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CONTENTS

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RESEARCH ARTICLE

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Abuse of Older Adults: A Study of the Prevalence and Type of Abuse and Its Relationships to Psychological Distress

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ABSTRACT

Several studies have investigated the antecedents of abuse against older adults in developed countries, but little is known about the prevalence, type, and psychological distress of abuse against older adults in Nigeria. This study examined the prevalence and type of abuse and its links to psychological distress among older adults in Ile-Ife, Osun State, Nigeria. A descriptive survey research design was used to recruit 392 respondents ranging in age from 60 to 80 years old (M = 70.77, S = 6.33) using a convenient sampling technique. Data was collected using a standardized questionnaire. The data were summarized using descriptive statistics like frequency counts, percentages, means, and standard deviations, and the hypothesis was tested using analysis of variance (ANOVA). Results showed a relatively moderate prevalence of abuse (28.3%) among older adults, while emotional (18%) and verbal (82%) were the types of abuse that the respondents experienced. Finally, psychological distress had a statistically significant main effect on older adults' abuse ($F_{3,388}$ = 28.69, $p < .05$). The study concluded that the prevalence of abuse against older adults is below average in the study setting, with verbal and emotional abuse being the most common types among the respondents. It was also concluded that psychological distress influenced abuse towards older adults.

KEYWORDS: Older adults; abuse; psychological distress; prevalence.

KEY PRACTITIONER MESSAGE

1. The study investigated the prevalence of older adults abuse in emerging countries like Nigeria
2. The study also examined the type of abuse in the study setting and linked it with psychological distress that older adults in this country also experienced
3. The present research discusses the incidence of abuse directed against older adults and the repercussions of this abuse on older persons, highlighting the need to assess abuse among older people by professionals who work with older people.
4. Older adults who are psychologically distressed are more likely to be abused, and intervention programs should include ways to ease their pain to reduce the risk of abuse.

INTRODUCTION

The World Health Organisation reported that the population of older adults is increasing globally (World Health Organization [WHO], 2018). According to the World Health Organization, the number of persons aged 60 and above will have risen from 900 million in 2015 to almost two billion by 2050. According to the worldwide (Global Age Watch Index, 2015), Nigeria's population of persons aged 60 and above is anticipated to grow from 8.7 million to 28.9 million by 2030, up from 8.7 million. This increase in forecasts illustrates that older people make up a significant percentage of the global and Nigerian populations, and their well-being and life quality should be studied with the same zeal as other demographic sub-groups. Despite the high rate of older adults population in Nigeria there seems to be no available national policy for the care of the older adult in the public service to take care of them, thereby making them susceptible to abuse (Ajayi et al., 2015).

The World Health Organization (WHO, 2010) defined older adults abuse as a single or repeated act, or a failure to act, that causes injury or distress to an older adult in any relationship where there is an expectation of trust. Any act commissioned or developed by a person to create harm, either known or unknown, to an older adult to reduce his or her self-worth or self-esteem amounts to abuse. These behaviors may involve passive neglect, verbal, emotional, or violent attack on the older person. Abuse may take many forms, including violations of rights, material exploitation, castigation, battering, sexual abuse, using older people as the family's "watchdog," and neglecting the older adult's medical care, nutrition, and shelter (Cooper et al., 2008). In recent times, the prevalence of older adults abuse has continued to be a source of worry in Nigeria. This is not far-fetched, as many older adult cases of abuse are often reported in print and social media. This prevalence rate of abuse has negatively affected older adults' well-being in Nigeria and Osun State. Older adults abuse can occur in a variety of ways. Physical, financial, psychological, and sexual abuses and neglect are examples (WHO, 2010). Emotional or psychological abuse is the most often reported maltreatment and abuse, as noted in previous studies (Acierno et al., 2009; Iborra, 2008).

Likewise, there abound evidence of older adults abuse in Nigeria (Akpan & Umobong, 2013; Asogwa & Igbokwe, 2010; Ola & Olalekan, 2012; Sijuwade, 2008) reported different types of abuse among older adults in Nigeria, such as emotional, disrespects from younger children, sexual, verbal among others. There is even more, unreported anecdotal evidence of older adults abuse in Nigeria. In Osun state, there are reported cases of retirees not receiving their pension as when due and sometimes not at all, older adults castigated as witches and wizards by family members, cases of older adults' abandonment, and psychological assaults, among others. This is exacerbated by the lack of social security accounts, which contribute to the even worsening situations of the older adults in Nigeria.

