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Review Article

Ageism and COVID-19

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ABSTRACT

Aging and ageism is a challenge in itself for the aged, and the Coronavirus has intensified their complications today, as a result of which the mortality rate of older people is greater than other deaths at the same time, elderly people have been reported to have committed suicide, even the number of cases and deaths worldwide is rising. Elderly suffer not only from physical infections, but also from psychological and societal implications on their minds. The priority of the administration is mostly on precautionary measures and the study of biological interventions, the emotional well-being of this vulnerable population has unfortunately been neglected. In addition to loneliness, stress, anguish, depression and anxiety during the lockdown, ageing is a big issue in itself, as are elderly people suffering from discrimination and violence, especially the current epidemic. Elderly people are being abused in this instance particularly those who live alone, those who are less receptive or able to think and understand, are willing to take action, such as suicide, out of fear of illness. Considering the increasing population of the elderly, if appropriately cared for, such biological threats would have a serious and permanent impact on the overall health and well-being of the elderly. Comprehensive treatment focused on the biopsychosocial paradigm for the mental health care of the elderly during this emergency, complemented by policy-making studies, has to be enforced. Under such a context, advocacy reports look at particular forms of obstacles that older adults face during COVID-19, focusing on social well-being and assault. Important facets of care for the aged and the avoidance of abuse during such emergencies are also highlighted.

Keywords: COVID-19; Aged; Ageism; Elderly; Disease

INTRODUCTION

The whole world is battling a virus called COVID-19, the disease has reached its peak in the last four months. The effect of COVID 19 is not only happening physically but it is particularly affecting people's minds, creating a fear among people, especially the elderly who are over 65 years of age. It is clear that COVID-19 is affecting mostly the elderly, with the death toll from the disease being the highest in the world. The novel Coronavirus Disease 2019 (COVID-19) outbreak first appeared in Wuhan City, Hubei Province, China, on 12 December 2019. Within 3 months of the initial outbreak, the virus spread quickly to and beyond the surrounding countries, which caused the World Health Organization (WHO) to announce a pandemic on 30 JAN 2020 after the first coronavirus case was confirmed in Kerla. Since then, India, like all countries dealing with this infection, has taken the requisite steps to avoid coronavirus transmission, including shutting down schools and closing areas where people meet, such as restaurants, shopping malls, film theatres, gymnasiums and other sports facilities. The Indian Government has asked its citizens to remain in voluntary quarantine and stay at home to reduce the number of infections and protect our elderly and those with chronic diseases. The emergence if COVID-19 and its pandemic nature triggered public alarm, panic and anxiety [1]. In addition, COVID-19 generates fear among individuals that makes understanding the effect of the crisis ion people's mental health crucial [2]. Fear and fear over COVID-19 may contribute to stigmatization and social isolation of reported victims, survivors, their families and those associated with the condition, which can raise the risk of experiencing mental health issues such as attachment disorder and depression [3]. In addition, uninfected people reported fear of contact with COVID-19-infected individuals [4]. High levels of fear of COVID-19 may also cause irrational and unclear thinking [1]. The critical need for research on alternative preventive measures has been demonstrated by Mamun and Griffiths in order to reduce severe mental health issues such as suicidal thoughts triggered by the uncertainty of COVID-19 [5].

This COVID-19 has affected nearly four million people worldwide and has killed millions, which is increasing day by day [6]. The World Health Organization (WHO) has acknowledged the disease a "public health emergency". Due to this massive spread affecting

