Original Article

Psychosocial and mental health concerns among elderly people during COVID-19: Findings from national helpline in India

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Abstract

Background: WHO reported that the epidemic SARS-CoV-2 spread was a public health emergency of international tension in January 2020 and pandemic in March 2020. In this regard, National Institute of Mental Health and Neuro Sciences (NIMHANS) launched a national helpline with the support of the Ministry of Health and Family Welfare for addressing psychosocial issues and mental health concerns of people during the COVID-19 pandemic. The recorded calls made to the National Psychosocial Support helpline were analysed to elicit the psychosocial issues seen among the elderly during the pandemic. **Methods:** The data of 70 randomly selected helpline callers were collected by using the sociodemographic data sheet and the semistructured questionnaire. The study employed descriptive research design. **Results:** In total, 71.1% of callers belonged to the 60-70 years' age group. 57.1% of callers had approached the helpline by themselves. 38.6% of the callers had reported a preexisting mental illness, of which the majority (33%) reported anxiety and/or sleeplessness. 28.6% of callers complained of comorbid medical issues. Interventions provided to the callers were in the form of supportive psychotherapy (84.28%), the COVID-19-related information (72.85%), referral services (62.9%), lifestyle modifications (41.42%), and behavioural activation (35.71%). **Conclusion:** Study findings indicate that the older population encountered several mental health issues during COVID-19, and the telephonic interventions were the most feasible, accessible, and helpful method to reach out to them.

Keywords: COVID-19, elderly, national helpline, psychosocial issues, psychosocial support

Introduction

Because of their physical health conditions, aging, and socioeconomic factors, the elderly persons are considered to be one of the vulnerable groups during any disasters, especially in biological disasters such as novel corona virus 2019 which was first observed in December 2019 in Wuhan city of the Hubei province in China.[1] Subsequently, the virus was renamed as SARS-CoV-2 (severe acute respiratory syndrome coronavirus-2), and the disease was called as COVID-19 or corona virus disease.[2] The WHO announced it as a public health emergency of international concern on January 30, 2020, and as a pandemic on March 11, 2020.[3] Many countries across the world instituted nation/state-wide lockdown, after taking these warnings under serious consideration.[4,5] The Indian government imposed a

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countrywide lockdown on March 25, 2020, which was extended many times until May 2020.[6] Even after this date, restrictions in terms of movement and social gatherings continued and gradually relaxed over several months.

The outbreak had a huge impact on society. Every country had to ensure the use of face masks and hand sanitizers, physical distancing, and restriction on public transport, including the closure of shopping malls, gyms, schools, and colleges.[7] Due to the closure of different sectors like theatres, shopping malls, hotels, and restaurants, most people lost their livelihoods. Especially in unorganised sectors like agriculture, construction, and manufacturing, there was a raise in unemployment during COVID-19.[8] This has both direct and indirect impact on physical and mental health of the elderly persons, most of whom are dependent on their children for basic needs, medical care, and safety.

According to the world population ageing 2017 report, the elderly population in developing nations is growing much faster than in the developed nations. The global population aged 60 years or more amounted to 962 million in 2017, and it has been projected that, by 2050, the elderly population will be nearly 2.1 billion.[9] In this context, as per the India census 2011, the elderly population (people aged 60 years and above) was 8.6% (10.38 core) of the total population.[10] According to the projected population in 2026, about 12.4% of the total population, i.e. 11.7% of the total male population and 13.1% of the total female population, will be aged 60 years or above.[11] As per the 75th round of the NSS (National Sample Survey), both rural and urban elderly (47%) are found to be economically dependent on others, especially on their children. In total, 17.8 and 19.1 percentage of the elderly population is either staying 'alone' or 'with a spouse only' in the rural and urban areas, respectively.[12] Because of this preexisting vulnerability that includes physical, social, economic, social, and psychological factors, they may find it difficult to face stressful situations caused by disasters.

