How Does The Pandemic Affect Older Adults Mental Health?

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ABSTRACT

The COVID-19 is a global pandemic declared as a result of the spread of a novel coronavirus having emerged in Wuhan, China in December 2019. While the restrictive and protective measures have helped minimize the adverse effects of the pandemic threatening the physical health of societies, they have brought destructive impacts on mental health. Undoubtedly, every segment of the society has been affected by the pandemic, and the elderly, who are in the high-risk group, are the most vulnerable group against the virus due to the epidemiology of the virus and the characteristics of their life-period. Understanding their loneliness, anxiety of being sick, and fear of death, introduced by social isolation measures, and producing policies strengthening their mental health are as important and vital as protecting their physical health. This study aimed to examine the impact of the COVID-19 pandemic on older adult mental health in the light of the relevant literature and current data and offer viable, community-based social work intervention recommendations by evaluating these effects from a social work perspective.

Keywords: Pandemic, Mental Health, Older Adult Mental Health, Social Work.

Pandemi Yaşlı Bireylerin Ruh Sağlığını Nasıl Etkiler?

ÖZET

Covid 19 pandemisi, 2019 yılının Aralık ayında Çin’in Wuhan kentinde ortaya çıkan yeni bir tür koronavirüsü tüm dünyaya yayılması neticesinde ilan edilmiş bir küresel salgandır. Fiziksel sağlığı tehdit eden pandeminin olumsuz etkilerini minimize etmek amacıyla alınan kısıtlayıcı
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ve koruyucu tedbirler toplumun fiziksel sağlığını korumaya yardımcı olurken ruh sağlığı anlamında yıkıcı etkileri beraberinde getirmiştir. Pandemi sürecinden toplumun şüphesiz her kesimi etkilenmiş olup yüksek riskli grupta yer alan yaşlılar, virüsün epidemiyolojisi gereği ve içinde bulundukları yaşam dönemi özellikleri gereği virüse karşı en savunmasız grubu oluşturmaktadır. Yaşlı bireylerin bu süreçte deneyimledikleri sosyal izolasyon ile beraber gelen yalnızlaşmayı, hasta olma kaygısını, ölüm korkusu anlamak ve yaşlıların ruh sağlığını güçlendirmek, en az yaşlı bireylerin fiziksel sağlığını korumak kadar önemli ve yaşamsaldır. Bu çalışmanın amacı; literatür ve güncel veriler ışığında, Covid 19 pandemisinin yaşlı bireylerin ruh sağlığı üzerindeki etkisini incelemek ve sosyal hizmet perspektiften bu etkileri değerlendirme ve uygulanabilir, toplum temelli sosyal hizmet müdahale önerileri sunmaktadır.

Anahtar kelimeler: Pandemi, Ruh Sağlığı, Yaşlı Ruh Sağlığı, Sosyal Hizmet.

1. INTRODUCTION

COVID-19 is a global pandemic that affects many life domains, especially economy, politics, health, and education, similar to those the world experienced in the past, such as MERS, Spanish flu, and plague. It is known that the COVID-19 primarily affects older adults due to the decline in their immune and defense systems with advanced age and chronic diseases occurring with old age. Also, the mortality rates are high in this group. In this context, many countries have taken a series of measures to protect older adults as the first step in their anti-virus strategies. Yet, these measures have adversely affected their mental health while protecting their physical health. In this context, many professional groups are conducting studies to minimize the adverse effects of the pandemic on and protect individuals’ mental health. The social work discipline, in coordination with other professional groups and in the light of professional knowledge, skills, and values, does several interventions to keep and improve the mental health of disadvantaged groups and every segment of society in need. The present study aimed to examine the impacts of the pandemic on older adult mental health, analyze the problems and needs of older adults during this process from a social service perspective, and provide practical, community-based social service intervention recommendations to address these issues.
2. CONCEPTUAL FRAMEWORK

Before examining the effects of the pandemic on older adult mental health, we defined the concepts of COVID-19 pandemic, old age, mental health, older adult mental health, and social work intervention.

