



The following information resources have been selected by the National Health Library and Knowledge Service Evidence Virtual Team in response to your question. The resources are listed in our estimated order of relevance to practicing healthcare professionals confronted with this scenario in an Irish context. In respect of the evolving global situation and rapidly changing evidence base, it is advised to use hyperlinked sources in this document to ensure that the information you are disseminating to the public or applying in clinical practice is the most current, valid and accurate. For further information on the methodology used in the compilation of this document—including a complete list of sources consulted—please see our [National Health Library and Knowledge Service Summary of Evidence Protocol](#).

## YOUR QUESTION

What are the psychosocial needs of older people 65+ during the COVID-19 pandemic?

### IN A NUTSHELL

For better dealing with psychosocial issues of different strata of society, psychosocial crisis prevention and intervention models should be urgently developed by governments, health care personnel and other stakeholders<sup>5</sup>. Using a self-developed questionnaire, Meng et al<sup>10</sup> examined the psychological status of older persons in China during COVID-19. Depression and anxiety were found to be major issues among this population. Older adults reported less loneliness overall compared to younger age groups but had an increase in loneliness during the acute phase of the outbreak. Their loneliness, however, levelled off after the issuance of stay-at-home orders<sup>9</sup>. Confinement, isolation and lack of information regarding services can lead to older adults being unaware of help that is available to them<sup>7</sup>. Richardson et al highlight new opportunities such as the ability to collaborate more widely and to design and deliver research for older people<sup>13</sup>. Similarly, Cudjoe et al<sup>5</sup> note how the current constraints of physical distancing offer a unique opportunity to envision, pilot or implement novel solutions that could have a lasting impact on the health and wellbeing of older adults.

The World Health Organization states that provision of practical and emotional support through informal networks [families] and health professionals can help alleviate feelings of anxiousness, anger, stress, agitation and withdrawal<sup>2</sup>. Several authors point out that resilience and other personal resources have significant associations with the wellbeing of older persons during the COVID-19 pandemic<sup>3,8,9</sup>.

Ebor et al caution that media coverage focused on COVID-19 mortality among institutionalized older adults may have overlooked community-dwelling older adults, leaving their unique risks unaddressed in research and intervention efforts<sup>6</sup>.

## IRISH AND INTERNATIONAL GUIDANCE

### What does the Health Protection Surveillance Centre (Ireland) say?

#### [HSPC \(26 June 2020\) Guidance on cocooning to protect people over 70 years and those extremely medically vulnerable from COVID-19<sup>1</sup>](#)

##### How to Look After Your Mental Well-Being

Social isolation, reduction in physical activity, unpredictability and changes in routine can all contribute to increasing stress. Many people, including those without existing mental health needs, may feel anxious about these impacts, including support with daily living, ongoing care arrangements with health providers, support with medication and changes in their daily routines.

If you are receiving services for your mental health, learning disability or autism and are worried about the impact of isolation please contact your keyworker/care coordinator or provider to review your care plan. It is very easy to become anxious and lonely when you have to spend time on your own but remember, you can always pick up the phone and call a friend. For more information on minding your mental health during the COVID-19 outbreak go to [www.hse.ie](http://www.hse.ie).

### What does the World Health Organization say?

#### [World Health Organisation \(March 2020\) Mental health and psychosocial considerations during the COVID-19 outbreak 18 March 2020<sup>2</sup>](#)

Messages for Older Adults, People with Underlying Health Conditions and Their Carers



Older adults, especially in isolation and those with cognitive decline/dementia, may become more anxious, angry, stressed, agitated and withdrawn during the outbreak or while in quarantine.

Provide practical and emotional support through informal networks [families] and health professionals.

Share simple facts about what is going on and give clear information about how to reduce risk of infection in words older people with/without cognitive impairment can understand. Repeat the information whenever necessary.

Instructions need to be communicated in a clear, concise, respectful and patient way. It may also be helpful for information to be displayed in writing or pictures. Engage family members and other support networks in providing information and helping people to practise prevention measures.

## INTERNATIONAL LITERATURE

### What does the international literature say?

#### [Chen LK \(May 2020\) Older adults and COVID-19 pandemic: Resilience matters<sup>3</sup>](#)

The fear, stress, loneliness, and social isolation of older adults during COVID-19 pandemic may undermine their resilience and further jeopardize their health and well-being. Preventing functional declines, frailty, anxiety, depressive moods and social isolation has become important but challenging tasks during COVID-19 pandemic. Older persons with cognitive impairment or dementia may have difficulty in comprehending information related to COVID-19, and their mood, behavioural and psychotic symptoms may alter when their usual care services are absent. The COVID-19 pandemic has witnessed a new era of care for older people. Our experience to date will drive the world to re-think the future, with resilience playing an essential role in the well-being of older persons.

