

Understanding the Psychological Issues in The Geriatric Population in The Times of COVID-19- A Critical Review from The Lens of a Psychologist

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ABSTRACT

The first wave of the Covid-19 pandemic hit India in January 2020 when the first confirmed case was reported at a general hospital of Kerala. Since then, the number of reported cases kept on increasing at a steady pace, we saw deaths, rise, fall and stagnancy in the number of cases in India while the figures of deaths reported remained worrisome. While India is currently battling with the deadly double mutant variant of the virus, the present critical review is an attempt to study, analyse and understand the need of catering to the needs of geriatric population, especially in a collectivistic culture like India, where elderly issues, psychological difficulties, and coping mechanism takes a back seat while there is constant fear of leading a healthy life especially in the testing times of a national pandemic, COVID-19. This critical review is an attempt to highlight the various issues dealt by the average Indian elderly, their lifestyle after retirement, sustaining means of livelihood in times of uncertainty and keeping a positive mindset for a better quality of life. This paper also attempts to enumerate few strategies required to inculcate a sense of life satisfaction and improved quality of life among the elderly.

Keywords: COVID-19, Elderly, Grief, Death, Hope, Optimism, Quality Of Life, Resilience, Psychological Preparedness

The Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) or commonly known as the Novel coronavirus originated from the Wuhan territory of China where several cases of people infected with covid-19 were reported. It soon made its way from Wuhan, to Europe to Turkey, Russia, India, Pakistan and Iran, visible cases and patients infected with the virus were soon evident in the United States of America while creating a state of havoc and panic across as many as 25 countries.

(SARS-CoV-2) is a positive sense single stranded RNA virus, that infects humans on a large scale. The ruling governments of various countries had already thought, read and researched about the risk of community transmission especially in populous countries like India.

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Considering the fact that the elderly was at a higher risk of catching the covid-19 infection during the first wave, the PM of the ruling government imposed a 21-day, national lockdown on March, 24,2020 in India. Elsewhere, the world saw lockdowns, total lockdowns, extended lock-downs including India, where essential services were allowed, needless to say the lives of the commoners was affected.

India has seen its fair share of fluctuations when lakhs of people were migrating in a state of panic following the nation-wide lockdown, thereby increasing the chance of manifold cases of Covid-19. It is worth mentioning that in spite of practical measures to curb or tone down the effect of the novel coronavirus undertaken by the ruling government, the state and the centre, the economical setup saw a huge downfall especially due to extended lockdowns in the country.

Psychologists and mental health professionals across the country started to become active when several reports of increased risk of anxiousness, stress, fear of death and loss of life started making rounds on digital and media platforms. People started to report feelings of emptiness, fear of death, increased risk of suicide ideations amongst youth and adults was also evident enough to ring the bell.

Banerjee (2020) stressed to establish a finding which suggested that elderly Indians above the age of 55, were more likely to develop ARDS (acute respiratory distress syndrome), a severe post complication after contracting the novel coronavirus, increasing a risk of threefold mortality, delayed recovery, mental health complications while at the hospital stay as the contributing factors to name a few. He also stated that some major contributing factors towards the development of psychological issues in the geriatric population can be due to an added factor of marginalisation, loneliness, fear of death, which can in turn possess a high risk of development of depressive episodes and suicidal risk to name a few.

Dsouza et.al (2020) conducted a study to learn the effects of suicide ideations or factors related to Covid-19 that can in turn lead to suicide or attempts of suicide thereof. In a sample of 69 participants, 63 were males. The suicide causative factors were in the following order- fear of Covid-19 infection (n=21), financial constraints, loneliness, fear of being Covid positive and so on. The study indicated dire need of tele and online counselling for the population in the times of the “new normal”.