The concept of a pandemic is generally defined as “an epidemic that goes beyond international borders, occurs in a very wide area, and generally affects a large number of people” (Porta, 2014). The World Health Organization (WHO) has defined coronavirus disease as an infectious disease caused by a newly discovered coronavirus, abbreviated as COVID-19. In December 2019, a number of cases of pneumonia of unknown origin were reported in Wuhan, China. The WHO called the virus, causing this viral infection reported by the Chinese government, COVID-19 (Yang et al., 2020). On March 11, 2020, the WHO declared COVID-19 as a pandemic.

The literature offers different perspectives and points for the concept of old age. Some of the definitions emphasize the physiological aspect of old age with the concept of aging, while others address this concept by highlighting its social and psychological aspects within the framework of developmental periods. Aristotle points out that “disease is premature aging, and old age is a natural disease” (Ersanlı & Kalkan, 2008). According to Kuhn, old age is not a disease but a victory against all kinds of changes, disappointments, troubles, and diseases (Knight et al., 2006). Overall, old age can be defined as a life period in which age reaches a certain level, physical activity slows down, sensory organs are not as functional as before, skin becomes thinner with wrinkles, and there is no spiritual and psychological energy as in previous periods (Say Şahin, 2020a). Although there are different classifications regarding old age, those aged 65 years and over are considered to be elderly, and those aged 85 years and over are considered to be very old, according to the classification made by the WHO (Beğer & Yavuzer, 2012).

Mental health, which is the pillar of the concept of health defined as physical, mental, and social well-being by the WHO in 1947, is seen as the general happiness of individuals (Somunoğlu, 1999). Many factors affect mental health: hereditary characteristics, past life experiences, personality traits, coping strategies and own resources, and socio-cultural environment (Sheafor & Horejsi, 2016). Considering these factors, it is evident that individuals should make multi-faceted efforts to protect their mental health.
Many individuals see aging as the loss of independence because they are not self-sufficient anymore. The inability to accept the changing roles in society, the difficulty in understanding new realities, and the inability to fulfill some developmental tasks in this process prevent the adaptation to the aging process, which adversely affects older adult mental health (Karancı et al., 2014). Mental health and physical health are two basic components of general health, which are almost complementary to each other. Therefore, mental health has an impact on the physical health of older adults. At this point, it is crucial to maintain and improve mental health for older adults who are in the risk group for many diseases.

Many disciplines work in the field of protection and improvement of mental health. One of these disciplines, social work, uses social work interventions by combining professional knowledge with practice. Within social work, specialist efforts are called intervention to help make the planned change happen in clients. Social work interventions are designed to change some specific situations, behavior patterns, or chains of events to make the social functionality and happiness of clients more positive (Ekici, 2020).

3. OLDER ADULTS DURING THE PANDEMIC

According to the 2019 data of the Turkish Statistical Institute, there were 7,550,727 individuals aged 65 years and over in our country. Considering the proportion of the older adult population, 9.1% of the general population consisted of older adults. In the pandemic, it is possible to state that the older adult population affected by the adverse consequences of the pandemic corresponds to one-tenth of the society, which cannot be underestimated.

Covid-19 has created a complex and constantly changing situation in the world. In addition to the fear that people will lose themselves or their relatives, the fear of not being able to reach health institutions, the fear of food shortages, the fear of being infected at any time (Biçer et al., 2020, p.217) or the fear of infecting someone else, the fear of being unemployed causes stress. Such thoughts threaten people's physical health and lives, increase their stress levels, and trigger a wide variety of psychological problems such as anxiety and depression (Harper et al., 2020; Pakpour & Griffiths, 2020). Although individuals of all age groups face the risk of contracting COVID-19, older adults face a much more serious risk of contracting this disease due to their chronic and other underlying diseases, which are a natural consequence of aging. According to the data in the first situation report published by the Ministry of Health on 06.30.2020, 11.01% of the reported cases consisted of individuals aged 65 and over as of that date. Considering the distribution of the number of cases in 100,000 people, the report
indicated that 3,319 out of 100,000 people tested positive viruses and that 1,261 of these people were individuals aged 65 and over. The mortality rates, according to another data in the same report, revealed that the highest mortality rate belonged to the group of 80 years and over with 26.94%. This group was followed by individuals in the 65-79 age group with a mortality rate of 13.00% (Republic of Turkey Ministry of Health, 2020).

