

## Our Elderly's Mental Health in Times of COVID-19

Galea M<sup>1\*</sup>, Scerri J<sup>2</sup>, Grech P<sup>2</sup>, Sammut A<sup>2</sup>, Calleja-Bitar D<sup>3</sup>, Dimech Sant S<sup>3</sup>

<sup>1</sup>Faculty of Health Sciences, University of Malta, Malta; <sup>2</sup>Department of mental health, University of Malta, Valletta, Malta; <sup>3</sup>Richmond Foundation, Valletta, Malta

### ABSTRACT

The present COVID-19 pandemic threatens humanity in various ways, especially due to the unpredictable nature of its course and progress. The impact of COVID-19 on mental health varies from place to place, but it is widely felt all over. Moreover, the impact is more pronounced on vulnerable groups within every population. In this study, we focus on the pandemic impact on the elderly's mental health in Malta. Data gathered from ongoing surveys from Richmond Foundation Malta, found in the public domain, highlight the increased anxiety and stress felt by the elderly in view of this pandemic, less trust in respondents' perception in the handling of the local COVID-19 situation, an increase in subjects' outward reach, while also a decrease in respondents' own self-care. A number of practical suggestions were provided.

**Keywords:** COVID-19; Elderly; Older Adults; Pandemic; Stress; Proposals

### INTRODUCTION

COVID-19 is a pandemic with global health threats. To say that its impact is enormous is an understatement. It reaches far and wide, both with short and long term consequences. Even though recent news about progress on vaccines is promising, the reality remains that strict precautions and health protocols will remain in place for the foreseeable future. This is mostly due to the unpredictable nature of the situation. This is hugely impacting our mental health, not to mention the physical health as well. One reason for this is that very little is yet known on the broader impact of COVID [1].

The situation on the ground is grim. The WHO COVID-19 Situation Update Worldwide Report (20 Nov 2020) shows that almost 57 million cases of COVID-19 have been reported, in accordance with the applied case definitions and testing strategies in the affected countries, and almost 1.4 million deaths recorded so far. 220 countries or regions are affected worldwide.

According to Banerjee, pandemics have significant psychosocial impact. Health anxiety, panic, adjustment disorders, depression, chronic stress, and insomnia are the major offshoots. Misinformation and uncertainty give rise to mass hysteria. Social distancing is also a major cause of loneliness, especially in nursing-care or old age home settings (a risk factor for depression, anxiety disorder and suicide) [2].

Facing this unfolding tragedy, our attention naturally falls on

vulnerable groups within our societies that are at the higher risks of contracting the virus and even dying from it. Philip and Cherian indicated that the elderly face special challenges, and it's imperative that healthcare professionals identify and highlight their special needs so that they can be adequately protected and supported through these trying times [3]. Unless care is taken, the elderly as a group may face significant fallout with regard to their mental and psychological wellness. The reasons why the elderly constitute an especially vulnerable group include: a) advanced age (itself a predisposing factor to physical and mental health issues); b) they are prone to social isolation even under normal circumstances. More so now! c) the issue of access to medicine and health facilities, in which they can encounter physical difficulties that make this difficult, d) news on the COVID-19 may be overwhelming, leading to more anxiety and stress; and finally, e) the impact of current epidemic on mental health of elderly is profound but may be easily missed.

According to Hudson et al. older people are among the most vulnerable during epidemics [4]. They found that the incidence of systemic hypertension in people 65+ ranges between 46-63%. The elderly naturally have a relatively less effective immune system than young people, and are more susceptible to developing critical illness. Limited access to healthcare services increases vulnerability of elderly. The pandemic's economic crisis will also affect mental health of elderly while significantly reducing their mental health

**Correspondence to:** Galea M, Senior Lecturer, Faculty of Health Sciences, University of Malta, Malta Tel: 00356 79551651; E-mail: michael.galea@um.edu.mt

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care. Moreover, social distancing further restricts socializing, which may reinforce self-destructive tendencies (from a view: 'I am not necessary...', 'I have been forgotten...', to 'I am alone and lonely...'). Mukhtar found that isolation, social distancing, social disconnectedness and loneliness mediated depression and anxiety [1].

