

Beyond Cognition: The Critical Connection Between Hearing Health and Mental Well-being in Older Adults

Published September 10th, 2025

Sigurd Brandt, MD



The relationship between hearing health and overall well-being has long been recognized within audiology, yet we are still in the process of learning the full extent of this connection as new research emerges.

Discussions surrounding hearing health have often focused on the links to brain health, cognitive decline, and dementia prevention. Interest in this area accelerated with the landmark research from 2011 by Dr. Frank Lin demonstrating that mild hearing loss doubles dementia risk, moderate loss triples it, and severe hearing loss increases risk fivefold (Lin et al., 2011). The results rightfully captured clinical attention and kickstarted an expansive field of research adding many more nuances to the correlation since then. Although important, this cognitive-centric view represents only one aspect of a much broader health perspective.

As our understanding deepens, we recognize that hearing health extends beyond brain health, also

affecting mental health, social health, and physical health in interconnected ways. Audiologists will intuitively recognize these impacts as they observe them daily. With the wider impact, the evidence increasingly also supports a model where hearing health interventions appear to have the potential to influence multiple health domains simultaneously, creating cascading benefits that extend beyond improved auditory function alone. First, however, we need to understand the evidence. This article focuses specifically on the relationship between hearing loss and mental health in older adults. We also introduce a global initiative aimed at raising awareness of hearing loss, promoting better hearing care, and supporting continued research around hearing health. This initiative is called LISTEN TO THIS (www.ListenToThis.com).

The Mental Health Landscape in Hearing Loss

The intersection of hearing loss and mental health is known to most professionals in the field, because the hearing journey of many patients also is largely an emotional one. To people seeking care for hearing loss, hearing better means being able to engage again with the world around them and is a turning point away from feelings of being isolated or cut off from social interactions. The literature confirms that hearing loss is linked to a significantly increased risk of mental health conditions such as depression and anxiety, as well as reduced overall wellbeing and negative mood (Bigelow et al., 2020; Cao et al., 2023; Grewal et al., 2023). More severe hearing loss has been shown to increase the likelihood of developing mental health conditions (Bikbov et al., 2023; Grewal et al., 2023; Dillard et al., 2023; Zhang et al., 2023). Hearing loss was also shown to significantly worsen mental health-related quality of life, with moderate or severe hearing loss having nearly twice the impact compared to mild hearing loss (Dillar et al., 2023). Understanding this relationship requires examining both the direct psychological impact of hearing loss and the secondary effects that emerge from social isolation and communication breakdown.

Among the direct psychological impacts, depression emerges as the most frequently documented condition, with studies consistently demonstrating elevated rates among individuals with hearing loss. Several large-scale studies across nationalities have shown an increased risk of depression in individuals with untreated hearing loss (Lawrence et al., 2023; Kim et al., 2023; Ahrenfeldt et al., 2024; Lu et al., 2024; He et al., 2024; Sacknovitz et al., 2024; Wang et al., 2025) and in some studies the risk has been shown to also increase with the severity of hearing loss (Bikbov et al., 2023; Grewal et al., 2023; Dillard et al., 2023; Zhang et al., 2023). Much of this evidence was summarized in a systematic review in 2024 by Wei et al where the authors state that hearing loss should be considered an independent risk factor for depression (Wei et al., 2024). Not being able to hear can cause individuals to not participate in social gatherings due to their inability to converse and hear the conversation properly, which can further enforce the feelings of loneliness and eventually lead to depression (Blazer et al., 2020).

Anxiety disorders have also been shown to be more prevalent in populations with hearing loss (Zhang et al., 2024; Chen et al., 2024; Shoham et al., 2018; Cosh et al., 2018). Studies report a prevalence of clinically significant anxiety symptoms in up to 15–31 % of people who predominantly had acquired hearing loss (Shoham et al., 2018), and increased odds of anxiety by 1.32 and 1.59 for mild and moderate or greater hearing loss, respectively (Contrera et al., 2016). One potential mechanism describes uncertainty in communication situations and anticipatory worry about social interactions (McClannahan et al., 2025). A different mechanism described potential structural changes in the brain which could be associated with both hearing issues and anxiety symptoms (Ma et al., 2022).

