

Research Paper

Study on the Effect of Pre and Post Counselling among Old Aged Males and Females Suffering from Depression During the Covid-19 Situation

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ABSTRACT

The present study aims to investigate the effect of pre and post counselling among old aged male & females suffering from depression during the COVID-19 situation. The study further compared the level of depression on the basis of age. An honest attempt is made to examine whether there exists any difference of depression between old aged males and old aged females. The total sample for the study is comprised of 100 old persons selected randomly from the different sections of the society of the age group of 60-69 years and 70-79 years, in the area of Kolkata, Burdwan and surroundings. The self-scored Beck's depression inventory developed by Aron T Beck is administered to the selected persons to assess their COVID-19 depression. The obtained data are then analyzed by calculating mean median, mode, standard deviation and applying 't' test. Analysis of the results revealed that elderly females are more depressed than elderly males in the recent Covid-19 situation.

Keywords: Corona Virus Disease of 2019 (Covid-19), Pre and Post Counselling, Depression, Men, Median, Mode and Standard Deviation

Severe acute respiratory syndrome Corona virus-2 (SARS-COV-2), a novel virus that causes COVID-19 infection, has recently emerged and caused a deadly pandemic, a higher mortality rate in order adults and those with comorbidities such as hypertension, cardiovascular disease, diabetes, chronic respiratory disease and chronic kidney disease (CKD). A significant percentage of older American and also of older Indian adults has these diseases, putting them at a higher risk of infection. Additionally, many adults with hypertension, diabetes and CKD are placed on angiotension-converting enzyme (ACE) inhibitors and angiotension-II receptor blockers. Studies have shown that these medications upgrade the ACE-2 receptor, the very receptor that the SARS-COV-2 virus uses to enter into the host cells. Although it has been hypothesized that this may cause a further increased risk of infection, more studies on the role of medications in COVID-19 infections are necessary¹.

SARS-COV-2 is spread by human-to-human transmission via droplets or direct contact, and infection has been estimated to have mean incubation period of 6.4 days among patients

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with pneumonia caused by SARS-COV-2, fever is the most common symptom, followed by cough².

The COVID-19 pandemic is impacting the global population in drastic ways and, in many countries; older people are facing the most serious threats and challenges. Older people face a significant risk of developing severe illness due to psychological changes that come with aging and existing underlying health conditions.³ So, to ensure older citizens have access to the care and support they need during the COVID-19 outbreak, their families and caregivers have to be supported as a priority.

The fear of a pandemic of unknown origin is not new in the world. Humankind has witnessed worse fatalities during the Great Plague of Marseille (1719), the Asian cholera pandemic (1822) and the Spanish flu (1920), just to name a few. Pandemics disrupt personal and social lives, COVID-19 came with an exponentially increasing barrage of misinformations constantly throwing at us via social media, fuelling stress and mass hysteria. In addition, the 'fear of transmission' begets stigma, marginalization and xenophobia, kicking in the 'fear of fellow humans'. Health anxiety, sleep disturbances, panic attacks, depression and loneliness are the main mental health fallouts of living through a pandemic. All these affect the entire 'basis of life' for the elderly and old aged persons.⁴

The earliest epidemiological findings from COVID-19 pandemic have made it clear that the disease covers a disproportionately high impact on mortality and morbidity in older adults. Over the subsequent moments, a significantly more complex picture emerged impoints to a much broader impact on the mental health of older adults.⁵

1. Pre-Covid-19 Counselling:

Older adults are more likely to get very sick from COVID-19. Getting very sick means that older adults with COVID-19 might need hospitalization, intensive care or a ventilator to help them breathe, or they might even die. The risk increases for people in their 50s and increases in 60s, 70s and 80s. People of 85 and older are the most likely to get very sick. It is noted that adults of 65 years old and older who are fully vaccinated with COVID-19 vaccine have a 94% reduction in risk of COVID-19 hospitalizations and vaccination is 64% effective among those who are partially vaccinated.⁶

