

## COVID-19 and Mental Health of Elderly

Dr. Shoeb Ahmed Ilyas<sup>1\*</sup>

### ABSTRACT

Epidemics and pandemics have been shown to have substantial social and environmental impacts. The paradigm shift is seen in emerging infectious disease patterns, from predominantly epidemic to predominantly pandemic. Infectious disease pandemics present major problems for public health planning and practice. Large mortality shocks and the resultant demographic shifts have been linked to major social and environmental disruption in both pre-modern and modern pandemics. Changes in traditional healthcare practice models to new preventive health care models have emerged from developed economies to developing economies. This has resulted in an aggressive adoption of the evidence-based discipline of preventive medicine, incorporating strategies of resilience development through social distancing and non-pharmacological initiatives of public health aimed at moderating preventive medicine-based etiologies. Changes in the health system models in the new normal are also based on previous epidemic and pandemic experiences by adopting best practices available from the history of preventive medicine healthcare models, which are more feasible and continue to be adapted to allow a more comprehensive approach to emerging infectious disease prevention and reduce morbidity and mortality. The review aims to highlight pieces of evidence from past pandemics, changing health care models, socio-cultural factors, stressors, resilience, and coping skills affecting the mental health of the elderly.

**Keywords:** *Infectious Diseases, New Normal, Health Care Models, Evidence-Based Medicine, Preventive Medicine, and History of Medicine.*

The COVID-19 pandemic has affected millions of people around the world and posed serious public health challenges that have impacted practically every facet of life for people of all ages. It has serious societal, economic, and psychological consequences. The consequences of the COVID-19 global pandemic have immediate and widespread effects on societies, as well as the stigma connected with the COVID-19 pandemic. Social stigma in the COVID-19 pandemic outbreak may imply that people are labeled, stereotyped, discriminated against, treated differently, and/or lose status as a result of a perceived relationship with a disease. In terms of widespread job loss and related income loss, an increase in the incidence of domestic violence, and deaths, the social impacts of pandemics are intertwined with financial, emotional, mental, and physical implications. Economic and social consequences are inextricably connected in the COVID-19 pandemic.

<sup>1</sup>PhD Research Scholar, CESS, Hyderabad, India

\*Corresponding Author

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International and national policymakers widely recommended global efforts to address issues of social stigma, protect the economy, and promote long-term resilient strategies for the economic and psychological well-being of the elderly. Governments across the globe anticipated the effects of mitigation and recovery measures for the elderly by planning and executing evidence-based policy measures and building strong governance structures to reduce disparities and create social and economic resilience to improve the quality of life of the elderly and the families affected by COVID-19.

The COVID-19 pandemic has impacted the global elderly population in drastic ways. In many countries, the elderly are facing the most threats and challenges and are at high risk of exposure to stressors. Due to physiological changes associated with aging and the possibility of underlying co-morbid health disorders, the elderly are at a higher risk of getting COVID-19 and have a higher risk of COVID-19 morbidity and mortality. [1, 2, 3]. Aside from physical and mental sickness, the COVID-19 epidemic has caused plenty of problems for the elderly, including disrupted plans, frustration and boredom, isolation from family and friends, inconsistent access to supplies (e.g., food, medication), and financial pressure [4, 5].

Pandemics are large-scale epidemics of infectious diseases that can cause major economic, social, and political upheaval while also increasing morbidity and mortality across a huge geographic area. Epidemics and pandemics have been shown to have substantial social and psychological impacts on the mental health of the elderly. The paradigm shift is seen in emerging infectious disease patterns, from predominantly epidemic to predominantly pandemic. Infectious disease pandemics present major problems for the elderly population, especially inaccessibility to healthcare services, health care planning, and care practice. Due to the COVID-19 pandemic, changes in traditional healthcare practice models to new preventive health care models have emerged. This has resulted in the aggressive adoption of the evidence-based discipline of preventive medicine, incorporating strategies of resilience development through social distancing and non-pharmacological initiatives to address the physiological and mental health needs of the elderly. Changes in the health system models to address elderly mental healthcare needs in the new normal are based on the previous epidemic and pandemic experiences by adopting best practices available from the history of preventive medicine healthcare models, which are more feasible and continue to be adapted to allow a more comprehensive approach to address COVID-19 infectious disease prevention and reduce morbidity and mortality among the elderly.

