

Psychological health of Senior Citizen during Corona Virus disease 2019-A Social Work Response

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Introduction:

The form of elderly care provided varies greatly among countries and is changing rapidly. Even within the same country, regional differences exist with respect to the care for the elderly. However, it has been observed that the global elderly consume the most health expenditures out of any other age group; an observation that shows worldwide eldercare may be very similar. We must also account for an increasingly large proportion of global elderly, especially in developing nations, as continued pressure is put on limiting fertility and decreasing family size. The ongoing pandemic COVID-19 (*Coronavirus Disease 2019*) has become a threat to psychological health as previous research works revealed profound and wide range of psychosocial impact on senior citizen, community and international levels during past outbreaks of infectious diseases (Xiang, 2020). During previous outbreaks, the psychological impact on senior citizen Data across countries has shown that age and underlying health conditions make people more vulnerable to the novel coronavirus SARS-CoV-2. A new study has now suggested a possible genetic explanation for this. A group of molecules that should be fighting the virus are diminished with age and chronic health problems, researchers report in the journal *Aging and Disease*. revealed significant psychiatric morbidities, negative emotions, and poor psychosocial and coping responses toward the outbreak of infectious diseases and consistent worry about contracting the disease (Van Bortel, 2016). Currently, there is a paucity of information on the psychological impact of the general public, confirmed and suspected cases, medical staff and law enforcement agents during the outbreak of COVID-19 pandemic, especially in the context of mental health impact.

This global aging will create widespread public health challenges, dramatically increasing the burden of non-communicable diseases and exposing our vulnerability to infectious diseases. Literature search in this commentary was carried out on PubMed, EMBASE, Google Scholar and Elsevier with keywords 'COVID-19', 'coronavirus pandemic', 'Pakistan' and 'mental health', 'psychological impact', 'psychosocial issue' and 'distress'. Researches were further reviewed and screened for the relevance of literature review. The current commentary paper focused on the present COVID-19 pandemic mental health concerns and psychological interventions for affected individuals, at-risk population and health through social work response care staff.

Result:

Health organizations and health care professionals are focusing on controlling the COVID-19 pandemic by recommending self-isolation, social distancing and quarantine, with the slightest emphasis on the impact of psychological health of senior citizen ('Coronavirus disease situation reports', 2020). The emergence, prevalence and transmission of COVID-19 are beyond physical health, and emotional distress, anxiety, fear, depression, suicidality, public stigma, discrimination, racism, xenophobia, posttraumatic symptoms and sleep disturbance are some of the consequences on psychological health of senior citizen. The physical counteractive measures toward managing COVID-19 include early identification and separation of suspected cases, biological and clinical data collection, consensus of expert medical interventions, establishment of quarantine units and strengthening of medical staff in the affected regions (Ford-Jones & Chaufen, 2017; 'Report of the WHO', 2020; Severance et al., 2011).

Mental health impact on Senior citizen

Past studies conducted to assess the psychological and immediate stress outcomes on senior citizen who were quarantined during Middle East respiratory syndrome (MERS) showed higher impact events score on sleep, numbness, anxiety and depression, and the results of psychological distress were consistent with affected of senior citizen in Nigeria on the impact of Ebola virus (Lee et al., 2018; Mohammed et al., 2015). Other studies detailing the impact of psychological trauma of bereavement in the case of senior citizen stated that surviving senior citizen were stigmatized, marginalized and socially isolated even after successful treatment due to the lack of care and protection (Shigemura et al., 2020; Sim, 2016). Extended period of incubation longer than usual due to public uncertainty is the by-product of infiltrated misinformation and disinformation on social media. The isolated state of COVID-19 holds similarity with MERS and SARS as similar claims are circulating on social media about the uncertainty and unpredictability around

Mukhtar 3 COVID-19, instigating fear, anxiety, panic and worries in the general public. Other studies (Batawi et al., 2019; Cheung et al., 2008) on psychiatric impact of SARS survivors revealed the intense post-traumatic stress disorder (PTSD) symptoms and exacerbated depressive symptoms. This correlated to the suicide deaths of older adults and low quality of life among affected individuals and unaffected general public, respectively (Mak et al., 2009). Previous studies on the infectious outbreaks of SARS, MERS and Ebola revealed the severity of emotional distress not only in the general public but also among many medical practitioners and law enforcement agents who faced PTSD, depression, anxiety, exhaustion and burnout at the onset, during and even after the outbreak of such epidemics (Lee et al., 2018). This worldwide public health concerns the role and responsibility of social workers, global impact of infection, impact of economic activities on travel and trade restrictions, and equitable care of public welfare and individual rights during the spread of pandemics. Psychological health effects could be minimized by avoiding excessive exposure to COVID-19 media coverage (a prevalent national pastime, especially binge-watching news channels), maintaining positive lifestyle and compassionately consoling others as well. Resilience training programs for medical staff, law enforcement agents and general public to cope with the aftereffects of the pandemic of this severity and intensity should be introduced: (a) family-work life balance; (b) reliable, authentic and timely incorporated information about the infectious disease and its consequences on

psychological health; (c) educating and preparing communities for pandemics and epidemics in the future; and (d) and validating and valuing frontline's staff's contribution.