In this situation, the older adults and those who live with, visit or provide care for them need to protect themselves through proper counselling in the pre-COVID-19 stage, for getting ride from COVID-19 as follows:

Old aged persons should be asked to get vaccinated as soon as possible, they are counselled by making them properly understand that COVID-19 vaccines are effective in preventing COVID-19. If they are fully vaccinated they can resume activities that they did prior to the pandemic, but with wearing a mask and staying 6 feet apart. Older adults are advised to limit interactions with persons as much as possible, particularly when indoors, also to wash hands time and again, if soap and water not available, advised to use hand sanitizer containing at least 70% alcohol. Older adults are advised to obey other rules also, such as to avoid touching eyes, nose and mouth with unwashed hands, to cover coughs and sneezes with tissue paper, to clean and disinfect surface and things that are often touched. They are also reminded to avoid close contact with other people to avoid spread of COVID-19.

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World Health Organization has some messages for the general population especially for the older adults to follow. WHO suggested:

- To- be empathetic to all those who are affected, in any form in any country. People who are affected by COVID-19 have not done anything wrong, they deserve our support, compassion and kindness, they are advised by WHO to minimize watching, reading or listening to news about COVID-19 that causes to feel anxious or distressed;
- To- seek information only from trusted sources and so that practical steps can be taken.
- To- prepare plans and protect self and loved ones; try only to seek information updates at specific times during the day, once or twice.
- To- protect all others, it is advised to check by telephone on neighbours, because working together as one community can help to create solidarity in addressing COVID-19 together;
- To- find opportunities to amplify positive and hopeful stories and positive images of local people who have experienced and recovered from the COVID-19.⁷

Social isolation is enforced over 70s elderly persons to mitigate the spread of COVID-19. But it became serious health concern to them because of this heightened risk of cardiovascular, autoimmune, neurocognitive and mental health problems.⁸

There are some parameters that makes the older adults at a higher risk for mental health issues during COVID-19 pandemic such as sleeplessness, feeling anxious, boredom, panic attacks, nightmares, feeling of emptiness, fear of contracting COVID-19, fear of spreading the infection to others, health anxiety, feeling of imprisonment, anxiety related to uncertainty about future, anxiety about death and dying in unnatural circumstances. In older adults particularly in females, with pre-existing cognitive impairment have behavioural problems.

So, in the pre counselling stage they are requested to maintain a routine with physical exercise, yoga, meditation, health diet, mental stimulation through home based activities with appropriate safety. If they are in depressed stage they are asked to go through relaxation exercise and supportive therapies.⁹

In post-COVID-19 counselling¹⁰ it is reminded that in post- COVID health conditions complicated patients specially the old aged persons continue to experience symptoms of the disease four weeks after the initial recovery. Specially attention is to be paid for the elderly persons in Post- COVID-19 situations, which are as- to take care of lungs, kidney, heart and 'causes of black fungal infection' – called mucormycosis – to take complete rest for 17 days after the recovery and after 20 days they can resume normal life - COVID-19 positive patients after release from hospital may have similar symptoms within 1-12 weeks. So, for elderly persons they should be alert about their heart, blood vessels, lungs, kidneys, skin, brain and nerves – they should also be warned about shortness of breath, chest pain, breathing trouble, reappearance of fever, fatigue, joint pains – it is observed that during COVID-19 treatment people generally stop their normal treatment, it does not mean that other pre-existing diseases have disappeared. So after recovery from COVID-19 the olders are said to consult doctor and continue the previous medicines– other precautions include – staying hydrated, drinking plenty of water and fluids, doing breathing exercise and

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meditation followed by protein rich food, adequate sleep and avoiding smoking and drinking alcohol.

Ann Pietrangelo¹¹ identified nine types of depression disorder.