In a recent study conducted by Omura et.al (2020) the emphasis was on the psychological issues faced by the elderly during the Covid-19 pandemic. It was emphasised that optimism, wellbeing, positive style of coping, a generalised way of looking towards ageing enhances coping and survival chances. Moreover, pre and post psychological trainings and planning along with management of symptomatology is beneficial in eradicating risk of cardiovascular diseases and stroke.

The paper is divided into the following sections-

1. Handling grief during Covid-19 among the elderly.
2. The concept of death and dying in the elderly.
3. The elderly and hope of leading a life with Optimism.
4. Importance of Quality of life amidst Covid-19.
5. Developing resilience in the elderly during Covid-19.
6. Psychological preparedness for the second wave and the expected third wave.
7. Strategies and designing a way forward to combat the pandemic.

Handling grief during Covid-19 among the elderly

Grief can occur when individuals feel a sense of loss, something or someone ends or exists from their lives. Grieving can be an ongoing process which may last from weeks to months and sometimes for years together. It can happen over a loss of a parent, a spouse, a loss of friendship. A deep sense of loss and regret may also occur while relationships break and conflicts arise. In the elderly however, most grieving issues can arise due to the after-retirement period when aging and loneliness are complementary and loss of life and fear of death of self and the loved ones, is evident. What is more evident is the fear of death and grieving over the loss of one's spouse.

Each individual's approach to grieving is different. Leading psychological researchers often stress that no two people can grieve in the same manner. Especially in the times of a pandemic like Covid-19, the apprehension and inability of not being able to see and meet their loved ones instils feelings of hopelessness and helplessness among the geriatric population.

In his paper titled "I may never see the ocean again", Ishikawa and Zack (2020), stress upon the importance of how isolation can lead to loneliness and grieving among the elderly. They argue that in the pandemic, stress and grief are both pre-determined and that no beforehand preparedness can lessen the intensity of grief causing anxiety and depressive tendencies.

Wallace et.al (2020) attempted to study the relationship between grief and the Covid-19 pandemic especially for palliative care providers which highlights the effects of restrictions and the effect of loss and grief among medical care and palliative care providers. This comprehensive paper also provides strategies of communication and advanced planning for medical practitioners.

Goveas & Shear (2020) quote in their extensive research that although older adults are well equipped to combat the loss of a loved one during the pandemic of Covid-19, sometimes the burden of grief and the very process of grieving becomes tiresome, physically and mentally. Psychologists and mental health professionals who are trained well enough in geriatric counselling and working closely towards designing an integrated action plan should try to provide affordable services. This approach for sure may be time consuming and allocation of homogeneous spread of services might possess a huge hindrance in providing effective management and care for the elderly, but it may be beneficial in the long run where coping mechanisms can be learnt and defective or maladaptive and unhealthy grief coping can be unlearnt.

This and few other strategies are discussed further in a separate section.

Kubler Ross (1969) mentioned the 5 stages of grieving after working for years with mentally challenged patients. She postulated that grief can be divided into five stages-

- Denial- individuals deny or are not prepared to accept the loss. Feelings of numbing the emotions is highly evident here, at this stage.
- Anger- the inability to deal with loss, masks into anger, it may arise from unprocessed feelings of resentment and bitterness.
- Bargaining- replacing emotions with creating what ifs and buts statements. "I shouldn't have taken my father to the hospital, then maybe he would have been alive".
- Depression- feelings of hopelessness and helplessness arise surrounding the inability to cope with loss- "what am I without him?"

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- Acceptance- it is usually not the best place to be at, mostly it doesn't mean that people overgrow the loss or the loss of the death, but they understand and accept a simple fact that this is a part of life now and the intensity of memories will come and go in waves of emotions, most of which will be processed with time and effort.

Researchers argue that most of the people do not experience these stages in the above-mentioned order and that is acceptable due to the individual differences and personality styles. A person may experience anger first and then denial, he or she may experience waves of depression, anger and denial together and may take months or years to finally reach the state of acceptance.

