



Can Psychological Interventions Sprout and Crown Individual and Societal Desired Outcomes for the Older Adults in the COVID-19 Era?



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2021, 4(3), 49-55

DOI: [10.51819/jaltc.2021.1098650](https://doi.org/10.51819/jaltc.2021.1098650)

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ABSTRACT

COVID-19 threatens the world by potentially harming individuals, families, and civilizations in the same way that negative changes arise in all epidemics. Several personal changes such as regulation of emotions (anxiety, depression, aggression), internal pressure about changes in social norms and rules, and social isolation make the COVID-19 more complicated. Older adults have been

negatively affected by COVID-19. What is occurring is causing anxiety and panic among older individuals in a world where life is reframed with "stay at home." Individual changes, social isolation practices, and mental health outcomes for older individuals are all discussed in the framework of COVID-19. Previous study findings are reviewed in the context of preventative initiatives for older people.

KEYWORDS: COVID-19 ; older adults; psychological interventions; individual; societal; desired outcomes

KEY PRACTITIONER MESSAGE

1. For whatever reason, older people are more affected than other age groups by the "stay at home" scenario. COVID-19 needs several psychosocial changes and adaptations for the aged throughout this period.
2. Older people do not apply for healthcare services unnecessarily, and they do not have access to healthcare through communication techniques such as the internet or phone. As a result, mental health practitioners must carefully assess the psychological needs of older people receiving care.
3. COVID-19 process has shown the importance of developing online-activity skills for older adults' online-activity skills to support preventive mental health care.
4. Inclusionary studies on online preventative mental health interventions are needed.

INTRODUCTION

Coronavirus Disease 2019 (COVID-19) is a disease that first appeared in Wuhan, China, and then expanded swiftly across China in late 2019 and early 2020 before spreading globally (Qiu et al., 2020). COVID-19 fast proliferation around the globe has created a significant challenge to everyday life.

Individuals in all communities had sentiments of dread and worry as events unfolded in front of their eyes, and their faith in people in society decreased; in general, people were shattered in their houses. The significant disruption of health services (Servello & Ettorre, 2020; Wu & McGoogan, 2020), and daily news reports of the quick rise in cases and death rates, have resulted in difficult-to-manage individual and societal difficulties. The fact that people are directly or indirectly affected by the pandemic's detrimental effects has resulted in profound feelings of unpleasant emotions. The psychological effects of COVID-19 among older adults are frequently mentioned by scientists (Carriedo et al., 2020) despite limited studies in the literature. The COVID-19 framework is intended in this article to discuss individual changes, social isolation practices, and the mental health implications.

Individual Changes in COVID-19

All epidemics that threaten the world can potentially affect individuals, families, and societies (Wang, Pan, et al., 2020). For example, studies on depression, anxiety, and stress in individuals after SARS have drawn attention (Ng et al., 2006; Taha et al., 2014). It has been reported that pandemic diseases cause intense stress because they shake the perception of control in individuals (Cheng et al., 2004). For example, when the effect of the SARS virus is studied, it is reported to be "a mental health catastrophe" (Gardner & Moallem, 2015, p. 213). In other words, it can be said that the uncontrollability of the epidemic caused the catastrophic beliefs of individuals to be activated.

Likewise, in other epidemics, regulating complex emotions and thoughts in this challenging process and ensuring the continuity of life with more adaptive ones will create some outputs. In a particular context, it is clear that the intensity and complexity of feelings and thoughts based on isolation, loss, anxiety, and fear created by the COVID-19 pandemic process will bring psychological changes. On the opposite hand,

such a radical and (possibly) permanent change in psychological patterns will cause fatigue, malaise, lack of energy, and cause psychological problems such as anxiety, depression, substance abuse, and eating disorders to come to the fore again. In addition, several psychological disorders that did not exist before may occur in individuals who have been negatively affected by this process.

