

LETTER TO THE EDITOR

## Defending community living for frail older people during the COVID-19 pandemic

Dear Editor

Ageing is inevitably linked with losing abilities, which makes community living difficult. We are developing a realistic method to build an inclusive community for frail older people in a large housing complex district in Tokyo, in which many socially isolated older people live by themselves.<sup>1, 2</sup> However, the COVID-19 pandemic has cast a shadow on our research.

When the state of emergency was declared, we decided to implement telephone support in the study area. Two public health nurses who had worked as community space staff started telephone outreach for 89 older people who were living with cognitive impairment, who have participated in our longitudinal research.<sup>3</sup> The public health nurses also conducted brief psychotherapy, which was backed-up by psychiatrists. The study protocol was approved by the Ethics Committee of the Tokyo Metropolitan Institute of Gerontology.

Here we would like to illustrate three fictitious cases that emerged from our activities.

First, anxiety about COVID-19 infection. When Mr. A tried to go outside, he began to feel a strange headache before he had gone several steps, and could not help believing that he had been infected with COVID-19. When Mr. A consulted the home doctor, he was advised to visit the general hospital to see a psychiatrist. However, he was afraid to go to the hospital because of the risk of infection. Mr. A was angry at his family because they were still working outside. Mr. A declared that he would move out of his house and live alone. As the brief psychotherapy session proceeded, his fear gradually disappeared.

Second, the fragility of community living. Mr. B, who was living alone, had been advised to move to a geriatric institution by his children. However, he was confident that he could live without any help, and rejected his children's suggestion as well as help from the regional comprehensive support centre. When we telephoned, he had completely lost his confidence. He repeatedly asked about how to move to the geriatric



institution. We consulted with the regional comprehensive support centre staff with whom we had worked. Mr. B's change was detected early and appropriate support was provided, meaning he was able to continue living independently.

Third, grief during the COVID-19 pandemic. Ms. D suddenly died of a stroke during the pandemic. When we telephoned her house, her son was very confused. He could not hold a funeral because of the pandemic. He repeatedly asked for our centre to be re-opened so that he could talk with those who knew his loved one.

Although we must follow social distancing guidelines, it is crucial to maintain social connections with older persons to reduce social isolation.<sup>4</sup> In addition, in difficult times like this, frail older people are at risk for social exclusion.<sup>5</sup> Geriatric psychiatrists should defend community living as a basic human-right for frail older people, as well as preventing social isolation.

### DISCLOSURE

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