Old age people are affected more by contracting the COVID-19 infection owing to less immunity and multiple comorbidities like diabetes mellitus, hypertension, chronic kidney disease, and chronic obstructive pulmonary disease.[13] Persons in the 70 to 79 years' age group were found to have an 8.0% case fatality rate associated with COVID-19 infection and a 14.8% case fatality rate among the persons aged 80 years and above.[14] The literature indicates that elderly people have an increased risk of death due to COVID-19, especially who were associated with comorbidities like cardiovascular disease, diabetes, chronic respiratory disease, hypertension, and cancer.[15] On these lines, the Government of India published an advisory on March 29, 2020, containing preventive measures for elderly people.[16]

The national lockdown has affected vulnerable groups like children, persons with disability, elderly persons, and migrant workers significantly. Schools were shut down; children were confined to their homes, and elders' movements were severely restricted, leaving them unable to move out of the house, for even a routine medical follow-up. These conditions led to various psychological and mental health issues among them. Most families lost their jobs/wages due to the lockdown, leading to increased difficulties for the dependent ones in the family like children and the elderly.[7]

National Helpline on Psychosocial Support

To provide mental health support to people and to fill in the treatment gap, the Ministry of Health and Family Welfare undertook a national helpline for psychosocial support and mental health services during the lockdown and the restrictive measure times under the aegis of the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, and two other premier mental health institutes, Central Institute of Psychiatry (CIP), Ranchi, and Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur. It was the first national helpline established during the COVID-19 pandemic which provided psychosocial support and mental health services for the general public in India. The main objective of the helpline was to address the psychosocial issues of general public and vulnerable groups during the COVID-19 pandemic and similar disasters in the future. It was a 24 × 7 toll-free helpline. People from across the country could avail helpline facilities for mental health services and psychological support from mental health professionals.

Initially, the helpline was set up with 9 lines (3 phone lines each for Hindi, English, and Kannada languages) on March 28, 2020. The Ministry of Health and Family Welfare supported the helpline services to achieve a pan India reach. Subsequently, the District Mental Health Programme (DMHP) teams and centres of excellence in various states were also included in the program. By the end of April 2020, the national helpline was able to provide services, with more than 500 lines in 9 languages, i.e. Assamese, Bengali, Hindi, English, Kannada, Marathi, Malayalam, Telugu, and Tamil. In this article, we have focussed our attention on the nature of psychosocial issues and concerns among the elderly during the lockdown in India. The main purpose of the study was to understand psychosocial issues and mental health concerns among the elderly persons as one of the vulnerable groups during the pandemic and how they can be helped through the online psychosocial support strategies. This study was taken up to understand and improvise psychosocial support and mental health services for the elderly during disasters, which was never tried earlier in India.

Methods and Materials

Study design and setting

The study employed descriptive research design for assessment and reporting psychosocial issues of the elderly persons who called at the national helpline.

Study participants and sampling

The national helpline, which uses the IVRS (Interactive Voice Response System) to receive and respond calls from across the country, has audio recording of all the calls received from March 2020 when the lockdown was announced in India until date. Between April and July 2020, 43408 (including all calls—children, adults, elderly, and women) callers received psychosocial and mental health support from the national helpline. The current study's population is the elderly persons who received the helpline services during the abovementioned time period. Persons who were above 60 years of age were considered for the study.

Using a simple random sampling method, 70 calls were selected from 1442 calls received from the elderly. The study included the calls received from April to July 2020.

Data collection tool and techniques

Client concerns were clarified and addressed during the telephone conversations. When the first-tier mental health professionals like M. Phil trainees., PhD scholars, and M.Sc. psychiatric nursing students were unable to help with the issues, the calls were transferred to the second-tier support system, where interventions were provided by the experienced psychiatric social workers, clinical psychologists, and senior residents, and more complex and difficult cases were referred to third-tier mental health professionals that consisted of consultant level mental health professionals as shown in flowchart 2 below.

Functioning of the helpline

The researchers developed a data sheet, and it was validated by Mental Health Professionals (psychiatrists, clinical psychologists, and psychiatric social workers). The sheet consisted of basic sociodemographic details; reasons for the call at the helpline, current issues, and concerns (emotional, social, physical, relational, psychological, and medical); and details of the interventions provided. The data of the callers from the prerecorded calls were collected using the abovementioned format.

Ethical considerations

At every stage of the coding process, the caller's mobile number was masked. All calls were recorded for review and improving the quality of services, while also ensuring the anonymity and confidentiality of the callers. This study was approved by the Institute's Ethics Committee from the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, Karnataka, India. The researchers intended to understand the nature of psychosocial issues and concerns of the elderly persons and how they can be helped with simple interventions, so we did not diagnose the study participants based on any diagnostic criteria.

