

Effect of COVID-19 on Anxiety and Depression Among the Elderly

Policy Brief

Key findings:

- Liverpool is facing the challenges of the ageing population. The population pyramid indicates that there are more older people in 2019 than in 2015 (Office for National Statistics, 2020b). The average age of residents has increased by 1.4 years (Plumplot, 2021).
- Liverpool population reported higher levels of anxiety during COVID-19 than before the pandemic (Office for National Statistics, 2021b). Loneliness among the older residents will be rising (Liverpool City Region, 2020) and this is one of the factors that increase the likelihood of anxiety/depression (Sepúlveda-Loyola et al., 2020).
- Recommended policies and recommendations include higher digitalisation, successful vaccination rollout and organising the local meeting groups. Digitalisation is a key to making health information more accessible, communicating efficiently and staying in contact when isolated. Continued vaccination may reduce anxieties around maintaining social distance. Local meeting groups that would be encouraging older people to take part in different interesting activities may prevent loneliness.

Executive summary:

Liverpool is challenging the ageing population. There will be more and more older people who will need more healthcare engagement. Furthermore, during the COVID-19, Liverpool residents reported higher levels of anxiety than before the pandemic. Many studies show the connection between COVID-19 measures and a higher number of elderly with anxiety and/or depression in many places, including one in London. This process is also gendered. This report includes policies and recommendations for this problem. It is challenging loneliness through digitalisation, vaccination and engaging older adults in local meeting groups.

1. Introduction

As a population, we are living in extraordinary times. From one perspective, we are experiencing the issues with overcrowding the Earth. However, Europe populations are challenged by the opposite. Our population is ageing. The data from Liverpool over the years shows that there are more and more older people among us. Furthermore, we are experiencing something very unexpected, which is affecting our daily lives. The coronavirus pandemic locked us for months at home, negatively influencing our health care system and the well-being of many. Only in Liverpool, data from Office for National Statistics (2021b), shows a significant decline in self-estimates of Liverpool's population in terms of anxiety. Many studies also show that there is a significant number of older adults who are suffering from anxiety and/or depression (for example see: Aerts et al., 2018, Carriere et al., 2013, Robb et al., 2020, Sepúlveda-Loyola et al., 2020, Vink et al., 2009). To summarise, there is a rising problem of an ageing society and connected to their age anxiety/depression, which impacts the mortality of a population. This report addresses it by recommending multiple policies and also more practical examples of mitigating adulthood mental health problems. It is split into a few sections, which are covering wider context, statistical analysis of the elderly anxiety problem and policy recommendations.

2. Context

The mental health of the elderly is a rarely raised topic and only recently academics are giving it attention. According to Fuentes and Cox (1997), it was always seen as very occasional for the elderly to have anxiety, but they argue that it is caused by the wrong evaluation because of the difference in symptoms among different ages. Indeed, Age UK (2019) states that around 40% of older adults that are registered with the GP practice are experiencing anxiety. From a more local context, there is a significant rise in Liverpool's residents' self-reported anxiety (Office for National Statistics, 2021b). The example from England also backs up the theory of this problem. According to Robb et al. (2020), the elderly in London reported higher levels of anxiety which is linked to the implemented lockdown measures.

Evidence from the wider context shows the high scope of the problem. Vink et al. (2009) argue that over 22% of older adults developed anxiety and/or depression over the 9 years of study. They state that there are determinants which are rising the likelihood of the health problem and those include education as well as physical disabilities. Other important factors influencing the number of elderly with anxiety disorder consist of dwelling situation, overall health and marital status (Babazadeh et al., 2016). Furthermore, the state of the current world is worsening the anxiety among the elders even

more. The study by Sepúlveda-Loyola et al. (2020) shows the academic evidence that older adults are experiencing more anxiety and depression symptoms caused by isolation. Evidence from Spain that included the wider age population, reveals the higher anxiety among the people aged 65 plus and people with continual health problems (Gorrochategi et al., 2020).

In addition, there is a belief that this problem is gendered. According to the evidence from London, women reported worse anxiety levels than men, which was conducted during the coronavirus pandemic (Robb et al., 2020). Furthermore, anxiety in Britain is causing a higher mortality probability among females, whereas the study did not establish a similar finding among males (Carriere et al., 2013). The evidence from the United Kingdom is supported by the findings from Turkey. Özdin and Bayrak Özdin (2020) found that women are much more affected by depression and anxiety during the times of the COVID-19 pandemic.