The COVID-19 had a severe impact on our mental health, it is observed that during the months of isolation due to COVID-19, women suffered more than men did. It is also suggested that sex and gender differences may play a vital role in psychological and behavioural reactions to the pandemic. Women had disturbed sleeping patterns, anxiety, depression and trauma¹². As a counsellor either in pre or post COVID-19 situation one should take all the precautions to avoid becoming infected. Hence the counsellors instruct the caregivers to avoid in-person visits of their clients, they should keep contact over mobile phone so that they do not feel loneliness.¹³

Debra Fulghum Bruce¹⁴ pointed out a few factors that causes and increases the chance of depression (Medically reviewed by Smitha Bhandari)

Robert Eduarda Grolli et.al.¹⁵ reviewed the mental health of the elderly people during the pandemic; where the vulnerability of these individuals in the face of stress, anxiety and depression along with the case of contracting COVID-19 is discussed where mainly the hormonal and inflammatory mechanism is considered for high stress and depression in elderly women than elderly men in the COVID-19 situation.

Corona virus disease 2019 (COVID-19) is as contagious disease caused by severe acute respiratory syndrome corona virus-2 (SARS-COV-2). The first known case was identified in Wuhan, China in December 2019.¹⁶ The disease has since spread worldwide, leading to an ongoing pandemic.¹⁷

Symptoms of COVID-19 are variable, but often include fever, cough, headache, breathing difficulties and loss of smell and taste. Symptoms may begin one to fourteen days after exposure to the virus. At least one third of people who are infected do not develop noticeable symptoms. Some of them continue to experience a range of effects (Long Covid) for months after recovery and damage of various important organs have been observed. The risk of infection is highest when people are in close proximity for a long time. Particles remain suspended in the air for minutes or hours. Touching a contaminated surface or object may lead to infection. People who are infected can transmit the virus to another person up to two days before they themselves show symptoms. People remain infections for up to ten days after the onset of symptoms in moderate case and up to twenty days in severe cases.

Several testing methods have been developed to diagnose the disease. Preventive measures include physical or social distancing, quarantining, and ventilation in indoor spaces, covering cough and sneezes, hand washing and keeping unwashed hands away from face. The use of face-masks or covering has been recommended in public setting to minimize risk or transmissions. Several drugs are developed to inhibit the virus and several vaccines are approved in several countries. The primary treatment and management involves the treatment of the symptoms, supportive care, isolation and experimental measures.¹⁸

Even though the virus is considered to be global public health problem, certain sections of the society are at a clearly defined and increased risk. One such section is the senior citizens. Amidst all the chaos of the ongoing crisis, certain sections of the population like the elderly

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and elderly are as vulnerable to the virus as to the psychological effects of the pandemic and the situations put in place to control it.¹⁹ Social distancing during COVID-19 pandemic has led to adverse mental health consequences such as anxiety and depression among older adults. Increase in poor mental health is not only related to reduction in social contacts, but also due to higher level of worry about obtaining food and other essential commodities and less physical activity and sleep. Women are feeling more empathetic than men during COVID-19 situation/isolation. However, greater empathy is associated with risk in mental health problems during the outbreak like anxiety, depression and trauma. Women are suffering from greater insomnia, depression and anxiety symptoms than men due to isolation. Social isolation due to COVID-19 affected women more than men.²⁰

Research Aims and Objectives

The recent outbreak of COVID-19 is associated with severe mental health disorder both in acute phase and in the long term from people who are directly exposed to the virus and those who are not directly exposed too. Anxiety, depression, cognitive impairment, delirium, psychosis, irritability, insomnia and post-traumatic stress disorder are the prevalent phenomena following COVID-19 infection. In the early stage of the outbreak, particularly the older adults were diagnosed with new onset of mental health disorders like Psychosis, cognitive decline and affective disorder which were triggered with previous history of trauma and other medical problems or comorbidities. These altogether increased the levels of depression and anxiety in older adults.

An attempt is made to reduce the infection and to control the outbreak by introducing public quarantine, social distancing, and cancellation of large public gathering which in turn caused different mental health disorders in older adults. These older persons who served the society long years or even now they are serving are much more important for advice giving, assessing in critical decision making etc.