Furthermore, studies have shown that abuse against older adults is linked to serious adverse health outcomes and the risk of older adults mortality (Dong et al., 2012). Some of the risk factors linked to older adult's abuse have physical as well as psychological consequences (Dong et al., 2012) refer to the physical effects to include physical pain, soreness, sleep disturbances, dehydration, malnutrition, exacerbation of pre-existing health conditions that can increase the risk of premature death while the psychological effects on the older adults can increase their risks of developing fear and anxiety reactions, post-traumatic stress disorder and depression (Yan & Tang, 2016). Previous authors (Cadmus et al., 2015; Dangbin & Kyamru, 2014; Olasupo et al., 2020) have also conducted studies on older adults abuse, but there are still no sufficient studies that have fully explored the prevalence, type, and influence of psychological distress on older adults abuse in Ile-Ife, Osun State, Nigeria.

METHOD

Design and Setting

A descriptive survey research approach was used in this study. Federal and state pensioners in Ile-Ife made up the study population. The choice of Ile-Ife was made after careful consideration of major towns in Osun State, Nigeria, that are likely to possess both state and federal establishment. Likewise, the choice of this town was based on the availability of an enormous number of older adults who are retirees that can be found in this town, as observed by the researcher.

Sample and Sampling Technique

A total of 392 older adults who are retirees were included in the research comprising 192 (49%) males and 200 (51%) females within the age of 60 years and above using a convenient sampling technique. However, 47% of the calculated sample size was shared out to Obafemi Awolowo University

retirees; 38% was apportioned to Obafemi Awolowo University Teaching Hospital Complex, while the remaining 15% of the sample size goes to the state retirees.

Instruments

The instrument consisted of one questionnaire and two standardized psychological scales: Hwalek-Sergstock Elder Abuse Screening Test (HSEAST) and Kessler Psychological Distress Scale (KPDS-10).

Hwalek-Sergstock Elder Abuse Screening Test (HSEAST): The elder abuse scale was adapted and modified from Neale et al. (1991) to identify older adults at risk of abuse. Thus, the original version of the HSEAST consists of 15 items; the version used in this study consisted of 17 items. This modification necessitated a pilot study to compare both versions of the scales. The test-retest of 6 weeks results of the pilot study showed a high correlation between each other ($r40 = 86$, $p < .001$). The items were scored on a "no" or "yes" forced-choice response format implying that "No" responses were rated zero (0) while the "yes" responses were rated one (1). Items responses were added together to get a composite older adults' abuse score. The higher the total score, the likelihood the respondent is at risk of abuse. The present study reported a Cronbach alpha of .65.

Kessler Psychological Distress Scale (KPDS-10): The psychological distress scale was adopted from Kessler et al. (2003) as a simple measure of emotional states or to identify levels of distress. There are four distinct categories on the scale: no distress, mild distress, moderate distress, and severe distress. The instrument consists of 10 items. The scale was scored on a five-point, Likert-type response format ranging from 1 = None of the time, 2 = A little of the time, 3 = Some of the time, 4 = Most of the time, and 5 = All of the time. The present study reported a Cronbach Alpha of .89.

The questionnaire data were analyzed using frequency counts, percentage means, and standard deviations for objective one. The analysis of variance (ANOVA) was used to test the single hypothesis in the study.

Procedure

A structured questionnaire was used to collect data in this study after permission was sought from community leaders and other major stakeholders. Before going for the fieldwork, the researcher trained an individual who serves as a research assistant to administer questionnaires and collect data for the study. On getting to the field, the researcher and the research assistant explained the importance of the study to the participants; they also informed the respondents that participation was voluntary and they might so wish to withdraw at any time they so desired. They were also assured of their confidentiality and made to know that their information would only be used for research purposes. After all the explanation and procedures, the researcher and his assistant distributed four hundred (400) copies of the questionnaire, out of which three hundred and ninety-two (392) were correctly returned. At the same time, the remaining eight (8) have either incomplete responses or were not returned. This indicated a 98% response rate upon which the analysis was based.