3. The problem

The baseline of the problem is connected to the difficulty of many developed populations. From the available data, we can conclude that the population of Liverpool is ageing. Office for National Statistics (2020b) provides us with the characteristics of the society over the years and when comparing the data from 2015 and 2019 we can see an apparent rise in the older residents. Figure 1 calculates this data on the population pyramid where we can deduce the ageing population of Liverpool.

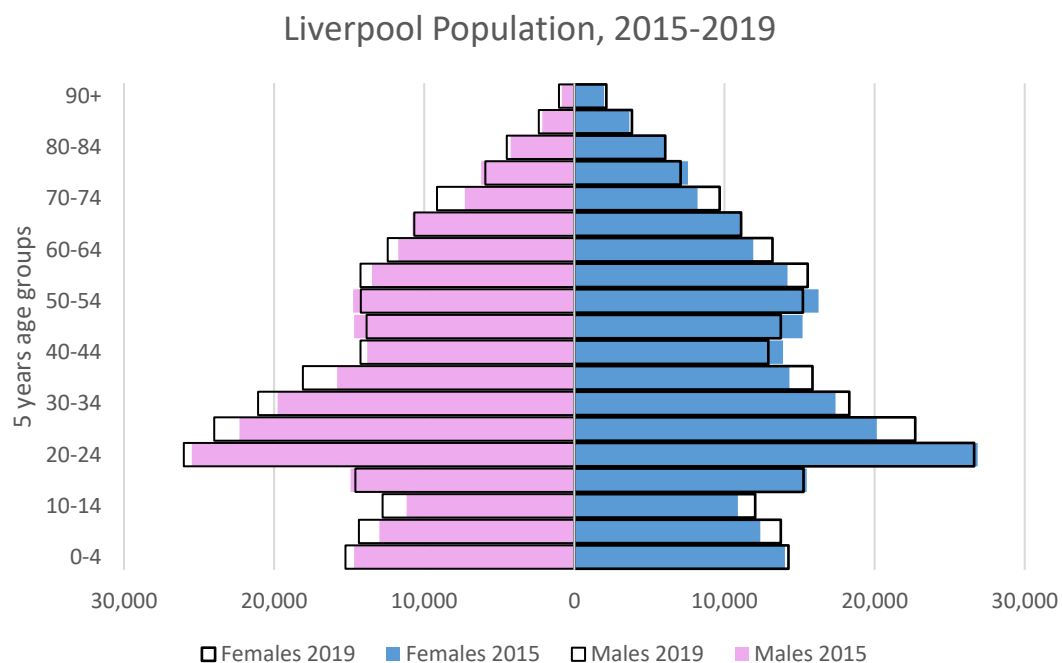


Figure 1 Population pyramid for Liverpool, 2015-2019 (author's calculations, source: ONS, 2020b)

The average age of the Liverpool residents also has risen since 2002. The average age of Liverpool's community is greater by 1.4 years (Plumplot, 2021). Figure 2 represents the average age of residents with a divide for genders. The graph represents the rising average age until 2014, and after that slight stability until 2020.

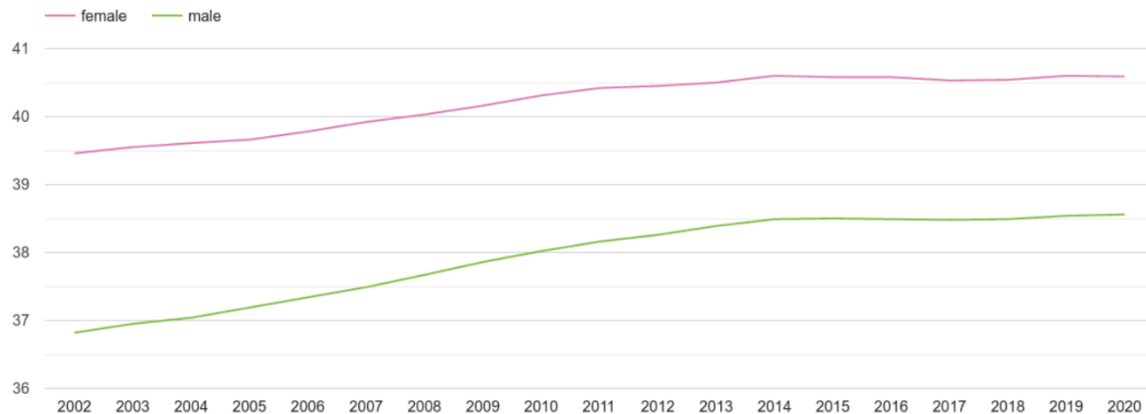


Figure 2 Yearly average of Liverpool residents age (source: Plumplot, 2021)

According to the Age UK (2019), there are around 12 million people in the United Kingdom who are older than 65 years old and by 2050 this number will be 8.6 million higher. Therefore, there are many challenges that this population change is causing. This report is focusing on the mental health side of the elderly and policies that can be implicated to mitigate the effects of COVID-19 on Liverpool's older adults.

