

COVID closes all doors: Senior Citizens

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The right to the city, the right to livelihood, the right to move, the right to work, the right to being in a place has all got disrupted in the past few months. The unprecedented crisis of the COVID-19 pandemic has sent waves of anxiety and panic throughout the world. The infection does not seem to spare any age group but the elderly are at a higher risk. Elder abuse is a universal pervasive problem of paramount public health importance which garners little attention. Elders suffer from abuse in various ways, like physical, psychological, sexual, material exploitation and neglect, by their trustworthy caregivers. The elderly face social isolation and one needs various ways to mitigate the adverse effects of social isolation. Potential risk factors are social isolation, cognitive impairment, traumatic life events, and dependence on abusers, poor physical and mental health and low social support are some of the concerns

Due to the COVID-19 pandemic and the resultant social restrictive measures such as lockdown in most places throughout the world, elderly abuse has increased to a great extent. This paper discusses plausible reasons and various socio-cultural factors of elderly abuse. It could lead to a possibility of a menace into a 'social pandemic' in future.

Key words: COVID-19, Elderly, Mental Health, Pandemic, Social Isolation, Abuse

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I. INTRODUCTION

Elderly population faces abuse at different levels. Society marginalizes them and some face problems with family members or caregivers in an institution. They face physical, psychological, sexual assault, exploited and deprived. They are often neglected of a designated caregiver to meet the needs of a dependent older person. The unprecedented crisis of the COVID-19 pandemic has spread throughout the world affecting almost all countries, with rising levels of anxiety among all people. Most nations have resorted to quarantine, lockdown and curfew to contain the community transmission of infection. All these techniques warrant people in the community to stay at home and maintain social distancing.

Older adults are the most vulnerable group when it comes to infectious diseases. In this scenario, they are expected to adhere to these restrictions for extended periods so that one can lower the risk of contracting the infection. However, these safety measures pose a risk of social isolation. Visiting community meetings, parks, neighborhood, places of worship and day centers are possibly the only socialization channels for most of the elderly. With lockdown or quarantine these are now not possible. Elderly who live with their families are better placed in this respect; but some of them may still expected to maintain social distancing within their house considering their own existing ailments or COVID symptoms of family members. As younger generation may be busy with various chores, it is quite possible that the elderly may get neglected even when they are with their families. This leads to social and psychological isolation, which may be a contributing factor for poor mental health.

Bitter reality

The elderly are at highest risk of complications from the pandemic. They also face loads of negative consequences which are mostly lockdown, shutdown, social distancing. Due to the anxiety and concerns to avoid infection, home- confined elderly people have extremely limited or no physical communication with their friends, family, neighbors in their life. The situation is grim when many elderly don't know how to use a smart phone and the facilities attached to it. Higher levels of social support and greater dependency on social network lower the risk of elder abuse but this feasible with a few.

Communication and socialization leads to positive mental health. It helps in improving quality of life as one can share their feelings and emotions. Because of restriction in mobility, inadequate communication

facility, elderly are forced to struggle with loneliness and social isolation. These circumstances when the protective factors are diminished, it makes the elderly more vulnerable, and the risk of abuse increases much more. Most preventive measures during infectious disease epidemics focus on prevention of the spread of infection and looking after the physical health of infected person. In this state of crisis, a wide range of psychological problems often accompany the outbreak. Social isolation and loneliness are particularly problematic in old age due to various reasons such as: decreasing functional limitations, economic and social resources, the death of spouse and relatives, changes in family structures and mobility.

Lockdown adds to many reasons to this list that include inactivity, repeated exposure to disturbing news related to the pandemic, reminiscences of previous traumatic events, the interactional problem within family members, lack of physical movement, dependency on others, lack of medical facilities, lack of recreational facilities and the lack of opportunities to share their worries. Confinement, loss of usual routine and reduced social and physical contact with others is frequently shown to cause boredom, frustration, and a sense of isolation from the rest of the world, leading to distress and anxiety of the unknown. Social isolation among older adults is a 'serious public health concern' because of their heightened risk of cardiovascular, autoimmune, and neurocognitive imbalance. Social disconnection puts older adults at a greater risk of depression and anxiety. All this leads to mental health disorders.

Unavailability of medications as this time has led to negative impact on physical and mental health of the persons. Poor compliance to the psychotropic medications is known to be associated with symptoms of irritability, anger, aggression and violence. Poor mental health either in the family member or in the older persons enhances the risk of abuse. There is surge of substance abuse and addictive behaviors in this period; which may lead to negative interaction amongst the family members. In addition, loss of job, stress and resultant frustration in the part of adult children and erosion of generational bond, truly eviscerates safety of older people at home. Lack of communication, sharing on the part of adult children breaks the bond among the elders and the younger generation. It leads to a growth of a new epidemic of abuse in recent times of the pandemic.

Grief is not simply a random, private or spontaneous emotion, but also has physical, cognitive, social, cultural, philosophical, religious and spiritual dimensions, symptoms and patterns. Its expressions vary according to personality and one's belief systems. Such multifariousness that is beyond and within the individual also reflects constants of coping with loss and the changes therein. Freud relates life instinct to thanatos or the death instinct. Social isolation is often a resembles grief or thanatology. The pandemic brings other psychological issues such as: fear of contracting the infection for self and family members, fear of quarantine or hospitalization, death, fear of being abandoned, anxiety related to day to day provisions, regular health checkup visits and worries about family members living far away. Sleep and appetite problems may become more pronounced in the absence of physical inactivity during the lockdown. Quarantine can further amplify these problems. Separation from loved ones, the loss of freedom, uncertainty over disease status, depression, sleep disorders, anger, mood swings generated are triggered at this time.

