

Psychological Impact Of Covid-19 Among The Old Aged People

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Abstract

The current Coronavirus disease (COVID-19) pandemic is a particular and rare situation and has raised international concern and this pandemic has caused ruin far and wide. India is also facing a difficult circumstance as the quantity of infected /positive cases is expanding step by step. With exacting preventive measures and limitations by the Indian Government as across the nation lockdown, the peoples are going through a range of psychological and emotional problems, fear and havoc being one of them. But COVID-19 is changing older people's daily schedules, the consideration and bolster they get, their capacity to remain socially connected, and how they are seen. Older adults are consistently reported to be more vulnerable to COVID-19. This study was conducted to explore the "Psychological impact of covid-19 among the old aged people". The Geriatric Depression Scale (GDS) is a 30-item self-report assessment used to identify depression in the elderly. The scale was first developed in 1982 by J.A. Yesavage and others, to assess depression, and Mental Health Checklist developed by P Kumar to assess the mental health of elder people. The sample size was 60 respondents (30 male and 30 female). Finding of Mean, SD, t-test and the Pearson Product moment Coefficient of correlation(r test) revealed that depression and mental health are correlated significantly. Also, Poor mental health status, depression was found to be high in elderly female groups of age range 55 -60 above.

Keywords: COVID-19, Lockdown, Depression, Old Age, Geriatric Depression Scale (GDS), Mental Health Battery.

Introduction

A question that arrives into many people's minds; what exactly is coronavirus? COVID-19 or better known as coronavirus is a disease that began in the world's most populous country, China, and spread all over the world. Covid-19 is a short name of Coronavirus disease that started in December 2019. When this disease enters a person's body, it clogs the respiratory system leading to shortness of breath. It is a fatal disease that mostly affects older people and children below the age of 10, the worst. Psychological effects of COVID-19 on the older people of age group 50-65.

As COVID-19 began, it badly affects older people and children. Old age is a worldwide phenomenon, generally accompanied by a number of problems that the aged have to face and get attuned to. There is a great body of evidence of a rise in morbidity, mortality, hospitalisation and loss of functional status related to common mental disorders in the elderly patients. Overlap of depression and anxiety is very common in older adults, with up to almost half of the elderly patients reporting significant depressive and anxiety symptoms.¹ Therefore, older people have recommended staying at home for a long time. They are vulnerable to this disease because of their underlying health conditions. This kind of situation frightened them and induced stress or anxiety. It adversely affects their mental health. Most of the older people have low immunity and suffer from different kinds of diseases like cardiovascular problems, diabetes, high blood pressure, etc. These people always need social gathering morning or evening walk, buy their groceries; go to the temple for worship, to engage themselves. Older people need companions or friends to talk with, so they can release their stress or tension and feel relaxed. It would be challenging to live alone for those older people who don't have any close friends or relatives with whom they can share their feelings.

This pandemic mostly affects older people because they are not well versed with the internet to engage themselves. Their sensory organs become very weak due to old age, so they are not able to involve themselves in any activity. Due to this pandemic, older people have to live in isolation that leads to fear or anxiety, leading them to go into a depression that is more dangerous than the coronavirus.

Older adults are consistently reported to be more vulnerable to COVID-19. India is also facing a difficult circumstance as the quantity of infected /positive cases is expanding step by step. With exacting preventive measures and limitations by the Indian Government as across the nation lockdown, the peoples are going through a range of psychological and emotional problems, fear and havoc being one of them. According to the Centre for disease control and Prevention (CDC), older adults with COVID-19 are more likely to be hospitalized (31-59%) and die of it (4-11%). This risk is much higher in older adults above the age of 85 years. Older people are being challenged by necessities to spend more time at home, absence of physical contact with other relatives, companions and partners, impermanent end of employment and different activities; and stress, anxiety, and dread of illness.

What makes older adults at a higher risk for mental health issues during the COVID-19 pandemic? ·

1. Awareness that older adults have a higher risk for severe respiratory problems due to COVID-19 including the risk for hospitalization, the requirement of ventilatory support, and a high mortality rate contribute to significant stress, anxiety, and other related mental health problems. ·
2. Older adults are likely to experience more stress and difficulty in accessing essential services due to the restrictions enforced to maintain the social distancing to prevent the spread of COVID-19 ·
3. Older adults are less likely to have social contact using technology and social media which are useful for maintaining social contact despite the need for physical distancing. · Social isolation is one of the important risk factors for mental health problems like depression and anxiety in older adults ·
4. Older adults have higher chances of worsening of pre-existing medical and psychiatric illnesses because of difficulty in ensuring regular medication and routine health care due to COVID-19 related restrictions.