The well-being of the Liverpool residents declined during the COVID-19 pandemic. Anxiety levels among the population have increased. According to Gorrochategi et al. (2020), older adults experienced higher anxieties around coronavirus. Data from Figure 3 shows the change in the anxiety of Liverpool residents levels before and during the outbreak.

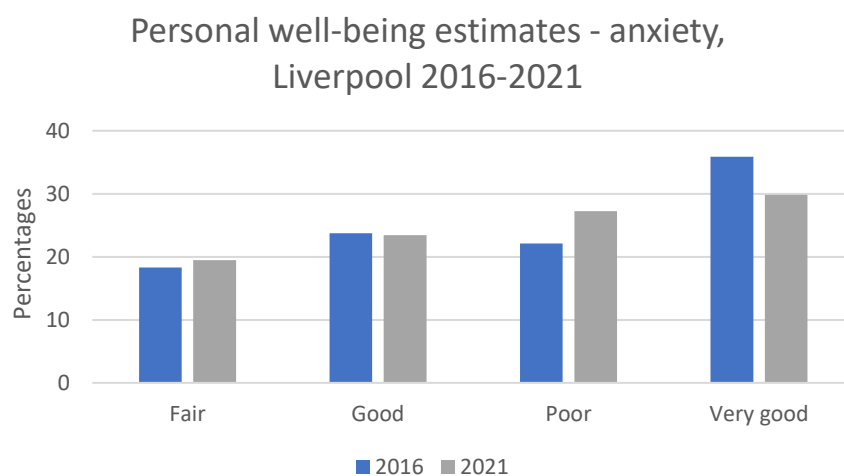


Figure 3 Personal well-being estimates for anxiety, 2016-2021 (author's calculations, source: ONS, 2021b)

Office for National Statistics (2021b) recorded a higher number of ‘poor’ estimates and a lower number of ‘very good’ estimates when people were asked about their experience of anxiety. It is clear that anxiety is even more prevalent because of the COVID-19 outbreak. Furthermore, the statistical evaluation shows a p-value < 0.05 when studying the impact of coronavirus on the anxiety of people over 65 years old (Office for National Statistics, 2020a). COVID-19 outbreak is an especially hard time for our elder population as it is causing a lot of isolation and loneliness, which is provoking anxiety and depression among them (Sepúlveda-Loyola et al., 2020). According to the report of Liverpool City Region (2020), general loneliness and feeling of social isolation are experienced by around 28 000 sixty-five plus residents in Liverpool and this number will be rising even more in the future. Figure 4 represents the projections for the future for the whole Liverpool City Region.

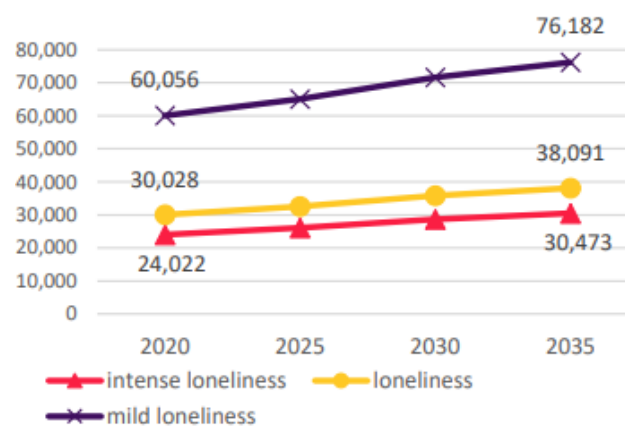


Figure 4 Estimated loneliness in Liverpool City Region, population 65+ (source: Liverpool City Region, 2020)

Furthermore, residents of care homes are especially vulnerable to negative mental health outcomes. Šare et al. (2021) argue that residents of care homes are more likely to develop anxiety and depression in contrast to those who are spending their time in their own places. The number of people in care homes in Liverpool is dropping throughout the years but it is still higher than England's average (Figure 5).