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every aspect of life was not seen in modern times. The reason for this is that aerosols and viruses at different levels have a viability of up to 2-weeks, although a definitive scientific consensus remains to be reached. Most infections are slightly mild, but some have pneumonia and severe respiratory distress syndrome, which can eventually lead to death. The Elderly are more dangerous in themselves. In the first round of infection in China, 20 deaths were over the age of 60. The Chinese Centers for Disease Control and Prevention estimates the death rate in the 60-69 age groups is 3.6 percent, which could rise to 80 to 20 percent [6]. Similar results have been found in countries with high COVID-19 mortality, such as Italy, Spain, South Korea, Iran, and the United States [6,7]. It has also been observed that in old age, people without lungs can also die. It has to do with irrelevant multicellular failure and septicemia. A comparative study of age by Leonne. In the case of hospital admissions of COVID 19, it was found that the elderly group (above 55 years of age) had an increase in hospital stay, delayed medical recovery, and lung involvement. Rise, rapid increase in disease and increased mortality [8]. The need for mechanical ventilation and oxygen therapy is doubling in old age, and their blood levels are also reduced by lymphocytes and reactive proteins, both of which are markers of the immune response to the virus.

Problems such as morbidity, chronic uncontrollable illnesses (such as diabetes, hypertension, pneumonia, osteoarthritis, and cognitive impairment), multiple medications, and a variety of other factors need to be hospitalization. A kind of fear of not knowing who is infected with corona puts them in a kind of danger, they can also get this disease., It has been shown to alter the immune response and complicate the pathway of COVID-19 infections in tissue-related disorders, endocrinopathy, traumatic conditions, osteoarthritis and other inflammatory conditions [9]. With age, the occurrence of these disorders increases, so does the risk. Studies have also looked at the psychological stress of the elderly due to epidemics. Social loneliness has long been cited as a "serious public health concern" for the elderly as it increases the risk of heart disease, autism, neurological and mental health disorders [10]. A longitudinal analysis showed that social isolation increased the risk of depression, anxiety, stress and insomnia in the elderly [11]. Even though separation is necessary for their own physical safety, enforcing it without supervision will increase loneliness, worsen mood, compromise their autonomy and their overall well-being and also will affect. Here are some of the major disabilities of the elderly that may pose a further risk to them in this epidemic.

LITERATURE REVIEW

Ageism

Ageism had been a deep-rooted practice in the human civilization which people or other entities commit consciously or through culturally transformed stereotypes. The idea and practice of discriminating older adults solely due to their chronological age had been existent from time immemorial. It was not until 1969, that the idea was brought forth to the academic circles by Butler. The practices that were often held as practical jokes or common notions were gradually deciphered to be grounded on a set of psycho-social elements. “Age-ism reflects a deep-seated uneasiness on the part of the young and middle-aged- a personal revulsion to and distaste for growing old, disease, disability; and fear of powerlessness, “uselessness,” and death.” [12]. The concept and practice of ageism, henceforth, became a topic of academic interest among sociologists, psychologists, and gerontologists. Broadly speaking, “Ageism is defined as stereotypes, prejudice, or discrimination against (but also in favor of) people because of their chronological age.” [13]. Ageism could either be implicit or explicit and could take place at micro, meso or macro-level [14]. Ageism could be seen in unintentional day to day events of life to policy level deliberations, which is no less than intentional. An international policy level scenario could be seen in the case of the United Nations policy that ensures the rights of individuals devoid of their race, color, sex or any other distinction through the United Nations but the document has not taken into account the discrimination based on age; at least in the official document [15]. A broader picture of the discrimination of older adults in terms of national spending could be figured out through the resource allocation of the nations. India which is home to 10 per cent of the global senior population is spending less than one per cent of its GDP on schemes benefiting the older people. But the scenario is different in some of the developed countries [15].

Origins and transmission of ageism: Ageism reflects a human person’s inner fear of becoming old and the consequent reality of death, which is socially constructed and transmitted [16,17]. From a societal perspective, often ageist ideas are transferred through generations at a very young age, as low as fourth grade [18]. The idea and practice of ageism are prevalent in most of the societies and the concept is transferred and established through messages that influence people of all age groups [17]. The fact that the concept of ageism is psychologically constructed and socially transmitted and socially reinforced points to the fact the young people should need to identify the problem of ageism and avoid such practices deliberately. The cultural nature of ageism raises the question of the difference in the trends of ageism in the context of cultural differences across societies. Often gerontocratic culture and piety do not necessarily vouch for the prevention of ageism [19]. However, intergenerational contact is considered an effective strategy in reducing ageism among young people; ranging from children to middle-aged people [20,21]. Intergenerational contact is hence considered as one of the effective means of eliminating ageism among young people.