The pandemic has brought along uncertainties, followed by adaptation problems related to these uncertainties. Concerns arising from the uncertainty of the pandemic process adversely affect the mental health older adults and isolate older adults (Van Tilburk et al., 2021). Older adults, who are in the high-risk group in terms of viral infection caused by the virus, also have had to be isolated from social life due to the measures taken to protect their health. It is well-proven that social isolation increases the risk of cardiovascular, neurocognitive, and mental health problems for older adults (Laverty et al., 2018; Tufan & Durak, 2018; Armitage & Nellums, 2020). During the pandemic process, meeting with people around less - or never - than in the past or decrease in such opportunities has brought about loneliness. This process has not only affected older adults adversely but also increased the anxiety level of their relatives (Tekindal et al., 2020). The anxiety of contracting the virus, which has been a major threat to older adults, and the limitation of coping resources due to mandatory social isolation have put them at risk of increasing physiological problems (Say Şahin, 2020b). Restriction of older adults’ access to support services in the Covid-19 pandemic has exacerbated the behavioral and psychological symptoms of individuals with dementia (Chong et al., 2020). Likewise, the increase in physiological health problems with testing positive has adversely affected their psychological health by elevating their anxiety about the fear of death.

4. MEASURES FOR OLDER ADULTS

As in the rest of the world, relevant bodies in Turkey have made an intense effort to protect and minimize the effect of the pandemic on older adults’ health through some protective measures (Kaya, 2020). In this context, precautions and measures affecting older adults directly or indirectly are listed below in chronological order:

- The circular issued by the Ministry of Interior (MI) on March 13, 2020 enforced the cessation of Turkish citizens’ travels to Germany, Spain, France, Austria, Norway, Denmark, Sweden, Belgium, and the Netherlands.
• The Circular on Coronavirus Measures issued by the MI on March 15, 2020, announced to cease the activities of those defined as public recreation and entertainment places (Balç & Çetin, 2020).
• With the circular of the MI dated March 16, 2020, it was decided to cease the activities of centers, such as cinemas, theaters, wedding halls, swimming pools, Turkish baths, saunas, cafes, coffee houses, game halls, and to postpone the meetings and activities of non-governmental organizations (Balç & Çetin, 2020).
• On March 19, 2020, it was announced that matches in football, volleyball, basketball, and handball leagues were suspended (Balç & Çetin, 2020).
• All hospitals were declared pandemic hospitals with a letter sent by the Ministry of Health to the Provincial Health Directorates of 81 cities on March 20, 2020.
• On March 21, 2020, the MI Circular on the Curfew for Persons with Chronic Illnesses and Those Aged 65 Years and Over, the persons included in the specified group were prohibited from leaving their residences, traveling using public transportation, and walking around the parks and open areas as of March 21, 24:00 (Balç & Çetin, 2020).
• Within the scope of the MI circular dated April 3, 2020, entrances to and exits from 30 metropolitan cities and Zonguldak were suspended for 15 days (Gündüz, 2020).
• With the letter sent by the MI to 81 Provincial Governorships on May 6, 2020, it was decided that people aged 65 and over could go out with a mask between 11:00 and 15:00 on Sundays, complying with the social distance rules and limited to walking distance.
• The Circular on Coronavirus-New Measures issued by the MI dated November 18, 2020 allowed citizens aged 65 and over to be able to go out only between 10:00 and 13:00.
• The Circular on New Restrictions and Measures issued by the MI dated December 1, 2020 restricted citizens aged 65 and over to use public transportation in the city during the hours being free to go out (10:00-13:00).

5. PSYCHOSOCIAL PROJECTION OF THE PANDEMIC ON OLDER ADULTS

While the whole world has been affected by the pandemic, the most vulnerable group in the face of this process has been older adults. Although social isolation has been a key measure in the pandemic in reducing disease transmission and protecting physical health, it has adversely affected the mental and psychological health of older adults by restricting their social
life and interaction with the environment. At the same time, social isolation has indirectly led to adverse effects on the physical health of older adults due to causing a substantial drop in their physical activities.

Physical isolation, one of the measures taken, has directly interrupted the social connections of older adults while protecting their physiological health. Such a measure has provided substantial protection against the virus, but it has made older adults vulnerable to a series of other problems. This contradiction is called the COVID-19 Social Connectivity Paradox in the literature (Smith et al., 2020). To clarify it, the paradox refers to that as the increased physical interaction of older adults with other people both elevates the risk of testing positive and protection against social isolation. On the contrary, decreased physical interaction level increases protection against the risk of testing positive but makes older adults vulnerable to social isolation and the corresponding problems.