In a recent attempt to study the Covid-19 psychology with the Kubler Ross model, Durak & Durak (2020), found that older adults or the geriatric population is more likely to suffer due to isolation, fear, illness anxiety and loss of life, and connected the whole grieving process with the five stages. They also mentioned important cognitive, behavioural and emotional strategies to combat emotional imbalance through managing and creating a routine of daily activities, consuming refined media information since information overload may create possible emotional issues, communicating needs and feelings with the loved ones to name a few.

The concept of death and dying in the elderly.

Rababa et.al (2021), conducted a descriptive analysis to find out how death anxiety is related to religious and spiritual wellbeing during Covid-19. For this about 248 older adults were considered for participation. The findings indicated low levels of spiritual and religious coping and high levels of death anxiety when tested on the Arabic version of religious scale, spiritual wellbeing scale and death anxiety scale in the order.

Psychological researchers study the concept of death and dying in a varied perspective, many links it with spiritual wellbeing and liberation, while many others might study the whole concept in an abstract form. Just as we discussed that grief is subjective in nature, the concept of death and dying too enumerates various subjective interpretation for the individuals.

As discussed in the previous section, just as grief is associated with fear of loss of loved ones, the poor coping skills are by large evident in the very process of death and fear of loss of life, of self and others per say, but also what is worth considering is something that it is backed by heightened levels of anxiousness and depressive tendencies in times of uncertainties and at a time where the world is facing the effects of a suspected lab generated virus through a country with communist ideologies.

The very concept of death will be discussed in this section keeping in mind the spiritual and the physical aspect.

Khademi et.al (2020) highlighted that a pandemic like Covid-19 brings along heightened amounts of anxiety because in most of the cases there is ambiguity of how the symptomatology may turn out to be and this brings irrelevant information and uncertainty about the virus. Most of the findings are related to the population in the 60-65 years of age of the United States. People have shown high levels of death anxiety, poor levels of coping and surviving amidst the global Pandemic.

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Monahan et.al (2020) attempted to study and suggest ways to understand ageism and covid-19 for older adults and the societal structure. In this comprehensive empirical evidence, they also discuss the importance of mental health and its implications if neglected can lead to poor prognosis in covid-19 and related mental health comorbidities. The paper also highlights the need to plan a comprehensive intervention plan in order to eradicate negative effects of covid appropriate behaviours, such as anxiousness, depressive tendencies, loneliness to name a few.

Schwartz and Ayalon (2020) examined the causative factors that contribute towards ageism in times of pandemic like Covid-19 and attempted to learn what makes older adults believe that life to them is vulnerable and burdensome. For this, 888 Israeli subjects were reached out for data collection. Regression analysis predicted individuals who considered themselves as a burden on their family during covid-19 were more likely to be affected with illness and death related anxiety.

With the above-mentioned empirical evidences, it is a well-established fact by now that covid-19 and fear of death and dying have a psychological impact among the older adults due to the following reasons-

- Uncertainty and ambiguity about the progression of the Covid-19
- Feelings of illness, anxiety, death- anxiety
- Lack of contact and isolation that leads to loneliness, depressive tendencies
- Lack of expression, unprocessed emotions
- Lack of understanding of death at a spiritual level

"He who is of a calm and happy nature will hardly feel the pressure of age, but to him who is of an opposite disposition, youth and age are equally a burden." Plato (427-346 B.C.)

The elderly and hope of leading a life with Optimism

Hope and optimism have been the areas of intensive research among psychological researchers since a long time. Since times have changed and the world is facing a global pandemic due to the SARS-CoV-2 has formed a dense blanket causing casualties on a large scale. Understanding and evaluating hope and optimism in older adults is a crucial aspect because it aids in a healthy rate of survival, increased recovery rates and shortened stay at the hospital. Many studies enumerate that along with the administration of the medications, hope and optimism can aid towards a better management of symptomatology.