Vulnerabilities of the elderly

Frailty (age-related overall biological and psychological risk to the individual) that restrict their mobility, malnutrition, and immunosuppression [22]. Loneliness, neglect of one's self, neglect, not eating properly. (In such old care homes and institutional layouts) sensory problems (vision and hearing difficulties) that can prevent them from taking appropriate precautions. Chronic disorder, multifaceted, need for health care and increased physical support. Decreased cognitive abilities (memory, processing speed, thinking, and language) may prevent them from understanding and following precautionary guidelines. People with dementia may have behavioral and circulatory tendencies that may increase the challenges of isolating them during such outbreaks. Social distance is not always possible (many people in different roles are involved in their care, including domestic help who live alone). Older people often live according to customs developed over the years. Rapid disruptions to this schedule can be traumatic. Elderly people who live outside the city mostly walk in the park and also visit their friends in the countryside especially in rural areas. They have

moved away from all these things and at the same time they may be at risk of infection in getting the daily necessities and this increases their fear. Numerous elderly people between the ages of 60 and 65 have been psychologically disturbed by the outbreak. It's difficult, even if they understand the need. Improper testing of COVID-19 and consequent lack of information puts them at risk of being an ineffective carrier of this highly contagious disease.

Fear of death such as "what will be happened after me" and "about my family" are common among older people over 60 years. In a situation where it is difficult to decide, nothing can be said the result of this self-neglect is to surrender to epidemic conditions with epidemic disease. Misunderstand the risk of infection, and it is equally to increase the risk, another concern among older adults is the death of dignity, which is threatened during lockdowns, travel restrictions, and social distance. In solidarity and loneliness, fear of sudden and lonely death, away from family, everyone's last wish is for his family to be with him at the time of his death, to perform his last rites religiously. Basically, such a death. Every day he is in danger of what will happen to him, it is more dangerous than death. Which can affect emotional well-being. Spirituality is an important factor in competing for the elderly, [23]. Disrupting religious rites as part of the funeral rites can prevent healthy grief. Within the plethora of "information contamination" that is already prevalent, if older people have information about this infection, they should take a little precaution and keep in mind that it can be prevented. And they won't even think of committing suicide. Studies have shown that they were killed by elderly people whose knowledge was half-incomplete. Confusion and misunderstandings can lead to precautionary measures, poor treatment, and over-indulgence. Psychological weakness, especially in times of lockdown and loneliness, anxiety, and uncertainty can lead to depression, insomnia, and chronic stress. Loss of loved ones or the thought of being away from them increases grief and depression. If it lasts longer, they also have an increased risk of post-traumatic stress syndrome. Clearly, the risk of suicide in the elderly population is two to three times higher, and the number is growing [24]. A nationwide mental health survey conducted during the current epidemic in China found that one-third of people over the age of 60 suffer from depression, anxiety, and insomnia [25]. This is further mentioned in the section) COVID-19 has made a difference in the difference between infectious diseases and treatment of common diseases. [26]. Alcohol, alcoholism, and stress-related drinking have led to a global increase in the epidemic crisis. Ethanol is thought to reduce adrenal insufficiency and upgrade angiotensin-converting enzyme 2 receptors, which are the target of SARS-COV-2 infections [27].

An unexpected lockdown in countries have led to an increase in complex evacuations, which, if left untreated, can be fatal, especially for the elderly. The use of adulterated alcohol and methanol is life-threatening [28]. Treatment for opioid replacement may be vulnerable, and unnecessary smoking may worsen the lung conditions of old age, leading to the infectious effects of COVID-19. Importantly, self-care and precautionary measures are impaired by poor treatment, leading to an increase in the vicious cycle of substance abuse, which in turn increases the health effects of the elderly.