Mental Health issues ·

1. Sleeplessness, feeling anxious, boredom, panic attacks, nightmares, feeling of emptiness, fear of contracting Covid-19, fear of spreading the infection to others, health anxiety, feeling of imprisonment, anxiety related to uncertainty about future, anxiety about death and dying in 37 Covid -19 and Mental Health in Older Adults A6 unnatural circumstances without access to other relatives are some of the psychological issues that can occur in older adults.
2. Some of them may develop depression, anxiety disorders, hypochondriasis, post-traumatic stress disorder, substance abuse/withdrawal, and related psychiatric disorders in these stressful situations.²

Responses to social distancing and lockdown

The social distancing and lockdown have also led to several changes in day-to-day activities, redistribution of home chores, extensive working from home, and greater time spent with those living together. Notwithstanding the importance of social distancing (although many prefer to use the term physical distancing), such a requirement has meant long separation from families (for those working away from their hometowns), financial stress, and interpersonal strain. Reactions can range from boredom and moodiness to anger, irritation, and frustration. Another maladaptive coping is through the use of mind-altering substances. Uncertainty and a sense of loss of control are undoubtedly the pathogenic agents for anxiety, panic, and depression.

In this context, I must say some events do not produce equal stress among different persons. The causes of individual differences, some people are very stress-prone. There are so many other causes of stress, but the research paper aims to find out the Psychological effect of Covid-19 among old aged people. During times of pandemic, many people exhibit (Show) stress or anxiety-related responses that include fear of becoming infected, fear of coming into contact with possible contaminated objects. Some people continue to disinfect everything of his/her house. Covid-19 has panicked many individuals of all age groups especially it affected badly elderly people. In this situation everything body passing through be a traumatic phase. Here I would like to quote news; published in Hindu Newspaper- Every morning I wake up with a panic attack. I sweat profusely even when my air conditioner is on full blast because I am worried how my day at work will be. While there have been no job cuts in my office, the environment has suddenly become very hostile. It is as if the organisation is forcing us to resign," (Courtesy Hindu)³.

Covid-19 may stressful for people. Fear and anxiety about a new disease and what could happen can be overwhelming and cause strong emotions in adults and children. We are fighting against an invisible enemy. Stress shoots up when we think there is no medicine no vaccine. The coronavirus pandemic has forced all of us to stay home, work, and study from home Social distancing can make people feel isolated and lonely and can increase stress and anxiety.

Covid-19 has led to the internal and external war for humanity. On one side people are being addressed by external forces and government to maintain social distance, isolation, and other hygiene conditions. On the other hand, some sections of society, especially older adults, children, and sick people are fighting internally with the fear of uncertain situations rising due to the Covid-19 pandemic. This fear is giving rise to feels of anxiety, loneliness, and depression. Mental health is equally as important as physical health. In public mental health terms, the main psychological impact to date is elevated rates of stress or anxiety. But as new measures and impacts are introduced – especially quarantine and its effects on many people's usual activities, routines, or livelihoods – levels of loneliness, depression, harmful alcohol, and drug use, and self-harm or suicidal behavior are also expected to rise.

Mental Health as Philosophy of Life:-

In the words of **Wallace Wallin**, "Mental health is the application of a body of hygienic information and techniques culled from the sciences of psychology, child study, education, sociology, psychiatry, medicine, and biology for observation and improvement of mental health

of the individual and the community.” Mental Health means the sound condition of the mind or psychologically being and freedom from mental diseases and mental disorders.

The concept of mental health is as old as human beings. **Bhatia**(1982)⁵ describes it as the ability to balance desires, feelings, ambitions, and Ideals in one are daily living. It may also be understood as the behavioral characteristics of a person. According to **Kumar (1992)**⁶, mental health is an index that shows the extent to which the person has been able to meet his environmental demands- social, emotional, or physical? A mentally healthy person shows a homogenous organization of desirable attributes, healthy values, and righteous self-concept, and a scientific perception of the world as a whole.