The impact of mental health on older adults varies around the world and factors impacting geriatric mental health could differ from low-middle income to developed countries [1]. Mental health conditions and problems in times of COVID-19 cover a plethora of situations. Those with OCD for example, have higher chances of experiencing obsessive thoughts due to precautionary measures [5]. Almost 4 in 10 of elderly experiences increased levels of depression and anxiety during the pandemic.

Mental health problems are common in older adults with prevalent depressive disorder. The rapid transmission of COVID-19 outbreak, higher mortality rate, self-isolation, social-distancing and quarantine could exacerbate the risk of mental health problems. For example, Mukhtar found that reliance on social media could act as a tool against loneliness, boredom and tediousness in the young [1]. But for older age groups, need of social support, liveliness, and daily functioning remain unmet. The mass quarantine and transport restraint have inevitably constricted activities of older adults (regular walk and talk in the square, acquaintance meetings, and social care, limited contact with plants and animals, and obstacle on accessing prescribed nutrition, medication, and treatments.

In further clarifying the elderly as a group, Kessler suggested that older people (65+) are always mentioned as a risk group, in relation to COVID-19. Kessler believes that this is an abridged version of the truth [6]. Older chronological age is indeed a risk factor for COVID-19 infection. However, older people are not just a homogenous group of defenseless people in need of protection. Restrictions designed to shield the vulnerable might cause some older people to feel like a burden on society.

There is an even greater risk that their symptoms go undetected during COVID-19. A 2020 meta-analysis about ageism, Chang, et al. indicated that 96% of studies found evidence that being exposed to or internalising negative representations of old age influences psychiatric conditions in older adults [7]. Also, older people might internalise that other individuals, not them, know what is best for their wellbeing. Such paternalism could negatively affect their sense of autonomy and control.

Brown et al. emphasized that social distancing effects are also reflected in people with dementia due to withdrawal from important non-pharmacological therapies to treat comorbidities, such as social activities, physical exercises, and group therapies [8].

Like dementia, psychosis requires special attention. Social distancing measures can increase psychotic patients' stress, just like precautions related to disease spread have been associated with increased paranoia [9]. Hu et al. found that findings show COVID-19 is linked to 25% increase in incidence of psychotic outbreaks [10].

Van Tilburg et al. in their longitudinal study in the Netherlands, in a study among 1679 of elderly 65 and over, found that loneliness of older people increased but mental health remained roughly stable. They further found that policy measures for physical distancing did not cause much social isolation. They emphasized that the

consequences of long term social isolation and well-being must be closely monitored [11].

Therefore, in this preliminary study, we sought to outline a clearer picture of the situation in Malta and how the impact of COVID-19 is influencing mental health, particularly of the elderly. We intend also to investigate what recommendations such results point to, as supported by research elsewhere.

## MATERIALS AND METHODS

The following data collection was done from the Richmond Foundation Malta along a six-month continuum (April - October 2020). Founded in the 1980s, and inspired by the UK-based Richmond Fellowship, the Richmond Foundation Malta started offering services in aid of the psychological wellbeing of the people in the Maltese islands.

In light of the present pandemic, Richmond has been surveying the country's mental health periodically with the help of a survey company. Results, entitled Research on COVID-19 - How it is affecting our mental health, are published on the Foundation's website and are in the public domain. In this study, we are focusing on results gathered at four time intervals, namely: Time 1 in April (n=1064), Time 2 in July (n=1564), Time 3 in August (n=2064), and Time 4 in October (n=2564), a 6-month period in 2020. One can reasonably say that the start of this period (Time 1) was at the height of the first wave, while Time 4 is the height of the second wave, of the present COVID-19 pandemic.

## RESULTS

Responses come from four different time intervals elevated during 2020, and from different respondents. Results indicated that older adults (65+) were increasingly concerned about their own health, moving steadily from 68% in Time 3 to 70% in time 4. An increase was also noted from Time 3 (14%) to Time 4 (39%) in older adults (65+) who felt socially isolated. Consistent to this trend was this cohort's concerns about close family members and friends (from 68% to 76% in Time 4).