With the expected life expectancy of the elderly among the highest in the developing world and highly advanced health systems and emerging new technologies, we have seen a new pandemic in the form of COVID-19, which has challenged the existing healthcare systems and most of the new technologies seemed to be obsolete to tackle the new virus which has taken millions of lives of the elderly across the globe. A new race was witnessed to address the challenges of the COVID-19 pandemic, which indeed focused on preventive medicine and war footing. Researchers have come up with novel technologies to address the prevention of infection and the development of antibodies to COVID-19 in the elderly to prevent the high risk of morbidity and mortality.

Covid-19 vaccines have been tested on humans with complex medical responses and administered with high priority to the elderly population and were successful in neutralizing threats from COVID-19. In this perspective, researchers rely on evidence-based approaches to tackle the emerging new challenges due to emerging new variants of COVID-19

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infectious diseases. In this scenario, the history of medicine and how our elderly ancestors have adapted to pandemics and epidemics give us the perspective to adopt the best clinical and preventive approaches to mitigate resilience in the elderly from exposure to and treatment of infectious diseases. The historical strategies adopted by our ancestors and those who survived the pandemics help present researchers and policymakers adapt and develop new strategies that reduce morbidity and mortality in the elderly and help them live a healthy life in the new normal.

With the growth of infectious diseases and rising disability-adjusted life years (DALYs), medical specialists are questioning whether early projections that morbidity would be compressed into the later years of a prolonged lifespan as a result of economic development were correct. Infectious disease epidemics can stigmatize and blame already vulnerable elderly populations for the disease and its repercussions. Preparedness and mechanisms to develop resilience and improve mental health among elderly populations might be guided by historical pandemics' best practice evidence. Many governments and NGO organizations have utilized 1918, 1957, and 1968 influenza pandemics to predict the possible morbidity and mortality burden in the elderly in the event of a future pandemic.

### **THE IMPACTS OF COVID-19 ON ELDERLY**

Pandemic-related personal losses, such as bereavement of a family member or friend, job loss or reduced income, and long-term exclusion from social, religious, spiritual, and civic activities, may be more common in older people [6]. Luhmann and Hawkey (2016) [7] found that older people who were socially isolated and lonely before the pandemic were more likely to experience emotional discomfort and poor mental health [8]. In addition to ageism in public discourse, frequent hospitalizations and deaths among the elderly during the pandemic may portray older people as weak, fragile, and burdensome to society [9, 10]. Fear of isolation, anxiety, sadness, loneliness, domestic violence, post-traumatic stress symptoms, disorientation, anger, racism, discrimination, and marginalization, with all of their social and economic repercussions, may have resulted from the COVID-19 pandemic in the elderly population. For reasons such as a sense of being cornered and a loss of control, imposed mass quarantine imposed thru statewide lockdown programs may cause mass panic, anxiety, and discomfort. This can be exacerbated in the elderly by uncertainty about disease progression, insufficient supplies of necessities, financial losses, and heightened risk perceptions, which are often exacerbated by ambiguous information and poor media communications in the early stages of a pandemic [11, 12, 13]. In earlier outbreaks, the psychological impacts of quarantine ranged from immediate symptoms like irritability, fear of contracting and transmitting the infection to family members, wrath, perplexity, frustration, loneliness, denial, anxiety, sadness, insomnia, and despair, to extremes like suicide [13, 14, 15, 16]. Significant socioeconomic distress and psychological symptoms as a result of financial losses are possible post-quarantine psychological impacts [13]. As a result, older people with cognitive impairment may become more worried, irritated, and socially isolated, necessitating special treatment.