Protecting older adults from being excluded and isolated from society due to the perception created in the media and the measures taken is as vital and important as protecting them from COVID-19 (Erdoğdu et al., 2020; Yasin, 2020). It should not be overlooked that psychological health is as essential as physiological health. Protecting the well-being of older adults is also a must to maintain social well-being throughout the pandemic. It will be an excellent gain for both older adults and their families, their environment, and our country if they go through the pandemic in a healthy, vigorous, and happy.

6. SOCIAL WORK INTERVENTIONS TO REINFORCE OLDER ADULT MENTAL HEALTH DURING THE PANDEMIC

The pandemic has brought robust changes to our “normal” habits. After the pandemic, our country and the world expect a process called “new normal” in which our “normal” habits are transformed (Sertdemir, 2020). For older adults’ mental, physiological, and biological health, it is undoubtedly critical to be able to go through the pandemic healthily and adapt to the changes brought along by the process.

In terms of combating a global pandemic psychologically, the coping mechanisms and problem-solving methods of older adults, who have been subjected to many restrictions, have lost their functionalities and remained insufficient in this process. Therefore, it has been necessary to apply new coping methods that will solve the challenging problems and satisfy the needs (Aykut & Soner Aykut, 2020; Yıldırım, 2016; Robert, 2005). In this framework, we
exemplified micro-, mezzo-, and macro-level practices and implementations oriented to strengthening older adults and the whole society.

6.1. Micro-Level Practices

Micro-level practices in social work interventions refer to the practices at the individual level. During the pandemic, older adults have been compelled to a lifestyle characterized by social distancing and restrictions in areas outside the home (Hwang et al., 2020). Thus, the pandemic has mandated the practices for individuals to be carried out remotely. Services in the form of psychosocial support practices have been performed under the coordination of the Ministry of Family, Labor, and Social Services and in cooperation with the Ministry of Health and the Ministry of National Education. In this context, psychosocial support lines have been engaged in 81 cities, and mental health professionals have provided psychosocial support services to individuals. The psychosocial support services have aimed to protect the mental health of individuals and maintain their social well-being during the pandemic. In the remote interviews, it has been emphasized that the feelings experienced by people about the pandemic, such as anxiety, hopelessness, and helplessness, are normal and temporary. Individuals have also been informed and supported about ways of protection from coronavirus, following accurate and reliable information sources, maintaining their daily routines at home, and discovering new home activities. The experts have identified people’s needs, which is one of the steps of psychosocial support, and recommended individuals to contact relevant units and Vefa Social Support groups, especially in identifying and meeting the needs of older adults who have been subjected to curfew in this process. The pandemic has led the scope of telehealth services to expand and made their use widespread. Social workers have exerted pretty much effort to provide the necessary equipment for older adults in need to access such services and taken an active role in teaching people how to use these platforms (Cassata, 2020).

6.2. Mezzo-Level Practices

Mezzo-level practices include interventions for groups. The close proximity, which is seen as a factor that increases the likelihood of transmission, has made it difficult or even not possible to carry out the mezzo-level practices. However, the experts can perform mezzo-level practices with individuals who have to be in the same environment. Groups, such as older adults staying in the nursing home and healthcare workers, can be engaged in the open-air practices, provided that social distance, hygiene, and mask rules are complied with. Such group works serve as a source of support and mutual assistance among individuals experiencing similar
feelings during the pandemic. Conducting online group works with individuals who have access to technology eliminates the risk of the spread of coronavirus. It also ensures the functional management of the group works and offers the group members the opportunity to share their experiences through participation. Helping address the social and societal problems of young and old generations in the pandemic, preparation of guiding materials to increase intergenerational solidarity, and planning of interventions where the two groups coexist are among the mezzo-level social work interventions (Generations United, n.d.).

