
MENTAL HEALTH ISSUES ASSOCIATED WITH COVID-19 AMONG THE OLD AGED PEOPLE

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Abstract

The COVID-19 pandemic is an exceptional and uncommon occurrence that has elicited global apprehension and has resulted in widespread devastation. India is encountering a challenging situation as the number of infected or positive cases is progressively increasing. Due to stringent preventive measures and nationwide lockdowns imposed by the Indian Government, individuals are experiencing a spectrum of psychological and emotional issues, with anxiety and distress being prominent concerns. COVID-19 is altering the everyday routines of elderly individuals, the support they receive, their ability to maintain social connections, and their societal perception. Older persons are regularly identified as more susceptible to COVID-19. This study aimed to investigate the mental health difficulties related to Covid-19 in old aged people. The Geriatric Depression Scale (GDS) is a 30-item self-administered evaluation designed to detect depression in older adults. The sample had 60 respondents, evenly divided with 30 males and 30 females. The analysis of the mean, standard deviation, t-test, and Pearson product-moment correlation coefficient indicated a substantial link between depression and mental health. Additionally, poor mental health, particularly depression, was prevalent among older males and females aged 55 to 65 and above.

Keywords: COVID-19, Lockdowns, Mental health, Perception, Depression.

1.0 Introduction

COVID-19 has a negative impact on both children and the elderly. A global phenomena, old age typically comes with a number of issues that older people must deal with and adjust to. Numerous studies have shown that prevalent mental illnesses in older people are associated with increased morbidity, mortality, hospitalization, and loss of functional status. Anxiety and depression frequently coexist in older persons; in fact, up to almost half of elderly patients report having substantial symptoms of both anxiety and depression. One As a result, elderly people have long advised remaining at home. Their underlying medical issues make them susceptible to this disease. They were frightened by such circumstances and experienced stress or anxiety. Their mental health suffers

as a result. The majority of elderly people have weakened immune systems and are afflicted with a variety of illnesses, including diabetes, high blood pressure, and cardiovascular issues. These folks always need to interact with others, go for a morning or evening stroll, buy groceries, or visit a temple for worship. In order to decompress and feel more at ease, older adults want acquaintances or companions with whom they can converse. Living alone would be difficult for elderly persons who don't have any close friends or family members with whom they may express their emotions.

Older adults are primarily impacted by this pandemic because they lack the online skills necessary to participate. As they age, their sensory organs deteriorate to the point that they are unable to engage in any action. Elderly individuals are forced to live in seclusion as a result of this epidemic, which causes them to experience worry or panic and ultimately sink into a depression that is more harmful than the coronavirus.

It is often known that older persons are more susceptible to COVID-19. India is also in a challenging situation because the number of infected and positive cases is steadily increasing. People in India are experiencing a variety of psychological and emotional issues, anxiety and chaos being among them, as a result of the government's strict precautionary measures and restrictions during the countrywide lockdown. The Centers for Disease Control and Prevention (CDC) reports that older persons with COVID-19 had a higher risk of hospitalization (31–59%) and death (4–11%). Older persons over 85 are at a significantly increased risk. The need to spend more time at home, the lack of physical contact with other family members, friends, and partners, the temporary termination of employment, and other activities, as well as stress, anxiety, and the fear of getting sick, are all challenges facing older people.

1.1 Health issues during Covid-19

Therefore, elderly persons were seen as a population at risk during the COVID-19 epidemic. As a result, worries over older individuals' mental health have increased. The World Health Organization (WHO) has issued a warning that vulnerable groups, including older persons, will have significant and long-lasting effects on their mental and behavioral wellbeing. The United Nations (UN) emphasized that while COVID-19 is primarily a physical health issue, if nothing is done, it has the potential to become a serious mental health catastrophe as well, particularly for certain groups like elderly persons. It has been proposed that social isolation and loneliness may be caused by the actions taken by the government in relation to social distancing and isolation, particularly when they target vulnerable groups.

People may experience stress due to COVID-19. Both adults and children might experience intense emotions and overwhelming fear and anxiety about a new condition and what might occur. We are engaged in combat with an unseen foe. When we believe there is no medication or vaccination, our stress levels skyrocket. We are all compelled to work and study from home due to the coronavirus pandemic. Social separation can exacerbate stress and anxiety and make people feel alone and isolated.

Humanity is engaged in an internal and foreign conflict as a result of COVID-19. The government and outside forces are addressing individuals on one side in order to maintain social distance, isolation, and other hygienic conditions. However, other segments of society-particularly the elderly, children, and the ill-are struggling with their own fears of unknown circumstances as a result of the Covid-19 pandemic. Feelings of anxiety, loneliness, and melancholy are being exacerbated by this worry. Physical and mental well-being are equally vital. To date, the primary psychological impact on public mental health has been increased stress or anxiety levels. However, it is also anticipated that levels of loneliness, despair, hazardous alcohol and drug use, self-harm, and suicidal behavior would increase as new policies and effects are implemented, particularly quarantine and its implications on many people's regular activities, routines, or livelihoods.