Demetriou et.al (2021), conducted a study to establish hope and adaptability as predictors to coping among older adults during pandemic. This study was conducted in the Greek and Cypriote sample. Findings suggested that high scores on the hope scale showed higher levels of resilience among the patients, furthermore, educated older adults were better performers on the hope and associated resilience than less educated adults.

Dimino et.al (2020) opined that the frontline workers are being seriously burdened with emotional turmoil in the times of pandemic for which they suggested a comprehensive model for them imbibing mental healthcare services, in the model HERO (hope, efficacy, resilience, optimism). A fourfold strategic plan was devised by the researchers, effective for mental health management.

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In another research evidence of Spain, Robles et.al (2020) studies the psychological predictors such a hope, traumatic growth, self-efficacy and optimism during the times of covid-19. The research findings showed that the resilience was positively related with self-efficacy and optimism as both these variables showed to have a positive causal relationship. Snyder (1991) postulated a framework or model of Hope that focuses on 3 major components-goals, agency and pathways.

- Goals showed that people who are more inclined towards planning and implementing their future goals are more likely to be hopeful of the future outcome.
- Agency indicates that people who are more persuasive towards their goals are more likely to be hopeful as the self- belief is intact and belief in one's own capacity is present.
- Pathway is important because by setting goals and believing in self-effectiveness, following those goals – short term or long term should be followed step-by-step along with a pathway. This increases hope manifolds.

Pimlott (2020). Wrote an article titled, “Hope in a global pandemic” it suggests that hope and optimism might be the biggest motivating and contributing factor for countries like India, the United States, France, Russia, Spain and United Kingdom. This is because there is acceptance of vulnerability among human beings and there is high recognition for the need of connectedness, interaction, and learning from the fellow colleagues about surviving in the complicated times of Covid-19.

Hope and optimism have been shown to be beneficial for patients under recovery or for those who are at isolation undergoing quarantine. It instils a sense of happiness and life satisfaction among the patients of Covid-19 as there is a hope that by keeping a positive outlook and mindset, recovery is possible and hospital stay may be reduced.

Importance of Quality of life amidst Covid-19

Understanding and studying the variable of quality of life has been an interesting side where the researchers want to gather research evidences pertaining to the population sample. Usually, a variable studied with regard to positive psychology, researchers have published and presented numerous evidences by assessing and attaching this variable with healthcare and palliative care studies especially those with oncology and psycho-oncology.

Quality of life can be defined as the degree to which an individual or a group of individual lead a happy, healthy (physically and mentally) life. It is a highly subjective concept thereby indicating that it might be different for different people. For some a quality of life can be in terms of gaining a balance – spiritual, physical, mental and emotional, while for others, a better quality of life may be earning well, leading a lavish lifestyle while achieving monetary and materialistic success.

During times of covid-19 the concept, has been strengthened with numerous research evidences. It is worth noticing that with limited healthcare and mental health care infrastructure, the concept of leading a quality life may seem superficial, again due to ambiguity and uncertainty of how the virus may act, towards an upward trajectory as of now since April 2021, or may progress stagnantly but steadily just as it was between October - January 2020.

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Bailey et.al (2021) aimed to understand the effects of covid-19 cocooning on the elderly population, sample aged 70 years and above. The study assessed the participants on four major areas, healthcare services, mental health, physical health and attitudes to covid-19 restrictions. The findings indicated that around 40% subjects complained of deteriorating mental health while isolation or cocooning. The study paved way for designing effective health police for future uncertainties to combat loneliness, reduced contact and lack of activities for the elderly, so that the overall quality of life could be improved.

Guida & Carpentieri (2021), aimed to understand what role does quality of life plays in the elderly patients of Covid-19 in Milan, Italy. Research findings showed that the elderly population of the city of Milan has poor access to healthcare services, which may have a dense effect on quality of life among people. They have also proposed a methodical approach towards careful planning and strategizing the healthcare facilities to avoid massive community transmission.