Uncertainty about the course of the disease in the environment, in the country and in the world where the individual lives, the fact that positive developments do not occur immediately and the process takes longer, the news about the development of a vaccine is unfounded, the individual is alienated from the people he considers close, and this situation is perceived individually. Perception of imprisonment (be locked down), separation from loved ones, loss of freedom, fear of one's own or relatives getting sick or dying, self-blame, suicidal ideation, exacerbation of past psychological symptoms, insecurity, skepticism, economic losses, unemployment, impoverishment, aggression, changes in social norms and rules are some of the adverse outcomes during the COVID-19 break. Many psychological and social situations, such as attempts to disrupt rules, cognitive distortions, and the destruction of the perception of a "just world" and "a good future," are possible negativities in the COVID-19 pandemic process.

Social Isolation During COVID-19

The individual, social, and universal anxiety and fear responses to the news in the visual and written media that a new and more contagious strain of the COVID-19 virus or a new type of infectious virus has been discovered lately actually affect all the dynamics of the societies affected by the pandemic processes, which had not come to mind before 2020. Due to its fast spread, COVID-19 is a severe threat to the future of humanity. According to the report published by the UK Office for National Statistics on June 29, 2020, 2.248.000 individuals in the UK are reported as they are clinically extremely vulnerable to COVID-19 (Office for National Statistics, 2020). In this report, these individuals, who are vulnerable during the COVID-19 process, stay in their own homes for seven days and are socially isolated after the protective guidance. For these individuals, the "shielding-protection" practice in England, which corresponds to "curfew" in Turkish from the moment the isolation decision is made until the measurement is taken, is defined

as a voluntary action that requires the individual to stay in his home or garden. No other visitors are accepted during this process except for compulsory visitors (nurses, support, or care workers).

According to the "Protective Behavior Research" conducted by the UK National Statistics Office, it was seen that the majority of the 2.2 million clinically highly vulnerable individuals who had to stay at home for seven days followed the rules, and this behavior did not change over time (Office for National Statistics, 2020). Between 14–19 May 2020, when the first measurement was taken, and 9–18 June 2020, when the last measure was born, there was no momentous change: The proportion of those who reported their status every day (63%–63%). The proportion of those who said that they never left their home during the day (65%–64%) and the ratio of those who did not receive visitors to their home except for personal care support (86%–83%). The rate of those who left their homes was determined as 54%, the rate of those who left their homes to go to a health institution was 26%, and the rate of those who left their homes for essential shopping was determined as 24%. The findings are noteworthy because they illustrate how drastically people's behavior changes throughout COVID-19.

Mental Health Issues During COVID-19

There are several mental health issues during COVID-19. According to the data in the report published by the UK National Statistics Office on June 29, 2020, the rate of those who report having no mental health change before the pandemic among 2.2 million clinically extremely vulnerable individuals is 60.23% ($n = 1.354.000$) (Office for National Statistics, 2020). In the same report, 29.36% of people said worsening mental health ($n = 660.000$) and 3.25% ($n = 73.000$) of them as they are better. Ten percent ($n = 215.000$) of clinically vulnerable people stated they were now taking medication or receiving treatment for mental health problems, and fifteen percent ($n = 327.000$) reported they had previously used medication or therapy for mental health problems. Those who stated that they had not received any treatment for their mental health problems were 73% ($n = 1.648.000$). Of those who reported that they were currently receiving treatment since the start of the "stay at home" process, 47% reported that it had worsened. The majority (69%) of those who have never received psychological treatment in their lifetime did not report a

change in their mental health after the "stay at home." The findings are valuable in revealing the multifaceted nature of the parameters of mental health problems in the COVID-19 process.

