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Review Article

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COVID Consequences on Older Adult Mental Health

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Abstract

The burden of illness from COVID has disproportionately affected adults 65 years and older. Public health measures such as physical and social isolation and lockdowns during the COVID epidemic have negative effects on the mental health of older adults. Depression, anxiety, and loneliness are common symptoms related to the threat of COVID infection and the measures to contain transmission. Community outreach and the use of technology are resources needed to promote mental health in older adults.

Keywords: COVID; Mental health; Older adults

Introduction

The physiological effects and excess burden of mortality due to COVID illness have had a global impact. The World Health Organization reports more than 287 million confirmed cases including 5.4 million deaths worldwide [1]. Older adults were disproportionately affected in the first year of the pandemic with 81% of fatalities from COVID in adults 65 years or older [2]. The escalating rate of disease transmission and increased public health measures of social isolation and enforced lockdown affected the mental well-being of international populations. While most of the general population may be eager to regard COVID pandemic in the past 9 out of 10 current COVID deaths are in older adults [3]. Under public health orders, older adults were told to physically and socially isolate. Feelings of fear, anxiety, loneliness, and depression were voiced during the pandemic. This article describes the psychological effects on older adults.

Older adults were more negatively affected compared to baseline status in relation to their mental health [4]. Those older adults with previously diagnosed conditions such as anxiety and depression had the highest levels of symptom frequency not only during the COVID lockdown but persisting afterward [4].

Anxiety, depression, difficulty with concentration, low energy levels, and insomnia were reported. The COVID restrictions resulted in increased loneliness due to the social isolation. Joseph, et al. [5] report elevated depressive and anxiety symptoms along with increased loneliness. A study in Austria, found the loneliness was a predictive factor for mental distress in the form of depressive and anxiety symptoms up to ten months after the social isolation restrictions [6]. A study done among community dwelling older adults identified reduced mental health [7]. The reduced mental health status led to decreased access to health services and reduced coping behaviors. The other health changes affecting mental health were reduced exercise and, of the older adults who consumed alcohol, there was 14% increase in intake [7]. Older adults living in long term care experienced increased loneliness and decreased resilience leading to decreased quality of life [8]. The Turkish study found the Mini Mental Status Exam (MMSE) and the Loneliness Scale for Elderly (LSE) scores showed significantly adverse effects on the social relations dimension [8]. Older adults living in long-term care/nursing homes were drastically impacted with the doors locked and without visitors for months at a time. The focus was on infection control as the priority rather than person-centered care. A balance is needed to promote person-centered care and quality of life [9].

Older adults with a chronic condition such as diabetes were affected physically and psychologically by COVID pandemic. A cross-sectional online survey found moral distress, increase in depressive symptoms and emotional burden which may adversely affect glucose control [10]. Additionally, many older adults have hypertension. Early in the pandemic, hypertension was identified with increased severity in COVID infection. Black and Latinx persons were more disproportionately affected by COVID in terms of morbidity and mortality in the United States of America. Excessive worry or rumination called perseverative cognition was increased in these minority populations which demonstrated a greater threat to mental well-being [11]. LGBTQ older adults experienced more emotional distress as compared to heterosexual older adults [12].

Long term elder, informal (family and/or friends) caregiving is chronic stress exposure. Family caregivers, usually middle-aged to older adult females, for elders with dementia are also at risk for traumatic stress reactions caused by the mandatory COVID lock-downs. The caregivers need support to decrease the risk of anxiety, depression, and caregiver burnout [13]. An integrative review demonstrates that informal caregivers prioritize the needs of the recipient over their own resulting in declining health status for the caregiver [14].

Mental Health Supports

Community outreach by family, friends, and public health nurses is an essential support for older adults. Public health and community nurses need physical and financial resources to promote resilience in older adults. Implementing increased screening for mental health will support older adults living in the community. Resilience involves individual characteristics, family, friends, and support persons, and institutional or community resources. An increase in activity will improve mood. Older adults may need assistance in the use of technology to stay connected. The main recommendations are to use apps, online videos, and telehealth programs to promote cognitive and physical activities [15]. Group activities using platforms such as Zoom, Microsoft Teams, Google Meet are one type of support. Developing community organizations to help older adults feel connection with other people. A study with older adults done in Texas found that older adults, despite limited resources and unfamiliarity with technology, developed their use of mobile devices to communicate, virtually attend religious services, and participate in telehealth services [16]. Community activities such as the Engage with Age (EWA) is a proactive program to improve health and quality of life in older adults who live in low-income housing. The “EWA activities program was successful in lessening residents’ depressive symptoms, enhancing positive affect, lessening loneliness and social isolation” [17]. The COVID pandemic has accentuated an awareness to change the culture in long term care. Residents who already experience communication disorders such as aphasia were furthered isolated by the prohibition on visitation. Nurses have the opportunity for interprofessional collaboration with speech-language pathologists, occupational therapists, and physical therapists to decrease the social isolation effects and improve quality of life [18]. There is not a regular program or policy for respite care in the United States. There is a need for nurses to advocate for respite care. Currently, respite services may be difficult to locate and add to the financial burden for caring at home.

COVID affords nurses and the healthcare team opportunities. There is opportunity to provide more services to enhance the mental health of older adults. There is opportunity to identify and reject ageism in relation to COVID. There is research to be done in learning from the older adults who are adapting and resilient.

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