Maintaining resilience, coping, mindfulness and well-being of Senior citizen

'Men are disturbed not by things, but by the view which they take of them' is the philosophical origin of the active, directive, structured and time-framed intervention approach to address, mitigate, assess, treat and manage the plethora of psychological, mental, emotional, behavioral and social and even the interplay of bio-psycho-socio-spiritual domain at the expense of COVID-19. Mental health services, facilities and specialized psychiatric treatment teams including psychologists, psychiatrists and psychiatric nurses should be established to address psychological health concerns in the general public especially for senior citizen. Senior citizen could deliberately cultivate resilience, healthy coping strategies, mindfulness and well-being. The potential for resilience, coping, mindfulness and well-being are neither unique traits that one possess (or not) nor outcomes of absence of posttraumatic stress of senior citizen. The capacity for resilience is a process of adaptation. Coping mechanism is a learned pattern of behavior which one develops over the period of time. Mindfulness is the psychological process of purposely bringing one's attention in the present moment which one develops with practice. Senior citizen Well-being is the experience of being comfortable in their situation. These all are processes and they can be acquired with practice. Resilience, coping, mindfulness and well-being are not single dichotomous outcomes measured – strengthening these processes deliberately reinforced practice by experiencing and learning dynamically.

Blocking out (mis)infodemics, distortion and deception

Empirical and scientific information about the COVID-19 prevalence, prevention, controlling and treatment plan senior citizen, progress report and updated status of health manuals of senior citizen (in native languages) should be disseminated to frontline medical teams and law enforcement agents as well social workers, patients, caregivers and families, and general public. Media accumulates conspiracy theories, misinformation and disinformation about the origin, scale, signs, symptoms, transmission, prevention and treatment; media exposure accumulates ever-emerging threats, and repeated exposure to these events increases the symptoms of distress among senior citizen. Conspiracy theories, false claims, misinformation and disinformation (mainly exclaiming coronavirus as Unbreakable, Unstoppable, Unbeatable) are only exacerbating the mental composure of general public. Social workers in collaboration with the authorized health organizations and state should enforce and ensure reliable online information through reliable sharing platforms to provide and promote tele-psychological counselling and psychotherapeutic treatments to reduce the impact of psychological health on senior citizen during COVID-19 .

Psychological crisis intervention and psychological first aid FOR Senior Citizen

Psychological crisis intervention (PCI) and psychological first aid (PFA) are the early interventions that focus on the psychological health of the affected senior citizen and offer a designed tool by providing psychosocial support to mitigate distress during such as COVID-19. emergency management to orient emotionally overwhelmed senior citizen through practical help, contact, engaging, safety and comfort, and through addressing stress-related reactions. PFA model (Everly et al., 2012) consists of developing rapport through active and empathetic reflective listening, assessment and evaluation of psychological needs, prioritization depending on the severity of emergent cases, cognitive and behavioural interventions to mitigate distress, and disposition and follow-up until stabilization of the situation through constant support and regular monitoring.

Potential strategies

Although impact of this pandemic on global psychological health is not yet registered and measured, similar information from previous research works could offer an explanation and insight. Early and timely psychiatric interventions should be delivered by Social worker and mental health practitioners to cope with the outbreak of infectious diseases (Mukhtar, 2020; Shantanu & Kearsley, 2020). The current pandemic COVID-19 is causing devastating psychosocial health concerns such as stress, distress, fear, anxiety, depressive symptoms, sleep disturbances, denial, anger, frustration and mistrust in the senior citizen (Mukhtar, 2020; Rana et al., 2020). For social workers, these psycho-logical problems are related to attention and decision-making capacities which could hamper the fight against COVID-19. The prevalence of psychological problems in the general population has been ranging from 4% to 41% of posttraumatic symptoms and 7% of depressive symptoms in this more are senior citizen (Kang et al., 2020). During any community crisis, senior citizen seek out event-related information to attain the illusion of control to exude the fear of the unknown which leads to higher anxiety, and in the case of misleading misinformation and disinformation on social media, distorted perception of risk, extreme fear of unknown/uncertainty and senior citizen panic may lead to stigmatization, marginalization and scapegoats (Mowbray, 2020; Mukhtar, 2020). And although studies on COVID-19 are scarce, several authors have predicted the possible repercussions on psychological and physiological health not only on the vulnerable but also on the general population (Kang et al., 2020). Psychological interventions and psychosocial support would improve the senior citizen psychological mental health during the out-break of pandemic COVID-19