Data analysis

Data analysis was performed using SPSS.24. The descriptive analysis was shown in the form of percentages. For continuous data, descriptive statistics such mean and standard deviation was employed.

Results

Table 1: Sociodemographic details of participants

Table 1 shows the sociodemographic details of the study participants. In total, 77.1% (54) of callers belonged to the 60-70 years' age group. 82.9% (58) of callers were male, and 17.1% (12) were female. Most of the callers 68.6% (48) were from an urban area, and 31.4% (22) were from a rural area. 38.6% (27) of callers reported preexisting mental illnesses.

Table 2: Details of the call duration, referral services, and preexisting mental illness

Table 2 depicts most of the calls analysed (54.3%) had a call duration of 6 to 10 minutes, 22.9% were of 3-5 minutes' duration, and 20% of calls were of 11 to 20 minutes' duration. 38.6% of callers reported preexisted mental illnesses. Most callers (62.9%) were referred to different agencies and departments for further support and interventions.

Table 3: Classification of the elderly based on preexisting mental illness

Table 3 shows the details of the preexisting mental illnesses among callers. Many of the callers (33%) reported anxiety disorders, 30% of callers reported psychosis/schizophrenia, 26% reported depression, 7% had dementia, and 4% had a history of substance use disorder.

Table 1: Sociodemographic details of participants

	Variable	Frequency (*n*=70)	%
Age	60-70 Years	54	77.1
	71-80 Years	10	14.3
	81 years and above	6	8.6
Gender	Male	58	82.9
	Female	12	17.1
Domicile	Urban	48	68.6
	Rural	22	31.4
Reasons for call at helpline	Medical issues	20	28.6
	COVID-19-related issues	15	21.4
	Psychiatry problems	27	38.6
	Other	8	11.4

Table 2: Details of the call duration and referral services

	Variable	Frequency (*n*=70)	%
Call duration	3 – 5 Minutes	16	22.9
	6 to 10 Minutes	38	54.3
	11 to 20 Minutes	14	20.0
	21 to 30 Minutes	2	2.9
Referral for other services	Yes	44	62.9
	No	26	37.1

Table 4: Details of psychosocial issues reported among elderly

Table 4 shows the psychosocial issues of elderly people during COVID-19. It was found that most of the callers (74.28%) reported COVID-specific worries. 45.71% reported low mood, 30% reported anxiety, 18.57% reported irritability, and 35.71% callers reported more than three issues.

Table 5: Details of the major psychosocial interventions provided to the callers

Table 5 shows that most callers 59 (84.24%) were provided with supportive psychotherapy, 51 callers (72.58%) were helped with COVID-19-related information, 44 callers (62.9%) were referred to various organizations including NGOs and agencies, 29 callers (41.42%) were educated on lifestyle modifications, and 25 callers (35.71%) were taught behavioural activation.

Discussion

It was found from the study that the majority (82.9%) of callers were male who called at the helpline to seek help for their psychosocial issues during the pandemic. This indicates a huge gender difference in relation to help-seeking behaviour of men and women with more men having approached the helpline. One of the reasons for this would be that men seek help from professionals, whereas women share their problems and difficulties with their immediate social networks such as family members, friends, neighbours, and relatives. This behaviour is commonly seen in Indian society.

The current study found that most of the callers (68.6%) who sought psychosocial help from the national helpline were from an urban background. This implies that digital illiteracy, poverty, and lack of telephonic services are some of the barriers for people living in rural India and remote areas to accessing to the helpline.[17] This indicates that elderly persons living in rural and remote areas are unable to seek mental health services and other facilities during an emergency like the COVID-19 pandemic because of lack of technical facilities and awareness. There has been difference between rural and urban communities in terms of heath care facilities, education, digital literacy, transportation, and basic facilities with people living in rural areas not getting these services adequately. This makes them more vulnerable to psychosocial issues and mental health problems during disasters. However, it should also be noted that the use of technology is rapidly increasing in rural areas as well.

38.6% of callers reporting the preexisting mental illnesses means that the elderly who have the preexisting mental illnesses become more vulnerable and experience more psychosocial issues during a pandemic like COVID-19. It is also possible that such individuals would develop the tendency of seeking the government helpline services, which is freely available and there is no social stigma.

