Visualizing Elderly Mental Health during COVID through the Lens of Capabilities & Deprivation

Memo

To: PRB

From: Aloy Buragohain, Christopher Miller, Pragya Neupane

Date: October 24, 2021

Subject: The Effects of the COVID-19 Pandemic on the Mental Health Needs of Americans over 65. Years of Age

---

Executive Summary

The societal disruption caused by the COVID-19 pandemic has resulted in the wide-spread deprivation of services, including mental health care to the elderly (age 65+), who are at increased baseline risk for mental health issues, such as depression, and anxiety. We created a visualization tool ([Link to the visualization dashboard](#)) to explore indicators of unmet mental health needs in this population and based on our analysis, we recommend approaching the issue of mental health provision in the 65+ age group through the lens of capability and not merely that of utility.

Goal

It was our aim to identify any trends or patterns that might inform possible interventions that might allow policymakers to improve provision of mental health services to this population.

Methodologies

We created an interactive Tableau dashboard based on Pulse survey data that allows the user to display by state, for several dates during the course of the pandemic, the percentage of survey participants that are 65 or over in the state, the number of participants who report not taking their

prescribed mental health medication over the last four days and the number of participants who report having needed mental health counselling, but did not receive it. Additionally the user can interactively display data for an individual state for both individuals not taking prescribed mental health medication over time and the number of individuals who had unmet counselling, to allow comparison of these trends over time and between states.

Findings

Our visualization and analysis of the data revealed strikingly similar patterns across states, reflecting a relative increase in deprivation seen toward the second quarter of 2021 indicating that deprivation of both medication and mental health care services (counselling) in the elderly is a key consequence of the pandemic and the capability of individuals to access care is potentially compromised.

Context

People aged 65 and over face a multitude of factors associated with aging, including chronic conditions, comorbidities, poorer baseline health status, etc. Mental health is an important component of the overall health of the individual.The COVID-19 pandemic may have exacerbated the degree to which the mental health needs of the elderly go unmet. An early report (JAMA, 2020), 8 months into the pandemic suggested that older individuals may be more resilient to anxiety, depression and stress-related mental disorders. More recent survey data suggests that this may not be the case. The Kaiser Family Foundation reports that there was an increase in self-reported depression in the over 65 population for 11% pre-pandemic to 24% during the progression of the pandemic. Prompted by this increased perceived need for mental health care, we examined some of the dimensions of mental health care provision in the eldee provision of mental health care that might shed light on this phenomenon and suggest points of intervention to improve mental health care to this vulnerable subpopulation.

Recommendations

Based on our observation we propose that in future, policymakers frame the problem of mental health care delivery, not only in terms of utility or access, but also and more importantly in terms

of **capability**. This is especially significant because the day-to-day functioning of individuals is seriously hampered by the sudden onset of an event like a pandemic or a lockdown.

Borrowing from Amartya Sen's understanding of poverty, the citizens of the US states shown in this dataset suffer from poverty of healthcare, despite many of them being from high-income backgrounds. This is because Sen understood poverty, not as an absolute dearth of income, but as **deprivation** of capabilities, which then limits freedoms to achieve something.

Across the world, the pandemic, with its physical restrictions, has resulted in lack of freedom of mobility and also drastic decrease in resources such as neighbourhood communities. So, in order to address the deprivation discussed above, policymakers should ensure that virtual or telephonic communities like mental health counselling services are uninterrupted during the thick of a pandemic or emergency situation.

This is particularly pertinent to the elderly (65 years +) population given that their mobility and community participation is already greatly impeded by the onset of aging. In this context, the state/administration cannot afford further alienation of the huge elderly population in the United States.

(According to projections by The Urban Institute, the number of Americans ages 65 and older will more than double over the next 40 years, reaching 80 million in 2040. The number of adults ages 85 and older, the group most often needing help with basic personal care, will nearly quadruple between 2000 and 2040.)

Future Plans
During our planning and data wrangling phase, we identified several potentially informative indicators of unmet need for mental health services in the elderly , but because of time and resource constraints were unable to include them in the dashboard. This data visualization model

can further incorporate intersectional data points of older age, gender, and race/ethnicity. There is also a scope of optimization of usability of the dashboard with additional filters and interactivity in the future.

References

1. [Household Pulse Survey Data](#)
2. [Older Adults and the Mental Health Effects of COVID-19](#)
3. [PRB Data Center](#)
4. [The US Population is aging](#)