Mental health presents a humanistic approach towards self and others. It is an important factor that influences an individual's various activities, behavior, happiness, and performance. However, when s/he finds himself/herself trapped in a situation s/he does not have matching coping strategies to deal with it effectively; s/he gets himself/ herself mentally strained. This mental strain is generally reflected in symptoms like anxiety, tension, restlessness, or hopelessness among others. If it is felt for too long and too extensively by the person, these symptoms may take a definite form (or get ‘synchronized’) representing a given illness. Mental health therefore should not be confused with mental illness. It is a study of the pre-illness mental condition of the person. Mental health, as such, represents a psychic condition, which is characterized by mental peace, harmony, and content. It is identified by the absence of disabling and debilitating symptoms, both mental and somatic in the person (**Schneider’s**, 1964)⁷.

Physical symptoms:

1. Neck tension, headaches, gastrointestinal problems, etc.
2. Sleep-related problems
3. Appetite problems
4. Fatigue and lower energy, Etc.

Psychological and emotional symptoms:

1. Virus-related worries and insecurity
2. Powerlessness and feelings of being overwhelmed by events
3. Self-verbalization that does not always reflect reality
4. Negative vision of things or daily events
5. Insecurity, sadness, anger, and feelings of discouragement.

Behavioral symptoms:

1. Difficulty in attention
2. Irritation, aggression
3. Crying
4. Withdrawal, insularity
5. Lack of decisions making
6. Excessive use of alcohol, drugs, and/or medication Etc.

Geriatric Depression

Geriatric depression is a mental and emotional disorder affecting older adults. Feelings of sadness and occasional “blue” moods are normal. However, lasting depression is not a typical part of aging.

Older adults are more likely to suffer from **subsyndromal depression**. This type of depression doesn’t always meet the full criteria for major depression. However, it can lead to major depression if left untreated.

Depression in older adults can reduce the quality of life, and it increases the risk of suicide.⁸

Causes of geriatric depression

There is no single cause of depression in any age group. Some research indicates that there could be a genetic link to the disease. However, biological, social, and psychological factors all play a role in depression in older adults.

Research suggests that the following may contribute to depression:

1. low levels of key neurotransmitter chemicals in the brain (such as serotonin and norepinephrine)
2. a family history of depression
3. traumatic life events, such as abuse or the death of a loved one
4. Complications associated with aging may contribute to depression in older adults. These problems can include:
5. limited mobility
6. isolation
7. facing mortality
8. transitioning from work to retirement
9. financial hardships
10. prolonged substance abuse
11. deaths of friends and loved ones

12. widowhood or divorce
13. chronic medical conditions

The present research paper study was planned and performed to review the Psychological effect of Covid-19 among old aged people.

Objective

1. To find out the significant difference of depression among elder female and elder male.
2. To find out the significant difference in mental health levels among elder female and elder male.
3. To find out the significant relationship between depression and mental health

Hypothesis

1. There will be no significant difference in depression among elder female and elder male.
2. There will be no significant difference in mental health among elder female and elder male.
3. There will be no significant relationship between depression and mental health.

Method of Study

Sample: The sample of the study consists of 60 respondents (30-30 elder male and female) Sample of the study was selected by simple random sampling from the Kaimur district(Bihar). The age range of elder males and females was 50-65 years above.

Variables

The variables in this part will be treated as follows:-

Independent variable

Gender

- (1) Male
- (2) Female

Dependent variables

Geriatric Depression Scale (GDS)

Mental health checklist(P Kumar)

Tools used:

The Geriatric Depression Scale (GDS) is a 30-item self-report assessment used to identify depression in the elderly. The scale was first developed in 1982 by J.A. Yesavage and others. [9] [10],[11],[12] In the Geriatric Depression Scale; questions are answered "yes" or "no." A five-category response set is not utilized to ensure that the scale is simple enough to be used when testing ill or moderately cognitively impaired individuals, for whom a more complex set of answers may be confusing, or lead to inaccurate recording of responses.

The GDS is commonly used as a routine part of a Comprehensive Geriatric Assessment. One point is assigned to each answer and the cumulative score is rated on a scoring grid. The grid sets a range of 0-9 as "normal", 10-19 as "mildly depressed", and 20-30 as "severely depressed".

A diagnosis of clinical depression should not be based on GDS results alone. Although the test has well-established reliability and validity evaluated against other diagnostic criteria, responses should be considered along with results from a comprehensive diagnostic work-up. A short version of the GDS (GDS-SF) containing 15 questions has been developed, and the scale is available in languages other than English. The conducted research found the GDS-SF to be an adequate substitute for the original 30-item scale.