#### [Cudjoe TKM, Kotwal AA. \(May 2020\) Social Distancing Amid a Crisis in Social Isolation and Loneliness<sup>4</sup>](#)

The COVID-19 pandemic is a timely reminder of how social well-being has a powerful impact on health. Identifying older adults at risk for the immediate and unintended health consequences of physical distancing is critical.

Comprehensive geriatric and social needs assessments should be a part of



the medical record so that practices, health systems and communities may seamlessly mobilize support for those in need when public health crises occur. Technology undeniably offers novel opportunities as well as nuanced challenges; it should not limit our imagination or constrain how we balance the risk and benefit of in-person interactions. Physicians and health systems in conjunction with public health and policymakers can be positioned to identify and address social needs, optimize health and flatten the curve of this extraordinary pandemic. Addressing social isolation and loneliness under normal circumstances is challenging; nevertheless, the current constraints of physical distancing offer a unique opportunity to envision, pilot or implement novel solutions that could have a lasting impact on the health and well-being of older adults.

### [Dubey, S et al \(27 May 2020\) Psychosocial Impact of COVID-19<sup>5</sup>](#)

The psychosocial aspects of older people, their caregivers, psychiatric patients and marginalized communities are affected by this pandemic in different ways and need special attention. For better dealing with these psychosocial issues of different strata of the society, psychosocial crisis prevention and intervention models should be urgently developed by the government, health care personnel and other stakeholders. Apt application of Internet services, technology and social media to curb both pandemic and infodemic needs to be instigated. Psychosocial preparedness by setting up mental organizations specific for future pandemics is certainly necessary.

### [Ebor, M et al \(19 June 2020\) Social Workers Must Address Intersecting Vulnerabilities Among Noninstitutionalized, Black, Latinx, and Older Adults of Color During the COVID-19 Pandemic<sup>6</sup>](#)

Scant attention has been paid to intersecting vulnerabilities experienced by Black, Latinx, and older adults of color (BLOAC) that increase COVID-19 related risks. Structural inequities have resulted in disproportionate rates of chronic conditions and limited access to care. Media coverage focused on COVID-19 mortality among institutionalized older adults has overlooked community-dwelling older adults, leaving their unique risks unaddressed in research and intervention efforts. Key vulnerabilities impacting non-institutionalized BLOAC exacerbating adverse health outcomes during COVID-19 are discussed, and recommendations are given for gerontological social work education, training and practice to meet the needs of BLOAC during the COVID-19 pandemic.



### [Gorrochategi, M et al \(31 May 2020\) Stress, Anxiety, and Depression in People Aged Over 60 in the COVID-19 Outbreak in a Sample Collected in Northern Spain<sup>7</sup>](#)

It is vitally important to safeguard the mental health of older people, particularly those who suffer from chronic diseases. In particular, there is a need to provide these vulnerable members of the population with psychosocial interventions and tools aimed at improving their emotional and social state. In [Northern Spain], the Public Health Services have provided a psychological care service for all citizens, and, in the light of the findings presented here, it is clear that older people must seek the help of these services. Unfortunately, confinement, isolation and lack of information regarding these services can lead to older adults being unaware of the help that is available to them. Thus, one possible type of intervention could take the form of mental health outreach services. Importantly, our results imply that such programs would not only be of benefit to older people in general, but also to those that suffer from chronic diseases.

### [Lopez, J et al \(22 May 2020\) Psychological well-being among older adults during the COVID-19 outbreak: a comparative study of the young-old and the old-old adults<sup>8</sup>](#)

The COVID-19 outbreak could be considered as an uncontrollable stressful life event. Lockdown measures have provoked a disruption of daily life with a great impact over older adults' health and well-being. This study aims to assess the association between age and psychological well-being. Young-old (60-70 years) and old-old (71 to 80 years) community-dwelling Spaniards (N = 878) completed a survey and reported on their sociodemographic characteristics and their levels of health. Old-old did not evidence poorer psychological well-being than young-old; age has only a negative impact on personal growth. The results also suggest that the nature of the COVID-19 impact may not be as relevant for the older adults' well-being as their appraisals and personal resources for managing COVID-related problems. In addition, these results suggest that some sociodemographic and health-related variables have an impact on older adults' well-being. Thus, perceived-health, family functioning, resilience, gratitude and acceptance had significant associations with both personal growth and purpose in life. Efforts to address older adults' psychological well-being focusing on older adults' personal resources should be considered.