In recent years much evidence are available on the psychological sequelae following public quarantine on similar epidemics (Severe acute respiratory syndrome, SARS) circa, 2003; Equine influenza circa, 2008; and Swine Flu Circa, 2009[H1N1, Influenza).

It has been observed that older adults are worse sufferers in all these Pandemic situations. Scanty work is available in literature on the assessment of level of depression and anxiety raised out of the recent pandemic COVID-19 in older adults comprising of both male and female of the age of 60 to 80 years. Therefore, there remains urgent need of measuring such level of depression in the pre COVID-19 situation and Post COVID-19 situations.

Significance of the study comes from not only by studying the level of depression but also making an effective comparative study of level of depression of older males and older females in pre and post COVID-19 situation, which may help the society in taking proper remedial measures for the survival of these “old is gold” persons.

The main aim of the study is to assess the effect of counselling in pre and post COVID-19 situations on older adults. Further, in the present scenario the study emphasizes the comparison of depression level between older-males and older-females for further counselling for their betterment.

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Description of the concepts used as variables

Independent Variables: A Group of old males and females suffering from depression in COVID-19 situation.

Dependent Variables:

1.Pre-covid-19-Couselling:

Control Variables:

- Age of the subjects – 60 – 80 years.
- Sex of the subjects – Both male and female.
- Education: Primary to University level.
- Location: In and around Kolkata and Burdwan.

A supposition or proposed explanation made on the basis of limited evidence as a starting point for further investigation. Here the hypotheses used are –

(a) H_{0a} : Old females will suffer from more depression in COVID-19 situation at pre-counselling stage.

(b) H_{0b} : Old males will suffer from more depression in COVID-19 situation at pre-counselling stage.

(c) H_{0c} : Old females will suffer from less depression in COVID-19 situation at post-counselling stage.

(d) H_{0d} : Old males will suffer from less depression in COVID-19 situation at post-counselling stage.

MATERIALS AND METHODS

Sample:

Procedure for data Collection

Altogether 100 persons (50 old male and 50 old female) suffering from depression in COVID-19 situation were selected from Kolkata, Burdwan and adjacent areas. Since the study was conducted with the old-persons, proper permission was taken from the head of the family and from the respondent also. The study was conducted in presence of other members of the family because it may encourage them for proper care taking.

The participants were chosen randomly and nobody was forced to participate in the study. It was gently conveyed to the respondents that they will be given a psychological questionnaire which needs to be filled by them and that the activities undertaken are absolutely for a particular research purpose. The participants were told that they could withdraw from the study at any time without assigning any course and obligations, even after giving the consent if they wished so.

The old aged males and females were fully assured that their responses would be kept confidential and would be used only for education and research purpose. The confidentiality of the information given by the participants were ensured. At the same time they were made to understand the importance of their honesty in responding to the questionnaire. In conducting this study, initially a professional relationship was established with the participants.

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The questionnaire was given to the participants personally and requisite directions and instructions were given so that the older persons can understand what to do and what not to do in this respect. As they were old aged persons, in each question they needed help to make the questions and the answers clear. It consumed more than 10 minutes to get the questionnaire completed for one person. The questionnaire was then collected and then the old-aged participants and their relatives were thanked for their kind cooperation. In this way 100 participants were visited within a short time of twenty days only. The complete questionnaire was then analyzed by applying required statistical methods.

General self-scored Depression scale-

Beck Depression Inventory (BDI) is a commonly used instrument for qualifying and also quantifying the level of depression. The scale for the BDI was originally created for description of patients on their symptoms of mood, pessimism, sense of failure, self-dissatisfaction, guilt, suicidal ideas, crying, irritability, social withdrawal, insomnia, fatigue, appetite, weight loss and self-accusation. In the present COVID-19 situation all the questions were oriented as per COVID-19 protocol.