RESULTS

The socio-demographic characteristics of the sample involved in this study are depicted in Table-1. It shows that male respondents account for 192 (49%) of the total respondents, while female respondents were 200 (51%). The respondents' ages varied from 60 to 80 years, with a mean of 70.77 years and a standard deviation of 6.33 years. In the study, 73 (18.6%) were aged 60–69 years (young-old), 216 (55.1%) were aged 70–79 years (old-old), and 103 (26.3%) were aged 80 years and beyond (very-old or oldest-old). The majority of total respondents claimed to be 70 years old or older. In terms of marital status, 27 (6.9%) of respondents were widows or widowers, 346 (88.3%) were with partners, 11 (2.8%) were divorced, and eight (2%) were separated. Table-1 also shows that 269 (68.6%) of the respondents were Christians, 111 (28.3%) were Muslims, while 12 (3.1%) of the respondents claimed African traditional religion. The monthly annual income of the respondents ranged from N12000 to N852000 ($28.81 to $2045.60), with a mean of N52560.20 ($126.19) and a standard deviation of N73906 ($177.44)[1]. Income of the respondents was categorised as low income level = 35 (8.9%), middle income level = 267 (68.1%) and high income level = 90 (23%). The respondents' educational levels revealed that 83 (21.2%) completed primary school, 111 (28.1%) completed secondary school, and the bulk of the respondents, 198 (50.5%), completed postsecondary education.

The purpose of Table-2 was to find out the prevalence of abuse against older adults in Ile-Ife. The objective was analyzed

1 Note: $1 (United States Dollar) = N416.50 (Nigerian Naira)

with item 7a of the personal information questionnaire (PIQ). Item 7a asked the respondent whether they had ever experienced any form of abuse. The item carried the forced-choice "yes" or "no" response format. The "yes" responses were coded one (1), and the "No" responses were coded zero (0). Therefore, a simple frequency count was used to analyze the objective.

Table-1. Socio-demographic characteristics of the participants

	Levels	Frequency	Percentage
Gender	Male	192	49.0
	Female	200	51.0
Age	Young-old	73	18.6
	Old-old	216	55.1
	Very-old/Oldest-old	103	26.3
Marital status	Widow/Widower	27	6.9
	Married	346	88.3
	Divorced	11	2.8
	Separated	8	2.0
Income	Lower	35	8.9
	Middle	267	68.1
	Upper	90	23.0
Religion	Christian	269	68.6
	Muslim	111	28.3
	Traditional	12	3.1
Educational level	Primary	83	21.2
	Secondary	111	28.3
	Tertiary	198	50.5

Source: Field survey, 2018

Table-2 shows the findings of this objective which showed that 111 (28.3%) of the respondents had experienced abuse in the past while the significant majority, 281 (71.7%), have never experienced abuse (X^2= 73.72, p < 001). This finding suggested that a significant majority of the older adults included in the study did not experience any abuse. Nonetheless, the level of abuse is high enough to give professional cause for concern.

Table-2. The prevalence of older adults' abuse

Category	Frequency	Percentage
Experience abuse	111	28.3
Did not experience abuse	281	71.7
Total	392	100.0
		X^2= 73.72, p < 001

Source: Field survey, 2018

The types of abuse encountered by older adults in the research are shown in Table-3. In terms of the percentage of senior persons who responded "yes" to the kind of abuse, the majority (N= 91, 81.98%) of retired older adults included in the research reported experiencing verbal abuse (X^2 = 45.42, p < .001). Twenty older adults have experienced emotional abuse (18.02%). For abused older adults in this region, verbal and emotional abuse was the most common type, but verbal abuse was more common than emotional abuse.

Table-3. The types of abuse encountered by older adults

Type of abuse	Frequency	Percentage
Emotional abuse	20	18.02
Verbal abuse	91	81.98
Total	111	100.0
		X^2= 45.42, p < 001

Source: Field survey, 2018

The data analysis is summarised in Table-4a and it revealed that there was a statistically significant primary influence of psychological distress (categorised into "no distress", "moderate distress", "mild distress" and "severe distress") on older adults abuse ($F_{3, 388}$ = 28.69, p < .001). This finding suggested that either the older adults who felt distressed experienced abuse or that those who experienced abuse became psychologically distressed.

Table-4a. Influence of psychological distress on older adults abuse

Source	SS	df	MS	F	p
Between Groups	822.87	3	274.29	28.69	.001
Within Groups	3708.39	388	9.55		
Total	4531.26	391			

Source: Field survey, 2018

Further analysis to determine the level of psychological distress that influenced older adults abuse the most was carried out with the Least Significant Difference (LSD) post-hoc test.

The post hoc test results are summarized in Table-4b. results indicated that older adults who reported severe psychological distress (M = 29.71, S = 4.58) reported higher abuse than older adults who reported no psychological distress (M = 25.77, S = 2.55), mild psychological distress (M = 27.79, S = 3.68), and

moderate psychological distress (M = 27.14, S = 2.55).