Lack of domestic help and basic housing facilities in people living alone due to lockdown can create far more survival than the risk of infection. Considering that domestic helpers' complete multiple homes with unknown standards of hygiene and safety, they run the risk of becoming an asymptomatic carrier of the infection. Outgoing uncertainty and fear increase. It is a "double-edged sword" because the elderly who live alone often rely on their daily help, but at the same time are afraid of contracting the infection. It provides an important source of danger, both physical and emotional [6].

Difficulties in digital communication due to various reasons such as lack of awareness, cognitive or sensory deficits, and difficulty in adapting to new practices, many elderly people living in cities are unable to stay in touch with their loved ones through social networking. They are not master in this thing such as WhatsApp, Facebook, etc. and video conferencing methods, which are recommended for social communication worldwide during the COVID-19 crisis, for this too, the elderly have to depend on others. Older adults in particular, when they want to live with their family, want to come to their work with them. They can't be found this leads to frustration and helplessness. Although digital connections appear to be a rational alternative, previous studies have shown that seniors prefer personal communication and care rather than virtual interaction [29]. Being physically "isolated" during the current epidemic increases their loneliness and social isolation.

Mantle health of elderly during this pandemic

Significance of COVID-19 for the Elderly the rage of COVID-19 is extraordinary globally. Can compile, unfortunately, research in this area is still limited. Some commentators and researchers have noted the need for special advocacy for mental health in the elderly. In order to protect the elderly from COVID 19, it is necessary to consider and research it so that at least the elderly can be given peace of mind.

Digitization Communication is fine for the elderly to be able to talk to their children and be reassured to see them, but they have a feeling in their mind that their children are not with them. Yours will not remain with them [30]. In addition, the elderly who live away from their children have stress, fear, anxiety, especially those who live abroad, especially people living in India, and think that their children should live with them. Therefore, the number of old age homes here is less than in foreign countries, and yet the parents of those who live to think that their children do not like to live with them and have left them and during this epidemic, they feel alone [30]. On the other hand, if the elderly is sick during this lockdown and in such a case they have to be admitted to the hospital, then no one comes to see them and no one is going to take care of them. Make you feel very lonely and they are emotional and it stays in their mind that their own will leave them to die there so they are willing to take steps like suicide. As mentioned earlier, the Virtual Association, although an option, allows people to stay in touch with their loved ones, see them and talk to them, but they are "loving" the family contact cannot be a substitute for "Furthermore, the death or loss of your spouse or children due to infection, can only be seen with the naked eye. Even those who die in this lockdown lose the last rites, which is grief can further increase. All of this can happen in the last moments of life. There can be independent risk factors for depression, which can be medically polymorphic, stress, and loneliness during epidemic diseases also increase the risk of suicide. An online survey of 1,074 people from Hobby found that there was an increase in mental illness, as well as a decrease in sleep and that stress was most prevalent among older adults. Another possible longitudinal study, which looked at 1738 people from

190 Chinese cities, found that anxiety, along with an increase in trauma scores, and a decrease in sleep-related physical (somatic) [31]. High rates of symptoms are reported, which increase with age. Health information through the media [32]. In contrast, studies by Huang and Xiao have shown that younger people have a higher rate of stress than older people [33]. A study in northern Italy included individual factors (sensory and cognitive), perceptions and polypharmacy), infectious factors (virus neurotrophic effects, immunomodulatory state, and defective), and environmental factors (social isolation, institutionalization, and intensive care). 30%-50% of COVID-19 neuropsychiatric comrades as major risks to the psychiatric condition of the elderly have been reported to be obsolete, irritable and depressed, although the exact causes of each of these have not been reported. A multinational report on the mental health of the elderly (Brazil, Portugal, and Norway) during COVID 19 states that hospitalization, fear of death, stigma, age-related concerns and illness, and distance from family are all factors. Psychiatric disorders are on the rise in the elderly [34,35]. The threats posed by these authors were measures of fear, physical safety and social integrity that they discussed. Older people are more afraid, especially those who feel socially lonely and those who live alone. Complications related to substance abuse can increase both disease and death. A position paper by the International Society of Addiction Medicine on "COVID 19 and Drug Abuse" raises concerns about the increasing public health burden, and the risk is higher in people in their 60s [35]. Baker and Clark have recently reduced their risk of contracting the disease by reducing their social isolation during epidemic outbreaks by reducing supportive counseling sessions, family psychology education, and their continued involvement in care. A biopsychosocial approach is recommended. "Exim:" A Prelude to Corruption [36].