In the first position of the test, COVID-19 related psychological symptoms are assessed whereas the second position assesses COVID-19 related physical symptoms. After the American Psychiatric Association (APA) published the diagnostic and statistical manual of Mental disorders fourth edition (DSM-IV), the Beck Depression Inventory (BDI) was revised in the year 1996 to reflect changes to the diagnostic criteria of the major depressive disorder, which finally became to BDI-II. The BDI-II also contains 21 questions and scored from 0 to 3. Reliability and validity of Beck Depression inventory the BDI test is widely known and has been tested for content, concurrent and construct validity. High concurrent validity rating is found for BDI like other instruments as the Minnesota Multiphase Personality Inventory and Hamilton Depression Scale, where 0.77 correlation ratio was calculated when compared with inventory and psychiatric ratings. The BDI has also showed high construct validity with medical symptoms it measures.

Operational Definitions –

Independent variables:

- Old-aged Males and Females:

Old-aged Males-

Male persons of age 60-80 years are considered as old-aged males. Mostly they belong to retired group if they were previously engaged in Government or non-government jobs. Such persons are mostly passing their time at home with their family members or a percentage of them are still engaged in some jobs provided they are physically and mentally fit for that.

Old-aged Females-

Female persons of age 60-80 years are considered as old-aged females. In our country, mostly they are not engaged in Government or Non-Government jobs. So the matter of retirement comes only in few cases. However, they all are now passing their time with their family members.

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Dependent Variable:

Level of self-scored Depression -

Self-scored depression is calculated in terms of total score obtained from the respondents in General self-scored depression scale in the pre and post COVID-19 situation. The self report depression score then is used on the scale to determine the clinical interpretation of one's self-reported depression level. In interpreting the Beck Depression Inventory, it has been observed that higher the score, higher the level of depression.

Data Analysis: (Statistical application)

The data collected was analyzed by using the statistical methods. Descriptive statistics like mean, median, mode and standard deviation; and inferential statistics like 't' test was used.

RESULTS AND DISCUSSIONS

Demographic profile of the respondents-

Respondents were asked about their age, present profession if any, their educational qualification and marital status.

Gender -

We know gender is an important variable in any study in psychology, however in recent time gender roles and marital status have made a confused impression in relation to its accuracy to distinguish in any way.

TABLE-1 (GENDER DISTRIBUTION)				
Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Older-Males	50	50.00	50	50.00
Females	50	50.00	50	50.00
TOTAL	100	100.00	100.00	100.00

The gender table No:1 shows that the gender distribution in the sample of 100 respondents were 50% male and 50% female.

MALE				
TABLE-2				
AGE				
DISTRIBUTION				
Older adults age distribution	Frequency	Percent	Valid percent	Cumulative Percent
Old-Male (60-69) years	25	25.00	25.00	25.00
Old-Male (70-79) years	25	25.00	25.00	25.00
TOTAL	50	50.00	50.00	50.00

FEMALE				
TABLE-3				
AGE				
DISTRIBUTION				
Older adults age distribution	Frequency	Percent	Valid percent	Cumulative Percent
Old-Female (60-69) years	25	25.00	25.00	25.00
Old-Female (70-79) years	25	25.00	25.00	25.00
TOTAL	50	50.00	50.00	50.00

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The tables No:2 and 3 show that equal number of 50 old-aged males and 50 old-aged females were considered for the present study, of which 25 in age group 60-69 years and another 25 in the age group 70-79 years.