In the context of prolonged lockdown and social distancing, loneliness can become a core factor of a variety of psychiatric disorders through a subtly or grossly declared clinical picture. It may lead to hopelessness and discouragement, which can progress to depressive disorders and potentially self-destructive acts. It may aggravate fears and precipitate one or several types of anxiety disorders, including a variety of phobic syndromes. It may generate painful memories and posttraumatic stress disorder. It may lead to behavioral styles and symptoms of obsessive compulsive disorder that is washing hands repeatedly, sanitizing the household articles, excessive steaming and drinking herbal tea etc.

Managing isolation

Studies have revealed loneliness is associated with depressive symptoms in older age groups if elderly are required to remain homebound, it is important to ensure that daily needs such as groceries and medications are delivered regularly, and urgent action is needed to mitigate the mental and physical health consequences of social isolation. One needs to look after social interventions such as psychological therapies, health and social care provision, befriending interventions, laughter therapy, pet therapy, and leisure/skill development that can help the elderly.

One needs to focus on different intervention techniques to help the elderly manage their time. Use of smart phone facilities helps to facilitate contact between older persons and their families. It resulted in lower levels of loneliness among those using video conferencing. Constant communication helps in a sense of assuring companionship and a sense of belongingness. Besides this, keeping them occupied helped to be effective in dealing with loneliness in older people. One needs to focus on leisure activities such as gardening, computer use, and sports or some sort of exercise. Higher use of the internet was also found to be a predictor of higher levels of social support and decreased loneliness. These activities showed a positive effect on reducing loneliness and help to improve mental wellbeing.

A sense of physical and psychological safety, one needs to reduce the amplified unpleasant emotions of ongoing fear and anxiety; different therapeutic elements which are used like curative medicine, Meditation and yoga, relaxation and mindfulness to calm down the heightened state of emotional responsiveness. If this is left unattended it may lead to various psychological disorders. Positive attitude in one's ways, controlling one's emotions and wellbeing, faith in Almighty, developing a feeling of connectedness to one's family, to accrue security, support and love with the members of the family helps in dealing with the calmer and positive future. These interventions as well as prevention efforts help to combat global health crisis. All these principles which are inter related help to promote a sense of control, efficacy and positivity can help all individuals. This could be even used for elderly who stay alone without their children. Different interventions could be developed and validated in areas depending upon the need.

Individuals at different places may experience varied emotions. They may experience distress and need support or at times clinical intervention for their mental health concerns. They need support and provisions to ease their feelings, rather than traditional diagnosis and clinical treatment. Proper communication and feeling of belongingness helps them at this time. It is of paramount importance to raise awareness amongst both health-care professionals and the public about these issues and about timely intervention. All health care providers involved must have knowledge of their background and sensitivity on the needs of elderly. Being sensitive and observant is the need of the hour for all caregivers and the volunteers working for the elderly.

II. CONCLUSION

Research has linked social isolation and loneliness to higher risks for a variety of physical and mental conditions: high blood pressure, heart disease, obesity or loss of weight, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death. Loneliness acts as a fertilizer for other diseases. It is believed that loneliness can accelerate the buildup of plaque in arteries, help cancer cells grow and spread, and promote inflammation in the brain leading to Alzheimer's disease. Loneliness promotes several different types of wear and tear on the body. People who find themselves unexpectedly alone due to the death of a spouse or partner, separation from friends or family, retirement, loss of mobility, and lack of transportation are at particular risk.

Isolating the elderly during COVID-19 pandemic might reduce transmission which is important and minimize the spread of infection to high-risk groups. However, adherence to isolation strategies is likely to decrease over time. Conversely, people who engage in meaningful, productive activities with others tend to live longer, boost their mood, and have a sense of purpose. These activities seem to help maintain their well-being and may improve their cognitive function. Different measures must be effectively timed and continued for required duration to prevent excessive transmission and risk of morbidity and death due to COVID-19. The effects of isolation will be felt greatest in the elderly, specifically in the more disadvantaged and marginalized populations. The implementation of preventive strategies for the negative mental health impact of social isolation should be urgently prioritized for this population.

Late-life depression is an unrecognized and undertreated condition, which results in a poor quality of life. General practitioners and non-specialists have a major role to play in identifying those with depression who present to them for physical problems and may often be reluctant to acknowledge mental health problems and seek help. Interventions could simply involve interaction and providing practical support for essential items, more frequent telephone contact with significant others, close family and friends. Online technologies can be used to build and maintain social support networks and a sense of belonging. Health care workers, community outreach projects and voluntary organizations have an important role providing support for elderly throughout the social isolation period.

This is a time of challenge and uncertainty in the shadow of COVID-19 which has profoundly impacted almost all the people; and for older people the trials are even greater. In addition to various socioeconomic, physical and mental health related issues, greater number of older adults are experiencing abuse and the risk may further increase. It requires greater awareness; efforts from everybody to prevent this from happening in the first place, curb its occurrence with effective measures, with appropriate, adequate and timely support to families and the elderly. Brushing under the carpet may worsen it and lead to a pandemic. Multidisciplinary and multilevel proactive actions regarding elder abuse are urgently required. Human beings are social creatures. Our connection to others enables us to survive and thrive. Yet, as we age, many of us are alone more often than when we were younger, leaving us vulnerable to social isolation and loneliness—and related health problems such as cognitive decline, depression, and heart disease. With a reason of acceptance there are chances which may not only change the attitude towards the elders, but also give them a reason to be valued, but more importantly a reason to live at the age of this pandemic situation.

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