Rantanen et.al (2021) aimed to examine the effects of covid-19 guidelines in Finland and its effect on quality of life among the elderly through a longitudinal study, before and after pandemic (2018-20). For these 809 subjects in the age bar of 75-85 years was included. Since it was possible for the same sample to participate after 2 years during 2020, the quality of life was taken into account as a comparative variable. Data was analysed using one way variance, estimating equations and general linear model. Findings suggested steeper decline during the covid-19 pandemic indicating lower quality of life in the population.

With the help of the above discussed research evidences, it is worth noticing that largely the quality of life has been affected during times of Covid-19, its global challenges and implications are expected to be a matter of an in-depth qualitative and quantitative analysis, considering the scope of future research.

Developing resilience in the elderly during Covid-19.

Resilience matters as it enables individuals to get back to a former state of balance- mental, emotional, physical as well as spiritual. Just as the nature of the variables have been extremely subjective, resilience too is subjective in nature, however, researchers define resilience as the ability of an individual to cope back from a time or situation of difficulty and crises and return to the original peaceful and balanced state of being.

Resilience also becomes a strengthening motivator as it helps fight back the at the hospital for the patients battling Covid-19. It indicates how well they can manage the emotional turmoil due to loneliness, isolation, rigorous treatment at the hospital and more emotional imbalances. How well can the patients and the elderly can accept sudden change, experience emotions, pass through them and return back stronger than before due to mental toughness, endurance and willingness to live a life with their loved ones.

Recently numerous studies have been conducted considering how resilience can be developed among the older adults. McCleskey & Gruda (2021), aimed to examine risk-taking, resilience and state of anxiety among older adults during the times of Covid-19. The study findings suggest that highly resilient and tolerant risk takers report less state anxiety, age influences the relationship between risk taking and resilience with an effect on state anxiety and that older, more resilient individuals reported low state anxiety than younger adults.

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Yip et.al (2021) conducted a comprehensive research providing a framework to build resilience for the community of Singapore. They postulated that since covid-19 has taken many lives, national guidelines regarding the lock-down or covid-19 protocol is to be followed, thus resilience building in the community has to take place so that mental health complications can be curbed to some extent. With this they also talk about the importance of civic mindedness and social responsibility.

A study was conducted by Chen (2020), who aimed to study why resilience matters for older adults in the times of covid-19 pandemic. With the help of a meta-analysis, he concluded that covid-19 has opened the new era where the mental health and development of resilience should be taken into serious consideration if livelihoods and lives have to be sustained.

Ganguly et.al (2020) constructed a research evidence to establish resilience in the episode of Covid-19 in India, lessons and implications learnt. The researchers opined that although the nation-wide lockdown was needed to stop the chain transmission, what we also need to keep a check on is the poor resilience factor among the socio-economic structure of our country. The research provides a strong message for creating a better resilient system for mental health and the population of the country so that mental health of the individuals due to the Covid-19 guidelines isn't at stake.

Resilience building is the need of the hour especially in a populous country like India, where healthcare facilities are scarcely distributed, mental health is still a stigma, there are reported cases of increased anger, anxiousness, fear of loss of lives, depressive tendencies, uncertainties about future, loss of income and many other issues persist among the general population. As a moral obligation, the awareness of mental health professionals becomes highly crucial. Just as India is suffering through a wholesome burden on healthcare services, it can't afford another pandemic, this time a mental health pandemic.

PSYCHOLOGICAL PREPAREDNESS FOR THE SECOND WAVE AND THE EXPECTED THIRD WAVE.

Psychological preparedness was defined by Reser and Morrissey (2009), as –
“Personal processes and capacity including concern, anticipation, arousal, feeling, intentions, decision making and management of one's thoughts, feelings and actions”.