Due to various reasons such as lack of awareness, cognitive or sensory deficits and difficulty in adapting to new practices, many elderly people living in cities are unable to stay in touch with their loved ones through social networking. They are not master in this thing (WhatsApp, Facebook, etc.) and video conferencing methods, which are recommended for social communication worldwide during the COVID-19 crisis. Older adults in particular, when they want to live with their family, want to come to their work with them. Can't be found this leads to frustration and helplessness. Although digital connection appears to be a rational alternative, previous studies have shown that seniors prefer personal communication and care over virtual interaction. Being physically "isolated" during the current epidemic increases their loneliness and social isolation [29]. In contrast, studies by Huang and Xiao have shown that younger teens have a higher rate of stress than older adults [33]. A study in northern Italy included individual factors (sensory and cognitive), perceptions and polypharmacy), infectious factors (virus neurotrophic effects, immunomodulatory state, and defective), and environmental factors (social isolation, institutionalization, and intensive care). 30% to 50% of COVID-19 neuropsychiatric comrades as major risks to the psychiatric condition of the elderly has been reported to be obsolete, irritable, and depressed, although the exact causes of each of them have not been reported. A multinational report on the mental health of the elderly (Brazil, Portugal, and Norway) during COVID-19 states that hospitalization, fear of death, stigma, age-related concerns and illness, and distance from family are all factors. Psychiatric disorders are on the rise in the elderly [37]. The threats posed by these authors were measures of fear, physical safety and social integrity that they discussed. Older people are more afraid, especially those who feel socially lonely and those who live alone. As mentioned earlier, complications related to substance abuse can increase both disease and death. A position paper by the International Society of Addiction Medicine on "COVID 19 and Drug Abuse" raises concerns about the increasing public health burden and the high risk for people over the age of 60 [29]. Baker and Clark recently worked to address their social isolation during an epidemic by reducing their risk of contracting the disease, supportive counselling sessions, family psychology education, and their continued involvement in care [36].

Stigma of “ageism”

There is another piece to it, the stigma of ageism. Generally, the elderly is placed in backward classes and also consider a marginalized population. Even though India, in specific, teaches respect for and care for the elderly, "aging", "losing one's life", and fear of death make "death" and "evil of society." The WHO defines Exim as "old-fashioned people and attitudes, prejudices, discrimination based on people's age." [38]. In society, aging is considered to mean the fading of youth. The disappearance of "charm and beauty" is considered to be the end of the aging of the elderly, so that there is a certain danger with age has clarified from a recent study is associated with a number of negative physical and psychological consequences [39]. Generally, people think during this epidemic, like, "Oh, you're at high risk, you need to be safe." "You need to be as careful as possible."Otherwise, you can affect others." Elderly people have symptoms such as chronic bronchitis, obstructive pulmonary disease, chronic cough due to the common cold, sore throat and flu, which are usually the same symptoms of COVID-19 that if someone has it. When there is such a problem, people and society keep they isolated. They do not want to have anything to do with their homes. In a way, they create distance from their homes. It can severely affect the mentally and emotionally aged person. If overcrowding in an old age home, negligence and carelessness in self-care are other important factors, it can lead to increased stress which weakens the immune system. That is why the chances of any infection increasing. Suicide rates have risen worldwide during Lockdown one, and not only that, but the mood of the elderly has also been affected dramatically. Most elderly people live alone, struggling with basic amenities such as food, household utilities and hygiene due to this long-running epidemic. This is the case in many families where the elderly is abused but apparently not known but in this epidemic disease and especially the lockdown, the abuse against them has come to the fore and is coming [40].