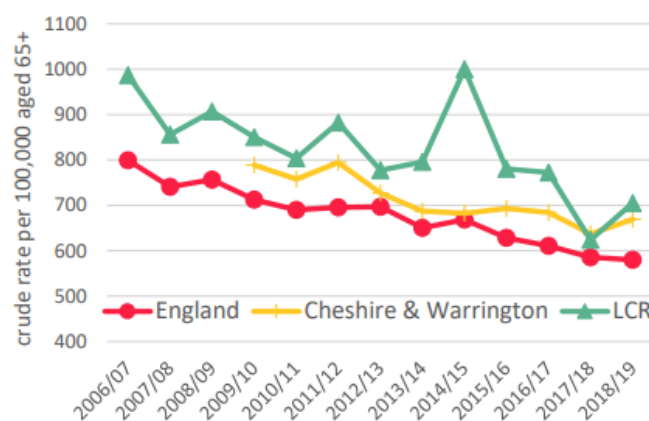


Figure 5 Admissions to care homes, 65+ (source: Liverpool City Region, 2020)

4. Policy and recommendations

It is estimated that around 70% of the adults with a previous mental health problem and one-third of adults without reported the negative impact on their mental health caused by the COVID-19 outbreak (Office for National Statistics, 2021a). Thus, it is important to develop policies that would tackle this challenge among older adults. According to Robb et al. (2020), the most important determinant that impacts elderly mental health-wise is social isolation due to the coronavirus pandemic and government recommendations. Furthermore, they suggest that because of this problem happening, there is a need for an early intervention policy that would tackle the isolation outcomes, for example, purposeful group meetings that will help with the alienation of those people. Encouraging older adults to interesting gatherings in Liverpool may have a positive impact on their sense of loneliness so it would decrease the likelihood of anxiety or depression. For example, a study by Das et al. (2021) showed that older people who have a close connection to their family are more resistant to the negative effects of the COVID-19 pandemic.

However, there is social anxiety at social meetings due to how infectious coronavirus is. After some time in the pandemic, there was a huge rollout of the vaccines that would help with that problem. Overall, most older adults are confident about having vaccinations, but there is a minority of people who have certain anxieties about it (Wong et al., 2021). Therefore, it is important to continue the rollout of vaccines for vulnerable older adults to enable them more social interactions. Furthermore, for those in minority, it is important to continue the clear information process about the vaccine and challenge fake news that arose about this topic. It will allow more people in Liverpool to safely meet with each other without the high risk of troublesome infection.

Succeeding in digitalisation is also a way to help older adults with anxiety. Leung et al. (2022) suggest that more information on the health topics on the internet would help to control their health from home, which subsequently would reduce anxiety and depression. As this study only reflects older adults with already high digital literacy, there is also a need to roll out the local campaign on teaching people how to use computers and the internet. According to Guner et al. (2021), teaching older adults computer proficiency may reduce the anxiety surrounding the pandemic and would allow them to contact other people. Moreover, they suggest that their internet skills would let them access the CBT therapy when needed, thus, volunteer health institutions and health care workers should engage with older adults. As there is many mental health institutions in the Liverpool area, they may be interested in more digital approach for elderly which in some cases, may be more accessible for the most vulnerable.

Higher digitalisation of the elderly and more accessible, reliable health information, successful vaccination rollout and organisation of the group meetings on the local level may reduce anxiety caused by COVID-19 in Liverpool. These suggestions are preferred as they target the specific problems in Liverpool society – anxiety/depression and loneliness. Other suggestions include home exercises, more engagement in providing the healthcare through the phone and easy shipment of drugs to the door (Dubey et al., 2020). As there is limited data on this topic, policymakers should give it more attention as it is affecting a significant proportion of the population and because of the ageing society, there will be even more older adults who will need easily accessible healthcare and preventive measures.

Further information:

- **Liverpool City Region (2020) Older people health and wellbeing profile:** <https://www.ljmu.ac.uk/~media/phi-reports/pdf/2021-01-older-people-health-wb-profile-liverpool-city-region-v2.pdf>
- **Age UK (2020) Worrying rise in anxiety and loss of motivation among older people:** <https://www.ageuk.org.uk/latest-press/articles/2020/11/worrying-rise-in-anxiety-and-loss-of-motivation-among-older-people/>
- **Age UK (2022) AGE UK Press Release: New Research shows a “hidden” mental health crisis is debilitating older people:** https://www.ageuk.org.uk/latest-press/articles/2022/age-uk-press-release-new-research-shows-a-hidden-mental-health-crisis-is-debilitating-older-people/#_edn1

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