### [Luchetti, M et al \(22 June 2020\) The Trajectory of Loneliness in Response to COVID-19<sup>9</sup>](#)

Social distancing and stay-at-home orders are essential to contain the coronavirus outbreak (COVID-19), but there is concern that these measures will increase feelings of loneliness, particularly in vulnerable groups. The present study examined change in loneliness in response to the social restriction measures taken to control the coronavirus spread. A nationwide sample of American adults [N = 1,545; 45% women; ages 18 to 98, M = 53.68, SD = 15.63] was assessed on three occasions: in late January/early February 2020, before the outbreak; in late March during the President's initial 15 Days to Slow the Spread campaign; and in late April during the stay-at-home policies of most states. Contrary to expectations, there were no significant mean-level changes in loneliness across the three assessments ( $d = .04, p > .05$ ). In fact, respondents perceived increased support from others over the follow-up period ( $d = .19, p < .01$ ). Older adults reported less loneliness overall compared to younger age groups but had an increase in loneliness during the acute phase of the outbreak ( $d = .14, p < .05$ ). Their loneliness, however, levelled off after the issuance of stay-at-home orders. Individuals living alone and those with at least one chronic condition reported feeling lonelier at baseline but did not increase in loneliness during the implementation of social distancing measures. Despite some detrimental impact on vulnerable individuals, in the present sample, there was no large increase in loneliness but remarkable resilience in response to COVID-19.

### [Meng H, Xu Y, Dai J, Zhang Y, Liu B, Yang H. Analyze the psychological impact of COVID-19 among the elderly population in China and make corresponding suggestions<sup>10</sup>](#)

The authors detail a survey using a self-developed questionnaire which examined the psychological status of older people during COVID-19. A total of 1556 samples were collected, 602 male, and 954 female; 706 aged from 60 to 64 years, 336 aged from 65-69 years, 263 aged from 70 to 74 years, 115 aged from 75-79 years, 136 aged at least 80 years. This survey represented that 37.1% of respondents experienced depression and anxiety. The survey results showed depression and anxiety as being major issues among respondents.





### [Mesa Vieira C. et al \(April 2020\) COVID-19: The forgotten priorities of the pandemic<sup>11</sup>](#)

Measures aimed at protecting physical health and healthcare systems during COVID-19 have side-effects that might have a big impact on individuals' wellbeing.

The elderly, who are the main target group of most of the policies of social distancing, need stronger psychosocial support, because so many live in permanent isolation, and do not have social networks and have limited social activities. Persons with psychiatric disorders face similar situations because policies of social distancing can worsen their symptoms.

### [Plagg B. et al \(June 2020\) Prolonged social isolation of the elderly during COVID-19: Between benefit and damage<sup>12</sup>](#)

Most states discuss the ongoing implementation of shielding measures for high-risk groups such as the elderly even after the end of the current regulations. In this context, we face a particular challenge, since elderly people do not only belong to the SARS-CoV-2 risk group, but also to those who suffer increased morbidity and mortality as a result of the withdrawal of social interaction and mental stimulation.

It is well known that social exclusion is significantly associated with higher risks of cognitive impairment, which, in turn, increases the risk of Alzheimer's disease and accelerates disease progression of existing conditions.

Emotional distress, which is likely to be provoked by the current situation, is another risk factor for premature death, since anxiety is known to predict all-cause death and is especially detrimental in persons aged 75 and older.

### [Richardson et al \(25 June 2020\) Research With Older People in a World With COVID-19: Identification of Current and Future Priorities, Challenges and Opportunities<sup>13</sup>](#)

Older people are disproportionately affected by the COVID-19 pandemic, which has had a profound impact on research as well as clinical service delivery. This commentary identifies key challenges and opportunities in continuing to conduct research with and for older people, both during and after the current pandemic. It shares opinions from responders to an international survey, a range of academic authors and opinions from specialist societies. Priorities in COVID-19 research include its specific presentation in older people, consequences for physical, cognitive and psychological health, treatments and vaccines, rehabilitation, supporting care homes more effectively, the impact of social distancing, lockdown



policies and system reconfiguration to provide best health and social care for older people. COVID-19 research needs to be inclusive, particularly involving older people living with frailty, cognitive impairment or multimorbidity, and those living in care homes. Non-COVID-19 related research for older people remains of critical importance and must not be neglected in the rush to study the pandemic. Profound changes are required in the way that we design and deliver research for older people in a world where movement and face-to-face contact are restricted, but we also highlight new opportunities such as the ability to collaborate more widely and to design and deliver research efficiently at scale and speed.