Elderly abuse and Corona Virus dual disorder WHO describes older adult abuse as a single, or frequent process, or lack of appropriate action, occurs in any relationship where trust is expected, whatever causes for the elderly [41,42]. This includes both discounts and commission work. It can range from physical, psychological to financial exploitation and even blatant neglect. Since the beginning of Cove 19, domestic violence and abuse against the elderly have been on the rise, and the American Bar Association has issued a public warning. Has been released [43]. In the guidelines for the care of the elderly during COVID-19, the WHO and the Centers for Disease Control and prevention (CDC) both address the risks of abuse and it’s the urgent need for prevention and mitigation is mentioned. Sometimes it happens when there is a restriction on the goodwill of the elderly people in decision making or in

their autonomy when it is restricted which causes them emotional damage. In particular, ignoring or depriving them of information, etc., is also a form of abuse. A theoretical model is proposed called the Abuse intervention/prevention model [44]. This model focuses on the factors that propagate each other, such as the elderly's ability to cope with epidemics, "trusting others," and the context of abuse. The unique weaknesses of "Age and Exim" have already been discussed. In this age of epidemics, the case should be kept by a person who is trustworthy or a person who is paid or placed in such an institution. Where they can be well cared for. Abuse of the elderly is common where both victims and offenders need social care in the community. Lockdown has increased the requirements for all essential services, and the elderly have difficulty accessing many of them. People with dementia, especially those away from family, are at increased risk. In the case of COVID-19, the elderly is facing significant losses in the face of increasing digital exchanges, including large amounts of property being misappropriated and misappropriated. It has become common [45]. Even researching the elderly during an epidemic without their informed consent can be considered a violation of their rights and dignity. The corona virus has provoked thoughts and comments in China since its beginning. Over time, as mortality rates in the elderly have increased, unfortunate and helpful comments have been made about "the needs of many people [38]. In a similar context, it is ironic that the elderly population is growing rapidly and emotional well-being is an important requirement for their healthy longevity.

Elderly care during this pandemic situation

Awareness of the special needs of the elderly during such crises and sensitivity to their risks is the basis on which help can be provided. Caring for them needs to become a c (Place holder-3) collective accountability at every level. Some of the key aspects are highlighted below:

- It is better to emphasize physical distance than social distance and there are other technical means like telephone to keep them connected with their loved ones. With the help of all these things, they will have it. Their own people are with them. They will not be emotionally disturbe. Meeting them often during video conferencing helps to promote hope and happiness. Considering their capability and their weakness, it is imperative that they avoid crowds. Extra effort is required to monitor whether their hand and respiratory hygiene is ensured. Simple instructions (written or recorded) in their language are appropriate to stay away from.
- Avoid going to hospitals etc. during this epidemic disease. At the same time, many organizations have opened these online medical consultations. It is possible that many elderly people may have difficulty accessing these services, but it can be taken advantage of. The district government should take such protective measures for their psychological counselling. All optional surgeries such as cataracts, hernias, or knee replacements (unless complicated) should be better postponed.
- Elderly people who need special care in the quarantine, talk to them, keep in touch with them on the phone so that their loneliness can be eliminated.
- The family member should be sensitive to the early symptoms of COVID 19. If any of these symptoms are found in anyone, they should be immediately examined and treated. This can lead to panic, self-isolation and corruption. Should not give Medical explanation is the best choice for any explanation.
- Elderly people should not be preserved with COVID 19 with any medication (antivirals, hydroxy chlorine, any herbal supplement, or advertised immediate treatment) but it can be fatal. Search for the help of a professional doctor [46].
- Authoritative guidelines by public health agencies (WHO, CDC, and Ministry of Health and Family Welfare, Government of India) are clear procedures for caring for the elderly during an epidemic. Advocacy can be done with guidance.
- Helpline for providing services (food, water, medicine, and other necessary facilities) this number can be helpful for people who are stranded alone.
- Psychological issues are important, and families need to be sensitive to them. It is natural to suffer from stress, but from a qualified mental health professional on symptoms of excessive anxiety, depression, sleep difficulties, or suicide. Urgent attention is needed. Suicide in the elderly is already an added risk, and more efforts succeed. Determining life-threatening stress can be more difficult, however, which increases the risk of neglect and self-harm. Drug abuse and related comorbidities need to be detected and treated immediately. Harmful reduction procedures can be helpful. Even in times of crisis, the elderly is most involved in making decisions. They need to protect and secure their rights, self-esteem and dignity. Their will for quarantine, intimacy and sexual autonomy must be respected. Special priorities and precautions are needed to prevent abuse.