In recent studies, primarily conducted in China and examining the psychological effects, it has been reported that disorders such as stress, anxiety, panic disorders, and depression are triggered in those who witness the COVID-19 processes (Kang et al., 2020; Qiu et al., 2020). Similarly, it has been reported that reactions such as anxiety (Wang, Pan, et al., 2020) and fear due to COVID-19 (Ahorsu et al., 2020), distress (Breslau et al., 2021; Daly & Robinson, 2021), depression, and stress are possible (El-Monshed et al., *in press*). Also, the risk of suicide is mentioned during and afterward COVID-19 (Sher, 2020). Wang et al. (2020) analyzed 68 studies ($n = 288.830$) from 19 countries. Results showed that women, younger people living in rural areas, and lower socioeconomic status people reported higher anxiety and depression scores than their counterparts. In another study comparing COVID-19 infected people and healthy people, depression scores were elevated among infected people, while there were no anxiety differences among people who were infected or not (Zhang et al., 2020). When examining the duration of psychological distress symptoms longitudinally, psychological distress levels were lower from March to June 2020, which might be related to the country's level of restriction (Daly & Robinson, 2021).

Experiences of older adults during COVID-19

Several changes mentioned above negatively affect older adults. It was not foreseeable that there would be difficulties limiting its psychological, social, cultural, political, and economic effects. What is going on is followed by anxiety and fear from a window where life has been reframed with "#stay at home." Social isolation is especially reported as a fundamental problem for older adults during the COVID-19 (Adepoju et al., 2021; Tyrrell & Williams, 2020), considering loneliness is a risk factor for mental health issues (Tyrrell & Williams, 2020). Besides, older adults have reported thoughts about their health status, the grief of the loved ones, and mortality (Ishikawa, 2020).

Psychological difficulties created by the COVID-19 process in older adults were expressed in a study as "mourning of the loss of a normal life" (Durak & Senol-Durak, 2020).

According to this study, during the COVID-19 process, which obliges older adults to "stay at home," shock, denial ("I will not get this virus"), anger ("I need to stay at home senselessly"), bargaining ("God let me get through this"), depression ("I do not want to do anything"), acceptance ("I need to pay attention to the mask and distance") and finding meaning ("it makes sense if I write the pandemic process") stages has been reported by older adults, just as it is observed in the grieving process. It has also been shown that meaning-making, engagement with hobbies, participation in collective action to manage COVID-19 by following prescribed norms for online activities and learning internet apps (Adams et al., 2021) are all advantages listed in the Durak and Senol-Durak (2020) study.

Several themes were reported in a thematic analysis obtained from older adults' interviews (Adams et al., 2021). Social interaction difficulties with others ones (negative feelings about the inability to communicate, especially with grandchildren), struggles in keeping the same daily routine before the pandemic (i.e., face-to-face business activity), feelings of stress (i.e., tension to get the virus), managing grief process of the loved ones due to COVID-19, loss of motivation in physical activity are some of the struggles experienced by older adults (Adams et al., 2021). Another study examining common stress and joy factors during the COVID-19 reveals that older adults have concerns about loved ones, restricted life, and social isolation as common stressors and relationships with loved ones, relationships via technology use, and hobbies as common joy factors (Whitehead & Torossian, 2021).

Older adults are one of the groups who are faced with "stay at home" conditions more than other people in different age ranges. During social isolation, their physical activity level has decreased, which could also influence mental health problems (Carriedo et al., 2020). People between 18 and 30 and over sixty are the most likely to suffer from mental health issues (Qiu et al., 2020). Therefore, it can be said that mental health professionals sensitively evaluate people in those age ranges. However, there are controversial findings of mental health problems among older adults. For instance, in a study dealing with the relationship between psychological discomfort and age in the SARS process, which is another pandemic, it is striking that older individuals are

more negatively affected than young people (Lau et al., 2008). However, in COVID 19 process, older adults have been mentioned to have less emotional stress than younger adults (Garcia-Portilla et al., 2021). Therefore, more comprehensive studies are needed to see possible outcomes among older adults. Likewise, in other pandemics, older adults are reported to be affected negatively more than their counterparts since they have multiple health problems. Some of the mental health problems among older adults are stress (Garcia-Portilla et al., 2021; Whitehead & Torossian, 2021), sleep problems (Schrack et al., 2020), depression (Abe et al., 2012; Garcia-Portilla et al., 2021; Schrack et al., 2020), anxiety (Adams et al., 2021), and suicide (Sher, 2020). In a comprehensive study conducted with older adults living in Spain (n = 1.690), emotional distress was quite prevalent (52.6% of women, 34.3% of men) (Garcia-Portilla et al., 2021). In another comprehensive study conducted in Spain (n = 2.194), earlier mental health disorder prevalence is 15.6%, while the recent one is 7.4% (Bobes-Bascaran et al., 2020). In this study, avoidance reactions (32.1%) and depressive (25.6%) symptoms are the most prevalent, notwithstanding mental health status. Recent mental health problems are associated with higher anxiety scores (Bobes-Bascaran et al., 2020).