According to previous studies, the elderly with high psychological resilience can use internalized resources to mitigate the detrimental consequences of adversity [19, 20]. Meditation, mindfulness, patience, breathing exercises, focusing on the present, living in the moment, staying connected to others virtually and in person, maintaining interpersonal contacts, and using social media to connect with family, friends, and community members, doing exercise, adjusting daily routines, reframing attitude and outlook toward the COVID-19 pandemic are all effective coping skills that assist the elderly in managing stress and

remaining calm. High resilience in the elderly has been linked to lower rates of depression and death, as well as enhanced self-perceptions of aging successfully, higher quality of life, and healthier lifestyle choices [20].

### **CHANGING PATTERNS OF DISEASE AND ITS IMPACT ON MENTAL HEALTH OF ELDERLY**

With COVID-19's emergence, a rise in the relative importance of infectious diseases has taken foremost importance when compared with chronic diseases in the elderly population, which have significant risk to mental health due to fear of contagion and survivability with a good prognosis. Although the morbidity from chronic diseases like cardiac diseases, cancers, and chronic obstructive pulmonary disease continues to decline in the elderly, deaths from infectious diseases have taken a toll at the highest level, which makes policymakers and clinicians look forward to preventive medicine and recommend new behavioral changes in the elderly population in both developed and developing economies. Policymakers are promoting health promotion strategies for the elderly in the New Normal like social distancing, hand hygiene, vaccination, and changes in work lifestyle such as working from home to avoid transmission of infectious diseases and reduce morbidity from COVID-19. The socioeconomic gradient in infectious disease prevalence remains a concern with the emergence of new variants like delta COVID-19 and OMICRON. Despite the successes, this changing pattern of the COVID-19 pandemic has led to an increase in health costs for the elderly across the globe. Hospital admissions have grown over the last two years, and general practitioner (GP) visits are also on the rise. Elderly elective surgery waiting lists have increased as a diversion of resources happened to address the COVID-19 pandemic, and new strategies must be adapted to address the ongoing “*Pandemic Transition*”.

According to historical evidence, all human-to-human transmission lines were broken four months after containment measures began and the SARS virus was forced out of its new human host. According to historical evidence, the outbreak was proclaimed over without the use of revolutionary therapies or immunizations. Several factors contributed to this success, including aggressive national containment activities like case identification, case isolation, contact tracing, surveillance, and contact quarantine, as well as foreign travel advice that was widely disseminated for the high-risk elderly population. Pandemic and epidemic evidence provided a useful window through which to observe the development of resilience and efficiency, social strengths and weaknesses, and engagement with the elderly population's unmet health care and mental health care needs. Pandemics and epidemics aren't quiet events; they're felt and responded to in real-time by the affected elderly population. Hence, medical history and past pieces of evidence show the use of non-pharmaceutical interventions to build resilience and coping skills in the elderly population by mitigating the impact of the COVID-19 pandemic on society.

### **SHIFTS IN DISEASE MANAGEMENT IN THE ELDERLY**

The reversal from chronic to infectious diseases in developed and developing countries has led to the need for a reassessment of the medical model for managing emerging new challenges to take care of elderly health needs. The need for a greater emphasis on preventive medicine and the socio-cultural dynamics and environmental factors driving the COVID-19 pandemic requires the integration of both clinical and public health approaches. Preventive medicine is a new way of handling infectious disease pandemics in the elderly, particularly a greater emphasis on self-care, self-management, social isolation, adapting technologies to maintain virtual social capital, maintaining resources of social support, and working with resources available in the community to decrease the exposure of transmission

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of the infectious agent by applying and adapting new guidelines issued by the CDC, WHO, and other evidence-based platforms like Cochrane, NICE, and greater emphasis on new Health Technology Assessments that give new clinical and social pathways in managing eldercare.