Psychological preparedness in times of Covid-19 is essentially crucial as India although a country known for its diversity, is a holder of limited resources, healthcare facilities and socio-economic strata. Preparing psychologically can happen at different levels-

- **For the ruling government-** deciding on budgeting and related allocation along with setbacks regarding criticism for the inability (if any) for combating the pandemic. The government also is accountable to the public in times of poor allocation of resources.
- **For the healthcare workers-** tackling physical and emotional burden of the patients and self. Maintaining and deciding on how a patient has to undergo a treatment intervention plan. Making through long hours of covid duties in the ward and not losing the composure, preparing for unforeseen circumstances as of now during the second wave.
- **For the mental health and allied health professionals-** psychological preparedness in terms for caring for the public and ourselves. Many healthcare workers and paramedics are not well versed with the intricacies of the patients suffering from the novel coronavirus, thus timely counselling, therapeutic intervention is required for the population, both general and those already battling psychological distress.

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- **For the public-** preparing psychologically at the public level would require them to be follow the covid appropriate behaviour and abide by the restrictions trying not to lose patience and maintaining a daily routine to curb negativity surrounding the coronavirus.
- **For the covid-19 patients-** resilience, hope and optimism can go a long way in shortening the stay at the hospital. The ability to make a decision about fighting back by keeping a positive outlook towards the rest of the life can be beneficial for the patients.

Agarwal et.al (2020) aimed to examine the unmet need of psychological preparedness in times of Covid-19. For this they conducted an electronic survey to assess the preparedness and combating emotional responses towards the trajectory of covid-19 infections in the Indian population on about 1120 samples. Findings are suggestive of preparedness to some extent but this is not all, as it shows lack of awareness in terms of psychological components.

Valsan et.al (2020) conducted a mixed method research to assess the willingness and psychological preparedness of the healthcare workers to treat the covid-19 patients at a private hospital in Kerala. It was reported that preparedness was higher among doctors and nurses as compared to medical interns. The paper also highlights the need of creating a homogenous framework of guidelines for preparedness to tackle Covid-19.

In a paper authored by Ershkov & Rachinskaya (2021), an approximation was analysed regarding the second and the third wave of covid-19 across six major countries, mathematical and semi mixed method research analysis indicated that while Russia has better chances of coping through second and third wave of covid-19 cases, the prognosis may be estimated on a negative side for countries like USA, India and Iran along with European countries. This is because of better healthcare and government governance in Russia as compared to the other countries. This paper also estimates a beginning of the second wave in Germany and Iran from January 2021, followed by India.

According to the Ministry of health and family welfare, as many as 18,33,828 doses of vaccination (round 01) have been administered on the beneficiaries, 11,82,257 doses have been administered for round 02, the total as on April 22, 2021. The total health care workers vaccinated for the 1st round stands on 92,41,384 and for the 2nd round is 59,03,368. The 1st and 2nd round doses for frontline workers stands at 1,17,27,708 and 60,73,622 respectively. The total cumulative doses administered till April 22, 2021, 8.00pm stands at 13,53,46,729. We see that on a physical level India is proceeding steadily towards getting vaccinated, but what we also see is that India has recently announced vaccination to be open for all above the age of 18 years from May 01, 2021, the guidelines for which are to be issued separately for states and union territories.

It is worth noticing that the government, both states and the central are trying their best to make use of the availability of the resources, but what is also worth noticing is the report of the covid task force, chairman, Dr. Guleria stated that the healthcare facilities have been burdened immensely following huge surge and an upward trajectory of the active cases of Covid-19, where the official records stand at a single day spike of above 3,49,691 cases with 2,767 deaths, as on 25th April 2021.

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These figures and official data are a matter of concern both physically and mentally, due to lack of availability of resources and a lack of preparedness at the central and state levels. It is worth noting that a country that set examples for the fellow countries to follow in the longer run during the first wave, has somewhere clearly derailed from maintaining the legacy. This is majorly, again due to the lack of assessment of the second wave, its progression and the complications it is most likely to bring in the months or years to come for that matter.