Corona virus and mantle health of elderly

Special implications for India: The NDA reported its first COVID-19 on January 30, 2020. After a slow spread in the beginning, to date, Asia has the highest number of confirmed cases in Asia, at 2.7 million. More than 7,745 have been infected, the disease is on the rise in India and there is no prospect of stopping it [47].

However, the mortality rate in India is 2.8%, much lower than the global average of 6.13%. Some researchers have suggested that the reason for the decline in the population and the rate of screening compared to symbolic individuals is one of the reasons for this statistic [38]. In general, mortality rates, like those of the rest of the world, are higher for the older adult, although the number of victims is lower in India. However, these figures give little indication of the public health of a country that is projected to reach a population of 1.7 billion by 2050, of which 20% will be among the elderly [23]. In addition, COVID-19 lacks a knowledge-based approach to psychiatric services or services during epidemic diseases, rampant corruption, and mental health [38]. The sudden lockdown has doubled the trouble, which is weakening physically as well as mentally [30]. Unlike other developed countries, the challenges of access to digitalization and telemedicine services are accompanied by greater fear and danger to the elderly. Even in a country where easy telephone access to consultation and

online prescriptions is difficult, most use technology. Not properly equipped. In addition, physicians face challenges in assessing adulthood through online media. The social distance during lockdown in India has further increased the psychological stress in the elderly [48]. In this case, taking care of their needs in a socio-cultural context will be tailored to their needs. Personal "touch," empathy and affirmation of their distress are shown to improve their psychological resilience [29]. Different socio-cultural contexts in India vary; helping their personal social connections, improving their company, providing the necessities, respecting their dignity and sovereignty, as well as their own psychological will be helpful in care. They need physical protection and surveillance, and can be an important means of coping with spirituality in such a time of trouble. Fighting misinformation, involving seniors in decision-making, and keeping them properly informed can increase their perceived sense of security [47]. The Indian Epidemic Act, 1897 is already ready for a review against COVID-19, and it will be imperative to include the mental health needs of the elderly. As cases in the subcontinent escalate further in the next few months, systematic research into the elderly and their mental health will help us understand population-based risks, their living experiences and unnecessary needs that can shape policies. And can improve preparedness for such future crises.

Suicide is a measure risk and may also increase concerns during the COVID-19 pandemic. Elderly homicide rates in India are rising day by day. In the past, people didn't have a caregiver in their home or when they took this measure, but now the Corona virus has produced a circumstance like this. Fed up with this, old people are taking steps like suicide. Due to the lack of vaccines, the virus spreads exponentially across the world. The latest research has highlighted the negative impact of COVID-19 on mental health with depressive and nervous symptomatology from mild to serious in the general population [32]. The latest research has highlighted the negative impact of COVID-19 on mental health with depressive and nervous symptomatology from mild to serious in the general population. The WHO has optional obligatory self-isolation for older adults from the society. The WHO has the option of compulsory self-isolation of older adults from society. However, the social isolation of the elderly community has exacerbated some anxieties, like neurocognitive, autoimmune, respiratory and behavioral wellbeing, which are alluded to as "severe public health issues." Moreover, social disconnection induces grief, depression, anxiety and nervousness in older adults [11].

