unpaid adult caregivers in the sandwich generation reported [disproportionately worse](#) mental health outcomes during the COVID-19 pandemic, including increased suicidal ideation and substance use, compared with the general population at the height of the crisis. Geriatric mental health neglect depletes caregivers' resources and mental capacity: safeguarding the cognitive resilience of the elderly beyond the family unit is required to maintain the active labour force's resilience.

This paradox threatens long-term economic security. If the workforce is preoccupied with uncompensated, intensive caregiving for mentally vulnerable seniors, the overall resilience of the population is compromised. Promoting nationwide support and resources for cognitive resilience among the aged is, in effect, a strategy to protect the human capital and productivity of the entire population.

Regulatory Mechanism for Regional Cognitive Resilience

The current regional approach to ageing and mental health remains siloed within the ASEAN Socio-Cultural Community (ASCC) blueprint. While there is a focus on "active ageing", the notable absence of a security-oriented framework for mental health and its intersection with the demographic shift in ageing requires further attention. Regulatory efforts at the ASEAN level, which require coordinating standards and policies across the regional grouping, must evolve to treat mental health as a cross-sectoral challenge that involves the other pillars of the ASEAN Community, namely, the ASEAN Political/Security Community and the ASEAN Economic Community.

While the [ASEAN Community Vision 2045](#) and the recently adopted [ASCC Strategic Plan](#) (May 2025) identify ageing as a defining megatrend, the current regional approach remains limited. The Strategic Plan's pivot from "welfare" to "empowerment" and its focus on the "care economy" (Strategic Goal 3) are welcome shifts, but it would benefit from a more integrated health perspective. By framing ageing primarily as a sector for economic innovation and labour participation, ASEAN risks overlooking the human security vulnerabilities associated with cognitive decline.

Health security requires moving beyond the provision of standard and predominantly physical health-oriented elderly care services and integrating cognitive resilience into the regional health architecture, including the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED). A regional standard for monitoring cognitive resilience, parallel to those for social welfare, environmental hazards, and infectious diseases, would strengthen ASEAN's vision of a "resilient and people-centred" community.

Conclusion

Reframing geriatric mental health as a community priority requires the state to move beyond emotive, welfare-based interventions. If the cognitive integrity of this demographic is allowed to erode, the state risks losing a foundational layer of its

social and economic stability. When ASEAN governance reframes mental health through a non-traditional security lens, ASEAN member states can strengthen their respective national resilience to future poly-crisis shocks. In this endeavour, the ageing segments of their respective populations will be better cared for, and their respective nations will be more resilient.

Pey Peili is a Research Fellow at the Centre for Non-Traditional Security Studies, at S. Rajaratnam School of International Studies (RSIS), Nanyang Technological University (NTU). She leads the centre's planetary health programme.

S. Rajaratnam School of International Studies, NTU Singapore
Block S4, Level B3, 50 Nanyang Avenue, Singapore 639798

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