More than half of respondents felt they had to stay away from people, in their concerns about contracting the virus. Greater concerns on most aspects were clearly noted with regards to the impact of COVID-19 pandemic on the nation. This resulted in a steady increase in anxiety (both for fear of contracting the virus, and for having no immunity). To further complicate things, more disregards to their own well-being (healthy eating, physical exercise, thus more passive time) were also noted. Table 1 shows selected results from respondents 55 to 64 year old. The results presented here have been selected and abridged to the scope of this study.

As shown in Table 1, we note a clear impact on one's mental well-being. An increase in respondents' depression, and fearful feelings were noted, together with a steady result of feeling lonely. While happiness decreased from Time 1 to Time 4, restless sleep increased over the same time-period.

As is expected in times of crises and stress, increase in alcohol use from Time 3 to Time 4 was noted. Mixed results were noted for those who felt hopeful and for personal physical exercise (with an increase over time was noted). Although these results may sound conflicting to the previous ones, no explanation or reasons were highlighted. Other notable decreases were noted among respondents' sticking

**Table 1:** Frequencies in % of respondents' perceptions in Time 1, Time 2, Time 3, and Time 4.

Participants' Perception/s* (in %)	T1	T2	T3	T4
Handling of Covid19	04	04	03	03
Felt depressed (on 1-2 days)	24	31	33	29
Felt lonely (on 1-2 days)	21	17	21	20
Felt fearful (on 1-2 days)	30	44	21	39
Felt hopeful (on 1-2 days)	30	16	34	39
Felt happy (on 1-2 days)	37	19	22	24
Restless sleep (on 1-2 days)	20	20	14	23
Cleaned house (on 1-2 days)	19	21	24	15
Exercised (on 1-2 days)	28	26	20	31
Stuck to a routine (on 1-2 days)	18	15	08	10
Ate healthily (on 1-2 days)	08	14	09	08

**Note:**\* 55-64 years old; Time 1 (April, N=1064); Time 2 (July, N=1564); Time 3 (August, N=2064), and Time 4 (October, N=2564).

to a routine and house chores (cleaning). Finally, on a generic note, around 45% of respondents found solace or strength in prayer or in their faith.

## DISCUSSION

In consideration of these findings, one can conclude that along this six month continuum, since the real first wave of the pandemic's impact was felt in April 2020 till October 2020, we notice that: a) COVID-19 is increasingly seen as a bigger threat, thus creating more anxiety and concerns; b) handling of the COVID-19 situation by competent authorities is perceived as becoming more lax over time, thus getting out of hand (which may be another reason for increasing anxiety locally). Van Tilburg et al. found that personal losses, worries about COVID-19, and a decline in trust in societal institutions were associated with increased mental health problems and especially emotional loneliness [11]. This result is consistent with findings in this study; c) an increase in interpersonal contact (via video calls, social media, etc.) to family friends and prayer was registered; and d) a decrease in: healthy eating, physical exercise, routine, and house chores (making own bed) was highlighted.

Besides the obvious increase of worry and anxiety noted globally due to the COVID-19 pandemic, consistent with that found in this study, these results point also at an increase in interest in the 'Me - You' interpersonal relationship domain, in letter (c) above. It is expected that when people suffer from more fear and anxiety, plus being socially more distant from each other, they feel more the need to reach out and connect with their loved ones.

On the other hand, results point at a decrease (d) in respondents' self-care (decrease in healthy eating, physical exercise, in routine and house chores). This relates to one's own intrapersonal relationship domain. The more individuals feel anxious and stressed by the present pandemic, the more they look to connect with family members and close friends, thus looking outside of themselves. This comes at the price of neglecting their own needs at times.

Banerjee found that the elderly are most vulnerable for severity and mortality, and most susceptible to mental health problems to such pandemics [2]. Thus, special care needs to be taken for geriatric mental health during such crises. Mental health is the cornerstone of public health, more so in the elderly. Lessons from

earlier pandemics like SARS have proved that regular telephonic counseling sessions, healthy contact with the family, relevant and updated information, caring for general medical and psychological needs, and respecting their personal space and dignity are important components of mental health care in the elderly.