The social dimensions of mental health cannot be separated from the direct psychological impacts of hearing loss. Older adults with hearing loss have been found to have difficulty maintaining relationships and social activities, creating a secondary pathway to mental health challenges (Chaintré et al., 2023; Shukla et al., 2020). Social isolation, a well-established risk factor for depression and anxiety, becomes both a consequence of hearing loss and a contributing factor to further psychological decline (Mick et al., 2014; Zhao et al., 2023). The inability to participate fully in conversations, enjoy social gatherings, or maintain meaningful relationships creates a cycle of withdrawal that compounds the primary auditory challenge (Chaintré et al., 2023).

The psychological impact of hearing loss extends far beyond the auditory system itself. We see patients who describe feeling disconnected from their world, not just because they can't hear, but because the effort required to communicate becomes overwhelming. This emotional burden can manifest as depression, anxiety, and social withdrawal.

The relationship between hearing loss and mental health is further complicated by the phenomenon of listening effort. The cognitive resources required to process degraded auditory information can be substantial, leading to mental fatigue and reduced capacity for other cognitive and emotional tasks. This cognitive load may contribute to irritability, reduced stress tolerance, and decreased emotional resilience, all of which can trigger or worsen mental health conditions (Tarawneh et al., 2025).

Importantly, the mental health implications of hearing loss appear to be bidirectional. While hearing loss can contribute to mental health challenges, existing mental health conditions can also impact help-seeking behavior and treatment adherence for hearing loss. Individuals with depression may be less likely to pursue hearing healthcare, creating a cycle where both conditions remain untreated and mutually reinforcing (Tarawneh et al., 2025).

The Therapeutic Potential of Hearing Interventions

With the growing body of evidence on hearing loss and mental health, it begs the question of what role hearing aids may play. The positive message is that the use of hearing aids has been consistently linked to improvements in mental health and wellbeing for people with hearing loss (Dillar et al., 2023; Zhang et al., 2024; Barbosa et al., 2023; Acar et al., 2011; Bessen et al., 2024; Morita et al., 2024; Bigelow et al., 2020; Mahmoudi et al., 2019). First, hearing aids directly address the communication challenges that often precede social withdrawal and isolation. By improving access to speech and environmental sounds, hearing aids enable individuals to maintain social connections and participate more fully in meaningful activities. This restoration of social engagement appears to be a key pathway through which hearing interventions influence mental health outcomes (Chaintré et al., 2023).

Hearing aid adoption showed protective associations against mood disorders and lowered unmet primary mental healthcare needs, suggesting that hearing interventions may serve as a form of preventive mental healthcare (Zhang et al., 2024). This protective effect appears to extend across multiple mental health domains, with studies documenting reduced rates of depression, anxiety, and psychological distress among hearing aid users compared to those with untreated hearing loss (Mahmoudi et al., 2019; Bigelow et al., 2020).

However, it is important to acknowledge the limitations in our current understanding of hearing interventions and mental health. While the correlational evidence is strong, establishing causation

remains challenging. The observed mental health benefits of hearing aid use may be influenced by factors such as socioeconomic status, health literacy, and access to healthcare, all of which can impact both hearing aid adoption and mental health outcomes (Zhang et al., 2024).

Moreover, the effectiveness of hearing interventions for mental health may vary significantly among individuals. Factors such as the degree of hearing loss (Bigelow et al., 2020) and timing of intervention appear to be important. Given that hearing aid use has been associated with reduced likelihood of depressive symptoms, early recognition of hearing loss could lead to interventions resulting in improved quality of life, suggesting that earlier intervention may be more effective for mental health outcomes than delayed treatment (Mahmoudi et al., 2019). Further, the presence of co-occurring health conditions and individual coping strategies also appear to influence outcomes (Lazzarotto et al., 2019). Some individuals may experience immediate mental health benefits from hearing aid use, while others may require more comprehensive interventions that address both hearing and mental health needs simultaneously (Lazzarotto et al., 2019).

The path forward requires continued research to better understand the mechanisms underlying the relationship between hearing health and mental well-being. Additional randomized controlled trials are needed to establish definitive causal relationships and identify the most effective intervention strategies. Additionally, future research directions should focus on identifying the specific populations most likely to benefit from hearing interventions for mental health, optimizing intervention strategies, and developing integrated care models that address both hearing and mental health needs. This research should focus not only on clinical outcomes but also on the broader social and economic implications of hearing health interventions.