The GDS was validated against the Hamilton Rating Scale for Depression (HRS-D) and the Zung Self-Rating Depression Scale (SDS). It was found to have 92% sensitivity and 89% specificity when evaluated against diagnostic criteria.

Mental health Checklist (MHC): Mental Health Check List by Dr. Pramod Kumar Mental health Checklist by Pramod Kumar was used for data collection. Mental health Checklist consists of 11 items - 6 mental and 5 somatic, presented in a 4-point rating format e.g. 'rarely', 'at items', often and 'always'. A numerical value of 1, 2, 3, and 4 are assigned to the 4- response categories i.e. for 'rarely', 'at times', 'often', and 'always', respectively. The total score varies from 11 to 44, showing the highest to the lowest (poorest) mental health status of the person. The split-half reliability, correlating the odd-even items (applying the Spearman-brown formula for doubling the test length) has been found to be 70(N=30) with an index of reliability of .83 (Garrett, 1961). The test-retest reliability is also been studied. It is .65 (N=30) with an index of the reliability of .81. The retest was giving with a time interval of two weeks. The r-value of .70 and .65 .reliability are significant .01 level of confidence, showing that the test is reliable both in term of its internal consistency and stability of scores.[13]

Statistical Techniques Used By Spreadsheet Package

1. Mean
2. SD
3. t-test
4. Pearson Product moment coefficient

Treatment Of Data

HYPOTHESIS: 01. The Geriatric Depression of the elder female (50 to 65 above) would be not significantly higher than the elder male.

TABLE-1 Gender wise Comparison on Geriatric Depression Scale (GDS)

Gender	N	Mean	Median	SD	t-test	df	Level of significance
Elder Male	30	14.9	13	5.42	3.49	58	0.01
Elder Female	30	19.43	20	4.58			

Table no-1 revealed that the mean value on this scale of elder male was 14.9 with SD 5.42 similarly; the mean value of elder female was 19.43 with SD has 4.58 The calculated “t” value was 3.49. which was significant at or beyond 1% level of confidence. It indicates that there is a significant difference in gender-wise depression between the elder female and elder males. That’s why the above null hypothesis is rejected. And the alternative hypothesis is accepted.

HYPOTHESIS: 02-There will be no significant difference in mental health among elderly people based on gender.

TABLE-2-Gender wise Comparison of mental health checklist

Gender	N	Mean	Median	SD	t-test	df	Level of significance
Elder Male	30	13.73	12	3.33	10.06	58	0.01
Elder Female	30	24.5	25.5	4.82			

Table no-2, revealed that the mean value on this scale of elder male was 13.73 with SD 3.33 similarly; the mean value of elder female was 25.5 with SD was 4.82. The calculated “t” value was 10.06 which was significant at or beyond 1% level of confidence. It indicates that there is a significant difference in the gender-wise mental health level between the elder female and elder males. That’s why the above null hypothesis is rejected and the alternative hypothesis is accepted.

HYPOTHESIS: 03- There will be no significant relationship between Depression and Mental Health.

Using the product-moment method of coefficients of correlation, an attempt was made to explore the relationship between depression and mental health.

The table-03 Correlation coefficient between Mental health and Geriatric Depression

Variable	N	R	P Value
Mental Health and Depression	60	0.44	0.01

Table-03 –Revealed that mental health and depression exist a positive correlation (r = 0.44) which was significant at or beyond 1% level of confidence. Thus the hypothesis there will be no significant relationship between depression and mental health is rejected and the alternative hypothesis is accepted. This indicated that a person with a high level of depression tends to scores high on the mental health checklist.

Conclusions:-

1. Elder females have shown a moderate level of depression and the Elder male group has shown mild depression.
2. Elder females groups have lower mental health rather than the elder male.
3. Mental health is positively and significantly correlated with depression.

Psychological interventions for mental health issues related to COVID-19

1. Similar to other situations related to any disaster, most of the older adults are likely to have subsyndromal mental health issues like anxiety and depressive symptoms related to the threat of COVID-19.
2. This will require brief psychological and psychosocial intervention that can be delivered by any health care personnel, volunteers, etc with some guidance and training from mental health professionals (See Section on Simple Psychological Interventions).
3. Older adults need reassurance that most of the mental health issues experienced in these situations are normal reactions to abnormal stress.
4. They should also get appropriate information and clarification about various myths and false messages that are being spread through multiple unreliable sources.
5. Guidance about maintaining a routine, physical exercise, Yoga, meditation, a healthy diet, mental stimulation through home-based activities with appropriate safety precautions is essential.
6. Brief relaxation exercises and supportive therapy can be done for those having severe psychological distress.