In India, almost 300 cases of suicide were registered during the lock-down as "non-coronavirus suicides" due to mental torture. According to the report, 80 people were killed because of their fear and loneliness. This new situation places elderly people's mental health at greater risk of relapse, when they are still vulnerable to suffering and disquiet [49]. In addition, elderly people living alone are insecure due to lack of social assistance in the current situation. Out of a total of 8.6 per cent of the elderly population, nearly 29 per cent of the elderly live in urban areas. Fifty-three million older adults are expected to live in poverty and are harassed by financial instability, lack of access to basic food, lack of technology, and lack of socializing resources [50]. The study reports that 6 per cent of elderly people live alone in India. In addition, 10%-20% of them are long-lasting due to emotional unhappiness and isolation.

In this report, I explain the case study of 3 older adults who committed suicide due to a relapse of depressive syndrome. An old couple from the state of Punjab destroyed their lives by overwhelming a poisonous substance under the fright of the outbreak of COVID-19. A suicide note was found in which they wrote, "We're ending our lives. No one is responsible for this. There was a tension attributable to coronavirus. We're already sick, and there's no one to take care of us. It's better for us to die honourably than to die in agony. Another suicide case involving elderly people was registered in Maharashtra, where a 75-year-old adult hanged himself from a ceiling fan in his residence Police officers found a suicide note that only referred to two words, "corona fear." [51]. The police officers found a suicide note which solely mentioned only two words, “corona fear”. A similar case of suicide of 60-year-old adult was reported from Tamil Nadu state who hanged himself from a window grill in the isolation ward of a government hospital out of corona scare the officials said, “His samples tested negative for COVID-19 [52]. The result has come just now”. Due to fear of coronary disease, another suicide case was registered in the state of Punjab, where a 65-year-old woman committed suicide, citing anxiety that she might infect her daughters [53].

This case listed here discuss the fact that elderly people who are still suffering from mental disorders are more vulnerable to the COVID-19 pandemic and the societal effects of COVID-19 have encouraged them to end their lives Excessive awareness on the effects of COVID-19 for the elderly, across news sources and social media, has contributed to the creation of initial anxieties. Recently, Google trends of Relative Search Volumes (RSVs) associated with mental health corroborate this study of the adverse effects on the mental health of the elderly.

The study found a link between the everyday deaths of COVID-19 in India and the following keywords: "depression," "anxiety," "insomnia" and "suicide" an effort was made to look at the relationship with the aid of the link, which made it clear that data from RSV were obtained for the period between March 25, 2020 and May 16, 2020. The Pearson correlation coefficient investigations discovered a significant positive correlation between recorded frequent COVID-19 deaths and RSVs for "depression" ($r=0.3611$, $p<0.05$), "anxiety" ($r=0.5053$, $p<0.05$), "suicide" ($r=0.2004$, $p<0.05$), and "insomnia" ($r=0.0984$, $p<0.05$). This is apparent since a 40% rise in mental health disorders has been recorded in India over the last 100 days. These results indicate that family interventions for social bonding can contribute to an improvement in the mental wellbeing of the elderly, which can be referred to as a resilience phenomenon. However, older people’s suicide cases can be found most when they feel isolation owing to social indifference [54].

DISCUSSION AND CONCLUSION

Elderly persons may have certain problems in the occurrence of infectious disorders, but much may be avoided. COVID-19 is already at its pinnacle. In the coming months, this is likely to lead to additional psychiatric and social issues, and health providers need to be trained. The Indian Epidemic Act, 1897, must be properly enforced. It may be a good way to include the health and well-being of elderly people as part of an outbreak. Ageing populations should be culturally and economically cross-sectoral, and long-term studies should be carried out in the course of the epidemic, and welfare programmers should be updated in the light of the findings. Older people can be serious and frail, but they're not frail. From Albert Camus' classic La Paste (plague) to the reference to

'the old man will go through any plague,' the endurance of the aged will be impressive, if adequately cared for, and the young Borrow by intimidation. How does one handle one's elders in the face of potential crises when it comes to coping with them? COVID 19 is presenting them with another chance.

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