DISCUSSION

The present study aims to evaluate the prevalence and type of older adults abuse and evaluate psychological distress and abuse relationships. The first research question revealed that older adults abuse in this study is relatively low. This research matched Ola and Olalekan's findings (Ola & Olalekan, 2012), who found reported that 72% of older adults had never experienced any type of abuse while 28% claimed that they had experienced abuse in Ado-Ekiti. Similarly, the result did not conform to the study of Akpan and Umobong (2013) in the Akwa-Ibom state, who found a high prevalence rate of various types of abuse, and about 44-47% of the older adults claimed that they had experienced abuse. Likewise, the findings also disagreed with the findings in South Africa (Bigala & Ayiga, 2014), which reported an alarming conclusion from their cross-sectional survey that 64.3% of males and 60.3% of women in South Africa had suffered from older abuse.

Table-4b. The prevalence of older adults' abuse

Distress	N	M	S	1	2	3	4
No	263	25.77	2.55	-			
Mild	49	27.79	3.68		2.02*		
Moderate	21	27.14	2.55			-	
Severe	59	29.71	4.58				2.56*

Source: Field survey, 2018

The second research question found that verbal and emotional abuse was the common abuse suffered by older adults in this study. The findings also revealed the types of abuse experienced by the older adults in the study. The statistical evidence strongly indicates that the most common abuse among older persons was verbal abuse in Ile-Ife. The study's findings are consistent with previous research from Ireland and the United Kingdom, which found that verbal abuse was the most often reported form of abuse among the study's seniors (Cooney et al., 2006; Cooper et al., 2009). The study findings contradicted (Acierno et al., 2009), who discovered that emotional abuse was uncommon (4.6%) in the United States. However, (Tareque et al., 2015) discovered that neglect was the most common type of abuse in the Rajshahi region of Bangladesh, followed by emotional abuse, abandonment, physical abuse, and exploitation. The rationale for the finding could be unconnected with the rapid modernization and industrialization injected into the Nigerian culture. Nowadays, caregivers and family members verbally talk to their older adults as if they are chatting or relating with their peer mates. This invariably, consciously or unconsciously, could have led to abuse in one way or another.

The hypothesis revealed a statistically significant main influence of psychological distress on abuse against older adults. The findings suggested that severe psychological distress has higher older adults abuse than other forms of distress. The finding was following the study of (Luo & Waite, 2011), who found that psychological distress has a major influence on older adults' abuse. Also, it was reported that older women who reported to have suffered more severe forms of psychological abuse (particularly emotional abuse) had been significantly associated with higher levels of psychological distress. At the same time, those respondents who have reported violence in their marital relationship also had a higher level of psychological distress than those in non-violent relationships. The study is also in consonance with the recent findings of Dong et al. (2013) found that older adults abuse affects the quality of life among helpless older adults, and this contributed to their exhibition of depression, anxiety, fear, and unworthiness, among other forms of psychological distress. The rationale for this finding could be a result of the fact that older adults who are retired in Nigeria are often faced with psychological problems such as emotional distress, lack of a plan, lack of medical care, death of a caregiver, delay in payment of their pension and lack of applicable policy which invariably influence the rate of abuse among this set of population. This, therefore, serves as the basis for this study. Findings from the study can be used to reduce older adults abuse in Nigeria and throughout the world.

Conclusions and Recommendations

The study concluded that despite having a relatively low prevalence rate of older adults abuse in the study, it still calls for professional concern. It was also determined that the two forms of abuse encountered by an older adult in this study were verbal and emotional abuse. The study also concluded that older adults with severe psychological distress experience more abuse than other forms of distress. Based on this conclusion, it is therefore recommended that psychologists should develop intervention programs, especially for an older adult who has severe

psychological distress; such intervention should inculcate ways in which the distress could be reduced such that it would diminish the menace of abuse among the older adults.

It is also recommended that family members and caregivers take good care of their older adults and desist from verbally abusing them, considering that one day they would also become aged and would need support from people. Finally, state and federal governments should emulate the developed world by providing a better welfare package for older adults, such as free medical care, monthly salary, and housing allowances. This support package for older adults will help lower the possibility of abuse within this significant demographic group.

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

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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 & Moallef, 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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Line Spacing and Font:

Articles should be double-spaced excluding abstracts, notes and references and should be submitted in 12pt Times New Roman font.