TABLE-4								
Descriptive statistics and independent sample test								
Depression level in COVID-19 at pre-counseling stage	Gender	Age (Years)	Number	Mean	Median	Mode	SD	t
	Male	60-69	25	18.40	17.04	16.12	8.22	5.84
	Female	60-69	25	30.80	28.42	26.50	7.92	
	Male	70:79	25	30.48	17.58	16.21	8.82	6.84
	Female	70:79	25	41.92	40.86	39.24	4.75	

Table 4 shows that the mean median and mode values of depression level in COVID-19 situation at pre-counselling stage of females of age 60-69 years (Mean=30.8, Median=28.42 and Mode=26.50) are higher than those of males of that age (Mean=18.40, Median=17.04 and Mode=16.12). In both the cases number of respondents, N=25. Also, the mean, median and mode values of depression level in COVID-19 situation at pre-counselling stage, age 70-79 years of females (Mean=41.92, Median=40.86 and Mode=39.25) are higher than those values of Males of age 70-79 years (Mean=30.48, Median=17.58 and Mode=16.21). Here also the number of respondents is 25. It is observed that the findings supports the hypothesis H_{0a} i.e, 'Old-females suffers more from depression in COVID-19 situation at pre counselling stage. Moreover the SD (Standard Deviation) Values, Male (60-69) = 8.22, Female (60-69) = 7.92 ; Male (70-79) = 8.82 and Female (70-79) = 4.75 at pre-counselling stage and the 't' values 5.84 (Male, Female age 60-69) and 6.84 (Male, Female age 70-79) at the pre-counselling stage supports the hypothesis H_{0a} (Old Females suffers more from depression in COVID-19 situation at pre-counselling stage.

TABLE-5								
Descriptive statistics and independent sample test								
Depression level in COVID-19 situation at post-counseling stage	Gender	Age (Years)	Number	Mean	Median	Mode	SD	t
	Male	60-69	25	11.96	11.18	10.50	3.38	4.78
	Female	60-69	25	16.60	14.45	13.50	4.49	
	Male	70-79	25	15.56	10.75	9.78	3.43	5.07
	Female	70-79	25	22.08	20.75	19.78	5.30	

Table 5 shows that the Mean, Media and Mode values of depression level in COVID-19 situation at post-counselling stage of females at the age 60-69 years (Mean=16.60, Median=14.45, Mode=13.50) are higher than those of Males of the age 60-69 years (Mean=11.96, median=11.18 and Mode=10.50). The member of respondents in both the cases, N=25. It is also observed that the Mean, Median and Mode values of depression level in COVID-19 situation at post-counselling stage, of the age 70-79 years, of females (Mean=22.08, Median=20.75 and Mode=19.78) are higher than those values of Males of the age 70 – 79 years in the post counselling stage (mean = 15.56, median = 10.75, and mode = 9.78). In both the cases the number of respondents in 25. From these observations it may be said that the findings support the hypothesis, H_{0a} , old females suffer more in COVID-19 situation at post-counselling stage. Moreover, the SD (Standard deviation) values, for male (60 – 69) = 3.38; female (60 – 69) = 4.49; male (70 – 79) = 5.30, at post-counselling stage and the 't' values 4.78 (male, female, age 60 – 69 years) and 5.07 (male, female age 70 – 79 years) at

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the post counselling stage clearly supports the hypothesis Hoa (old females suffer more from depression in the COVID-19 situation at post counselling stage).

DISCUSSION

Much more studies have been done on the effects of COVID-19 situation on the older-adults, middle aged persons, including male and females on their health effects, economic effects, educational effects etc. Lots of paths are suggested for combating the pandemic situation effectively. But only a few works is available on COVID-19 where counselling of the COVID-19 affected persons is mentioned²¹. Pre- COVID-19 counselling and post-COVID-19 counselling is given emphasis in no cases. Particularly no such evidence is available on the study on the effect of pre- COVID-19 and post- COVID-19 counselling of old aged males and females who are suffering from depression in this situation.

From the study it has been observed that females of both the ages of 60 – 69 and 70 – 79 years suffers more from depression in the COVID-19 situation in the pre and post counselling stage. It is interesting to note that economic status, educational qualification, purchasing capacity, social status, pensioner or non-pensioner, living in city or town or village, poor or rich or anything else had no value to the virus to attack the human body. So, all categories of respondents were randomly selected from different sections of the society.