Caring for the elderly – strategies and interventions

The Covid-19 pandemic has brought along a lot of unprecedented fears, apprehensions, anxiousness and uncertainty about future prospects. So much so that while people were still trying to come back to the 2019 times, the virus reportedly mutated into a double mutant variant, havoc of which the world is facing at present.

Other than issues of dealing with derailed infrastructure, economy and healthcare structure, mental health issues especially among the elderly need immediate attention and intervention. In countries with collectivistic cultures like India where the elderly is respected and usually are very much a part of the families unlike countries with individualistic cultures, there is an added need that has to be met socially and psychologically.

Until now we have discussed numerous research evidences pertaining to hope, optimism, resilience, grief, death and dying, and improving quality of life and its importance in the elderly lifespan. In this section we discuss upon the ways and strategies to care for the elderly and the need and process of planning intervention for the Indian elderly population, are listed below;

Revising the basic guidelines – applicable to the whole population

- Follow basic hygiene.
- Wear a mask while travelling, meeting new people, or gathering at public places. The mask should cover the nose fully. The purpose is to assist breathing, not obstruct it.
- Sanitizing and washing hands for at-least 20 seconds, frequently.
- When tested positive for covid-19, do not panic, self-isolate, watch your symptoms, and stay in touch with a doctor.
- Do not meet people or visit the elderly while having visible symptoms.
- Maintain a distance of 6ft while communicating with people.
- Get vaccinated for both the doses, keep a check for the interval between the two doses.
- Avoiding closed lifts, places of possible contamination such as crowded shopping sites, religious places, malls and entertainment hubs.

Specific therapeutic interventions for assisting the elderly.

- Brief psychological interventions can be delivered by mental health trainees and professionals at community levels, with covid- appropriate behaviour.
- Therapeutic workshops, seminars and awareness programmes can be run by mental health workers at old age homes following social distancing norms.
- The elderly can be educated about the importance of following covid-19 protocols, and the awareness about fake messages circulating over digital platform
- Tele- counselling and assistance can be provided to the elderly in case of emergency.

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- Encouraging the role of family connectedness in the times of isolation and loneliness through video interactions can take place. The aim here is to instil a sense of connectedness, even if virtually, an open channel of communication should exist
- Life assisting exercises such as meditation, breathwork, yoga can prove to be beneficial in assisting the mental health of the elderly.
- Building and strategizing community resilience workshops exclusively for the elderly.
- Thought journaling in times of stress, anxiousness and negative thoughts which can be discussed online or through tele communication with mental health professionals.
- Serious mental health issues in the elderly such as dementia, Alzheimer's and Parkinson's diseases should be well taken care of. Look out for deteriorating symptoms and mental health professionals can be contacted through tele-counselling and online appointments.
- At home care can be tiresome. One such task could be listening. Older adults can struggle with distorted thought process due to aging in the later stages of lives, thus listening to whatever they say and share can act as a catalyst in strengthening relationships.
- Organising activities for them, children should be encouraged to play games with them such as chess, which will boost their cognitive ability and slow down the neurodegenerative process.
- Lastly, never forgetting that we all have to age just as the geriatric population is progressing towards aging at present. Helping them and assisting them today will be beneficial in strengthening our relationship with the future generation.

DISCUSSION

While India is currently battling with the deadly double mutant variant of the virus, the present critical review is an attempt to study, analyse and understand the need of catering to the needs of geriatric population, especially in a collectivistic culture like India, where elderly issues, psychological difficulties, and coping mechanism takes a back seat while there is constant fear of leading a healthy life especially in the testing times of a national pandemic, COVID-19.

Psychologists and mental health professionals across the country started to become active when several reports of increased risk of anxiousness, stress, fear of death and loss of life started making rounds on digital and media platforms. People started to report feelings of emptiness, fear of death, increased risk of suicide ideations amongst youth and adults was also evident enough to ring the bell.