Title Page and Abstract:

The **Title** should consist of 30 or fewer words.

An **Abstract** must include a maximum of 300 words (including citations if used) and be provided on a sep-arate page.

Keywords must include a minimum of 5 to 8 words and/or phrases.

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Reference Citation:

Reference citations in the text and in the reference list proper should follow conventions listed in the Pub-lication Manual of the American Psychological Association latest edition (6th ed.), referred to hereinafter as the APA Manual. Provide a reference or bibliography that lists every work cited by you in the text. It is recommended that authors use Citation Management Software Programs for reference citation; please look at web pages of EndNote (www.endnote.com), RefWorks (www.refworks.com), Papers (www.mekentosj. com), Zotero (www.zotero.org), and Mendeley (www.mendeley.com).

Journal Articles:

Lo, C. L., & Su, Z. Y. (2018). Developing multiple evaluation frameworks in an older adults care informa-tion system project: A case study of aging country. Journal of Aging and Long-Term Care, 1(1), 34-48. doi:10.5505/jaltc.2017.65375.

Edited Book:

Whitbourne, S. K. (Ed.) (2000). Wiley Series on Adulthood and Aging. Psychopathology in Later Adulthood. Hoboken, NJ, US: John Wiley & Sons Inc.

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Book Section:

Bowen, C. E., Noack, M. G., & Staudinger, U. M. (2011). Aging in the Work Context. In K. W. Schaie & S. Willis (Eds.), Handbook of the Psychology of Aging (7th Ed.) (pp. 263-277). San Diego: Academic Press.

Web Page:

Borji, H. S. (2016, 25.07.2016). Global Economic Issues of an Aging Population. Retrieved from http://www.investopedia.com/articles/investing/011216/4-global-economic-issues-aging-population.asp.

Figures and Tables:

Figures and tables should be numbered using Arabic numerals. The same information should not appear in both a figure and a table. Each table and figure must be cited in the text and should be accompanied by a legend on a separate sheet.

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Vision and Mission

The major goal of the Journal of Aging and Long-Term Care (JALTC) is to advance the scholarly contri-butions that address the theoretical, clinical and practical issues related to aging and long-term care. The JALTC, while making efforts to create care services for older people at the best quality available that are more humane, that pay special attention to people's dignity, aims from the perspective of the whole aging process- to discuss Social Care Insurance as a human right, to contribute care for older people to be trans-formed into an interdisciplinary field, to integrate care services for older people and gerontological concepts and to create more effective collaboration between them, to enhance the quality of care services for older people and the quality of life of caregivers from medical, psychological and sociological perspectives, to highlight the cultural factors in care for older people, to increase the potential of formal and informal care services, to provide wide and reachable gerontological education and training opportunities for caregivers, families and the older people.

Aims and Scope

"National Association of Social and Applied Gerontology (NASAG)"has recently assumed responsi-bility for the planning and introduction of a new international journal, namely, the Journal of Aging and Long-Term Care (JALTC). With world societies facing rapid increases in their respective older populations, there is a need for new 21st century visions, practices, cultural sensitivities and evidenced-based policies that assist in balancing the tensions between informal and formal longterm care support and services as well as examining topics about aging.

The JALTC is being launched as the official journal of the NASAG. The preceding journal aims to foster new scholarship contributions that address theoretical, clinical and practical issues related to aging and long-term care. It is intended that the JALTC will be the first and foremost a multidisciplinary and interdis-ciplinary journal seeking to use research to build quality-based public policies for long-term health care for older people.

It is accepted that aging and long-term care is open to a diverse range of interpretations which in turn cre-ates a differential set of implications for research, policy, and practice. As a consequence, the focus of the journal will be to include the full gamut of health, family, and social services that are available in the home and the wider community to assist those older people who have or are losing the capacity to fully care for themselves. The adoption of a broader view of aging and long term care allows for a continuum of care support and service systems that include home base family and nursing care, respite day care centers, hospital and hospice care, residential care, and rehabilitation services. It is also crucial to be aware that life circumstances can change suddenly and dramatically resulting in the need for transitional care arrange ments requiring responsive, available, accessible, affordable and flexible health care service provision.

For further assistance and more detailed information about the JALTC and the publishing process, please do not hesitate to contact Editor-in-Chief of the JALTC via sending an e-mail: editor-in-chief@jaltc.net Editor-in-Chief: Emre SENOL-DURAK

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