In few review of literature like, CDC (2021)²² stated that older adults and people of any age who have serious underlying medical conditions like heart or lung disease or diabetes are at higher risk for developing more serious complications from COVID-19 illness. Adults over 65 years of age who received both doses of vaccines are also in high risk for COVID-19 related complications.

Ettman C.K²³.studied the prevalence of and risk factors associated with depressive symptoms among US adults during and before the COVID-19 pandemic situation. Depressive symptoms prevalence was higher in every category during COVID-19 compared with before. Higher risks of depressive symptoms during COVID-19 was also associated with persons having lower income and exposure to more stressors. The findings suggested that prevalence of depression levels was more than 3 times higher during COVID-19 compared to the situation before the COVID-19 pandemic. With the development of science and technology, particularly of Life-science and related technology, discovery of new medicines, it has been possible to combat with the life-threatening disease successfully.

Most of the persons, male or female, are surviving with at least a few of the common diseases like, blood sugar, blood pressure, thyroid, cancer etc. Any one of them is more than sufficient to allow the Corona virus to enter in our body. The medicines used for managing the diseases allow the corona virus by creating possible signals to permit the virus to attack on body.

The older adults, as they are using such medicines are highly vulnerable for COVID-19 attack. So, comorbidities are highly responsible for an older adult to make them vulnerable for COVID-19 attack. Moreover, older adults are more or less rigid to their previous life style. They want and try to maintain that life style in any situation, even in this pandemic situation. So, life-style modification is hard to be achieved by the older adults.

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It has been observed the older males to say that they will not be attacked by COVID-19, because they are now vaccinated, so they can go outside for morning walk, for marketing etc with or without mask. This attitude made them more and more vulnerable for COVID-19 attack and this happened throughout the world. Much more creative alternatives are given to them to modify their life-style, those who have adopted this change are really passing good life without any depression from COVID-19 situation.

CONCLUSION

From the present study on the effects of pre and post counselling of older-adults suffering from depression in the COVID-19 situation, it is clearly found that pre-counselling have had noticeable effect on the depression level which is greatly reflected in the values of depression level of older-adults of the age group of 60 – 69, and 70 – 79 years in the pre and post COVID-19 situation. The values of depression levels became lower in the post-COVID-19 situation than it was observed in the pre- COVID-19 situation. Moreover, the values of the females of 60 – 69 and 70 -79 age group always remains greater than that of males both in pre and post COVID-19 situation.

Yet, there remains the question of the higher number of older-males admitted to hospital for COVID-19 infection than the older-females. This view has been supported by the data obtained from various hospitals where treatment was going on. The most probable explanation by the fact that older-males' careless attitude towards the COVID-19 virus, continuing smoking, taking alcohol regularly and overall, no modification of their life-style. Their exposure made them vulnerable to severe COVID-19 infection. But those who seriously tried to follow the rules and regulation, do-es and do-nots, published by WHO time to time, are well now and still surviving with a strong struggle with COVID-19. Still there is evidence²⁴ that a 60 year old woman became mentally disturbed over her husband's testing positive and died before she was shifted to hospital.

Peck, G.A.²⁵ described the ways clearly to manage post- COVID-19 anxiety and depression. During the COVID-19 situation, depression arised out of COVID-19, made the counsellors busy to make the older adults aware about the mental health wellness. Results of the present study revealed the fact that there exists difference of depression level between the older males in the pre and post counselling situation. Similar results are also obtained for older-females in the pre and post counselling situation.

Moreover, inspite of higher levels of depression older-females of 60 – 69 years and 70 – 79 years in pre and post covid situation adjusted well in the COVID-19 situation than the males did. The findings of the present study reflect only a trend in this limited sample and thus further research should be carried out with larger group of participants. In addition, it is also urgent that more variables like socio economic status, academic achievement, marital status, employment status, etc. should be taken into consideration in order to determine the level of depression of elderly males and females of 60 – 80 years old, during the pre and post COVID-19 situation.

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Conflict of Interest

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