Besides, negative attitudes toward the community to older adults ("ageism") have adverse effects on older adults (Fraser et al., 2020; Petretto & Pili, 2020). It is ascribed by the community that some biases like "COVID-19 have distributed by older adults" increase ageism (Soraa et al., 2020). Ageism leads to extremely dramatic and implicit ideas in the community about "killing older adults for controlling COVID-19," which is called "geronticide" (Soraa et al., 2020). Also, mental health problems and negative community looks have various adverse effects among older adults. For instance, the increased mortality risk among older adults having depression is reported in the literature (Aakhus et al., 2012). It is assumed that suicide is a continuous risk for older adults during the COVID-19, even if the pandemic will be ended (Sher, 2020). Therefore, a sensitive assessment of mental health problems among older adults is essential. However, it is also challenging to determine the psychological needs of older adults who are "compulsory to stay at home." It is mentioned that caregiving needs are not satisfied among older adults (Adepoju et

al., 2021), and older adults have limited access to reach social resources (Tyrrell & Williams, 2020). This challenge is exacerbated by the fact that older adults do not make unnecessary requests for healthcare services or have access to healthcare through communication techniques such as the internet or telephone. This COVID-19 process has shown the importance of developing older adults' online-activity skills to support preventive mental health care.

Many older adults either do not have the means to use online communication tools or, although they do have such tools, older adults have limited skills. In addition, it revealed the need for inclusive studies at the point of necessity to develop preventive mental health services online.

DISCUSSION

New psychological, social, cultural, political, and economic measures are used to eliminate people's difficulties in life, eliminate life threats, and increase the psychological resilience of individuals. Efforts are made to build a new social order that can prevent contagion. The risk of more radical changes in the new world order is still possible, and the discovery and dissemination of the vaccine and effective treatment methods that will eliminate the effects of the virus as a result of clinical studies are expected day by day by individuals as well as health professionals, professionals, policymakers, and social engineers. It is most desirable that terms such as "second wave" and "third wave" do not materialize and hard-to-repair disappointments do not occur.

In this challenging process, regulating complex emotions and thoughts and ensuring the continuity of life with more adaptive ones will create outputs that germinate and are crowned by psychological interventions at the individual and societal levels. It is quite essential to develop systematic and progressive intervention programs, including various outcome measures to assess the effectiveness of programs (Duan & Zhu, 2020).

Psychological interventions that take into account individual and cultural similarities and differences and social dynamics are vital in eliminating the damage caused by the COVID-19 pandemic, developing new perspectives, and acquiring new life skills. Besides, those interventions should include the prognosis of infected patients, the severity of the disease, and intervention places

(at home, in a hospital, or caring facility) (Duan & Zhu, 2020). Older adults living in a nursing facility and home require different aspects. Therefore, intervention programs should be planned for different settings where older adults live. In dealing with the challenges of older individuals, it is obvious that the intensity and complexity of feelings and thoughts based on isolation, loss, anxiety, and fear caused by the COVID-19 pandemic would result in psychological changes. On the opposite hand, such a radical and (possibly) permanent change in psychological patterns will cause fatigue, malaise, lack of energy, and cause psychological problems such as anxiety, depression, substance abuse, and eating disorders to come to the fore again. Therefore, learning to live with the COVID-19 virus, tolerating the stress caused by the corona disease, increasing individual psychological resilience, and functionalizing social rules seem important, especially when working with older adults.

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