6.3. Macro-Level Practices

Macro-level practices are defined as a set of approaches that focus on understanding individuals as part of a community and enhancing the community’s capacity to address the social, economic, or political challenges faced by its members (Teater, 2015). Individuals need to be appropriately informed about the pandemic. Social workers’ disseminating information through their educational role positively affects one’s psychological resilience and well-being (Amadasun, 2020). This intervention, which can be called community education, can be realized by informing society by using mass media rather than bringing individuals together. As a matter of fact, the necessity of using mass media has emerged at all levels of social work interventions, including supporting older adults, raising awareness about their difficulties, and participating in decision-making mechanisms in social protection programs (Omorogiuwa, 2020). Another important issue coming to light in the pandemic is age discrimination. Relevant bodies may organize training for social workers on age discrimination attitudes and combating such attitudes within macro-level intervention programs (Berg-Weger & Schroepfer, 2020). It is another branch of macro-level practice to perform community-based research for understanding the concerns and expectations of older adults during the pandemic, identifying their needs, determining the community resources to meet these needs, and analyzing the distribution of community resources. Older adults cannot be conceived of as a homogenous group since they differ by financial, social, individual, physical, and cognitive aspects. Therefore, identifying such individuals with limited access to resources during the pandemic can be counted among gerontological social work practices (Seifert, 2021). Materials, such as “Informational Video Series in American Sign Language for COVID-19”, “Vaccination Guide for Older Adults,” “What Older Adults Should Know About COVID-19,” published by the National Association of Social Workers, can be given as some examples to macro-level gerontological social work interventions. Community-based works also include conveying the data obtained to policymakers to meet the identified needs and contributing to the formation of
effective policies. Community projects, which play an important role in meeting the needs, stand out among the macro-level practices in this process. The interaction opportunities of older individuals, who used to participate in physical exercise activities offered by different institutions and interact with their environment before the pandemic, have significantly been limited due to the pandemic. However, performing even mild physical activity during the Covid-19 pandemic helps to alleviate the negative effects of the pandemic on the mental health of isolated elderly individuals (Callow et al., 2020). In this context, relevant bodies should develop projects for older adults, who do not have internet access and cannot participate in remote physical sports and exercise activities, to ensure they access the technological devices and internet, use them actively, and become active again in social life where they have to be isolated. During the pandemic, one of the macro-level gerontological social work practices is social campaigns. In this scope, social campaigns are organized to introduce online applications where volunteers and older adults can meet virtually or encourage people to write letters or send cards to older adults (Swinford et al., 2020).

7. CONCLUSION

The COVID-19 pandemic not only poses a major threat to the physical health of society but also has short- and long-term undesirable consequences in terms of mental health. Although social distance and social isolation are prime interventions in inhibiting the progress and destructive effects of the pandemic, they cause worrying damages, especially triggering the increasing mental problems with aging. Determining the effects of the pandemic on older adults is the first step to be taken to contribute to the solution of the problems. Considering the shortcomings in the literature, it is deemed noteworthy to reveal older adults’ feelings and the underlying factors of their anxiety during the pandemic.

Our country, which carries out policies aimed at providing its citizens with dignified living conditions and increasing social well-being, also produces policies for the inclusion of disadvantaged groups into society and social isolation against the disease. Today, it has become more critical than ever to deliver innovative and effective policies to mitigate the effects of social isolation and protect older adult mental health.

In the COVID-19 pandemic that has increased the emphasis on gerontological social work, social workers and other public servants working directly with older adults should be supported with in-service training at the micro level regarding the flawless provision of psychological first aid and psycho-social support to older adults. In addition, group works can
be initiated at the mezzo level to increase the well-being of older adults and their relatives and reinforce the intervention skills of professional staff. At the macro level, campaigns and community training can be organized to elevate social awareness to prevent age discrimination and stigma. Besides, another important element of gerontological social work in the pandemic may be the conduct of research and development on how to perform social work interventions remotely at all levels, including individual, group, and society.

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CONFLICT STATEMENT

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

REFERENCES / KAYNAKLAR

Amadasun, S. (2020). Social work and COVID-19 pandemic: An action call. International Social Work, 63(6), 753-756. doi: 10.1177/0020872820959357

Armitage, R., & Nellums, L. B. (2020). Covid 19 and the consequences of isolating the elderly. The Lancet Public Health, 5(5), e256. doi: 10.1016/S2468-2667(20)30061-X

Aykut, S., & Aykut Soner, S. (2020). Kovid-19 pandemisi ve travma sonrası stres bozukluğu temelinde sosyal hizmetin önemi. Toplumsal Politika Dergisi, 1(1), 56-66.