1.2 Mental Health as Philosophy of old age human beings

Wallace Wallin defined mental health as "the application of a body of hygienic information and techniques culled from the sciences of psychology, child analysis, education, sociology, psychiatry, medicine, and biology for observation and improvement of mental health of the individual and the community." A sound mind or psychological state, free from mental illnesses and disorders, is referred to as mental health.

As old as humanity it is the idea of mental health. It is the capacity to balance one's goals, aspirations, feelings, and ideals in day-to-day existence, according to Bhatia (1982). Another way to think of it is as a person's behavioral traits. Kumar (1992) asserts that mental health is a measure of how well an individual has been able to satisfy the social, emotional, and physical demands of his environment. A mentally healthy individual exhibits a scientific view of the universe, a homogeneous organization of good qualities, healthy ideals, and a righteous self-concept.

Mental health offers a humanistic perspective on oneself and other people. It is a crucial element that affects a person's behavior, happiness, performance, and a variety of activities. However, he or she becomes mentally exhausted when they are stuck in a scenario and lack the coping mechanisms to

handle it properly. Symptoms of this mental strain typically include tension, worry, restlessness, and despondency. These symptoms may take on a specific form (or become "synchronized") that corresponds to a particular sickness if they are experienced by the person for an extended period of time and across a large area. Thus, mental disease and mental wellness are not the same thing. It is a study of the individual's mental state before to disease. As a psychological state, mental health is defined by mental tranquility, harmony, and contentment. It is distinguished by the absence of incapacitating and debilitating symptoms in the individual, both bodily and mental (Schneider, 1964).

2.0 Review of Literature

The instance of an elderly adult who has suffered from depression for more than 50 years is reported by Mehra et al. (2020). He spent three weeks worrying excessively about COVID-19. There were no anomalies found during the physical checkup. The results of the mental health assessment indicated "excessive concern about becoming infected with COVID19." Increased antidepressant dosage and psychotherapy sessions were required to manage the symptoms.

According to Kavoor (2020), recurrences might lead to noncompliance with preventive measures, including social disengagement, poor personal cleanliness, and stopping appropriate therapy without intending to seek professional assistance. Even for people without a mental illness, loneliness is a challenge to resilience. According to estimates, if precautions are not taken to lessen the impact, between one-third and half of the population will experience psychopathological manifestations at this time.

S. Sethi (2020) Since they frequently reside in communal living environments like shelters, halfway houses, encampments, or abandoned buildings and do not have regular access to basic bathing facilities or hygiene supplies, homeless people and refugees frequently live in environments that are favorable to an epidemic of diseases like COVID 19. In addition, a large number of them have limited access to healthcare, persistent mental and physical health issues, and high rates of substance misuse.

The levels of depressive symptoms, anxiety, worry, and loneliness rose among those without or with less severe mental health disorders during the COVID 19 pandemic, according to Banerjee, D. (2020), who used longitudinal data from three existing Dutch psychiatry case control cohorts, which included individuals with and without mental health disorders (depressive, anxiety, or obsessive compulsive disorders).

In the COVID-19 era, Byrne, Barber, and Lim (2021) found no significant differences in mood experiences, psychotic symptoms, or sleep duration among participants with severe mental illnesses, such as major depression with psychotic features, bipolar disorder (I or II), schizoaffective disorder, schizophrenia, or bipolar disorder (I or II) with or without psychotic features.

3.0 Objective

1. To analyze whether depression rates among older males and females differ significantly.
2. To determine whether older males and females have significantly different levels of mental health.
3. To find out whether depression and mental health are significantly correlated.

4.0 Hypothesis

1. There is no significant difference in depression between older men and women.
2. The mental health of older males and females will not differ significantly.
3. There is no correlation between mental health and depression.

5.0 Method of Study

5.1 Sample: A total of 60 respondents (30 older males and 30 females) make up the study's sample. Simple random sampling from Uttar Pradesh state was used to choose the study's sample. Older men and women were between the ages of 50 and 65 choose for study.

5.2 Tools used in the study

A 30-item self-report test called the Geriatric Depression Scale (GDS) is used to diagnose depression in the elderly. J.A. Yesavage and associates initially created the scale in 1982. The responses on the Geriatric Depression Scale are "yes" or "no." When evaluating sick or moderately cognitively impaired people, a five-category response set is not used to make sure the scale is easy enough to use. For these persons, a more complicated range of answers may be confusing or result in inaccurate response recording.

As a standard component of a Comprehensive Geriatric Assessment, the GDS is frequently utilized. Each response is worth one point, and a scoring grid is used to rate the total score. "Normal" is defined as 0–9 on the grid, "mildly depressed" as 10–19, and "severely depressed" as 20–30.