In presenting proposals in view of the impact of COVID-19, Hu et al. suggested (a) the expansion of telehealth services for the elderly; (b) using telepsychiatry as a screening tool for cases of elderly with mild/moderate psychiatric disorders; (c) preparing training materials for health professionals based on past experiences to qualify them to provide care and act as multipliers of good mental health practices in the pandemic; (d) advertisement and educational materials for greater awareness, need to maintain regular contact online, through telephone during COVID-19, and health promotion measures to fight COVID-19; and (e) introducing social security measures to fight economic exclusion of these individuals [10].

## RECOMMENDATIONS

It is therefore pertinent to this study's scope to highlight recommendations for better attention to help address and contain the complex impact of COVID-19 pandemic on elderly's mental health. Recommendations will focus on the intrapersonal domain (as noted in letter c), and the interpersonal domain, noted in letter (d) above.

### Attention to the Intrapersonal domain

Three points result from this domain. First, the importance of establishing structure and routine. Loss of structure and routine is already identified as a major mental health issue for the elderly. During this pandemic, this issue is bound to worsen. Elderly, who are moving to being 'self-isolated' to protect themselves from infection, need to establish a new routine as quickly as possible. Ensuring a routine about bedtime and waking times, mealtimes, 'work' activity, 'online' times, and getting outside to exercise, are crucial. Working around a timetable and adhering to it indeed does help. Considering that alcohol is a significant problem among the elderly, care-workers and family members do well to keep an eye on their elderly against alcohol misuse. In lieu of this, one needs to be cautious at social media overload. Keeping abreast with the

latest information, from the right sources, is healthy. Dramatic data and unnecessary news are not.

Secondly, staying cognitively active is crucial. For people with dementia, but also for others, cognitive exercises are very beneficial. These may include board games, word games, engaged in cooking, gardening, housework, playing music, support groups online for dementia sufferers, and even practicing mediation.

Thirdly, being physically active is a great asset during these pandemic times. Social distancing measures still allow us to go outside, provided one is careful about contact with others. Regular walks, practicing Yoga are also helpful.

### Attention to the Interpersonal domain

Social isolation has been noted consistently as being another public health concern, more relevant now due to physical distancing measures [7].

Two points are relevant here. First, social connectedness with loved ones or close friends. This may also mean that the elderly is involved in decision-making at familial levels, during such crisis times, not to feel left out. In these times, when we are seeing an increase of the phenomenon known as 'aging in place', this pandemic makes it more of a must to get our aging friends online. In the US, over 70% of older adults are already using the internet. But it is likely important to help them pick and choose the news they consume. Because news can be overwhelming, cutting down on news updates gives our mind a break, and avoid anxiety [12]. Secondly, assisting our elderly to socialize appropriately is a huge help. Activities such as online courses, social media platforms, regular phone calls to friends are all crucial, as is checking in regularly on the aging adults in your life. This way, they feel connected. It is important to not assume but take the initiative and give them the extra call to see if they need anything.

Results in this study have shown that more than 45% of respondents found solace and strength in their faith or through prayer. Galea has highlighted the relevance of spirituality in view of critical moments. Religious services streamlined on the internet and on a number of social media platforms are another way how elderly may also keep up-to-date with their own religious activities. Staying socially connected, even remotely, is crucial [13-15].

### CONCLUSION

In conclusion, results have highlighted the impact of COVID-19 on the mental and physical health of respondents, in line to research elsewhere. Most importantly, this study has emphasized that the more individuals feel anxious and stressed by the present pandemic, the more they look to connect with family members and close

friends, which is a natural tendency. However, at the same time, participants indicated that they neglected their self-care, which may result from the heightened anxiety felt at this time. Thus, this study calls for more attention to the self-care of the elderly. A number of concrete suggestions were therefore provided. Supporting and protecting older people living alone in the community is everyone's business. Having to socially keep distance, should never mean isolation.

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