A Social Work Response:

In doing so, we are reflecting the comments in the Interim Report of the review, highlighting the IFSW Code of Ethics (2004) statement that “Social workers should be concerned with the whole person, within the family, community, and societal and natural

environment crisis and should seek to recognise all aspects of a person's life. “Here the researcher of the paper has referred three authors who have given clear picture about the care/interventions needed to be taken for elderly people.

To provide a framework, this section takes a brief look at some standard texts, written for social workers and students, which address the role of the social worker with older people. Strikingly less has been written on this topic compared with the number of publications about social work with other service user groups, such as children and families. At the same time, there are arguments against categorising older people separately from other adults (as if older people were not 'adults') (Midwinter 1990), and, as we have seen in the previous chapter, older people do not form a homogenous group with a single set of needs. Nevertheless, there appear to be some distinctive, if overlapping, aspects to the social work role with older people, which are summarised below.

Marshall's text, *Social work with old people* (1990) is one of the few dedicated to this field. She suggests that the social work role lies in:

- Communication, including sensitive listening and awareness of non-verbal communication
- Taking time to assess needs, starting where the older person is
- Supporting people with managing crises that arise through loss and change, e.g. bereavement, changing physical and mental health
- Supporting people whose lives are constrained by illness and disability
- Practical help
- Generating and organising resources during this COVID-19
- Working with other professionals those who are extremely serving in this Pandemic
- Helping the helpers, including carers and colleagues
- Combating ageism.

❖ In *Quality Work with Older People*, Mary Winner (1992) provides a similar list, adding 'ability to work in an ethnically sensitive way, and combat individual and institutional racism towards older people' and 'capacity to work effectively as a member of a multidisciplinary team, consult with a member of another discipline, and represent the interests of an older person in the multidisciplinary context'. In a different section she writes: “ *It is possible that the complexity of some social work with older people is sometimes not fully understood. The work can require fine judgements regarding:*

- *Acceptable risk taking*
- The limits of self-determination;
- Family or carers conflicts;
- Exploitation;

- Abuse, and
- Challenging poor practices" (Winner 1992)
 - ❖ Fourteen years later, these themes are still very much to the fore in a text written to support social work students with the new Degree in Social Work (Crawford and Walker, 2004). Community care reforms have resulted in an emphasis on the care management role, but not to the exclusion of engaging with individual service users to try to develop an understanding of their lives and needs. Crawford and Walker focus on the importance of :
- Effective communication
- Core tasks of assessment, planning, intervention, and review
- Understanding of individual experiences and the importance of biography
- Empowering and anti-discriminatory practice
- Identifying and working with vulnerability and abuse
- partnership working with older people, carers and agencies

Conclusions

- Social workers bring a unique mix of skills and expertise to situations of complexity, uncertainty, conflict and risk - all of which arise in their work with older people.
- Effective social work with older people requires both practical skills, such as securing and co-ordinating resources, and 'people' skills, such as sensitive communication and listening skills, taking time, moving at the individual's pace, supporting families and collaborating with colleagues in a multi-disciplinary setting during COVID-19
- It is vital for effective social work with older people that the demands of care management are not allowed to prevent social workers from engaging meaningfully with older people and developing a good understanding of their lives those who have cured and suffered this pandemic. There is a risk of assessment becoming bureaucratic, being used primarily to ration services rather taking a holistic, user-centred approach. Care management should not be seen as an alternative to counselling and casework, where these are needed.
- It is important for social workers to take a positive and proactive approach to working with senior citizen, for example, through promoting individual strengths and resilience, and by helping rebuild confidence, self-esteem and social networks following experiences of loss or change.

- A key task in social work with older people is to weigh up the promotion of independence, self determination and individual rights against the need to provide sensitive protection to vulnerable adults facing risk. Achieving what is often a fine balance between these competing demands will involve building trust and support, careful assessment, opportunities to discuss different options, protection planning, monitoring and review - as well as a sound knowledge of relevant legal frameworks.
- Little evidence is available about effective approaches to monitoring and review, yet these are critical in situations of rapidly changing or fluctuating need. Research on this topic would be helpful.
- There is evidence about the effectiveness of social work in a range of settings, including health care, group care, care homes and in work with families and carers.

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