- Treatment by mental health professionals including medications and other interventions may be required for those with severe mental health disorders and emergencies

Prevention from covid-19:-

- Try to avoid close contact with your visitors. For example, don't shake hands, elbow bump, or hug. Instead wave and verbally greet them.
- Masks should be worn over the nose and mouth. Masks are especially important when it is difficult to stay at least 6 feet apart from others or when people are indoors to help protect each other.
- Everyone should wash their hands for at least 20 seconds at the beginning and end of the visit and whenever you think your hands may have become contaminated.
- If soap and water are not readily available, such as with outdoor visits or activities, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.

Recommendations:-

Old age is a world of loneliness and disease in itself. And in such a situation when they are separated from the society of the outside world, the situation becomes more painful. Because in old age a man wants to be closer to nature, he seeks life's pleasures in nature. But when problems such as lockdown began to emerge globally, which had a natural effect on the mental level is very common. Therefore, to get rid of this type of psychological mental side effect, they can be helped in coming out of it by adopting the following procedures

- In old age, where there is a fear of loneliness on one side, to get rid of it, he can do yoga meditation and spiritual activities in the morning.
- Limit your interactions with other people as much as possible.
- Take precautions to prevent getting COVID-19 when you do interact with others.
- In this time, they can be mentally satisfied by being busy reading spiritual mythological, and religious books or books according to his interest.
- Such people should also pay special attention to their food because healthy food is responsible for a healthy body and a healthy brain resides in a healthy body.
- Sleep deprivation is a common problem in old age. Therefore, they should try to get healthy sleep.
- Keep interacting with your friends, friends, and relatives virtually, this will reduce the lack of social distance and the feeling of loneliness will not come in old age.
- Spend time with your young children and teach them.
- If sitting in the house suddenly starts distracting you from any negative thoughts that arise in your mind, then instead of being afraid of it, write it in the paper or diary. By doing this these negative thoughts will come out of your mind and your attention will not go on them.¹⁴

It is necessary to bear in mind that older adults are more vulnerable both physically and psychologically to the COVID-19 pandemic. All stakeholders must work together to ensure their health and well-being.¹⁵

Reference

- Parkar SR. Elderly mental health: Needs. Mens Sana Monogr 2015; 13:91-99.
- Armitage R, Nellums LB (2020). COVID-19 and the consequences of isolating the elderly. The Lancet. Public Health, 2667(20), 30061. [https://doi.org/10.1016/S2468-2667\(20\)30061-X](https://doi.org/10.1016/S2468-2667(20)30061-X)
- <https://www.thehindu.com/sci-tech/health/stress-and-anxiety-rise-amid-coronavirus-pandemic/article31409223.ece>
- Bharadwaj, R. L. (2001) Socio-Economic Status Scale. National Psychological Corporation, Agra.
- Bhatia, B. D. (1982) mental hygiene in education. In Kuppaswamy, B. (Ed.)
- Kumar, P. (1992) Mental Health Checklist. National Psychological Corporation, Agra.
- Schneiders, A. A. (1964) Personal Development and Mental Health. Holt, New York. Sprock, J. and Yoder, C.Y. (1997) Women and depression: an update on the
- Report of the Task Force. Sex Roles 36, 269-303.
- "Geriatric Depression Scale".
- ^ Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): recent evidence and development of a shorter version. Clin Gerontol. 1986 June;5(1/2):165-173.
- ^ Leshner EL, Berryhill JS. Validation of the Geriatric Depression Scale-Short Form among inpatients. J Clin Psychol. 1994 Mar;50(2):256-60. PMID 8014251
- ^ Yesavage JA, Brink TL, Rose TL, et al. Development and validation of a geriatric depression screening scale: a preliminary report. J Psychiatr Res. 1982-83; 17(1):37-49. PMID 7183759
- Kumar, P. (1992) Mental Health Checklist. National Psychological Corporation, Agra.
- Pratima Murthy, (2020) The COVID-19 Pandemic and Mental Health – An Introduction pg.no.03
- Neha Dutta counseling psychologist, Hindustan newspaper pg. no.17, 01 November 2020