Balcı, Y., & Çetin, G. (2020). Covid-19 pandemi sürecinin Türkiye’de istihdama etkileri ve kamu açıından alınması gereken tedbirler. İstanbul Ticaret Üniversitesi Sosyal Bilimler Dergisi, 19(37), 40-58.

Beğer, T., & Yavuzer, H. (2012). Yaşlılık ve yaşılık epidemiyolojisi. Klinik Gelişim Dergisi, 25(3), 1-3.

Berg-Weger, M., & Schroepfer, T. (2020). COVID-19 Pandemic: Workforce implications for gerontological social work. Journal of Gerontological Social Work, 1-6. doi:10.1080/01634372.2020.1772934
Kutlu Dönmez, Ö. & Say Şahin, D.

Biçer, İ., Çakmak, C., Demir, H., & Kurt, M. E. (2020). Koronavirüs anksiyeti ölçeği kısa formu: Türkçe geçerlik ve güvenirlik çalışması. Anadolu Kliniği Tip Bilimleri Dergisi, 25, 216-225. doi: 10.21673/anadoluklin.731092

Callow, D. D., Arnold-Nedimala, N. A., Jordan, L. S., Pena, G. S., Won, J., Woodard, J. L., & Smith, J. C. (2020). The mental health benefits of physical activity in older adults survive the COVID-19 pandemic. The American Journal of Geriatric Psychiatry, 28(10), 1046-1057. doi: 10.1016/j.jagp.2020.06.024

Cassata, C. (2020). Why a virtual visit to the doctor may be the safest, most affordable option. https://www.healthline.com/health-news/telehealth-and-covid-19

Chong, T. W. H., Curran, E., Ames, D., Lautenschlager, N. T. & Castle, D. J. (2020). Mental health of older adults during the COVID-19 pandemic: Lessons from history to guide our future. International Psychogeriatrics, 32(10), 1249-1250. doi: 10.1017/S1041610220001003

Ekici, E. (2020). Covid 19 pandemi sürecinde yaşlı bireylerin bakım yönetimi. Haliç Üniversitesi Sağlık Bilimleri Dergisi, 3(3), 145-152.

Erdoğdu, Y., Koçoğlu, F., & Sevim, C. (2020). Covid 19 pandemisi sürecinde anksiyete ile umutsuzluk düzeylerinin psikososyal ve demografik değişkenlere göre incelenmesi. Klinik Psikiyatri Dergisi, 23(1), 24-37.

Ersanlı, K., & Kalkan, M. (2008). Psikolojik, sosyal ve bedensel açıdan yaşlılık. Ankara: Pegem Akademi.

Ekici, E. (2020). Covid 19 pandemi sürecinde yaşlı bireylerin bakım yönetimi. Haliç Üniversitesi Sağlık Bilimleri Dergisi, 3(3), 145-152.

Harper, C. A., Satchell, L. P., Fido, D., & Latzman, R. D. (2020). Functional fear predicts public health compliance in the COVID19 pandemic. International Journal of Mental Health Addiction, 1-14. doi: 10.1007/s11469-020-00281-5

Hwang, T. J., Rabheru, C., Peisah, W., Reichman, & İkeda, M. (2020). Loneliness and social isolation during the COVID 19 pandemic. International Psychogeriatrics, 32(10), 1217-1220. doi: 10.1017 /S1041610220000988

Karancı, A. N., Gençöz, F., & Bozo, Ö. (2014). Psikolojik sağlığımızı nasıl koruruz? Yetişkinlik ve yaşılık. Ankara: Odtü Yayıncılık.

Kaya, M. (2020). Koronavirüs salgınıda yaşlılar nasıl hedef haline geldi? Seta Perspektif Dergisi, 4, 1-5.

Knight, B. G., Kaskie, B., Shurgot, G. R., & Dave, J. (2006). Improving the mental health of older adults. In E.J. Birren, K.W. Schaie, R.P. Abeles, M. Gatz, & T. A. Salthouse (Eds.), Handbook of the psychology of aging (pp. 407-497). London: Elsevier Academic Press.