GDS data alone should not be used to diagnose clinical depression. Responses should be taken into account in conjunction with the findings of a thorough diagnostic work-up, even though the test has proven validity and reliability when compared to other diagnostic criteria. The scale is accessible in languages other than English, and a condensed version of the GDS (GDS-SF) with 15 questions has been created. The GDS-SF was deemed to be a suitable replacement for the original 30-item scale.

The Zung Self-Rating Depression Scale (SDS) and the Hamilton Rating Scale for Depression (HRS-D) were used to validate the GDS. When compared to diagnostic criteria, it has 89% specificity and 92% sensitivity.

6.0 Data Analysis and Interpretation

6.1 HYPOTHESIS:

There is no significant difference in depression between older men and women.

Table-1 Gender wise Comparison

Gender	N	Mean	Median	SD	t-test	df	Level of significance
Elder Male	30	13.7	13	6.32	3.49	58	0.01
Elder Female	30	17.39	20	5.32			

According to Table No. 1, the average score for older males on this scale was 13.7 with a standard deviation of 6.32, while the average score for older females was 17.39 with an SD of 5.32. 3.49 was the determined "t" value. Which at the 1% level of confidence or above was significant. It suggests that the older females and older males had significantly different levels of depression based on gender. For this reason, the null hypothesis mentioned above is disproved. Moreover, the alternative theory is approved.

6.2 HYPOTHESIS:

The mental health of older males and females will not differ significantly.

TABLE-2-Gender wise Comparison of mental health

Gender	N	Mean	Median	SD	t-test	df	Level of significance
Elder Male	30	14.23	12	4.13	11.26	58	0.01
Elder Female	30	24.5	27.2	5.12			

According to Table No. 2, the mean score for older males was 14.23 with SD 4.13, while the mean score for older females was 27.2 with SD 5.12. At the 1% level of confidence or above, the computed "t" value of 11.26 was significant. It suggests that the mental health status of older females and older males differs significantly by gender. For this reason, the alternative hypothesis is accepted and the null hypothesis mentioned above is rejected.

6.3 HYPOTHESIS:

There is no correlation between mental health and depression.

The table-03 Correlation coefficient between Mental health and Depression

Variable	N	R	P Value
Mental Health and Depression	60	0.52	0.01

An effort was made to investigate the relationship between depression and mental health using the product-moment method of coefficients of correlation.

Table 03 showed a positive association ($r = 0.52$) between depression and mental health, which was significant at the 1% level of confidence or higher. As a result, the alternative hypothesis is supported and the hypothesis that there will be no meaningful connection between depression and mental health is rejected. This suggested that a person with a high degree of depression is likely to have a high mental health score.

7.0 Conclusion

The COVID-19 pandemic significantly affected those 65 and older. Government rules that increase the likelihood of social exclusion and loneliness raise questions regarding the mental health and cognitive abilities of this demographic. According to our premise, it became evident that older persons were significantly impacted by the COVID-19 period. When comparing the COVID-19 era to the pre-COVID-19 period, we found a significant decline in wellbeing, activity level, and sleep quality. Any healthcare worker, volunteer, etc., with some direction and training from mental health specialists, can provide this brief psychological and psychosocial intervention (see Section on Simple Psychological Interventions). It is important to reassure older persons that the majority of mental health problems they encounter in these circumstances are typical responses to excessive stress. Additionally, they should receive the proper information and clarity regarding the numerous myths and misleading messages that are being disseminated by numerous untrustworthy sources. It is crucial to receive guidance on how to keep a routine, engage in physical activity, practice yoga, meditate, eat a nutritious diet, and engage in mental stimulation activities at home while taking the necessary safety precautions. For those with serious mental health illnesses and emergencies, treatment by mental health specialists may be necessary, including medication and other measures.

8.0 Recommendations

Old age is a place of loneliness and illness. They are isolated from the outside world's society in such a circumstance, which makes it much more agonizing. A guy searches out life's pleasures in nature because he wants to be nearer to nature as he ages. But as issues like lockdowns started to appear all over the world, they naturally had an impact on people's mental health.

In summary, the COVID-19 pandemic significantly impacted older persons' sleep quality, activity level, and general well-being. Cognitive functioning was found to have declined by just a small percentage of subjects. During the COVID-19 period, depression was closely linked to every change that was documented. The result of this study is significant since it provides the first comprehensive evaluation of older individuals' mental health during the COVID-19 pandemic. This study demonstrated the validity of the worries expressed over the welfare of senior citizens and the need for governments and the medical community to acknowledge this vulnerable population. Here, psychological counseling could be quite helpful. Lastly, we are encouraged to think of new ways to approach older folks because COVID-19 has made it more difficult to reach this population due to social distancing, nursing facility constraints, and a health system that is overburdened.

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