We're beginning to understand that treating hearing loss isn't just about helping people hear better – it's about helping them feel better, connect better, and live better. The mental health benefits we're seeing with hearing aid use are profound and suggest that our interventions may have far-reaching impacts beyond what we traditionally measured.

Advancing Hearing Health Through Comprehensive Care

In the case of hearing loss, the societal implications of this expanded understanding could be profound. The direction we are seeing supports that by addressing hearing health proactively, we can potentially prevent or mitigate a range of health conditions, reduce healthcare costs (WHO, 2017; World Report on Hearing, 2021; Reed et al., 2018), and improve quality of life for millions of older adults. The more knowledge we gain around hearing loss' impact on overall health, the audiological field positions itself to make more compelling arguments for including audiological care as an integrated part of early intervention, comprehensive care, and integrated health approaches. This evolution in our understanding not only has the potential to change how we collaborate with other parts of our health systems but will also make us wiser in our approach to hearing healthcare within our field, moving toward more preventive and holistic models of care.

The evidence presented throughout this discussion underscores the importance of integrating hearing health into comprehensive healthcare approaches for older adults. As we move forward in our understanding of the relationship between hearing loss and mental health, several key principles emerge that can guide clinical practice and public health initiatives.

The importance of early identification and intervention cannot be overstated. Regular hearing screenings for older adults, particularly those showing signs of social withdrawal or mood changes,

should become standard practice in primary care settings (World Report on Hearing, 2021). Healthcare providers across disciplines need to recognize that hearing loss may be an underlying factor contributing to mental health challenges and should incorporate hearing health assessments into their evaluation protocols.

Family and caregiver education represents another important component of comprehensive hearing healthcare. Simple interventions, such as ensuring that family members understand the importance of hearing aid use and know how to troubleshoot basic device issues, can significantly improve outcomes. Caregivers should be trained to recognize signs that hearing aids may not be functioning properly and understand the connection between hearing health and mental well-being.

The integration of hearing health into mental health frameworks requires collaboration across disciplines. Mental health professionals should be educated about the relationship between hearing loss and psychological well-being, while audiologists should be prepared to recognize and address the mental health implications of hearing loss. This collaborative approach ensures that both the auditory and psychological aspects of hearing loss are addressed comprehensively.

Healthcare systems must recognize hearing health as a critical component of preventive care for older adults. This recognition should translate into policy changes that improve access to hearing healthcare, reduce barriers to hearing aid adoption, and integrate hearing health into broader health promotion initiatives. The evidence suggests that investments in hearing health can yield substantial returns in terms of improved mental health outcomes and reduced healthcare utilization (WHO, 2017; Reed et al., 2018).

As we advance our understanding of hearing health and mental well-being, we must remain committed to evidence-based practice while recognizing the profound human impact of our interventions. Every older adult who receives appropriate hearing healthcare represents not only improved auditory function but also the potential for enhanced mental health, stronger social connections, and improved quality of life.

The evidence is clear: addressing hearing loss is not merely about improving hearing – it is about promoting comprehensive health and well-being for older adults. As healthcare providers, we have the opportunity and responsibility to ensure that hearing health is recognized as a critical component of mental health and integrated into comprehensive care approaches that address the full spectrum of human health and well-being.

Discovering the Power of Hearing Health: A Call to Action

The implications of this research encompass public health policy, healthcare system design, and societal approaches to aging. By recognizing and acting upon the connections between hearing health and overall health in general, we can create more effective, comprehensive, and compassionate approaches to healthcare for older adults. This is why [LISTEN TO THIS](#) was formed.

LISTEN TO THIS is a global initiative inviting healthcare partners, policy makers, patient organizations and more to drive a new hearing health movement. Our mission is to raise greater awareness of hearing loss, promote better hearing care, and support continued research around hearing health. Through evidence, collaboration, and innovation, our goal is to ensure hearing health is recognized as a critical factor in overall health and wellbeing.

Our collective efforts aim to foster understanding and action, leveraging our strengths to make hearing health a critical component of overall wellness. We'll continue to invite partners to this endeavor – together, shaping a future where hearing health is both recognized and prioritized.