An evidence-based approach to COVID-19 infectious disease like identifying the etiological factors in the acquisition of the disease and its effective management needs a multilevel approach. Preventive medicine requires an extensive palette of tactics, from environmental action to community and individual behavior change. Issues like the development of new technologies, the adaption of technologies by global elderly citizens, and the need, for more evidence-based knowledge for health promotion and emphasis on economic growth, must be examined in detail at the distal end of the causation chain of infectious disease pandemics. From the point of causality, preventive medicine, from both medical and nonmedical perspectives, needs to deal with the facilitating causes of health-related behavior. This includes extending social support to buffer the pandemic stressors, putting emphasis on peer pressure management, and addressing inequality in accessing healthcare. Many communities with a high-risk elderly population have embraced, in some form or another, what they perceive to be beneficial social-distancing techniques and non-pharmaceutical interventions to create resilience when faced with infectious disease epidemic crises like the COVID-19 pandemic. The leitmotiv concept can also be used to examine the 2019 COVID-19 pandemic. The social media interpreted and reported on the infectious spread of COVID-19; the importance of public health risk communication in containing or moderating the spread of infectious diseases are important social determinants in the spread and containment of infectious diseases in the elderly population. Isolation of the sick; quarantine of suspect cases and their families; closing markets; protective sequestration measures; closing worship services; closing entertainment venues and other public areas; staggered work schedules; face-mask recommendations or laws; reducing or shutting down public transportation services; restrictions on funerals, public-health education measures, declarations of public health emergencies, and other evidence-based resilient strategies have a dramatic influence on the mental health of the elderly and their quality of life.

Our understanding of the COVID-19 pandemic and environmentally related health issues, societal changes, behavior change, and adaptation of new health promotion strategies to new normal has all led to an expansion of the preventive medicine field in Gerontology, and the need for the development of preventive guidelines for addressing new infectious diseases in the future is essential to reduce elderly stressors to acquiring COVID-19 infection and maintaining psychological and physiological health indicators. Historical evidence has shown us that the mobility of elderly people from high-density populations to low-density populations and their taking precautions against social isolation, hygiene, appropriate management of their chronic diseases, and improving their connectivity by adapting technologies and staying connected with their social capital are considered important elements in pandemic management and coping skills. The history of epidemics has demonstrated a proclivity to blame or vilify specific socio-economic groupings, including elderly abuse, which harms elderly mental health. Misdiagnosis of the healthy elderly and isolation or quarantining them with unhealthy people; social unrest, legal entanglements, and infringements of civil liberties; and extremely counterproductive behaviors by those targeted as diseased are just a few of the negative consequences of public-health policies that place blame on elderly victims. Negative results like these have the potential to seriously undermine attempts to contain the COVID-19 infectious disease.

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The economic devastation often connected with epidemics can have a big impact on how the elderly react to an infectious disease outbreak. The concealment of epidemics in the past and more recently has led to the spread of infectious diseases as countries around the globe failed to take appropriate measures to contain the spread of infectious diseases.

As preventive medicine evolved over the experience of previous pandemics, epidemics, and the epistemology of COVID-19 epidemiology, the modern conventional health care models for the elderly remained fluid, based on changing needs and cognizant of the dynamic nature of health determinants for the elderly in the modern world. Policymakers and researchers can make sense of and use historical data to help the elderly make better decisions now on how to adopt or discard various resilience techniques that have been used in previous pandemics and epidemics that have improved their health and quality of life.

### CONCLUSION

The COVID-19 pandemic has a significant impact on the elderly's mental health. It may have an impact on their interpersonal relationships as well as psychosocial impacts on their emotions, causing bewilderment, despair, rage, and self-identity. The lack of confidence about the COVID-19 pandemic is a major source of anxiety among the elderly. When thinking about pandemics, it's evident that the pandemic will take on a completely different shape and contour than previous ones reported in the history of medicine and may have varying effects on elderly mental health. However, there is a good side to this gradual transformation. Innovations in preventive medicine, infectious disease management, and emerging healthcare models, will unavoidably loom on our horizon, and lessons from the past and present can aid in the development of effective and socially relevant methods to minimize stressors for the elderly and develop our deep understanding of efficient resilient factors and coping strategies that can be disseminated in the adult population to improve their overall quality of life. The availability of evidence-based guidelines, as well as a review of preventive historic medicine and resilient strategies used in previous pandemics, will assist policymakers and researchers in allocating resources to the elderly in pandemic preparedness planning to prevent and mitigate the stressors of COVID-19 on the elderly population.

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***Conflict of Interest***

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