It is evident from Tables 2 and 3 that the elderly population had faced difficulties during the lockdown and experienced several mental health and psychosocial concerns. This study's results show that 67% of callers had faced health problems (medical and psychiatric). Further, it was found that worry (78.3%), (45.7%), and anxiety (30%) were the commonly reported psychological reactions of the participants. Similar results were found in a study that reported 42% of elderly people's health condition worsened during the lockdown.[18] Such emotional and cognitive changes are caused by various factors including aging itself, poor social support, financial constraints, comorbid health conditions, life events, and disasters.

The closure of nonessential medical services in a country like India has caused serious disruption in routine healthcare service.[7] This has led to an increased demand for tale-consultation and consultation by utilizing various electronic devices and applications in smart phones. In China, for example, services like We Chat and Smartphone communication were suggested to provide outreach and psychosocial counselling to patients and their families and members of the public.[19] An Indian study by Shetty *et al.*[20] (2021) showed the usefulness and effectiveness of technology-based psychosocial management of psychological problems during an emergency situation like the COVID-19

Table 3: Classification of the elderly based on preexisting mental illness

Preexisting mental illness	Frequency (*n*=70)	%
Anxiety disorders	23	33
Psychosis/schizophrenia	21	30
Depression	18	26
Dementia	5	7
Substance use disorders	3	4

Table 4: Details of psychosocial issues reported among elderly

Psychosocial issues	Frequency (*n*=70)	%
Worries*	52	74.28
Low mood	32	45.71
Anxiety	21	30.00
Irritability	13	18.57
Isolation/withdrawal	10	14.28
Aggression	9	12.85
More than three issues	25	35.71

*Worries are mainly related to basic needs like food, medical services, COVID-19, and lockdown

Table 5: Details of the major psychosocial interventions provided

Type of psychosocial interventions	Frequency (*n*=70)	%
Supportive psychotherapy	59	84.28
COVID-19 information	51	72.58
Referral to other agencies/outside services	44	62.9
Lifestyle modification	29	41.42
Behavioural activation	25	35.71

pandemic. This highlights that there is a need to use the modern technology for reaching out to all people during disasters, especially elderly persons whose distress, worries, and anxiety must be addressed at the earliest. Otherwise, they will become more vulnerable to mental health problems such as depression, PTSD, and anxiety spectrum disorders in the later stage of the pandemic.

Studies have shown that the underlying comorbid conditions are caused by fear of contracting infection, secondary anxiety, and difficulty in following a daily routine in those who live alone.[21] Difficulty in availing online or telemedicine services owing to an inability to access smart phones or computers has created a disruption in their routine healthcare check-up.[22]

Thirty-three percent of the callers in this study reported anxiety and 26% of them had depression. Similar results were found in a survey conducted in China with 1556 elderly, in which 37.1% experienced depression and anxiety during COVID-19.[23]

The COVID-19 pandemic has become severe stress for people around the entire world. The pandemic has brought a wide range of deleterious effects, e.g. shutdown of public transport, schools, colleges, curfews, and lockdowns. During the lockdown, the borders between states were closed, all public transport and private vehicles were prohibited, and school and colleges were shut down except certain essential and emergency services like hospitals. This has led to increased stress among people, especially in vulnerable groups like children, the elderly, and persons with disability.

Limitations

Because of language barriers, the researchers could not consider helpline calls for the study other than Kannada, English, Hindi, and Telugu language calls. Since it is service-based research study from the recorded helpline data, the researcher could not collect all the information about the study participants' background such as occupation, education, domicile, and marital status. Another limitation of the study is that the researchers did not study the elderly population based on their COVID-19 status but only their reactions during the pandemic.

Conclusion

The key findings of the study show that due to the lockdown, a significant proportion of the elderly population has faced psychosocial and mental health-related concerns such as anxiety, worries, insomnia, low mood, aggression, irritability, and depression. To address the health-related concerns in this group, the Ministry of Health and Family Welfare, Government of India, has adopted multiple strategies including the inception of telephonic services with an IVRS (Interactive Voice Response System)-based national helpline. It was found from the study that telephonic interventions were feasible, accessible, and helpful methods to reach out to aged persons, as a possible way forward. The results of this study support expanding such tele-outreach services widely, along with regular monitoring and feedback, to ensure preparedness in response to such pandemics in the future.

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Conflicts of interest

There are no conflicts of interest.

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