### [Tourette-Turgis, C et al \(18 June 2020\) From one epidemic to another: what lessons learned are transferable to reducing the psychosocial impact of confinement linked to COVID-19?<sup>14</sup>](#)

The confinement of the population for an indefinite period within the framework of the national French prevention strategy of COVID-19 has a negative psychosocial impact already documented in other countries. In the past, several epidemics have built different strategies of prevention. It is urgent to consider how strategies used in other epidemics might be useful and helpful to manage the quarantine used to prevent the epidemics of COVID-19.

### [United Nations \(May 2020\) Policy Brief: The Impact of COVID-19 on older persons<sup>15</sup>](#)

#### 2. Effects of Physical Distancing and Stigma

##### Impact of Physical Distancing

COVID-19 risks aggravating social exclusion of older persons through measures to restrict movement and contact such as stay-at-home restrictions, quarantines and lockdowns. While such measures are crucial for ensuring the safety of all, they need as much as possible to factor in the realities faced by older persons so as not to increase their social isolation and worsen their health outcomes. These risks are magnified if such measures remain in place for protracted periods and do not allow for in-person social interactions or other mitigating measures. Many older persons rely on home and community services and support, particularly those living alone. Ensuring the continuity of these services is critical. Efforts by authorities and community volunteers in a number of countries to reach out to older persons and to deliver necessary support services should be expanded.





## [Vedavanam, K \(29 May 2020\) Old Age Psychiatry Services in the UK Responding to COVID-19<sup>16</sup>](#)

The coronavirus disease 2019 (COVID-19) pandemic has presented a profound global challenge. There are certain groups who are significantly more vulnerable, including: older people; those with chronic long-term conditions associated with immunosuppression; and those with mental illness. Older people with complex mental health problems require special consideration. They form the majority of the population of UK care homes and are the demographic of society worst affected by the morbidity and mortality associated with COVID-19. This commentary focuses on the challenges met by old age psychiatrists in the UK during the pandemic.

## **OTHER**

### [RTE \(29<sup>th</sup> June 2020\) Trinity to study impact of COVID-19 on over 50s<sup>17</sup>](#)

Researchers at the Irish Longitudinal Study on Ageing (TILDA) in Trinity College Dublin are analysing how the coronavirus outbreak, and subsequent measures to flatten the curve, have impacted adults aged over 50 in Ireland. Over 6,000 TILDA participants will participate in the project to detail how their health, activities, social lives, mood, quality of life, psychological state and expectations have been altered by the pandemic.

Alongside this, a second TILDA COVID-19 project will gather biological samples to establish who has been infected by the virus and determine the risk factors and consequences for developing COVID-19 in older adults in Ireland.



Produced by the members of the National Health Library and Knowledge Service Evidence Team†. Current as at 03 July 2020. This evidence summary collates the best available evidence at the time of writing and **does not replace clinical judgement or guidance**. Emerging literature or subsequent developments in respect of COVID-19 may require amendment to the information or sources listed in the document. Although all reasonable care has been taken in the compilation of content, the National Health Library and Knowledge Service Evidence Team makes no representations or warranties expressed or implied as to the accuracy or suitability of the information or sources listed in the document. This evidence summary is the property of the National Health Library and Knowledge Service and subsequent re-use or distribution in whole or in part should include acknowledgement of the service.

The following PICO(T) was used as a basis for the evidence summary:

	<p>OLDER PERSONS</p>
	<p>COVID-19</p>
	<p>PSYCHOSOCIAL NEEDS</p>

The following search strategy was used:

COVID-19 OR CORONAVIRUS OR "CORONA VIRUS" OR (WUHAN N2 VIRUS) OR (("2019-NCOV" OR "2019 NCOV")) OR "SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2" OR (("2019" AND (NEW OR NOVEL) AND CORONAVIRUS) OR AND (PSYCHOSOCIAL NEEDS OR PSYCHOSOCIAL CARE OR PSYCHOLOGICAL NEEDS OR PSYCHOLOGICAL CARE) AND (ELDERLY OR ELDER OR SENIORS OR OLDER PERSONS OR GERIATRIC OR GERONTOLOGICAL)

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