Laverty, A. A., Webb, E., Vamos, E., & Millett, C. (2018). Associations of increase in public transport use with physical activity and a disposity in older adults. International Journal of Behavioral Nutrition and Physical Activity, 15(1), 31-41. doi:10.1186/s12966-018-0660-x

National Association of Social Workers (NASW). n.d. Helping people in special populations during the coronavirus pandemic. https://www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus/Helping-People-in-Special-Populations

Omorogiuwa, T. B. (2020). COVID-19 and older adults in Africa: Social workers’ utilization of mass media in enforcing policy change. International Social Work, 63(5), 646-650. doi: 10.1177/0020872820941748

Pakpour, A., & Griffiths, M. D. (2020). The fear of COVID-19 and its role in preventive behaviors. Journal of Concurrent Disorders, 2(1), 58-63.

Porta, M. (2014). A dictionary of epidemiology. New York: Oxford University Press.
Robert, A. R. (2005). Crisis intervention handbook assessment, treatment and research. New York: Oxford University Press.

Republic of Turkey Ministry of Health. (2020). Covid 19 Durum Raporu Türkiye-30.06.2020, https://covid19.saglik.gov.tr/Eklenti/37853/0/covid-19-gunluk-durum-raporu---30062020pdf.pdf?_tag1=6DD4F9026A4F55F2038054A34B653C36FA0189AB

Say Şahin, D. (2020a). Yaşlilik sosyolojisi. Bursa: Ekin Yayınları.

Say Şahin, D. (2020b). Etik yönergeler ile yaşlılık ve yaşlanma. Bursa: Ekin Yayınları.

Seinfert, A. (2021). Older adults during the COVID-19 pandemic-forgetten and stigmatized? International Social Work, 64(2), 275-278. doi:10.1177/0020872820969779

Sertdemir, A. (2020). Türkiye’nin koronavirüste mücadele performansı üzerine bir değerlendirme. Nazilli İktisadi ve İdari Bilimler Fakültesi Dergisi, I(1), 15-26.

Sheafor, W. B., & Horejsi, C. J. (2016). Sosyal hizmet uygulaması temel teknikler ve ilkeler. Ankara: Nika Yayınları.

Smith, L. M., Steinman, E. L., & Casey, E. A. (2020). Combatting social isolation among older adults in a time of physical distancing: The Covid 19 social connectivity paradox. Frontiers in Public Health, 8, 403.

Somunoğlu, Ö. (1999). Kavramsal açıdan sağlık. Hacettepe Sağlık İdaresi Dergisi, 4(1), 52-62.

Swinford, E., Galucia, N., & Morrow-Howell, N. (2020). Applying gerontological social work perspectives to the coronavirus pandemic. Journal of Gerontological Social Work, 63(6), 513-523. doi:10.1080/01634372.2020.1766628

Teater, B. (2015). Sosyal hizmet kuram ve yöntemleri. Ankara: Nika Yayınları.

Tekindal, M., Ege, A., Erım, F., & Gedik, T. E. (2020). Sosyal hizmet bakış açısından Covid 19 sürecinde yaşlı bireyler: Sorunlar, ihtiyaçlar ve öneriler. İzmir Katip Çelebi Üniversitesi Sağlık Bilimleri Fakültesi Dergisi, 5(2), 156-164.

Tufan, İ., & Durak, M. (2018). Gerontoloji: Bakım ve sağlık. Ankara: Nobel Yayınları.

Van Tilburg, T. G., Steinmetz, S., Stolte, E., van der Roest, H., & de Vries, D. H. (2021). Loneliness and mental health during the COVID-19 pandemic: A study among dutch older adults. The Journals of Gerontology: Series B, 13;76(7), e249-e255. doi: 10.1093/geront/bbaa111

Yang, J., Zheng, Y., Gou, X., Pu, K., Zhaofeng, C., Guo, Q., Ji, Rui., Wang, H., Wang, Y., & Zhou, Y. (2020). Prevalence of comorbiditiesandits effects in patients infected with SARS-CoV-2: A systematic review and meta analysis. International Journal of Infectious Diseases, 94, 91-95. doi: 10.1016/j.ijid.2020.03.017.

Yasin, Y. (2020). Covid 19 Pandemisi 6. Ay Değerlendirme Raporu: Türk Tabipler Birliği. Erişim tarihi: 20.10.2020, https://www.ttb.org.tr/kutuphane/covid19-rapor_6.pdf

Yıldırım, Ş. (2016). Sosyal hizmette krize müdahale yaklaşımının kullanımı krize müdahale. Celal Bayar Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi, 3(4), 481-486.