For hearing care professions, LISTEN TO THIS aims to make evidence-based hearing health more accessible and tangible. We started out with the link between hearing loss and brain health being the center of attention, but we are soon launching mental health as the next area of health focus. And we will continue to expand with additional content that explores relationships between hearing loss and different facets of health. On the site today, you will find:

- Curated content on the latest hearing health research on brain and mental health
- In-depth CE-accredited educational masterclasses on select topics
- Print-out leaflets and posters for your clinic
- Conversation guide on how to implement hearing health in practice
- Social media guide to help create hearing health outreach in your local community

Join us in promoting the criticality and importance of good hearing care. At LISTEN TO THIS, we know we are just one piece to the puzzle in supporting healthy aging, but together we can ensure the value of hearing care reaches as many people as possible.

Visit [LISTEN TO THIS](#)

References

1. Acar, B., Yurekli, M. F., Babademez, M. A., Karabulut, H., & Karasen, R. M. (2011). Effects of hearing aids on cognitive functions and depressive signs in elderly people. *Archives of Gerontology and Geriatrics*, 52(3), 250–252.
2. Ahrenfeldt, L. J., Möller, S., Nielsen, D. L., et al. (2024). Sensory impairments and depressive symptoms in Europe. *Aging & Mental Health*, 28, 1591–1599.
3. AlTarawneh, D. J., & Nazzal, M. (2025). Exploring the link: Unraveling the connection between hearing loss and psychiatric disorders. *Cureus*, 17, e83223.
4. Barbosa, M. G., Rodrigues, N. C., Lima-Costa, M. F., et al. (2023). Hearing-aid use and psychological well-being in community-dwelling older adults. *International Journal of Geriatric Psychiatry*, 38, e5904.
5. Bessen, S. Y., Zhang, W., Huang, A. R., et al. (2024). Effect of hearing intervention versus health-education control on fatigue: Secondary analysis of the ACHIEVE trial. *The Journals of Gerontology: Series A*, 79, glae193.
6. Bigelow, R. T., Reed, N. S., Brewster, K. K., et al. (2020). Association of hearing loss with psychological distress and utilization of mental health services among adults in the United States.

7. Bikbov, M. M., Gilmanishin, T. R., Kazakbaeva, G. M., Yakupova, E. M., & Jonas, J. B. (2023). Prevalence of depression, anxiety and suicidal ideas in residents of Bashkortostan with sensory impairments. *Scientific Reports*, 13, 17256.
8. Blazer, D. G., & Tucci, D. L. (2020). Hearing loss: The silent risk for psychiatric disorders in late life. *Clinics in Geriatric Medicine*, 36, 201–209.
9. Cao, X., Li, K., Wang, W., et al. (2023). Hearing loss and subjective wellbeing among older adults: The mediating roles of social activity and cognition. *Clinical Gerontologist*, 46(4), [pages pending].
10. Chen, X., Hu, K., Song, H., et al. (2024). Depression, anxiety and brain volume after hearing loss and tinnitus: Cohort study in the UK Biobank. *BJPsych Open*, 10, e37.
11. Contrera, K. J., Betz, J., Deal, J. A., et al. (2017). Hearing impairment and anxiety in older adults. *Journal of Aging and Health*, 29, 172–184.
12. Cosh, S., Naël, V., Carrière, I., et al. (2018). Bidirectional associations of vision and hearing loss with anxiety: Findings from the Three-City Study. *Age and Ageing*, 47, 582–588.
13. Dillard, L. K., Pinto, A., Mueller, K. D., et al. (2023). Associations of hearing loss and hearing-aid use with cognition, health-related quality of life and depressive symptoms. *Journal of Aging and Health*, 35, 455–465.
14. Grewal, M., & Golub, J. S. (2023). Association between hearing loss and multiple negative emotional states in U.S. Hispanic/Latinx adults. *Otolaryngology–Head and Neck Surgery*, 168, 1047–1053.
15. He, Y., Jiang, W., Hua, Y., et al. (2024). Dynamic associations between vision and hearing impairment and depressive symptoms among older Chinese adults. *Archives of Gerontology and Geriatrics*, 116, 105217.
16. Kim, H. J., Jeong, S., Roh, K. J., Oh, Y. H., & Suh, M. J. (2023). Association between hearing impairment and incident depression: A nationwide cohort study. *The Laryngoscope*, 133, 3144–3151.
17. Lawrence, B. J., Jayakody, D. M. P., Bennett, R. J., et al. (2020). Hearing loss and depression in older adults: A systematic review and meta-analysis. *The Gerontologist*, 60, e137–e154.
18. Lazzarotto, S., Martin, F., Saint-Laurent, A., et al. (2019). Coping with age-related hearing loss: Patient–caregiver dyad effects on quality of life. *Health and Quality of Life Outcomes*, 17, 86.
19. Lin, F. R., Metter, E. J., O’Brien, R. J., Resnick, S. M., Zonderman, A. B., & Ferrucci, L. (2011). Hearing loss and incident dementia. *Archives of Neurology*, 68(2), 214–220.
20. Lu, Z., Kang, D., Chen, H., et al. (2024). Depressive status mediates the association between hearing loss and outdoor activity in older adults. *Journal of Affective Disorders*, 345, 404–409.
21. Ma, W., Zhang, Y., Li, X., et al. (2022). High-frequency hearing loss is associated with anxiety and brain structural plasticity in older adults. *Frontiers in Aging Neuroscience*, 14, 821537.
22. Mahmoudi, E., Zazove, P., Meade, M., et al. (2019). Can hearing aids delay time to diagnosis of dementia, depression, or falls in older adults? *Journal of the American Geriatrics Society*, 67,