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In another research evidence of Spain, Robles et.al (2020) studies the psychological predictors such a hope, traumatic growth, self-efficacy and optimism during the times of covid-19. The research findings showed that the resilience was positively related with self-efficacy and optimism as both these variables showed to have a positive causal relationship. Quality of life can be defined as the degree to which an individual or a group of individual lead a happy, healthy (physically and mentally) life. It is a highly subjective concept thereby indicating that it might be different for different people. For some a quality of life can be in terms of gaining a balance – spiritual, physical, mental and emotional, while for others, a better quality of life may be earning well, leading a lavish lifestyle while achieving monetary and materialistic success.

During times of covid-19 the concept, has been strengthened with numerous research evidences. It is worth noticing that with limited healthcare and mental health care infrastructure, the concept of leading a quality life may seem superficial, again due to ambiguity and uncertainty of how the virus may act, towards an upward trajectory as of now since April 2021, or may progress stagnantly but steadily just as it was between October - January 2020.

Resilience also becomes a strengthening motivator as it helps fight back the at the hospital for the patients battling Covid-19. It indicates how well they can manage the emotional turmoil due to loneliness, isolation, rigorous treatment at the hospital and more emotional imbalances. How well can the patients and the elderly can accept sudden change, experience emotions, pass through them and return back stronger than before due to mental toughness, endurance and willingness to live a life with their loved ones.

Recently numerous studies have been conducted considering how resilience can be developed among the older adults. McCleskey & Gruda (2021), aimed to examine risk-taking, resilience and state of anxiety among older adults during the times of Covid-19. The study findings suggest that highly resilient and tolerant risk takers report less state anxiety, age influences the relationship between risk taking and resilience with an effect on state anxiety and that older, more resilient individuals reported low state anxiety than younger adults.

In a paper authored by Ershkov & Rachinskaya (2021) , an approximation was analysed regarding the second and the third wave of covid-19 across six major countries, mathematical

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and semi mixed method research analysis indicated that while Russia has better chances of coping through second and third wave of covid-19 cases, the prognosis may be estimated on a negative side for countries like USA, India and Iran along with European countries. This is because of better healthcare and government governance in Russia as compared to the other countries. This paper also estimates a beginning of the second wave in Germany and Iran from January 2021, followed by India.

We see that on a physical level India is proceeding steadily towards getting vaccinated, but what we also see is that India has recently announced vaccination to be open for all above the age of 18 years from May 01, 2021, the guidelines for which are to be issued separately for states and union territories. following a huge surge and an upward trajectory of the active cases of Covid-19, where the official records stand at a single day spike of above 3,49,691 cases with 2,767 deaths, as on 25th April 2021.

These figures and official data are a matter of concern both physically and mentally, due to lack of availability of resources a lack of preparedness at the central and state levels. It is worth noting that a country that set examples for the countries to follow in the longer run during the first wave, has somewhere clearly failed to maintain the legacy. This is majorly, again due to the lack of assessment of the second wave, its progression and the complications it is most likely to bring in the months or years to come for that matter.

Implications and Scope for Further Research

The present research is an attempt towards understanding the psychological issues faced by the elderly of the Indian population. Numerous researches have conducted the similar assessments applicable to their country's elderly population. While these researches only state the issues and strategies, the present critical review also states the importance of psychological preparedness at various levels in a densely populated country like India, failure of which may prove to be destructive, instances of which are highly evident till the present day.

Further, researches both qualitative and quantitative may be conducted on the second and third expectant wave of Covid-19 and India's preparedness battling the same.

CONCLUSION

Psychologists and mental health professionals across the country started to become active when several reports of increased risk of anxiousness, stress, fear of death and loss of life started making rounds on digital and media platforms. People started to report feelings of emptiness, fear of death, increased risk of suicide ideations amongst youth and adults was also evident enough to ring the bell.

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Conflict of Interest

The author declares no conflict of interest during the conduction of the present research.

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