Mental Health Care in Older Adults During the COVID-19 Post – New Normality Transition

Objective: to analyze the available evidence and propose mental health care of older adults in the post-pandemic transition.

Development: the global crisis currently experienced due to the COVID-19 pandemic has caused the isolation of older adults. Due to distancing, the presence of psychological symptoms that affect the mental health of aged individuals has been enhanced, but the prevalence of these symptoms and their sequelae in the transition to the new normality must be considered.

Final considerations: the Tidal Model demands Nursing care in mental health, where the role of the nurse will be to promote strategies that facilitate decision-making in favor of mental health by the older adults themselves in their adaptive process.

Descriptors: Care; Nursing; Mental Health; COVID-19; Older Adult.
INTRODUCTION

The pandemic caused by the coronavirus 2 (SARS-CoV-2) severe acute respiratory syndrome has caused one of the largest global public health crises; due to its rapid spread, in January 2020 it was declared a global health emergency by the World Health Organization (WHO)(1). In various countries, action protocols with wide population outreach were initiated in order to prevent, control and quickly identify cases, where one of the main strategies was preventive social distancing, mainly applied to the population at greater risk such as immunosuppressed people, pregnant women and older adults(1).

Social distancing is a measure that reduces contagion and protects the vulnerable groups; however, it brings with it the construction of a new life context, characterized by the modification of the social and family dynamics that generate important psychological effects. According to recent publications, the population of older adults has reacted behaviorally and emotionally in the face of the pandemic, suffering a considerable reduction in their psychological well-being and high vulnerability to stress and to the development of anxiety and depression(2-3).

To these psychological repercussions caused by social confinement we must add the pre-existing physical and mental ailments: the impact has been so significant at the emotional level that they can easily become chronic; therefore, mental health care actions must be taken in this age group(3). This leads to opening a new strand to specify what the main psychological marks resulting from periods of social confinement due to quarantine are, as well as to establish the mental health changes that may come to remain or appear in older adults during their adaptation to a new post-pandemic normality, where Nursing plays a fundamental role.

The objective of this article is to analyze the available evidence and propose a Nursing approach to mental health care to help aged individuals to alleviate the psycho-emotional sequelae and favor an adequate transition to the new normality. A critical analysis of the scientific literature on the topic was carried out and the information was organized through its argumentative integration, grouping it into two emerging themes that will be described.

DEVELOPMENT

Repercussions in the mental health of the older adult after the pandemic

The health crisis has caused changes in social and family life, as well as the adoption of measures to face a highly contagious disease(4); this sudden change had to be adopted in favor of collective survival. It should be added that the preventive social isolation measures used by several countries(5) based on the WHO recommendations to prevent contagion in the most vulnerable people, including older adults(2), turn out to be exceptional.

As a consequence of this social isolation, attitudes of acceptance, denial, anger, stress, fear and euphoria have been documented, and even paranoid attitudes(6) that directly or indirectly contaminate the context of the older adults, deteriorating their mental health. These pathological manifestations are nourished by exposure to imprecise, confusing and even contradictory information, opinions by non-specialists, rumors, non-scientific approaches and unfortunate analogies, which feed confusion, mistrust and fear, as well as they instill terror(5).

The mental health crisis that the pandemic brought with it has generated an increase in the incidence of anxiety, depressive and adaptive disorders whose cognitive and
emotional symptoms require attention; that is why it is necessary to develop strategies to favor individual and community mental health\(^\text{[4]}\), with special outreach to older adults.

In order to resume the activities that were carried out in the pre-pandemic period, the transition period that requires adaptation to the economic, social, emotional and health changes\(^\text{[7]}\) has been described as “new normality”. The losses that the older adults have suffered due to the pandemic exceed those of any other age group, starting with social isolation, death of family members and friends, cessation of productive activities, limitation in freedom of movement, and the abrupt change in daily routine.

The presence of mild psychological symptoms such as insomnia, dysphoria, apathy, irritability, appetite disorders, sorrow and anxiety in older adults is known since the start of the pandemic; however, individuals with pre-existing psychosis have come to developed paranoid symptoms like delirium\(^\text{[8]}\). Adherence to social distancing meant cessation of activities that have been compensated with technologies but that, in the case of older adults, are difficult to access due to lack of knowledge, skill, material and digital tools, and even reluctance to use them.

**Importance of mental health care**

The unpredictable nature of COVID-19 threatens not only the physical health of the older adults; it also affects their mental health to a greater extent compared to other age groups\(^\text{[3]}\). Self-isolation distanced the older adults from their family, friends and contemporaries in a setting where it seems that the resumption of everyday life is not in near sight, but requires adaptation to this “new normality”. The negative effects on mental health can persist post-pandemic with a high psychological cost of illness and, therefore, deterioration in quality of life\(^\text{[9]}\).

Promoting strategies to maintain or recover mental health with scientific support is undoubtedly the path to follow; from its action scope, Nursing is responsible for raising awareness about the importance of mental health in older adults, as well as for informing about the available health services emphasizing the importance of social distancing and the use of technology to counteract its negative effects; for this reason, training for community mental health care is essential, especially in the case of those professionals who are in remote locations.

In this sense, Nursing professionals must return to the disciplinary tools that have already been successfully tested, among which is the Tidal Model in mental health recovery\(^\text{[10]}\), which addresses how Nursing can help to meet people’s mental health needs, but not offering solutions to people’s problems but facilitating the emergence of the solutions that they already have in their lives; faced with this, Nursing must act as support in the search of solutions for the recovery or maintenance of the mental health of the older adults who, for being more vulnerable to the virus, have been in social isolation for months.

According to the basic principles of the model, Nursing must act as a facilitator so that the older adults and any other person can solve their mental health needs; for this reason, it is essential to focus the older adults as agents of their capacities and capable of facing situations and solving them, directing attention to the personal and interpersonal coping resources that they have; actions as simple as relaxing, analyzing the situation from other perspectives or admitting limits can be the foundation of the real solutions.

The commitments of the tidal model allow reflecting on the need not only to focus on own imbalances such as solitude, isolation and emptiness, but on ways of learning, empathy and potentialities of the aged individuals to take care of their health and feel safe and understood when facing the different situations that surround them.

Nurses working in mental health promotion would seek to create safe communication environments, where they continue to be educators in health, but also participants in the
life stories and how those same stories become interventions for the well-being of the older adults. Despite the gradual deregulation measures established in most of the countries, isolation will prevail in the case of the older adults due to their vulnerable condition\(^\text{2}\); this isolation must be accompanied by psycho-emotional care promoting positive coping strategies such as physical exercise, praying or talking with family members and friends.

Mental health care aims to help make decisions and become a care person; nurses working in the field of mental health must be very observant and know how to listen.

**FINAL CONSIDERATIONS**

The future is uncertain; despite the progress made in the development of vaccines, older adults are in a process of adaptation to the new normality amid the lack of empathy many times associated with ageism, where uncertainty has caused the presence of various psychological symptoms that demand Nursing care.

The Nursing personnel must adopt strategies that allow supporting the mental health of older adults, especially of those who are distant from health services due to social isolation.

The tidal model allows reflecting on the need not only to focus on own imbalances such as solitude, isolation and emptiness, but also in ways of learning, empathy and potentialities of each aged individual to take care of their health, but also to feel safe and understood when facing the different situations that surround them.

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