23. Mick, P., Kawachi, I., & Lin, F. R. (2014). The association between hearing loss and social isolation in older adults. *Otolaryngology–Head and Neck Surgery*, 150, 378–384.
24. Morita, Y., Magara, J., Yamagata, K., et al. (2024). Impact of hearing aids on cognitive function and quality of life in patients with hearing impairment: A cross-sectional study. *Auris Nasus Larynx*, 51, 708–712.
25. McClannahan, K. K. S., McConkey, S., Levitan, J. M., Rodebaugh, T. L., & Peelle, J. E. (2025). Social anxiety, negative affect, and hearing difficulties in adults. *Trends in Hearing*, 29, 23312165251317925.
26. Prieur Chaintré, A., Nguyen, T. T., Cadot, N., et al. (2023). Influence of hearing loss on social participation in older adults: A scoping review. *Research on Aging*, 45, 91–108.
27. Reed, N. S., Altan, A. E., Deal, J. A., Power, M. C., & Lin, F. R. (2019). Trends in healthcare costs and utilization associated with untreated hearing loss over 10 years. *JAMA Otolaryngology–Head & Neck Surgery*, 145, 27–34.
28. Sacknovitz, Y., West, J. S., Reed, N. S., et al. (2024). Multisensory impairment and depression among older adults: A population-based analysis. *Otolaryngology–Head and Neck Surgery*, 171, 115–123.
29. Shoham, N., Lewis, G., Favarato, G., et al. (2019). Prevalence of anxiety disorders and symptoms in people with hearing impairment: A systematic review. *Social Psychiatry and Psychiatric Epidemiology*, 54, 649–660.
30. Shukla, A., Harper, M., Pedersen, E., et al. (2020). Hearing loss, loneliness and social isolation: A systematic review. *Otolaryngology–Head and Neck Surgery*, 162, 622–639.
31. Wang, J., Duan, L., Zeng, R., et al. (2025). Change in depressive-symptom scores and risk of new-onset dual sensory impairment. *Frontiers in Public Health*, 13, 1520552.
32. Wei, J., Li, Y., Gui, X., et al. (2024). Association of hearing loss and risk of depression: A systematic review and meta-analysis. *Frontiers in Neurology*, 15, 1446262.
33. World Health Organization. (2017). Global costs of unaddressed hearing loss and cost-effectiveness of interventions. World Health Organization.
34. World Health Organization. (2021). World report on hearing. World Health Organization.
35. Zhang, L., Du, H., & You, H. (2023). Correlation between the degree of hearing loss and levels of anxiety and depression in tinnitus patients. *Noise & Health*, 25, 195–201.
36. Zhang, L., Yu, J., Zhang, H., & Chen, S. (2024). Association between hearing-aid use and mental-health outcomes in people with hearing impairment: A case–control study among 28 European countries. *Journal of Affective Disorders*, 361, 536–545.
37. Zhang, Z. Q., Li, Y., Ge, X., Ma, W., Li, L., et al. (2024). Bidirectional associations between sensorineural hearing loss and depression and anxiety: A meta-analysis. *Frontiers in Public Health*, 11, 1281689.
38. Zhao, H., Li, Y., Liu, Y., et al. (2023). Hearing impairment, social participation and depressive symptoms in older adults: A cross-lagged analysis. *Frontiers in Computational Neuroscience*, 17,

1240587.