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## **The Psychological Fallout of the Pandemic on Older Adults**

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The pandemic has created, and revealed, vast psychological needs in our society, for people of all ages including older adults.

To the surprise of some, older adults are somewhat less likely to be experiencing emotional distress than young adults. The surprise, I think, reflects ageist perceptions that older adults by and large are frail and in need of help to manage day-to-day and that they are particularly vulnerable during disasters of any kind.

But, in fact, most older adults are not disabled and in need of day-to-day help. Most are active and involved; and even though they are more likely to have chronic physical health conditions, older adults are less likely than younger adults to have diagnosable mental or substance use disorders. In addition, most have weathered difficult life experiences and have developed coping skills that only come with age. Research on older adults during disasters indicates that many of them are sources of strength and support to their families and communities in difficult times.

Nevertheless, during this pandemic, older adults face troublesome issues that are different than those faced by younger people and that can worsen their emotional distress.

For example, their risk of developing serious illness and of death due to COVID-19 is the highest of any age group. The highest risk, of course, is for those older adults who are disabled and in need of daily assistance—particularly for those in nursing homes and assisted living facilities. But the risk is also high for older adults with chronic health conditions even if they do not need day-to-day assistance. The risk of premature death due to COVID-19 probably heightens fears related to mortality and may disrupt the process of coming to terms with mortality which is a critical element of successful aging.

In addition, social isolation is a significant threat. Because they are more likely to live alone (by 85, about half do), older adults sheltering in place are more likely to suffer from profound loneliness, particularly if they do not have --or cannot use-- advanced tele-communications. Social isolation is also a great threat to those who are living in long-term care facilities. Infection control measures often result in lock downs; during them, residents must remain in their rooms, often without access even to telephones. Contact with family and friends is cut off, which can be a great loss.

Other issues that affect the emotional well-being of older adults include:

- Problems accessing food
- Limited availability of needed in-home supports
- More limited access to health care because due to difficulties using telehealth
- Increased risk of inactivity and boredom, including loss of paid and volunteer work and of access to houses of worship and senior centers
- More limited contact with family, especially grandchildren
- Increased stress on those grandparents who take care of grandchildren
- Increased tension in the home and consequent elder abuse
- Increased stress for caregivers
- Triggered memories of traumatic experiences they may have suffered many years ago, including racist experiences prior to the passage of the Civil Rights Act
- Loss of access to spiritual support, which is especially troubling in times of grief
- Dying alone in hospitals with restricted access, which is terribly emotionally painful both to the people who are dying and to their family and friends.

Obviously, these issues contribute to a broad range of emotional difficulties including fear for oneself or people cared about, profound sadness, hopelessness, lost sense of control, grief, and more. For some people, emotional distress reflects exacerbation of pre-existing, or the development

of new, diagnosable disorders. For others the conditions are less severe or long-lasting but are nevertheless personally distressing and disruptive.

In short, the psychological needs of older adults during the pandemic are a significant clinical challenge.

They are also significant public policy challenges.

Access to physical and behavioral health care during the pandemic has depended on emergency legal and regulatory provisions to pay for tele-health. Retaining these on a permanent basis will be a major advocacy challenge in the coming year.

There is also a need to address limitations of tele-health, including lack of internet access in some areas, lack of affordable equipment for some people, and—particularly for some older adults—inability to use the technology.

In addition, the pandemic has revealed longstanding faults in America's long-term care system, notably in nursing homes and assisted living facilities but also in adult medical day care and home health services. Extensive long-term care reform is long overdue.

The impact of social isolation, economic hardship, trauma, racism, etc. on mental health has become clearer during the pandemic. It has been known for a very long time that these kinds of social determinants of poor physical and behavioral health need to be addressed, but far too little has been done.

The pandemic has also highlighted inadequate planning to meet behavioral health needs, especially of older adults. We are now nearly a decade into the "elder boom" that will double the population of older adults and make them a larger portion of the population than children under 18. We still have not prepared to meet the geriatric behavioral health challenges that are unfolding.

We need to develop a comprehensive, data-based, multi-year behavioral health plan for older adults.

Now.