COVID-19 Mental Health Working Group concept paper series

Topic – The voice of wisdom: How to empower and engage older adults during a national crisis

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The COVID-19 pandemic has affected us all. However, the effects on mental health have not been universal. Therefore, the road to recovery after COVID-19 is complex. This series of papers engages experts across multiple disciplines, addressing digital engagement and the need for information, and the unique mental health recovery challenges experienced by students, carers, older adults as well as stigmatised or marginalized communities. Each of the papers in this series is structured as follows: What we know, what we don't know and what we can do to map a nuanced path to effective creative recovery.

What we know

Everyone has felt the impact of COVID 19. Clearly, it has not only impacted our way of life but also our physical and mental health. These impacts will reverberate through our health system for decades, long after COVID-19 has been suppressed or eliminated through public health measures, treatments and vaccines. We need to reset the course of health systems blown out by this once-in-a-hundred-year viral storm.
One particularly pernicious example lies at the heart of our everyday experience of happiness and life satisfaction: the feeling of being valued. The hard-won wisdom of age is venerated in most traditional cultures, yet the pandemic has exposed a dismaying indifference to older people in some quarters.

The devaluing of older people leads to social isolation, which is strongly linked to depression, anxiety and suicide (Fishbain et al, 2016). Yes, It is time to stop not mentioning the S-word. More people die by their own hand *each year* worldwide than have presently succumbed to COVID-19. This equates to one person every 40 seconds, and a key factor to prevent suicide is for people to feel valued.

There is no doubt that isolation is a strong risk factor for poor mental health. We are acutely psychologically attuned to signals from others that reassure us we are a valued part of something bigger. The only thing worse than not being able to read the signals of others is the ominous dread of *not* being valued, or being viewed as a burden to others. To reset our care systems, we will have to really come to grips with the value of older people in terms of hard data, and more broadly as an epoch-changing reframe.

Even before COVID-19, the Royal Commission into Aged Care highlighted the need for greater consumer directed care, as well as multidisciplinary and non-pharmacological interventions for managing the physical and mental wellbeing of older Australians in dwellings in the community and those in residential care (Tracey & Briggs 2019, p.46). Unsurprisingly, evidence to date confirms that the rising impact of the pandemic has been accompanied by declines in mental health. This is particularly true for those already living with mental health conditions and older people (Deusdad et al, 2016; Iliffe et al, 2017; Armitage & Nellums 2020; Van Rheenen, 2020; Wand et al, 2020).

What we don't know

A quick scan of data from around the world indicates an impending tsunami of care needs. Nevertheless, the extent and exact nature of COVID-19 related mental health impacts on older Australians remains unknown. Emerging reports indicate higher levels of depression and anxiety. We need to know what aspects of the isolation experience are most pernicious. Only then can we assist older Australians to re-establish social connections in ways that will be most helpful. Our health systems also need to be sensitive and responsive to the preferences and needs of older consumers. To do this, we need to gain a deep understanding of what COVID-19 has meant for older people. And to know that, we are going to have to ask them… listen, and value their answers.

On the positive side, already there are emerging stories of adaptation, resourcefulness and resilience. Community groups have successfully implemented digital forms of communication for older people living in isolation. We do not know if this is mainly among tech-savy seniors or if most older people are able to access online forms of socialisation.

Are there other skills to enhance mental health that we could promote more broadly? COVID-19 might be the seismic shock which shatters the illusion that mental health is about other people. For instance, it is important to establish what we can do to *maintain* good mental health and understand whether it is a matter of sharing what mental-health professionals already know, or if there is an underlying wisdom in older people about coping strategies that we have jettisoned. We believe that we will have to ask our elders to find out.

What we can do

So, what to do at the local level? Being valued and included looks different depending on who you are: your background, your beliefs and what is important for you. Hence, we need to look into this question with a genuinely open mind. Before we engage in data collections, we need to ask older people in our community what we should look at and what we could measure. We should also ask others involved, especially those who have been effective in providing appropriate and sensitive aged care. We also need to determine what doctors, carers and family tell us about the resilience and mental health challenges of older people based on their direct experience.

One clear impact of COVID-19 related isolation is a much greater reliance on digital communication. Therefore, we need to determine whether this has presented challenges that are unique to older people by engaging in direct discussions with our elders.

It is too early to tell whether older people will connect differently in the post-COVID landscape. However, online socialisation might prove to be an advantage for less mobile older people. In short, there is much we need to find out, but also much to gain in collaboratively improving our care systems for older people. So, the COVID-19 reset also presents opportunities for improving the socialisation and mental health of older people.

For solutions to be created, we need to listen and understand needs, as well as unearth practical answers. This can only happen in partnership. Universities are intrinsically collaborative in their research, and are able to play a lead role in engaging and building on well-established networks with their industry partners (for example, hospitals, aged-care facilities, support networks) and their local communities. Some Universities and institutions of learning have substantial and existing experience and success in caring for older people in the community. Moreover, most researchers at Institutions of higher learning are natural connectors with other expert colleagues, including those from other disciplines to their own. As an example of a project that aims to co-create local solutions for our elders, RMIT University, the City of Whittlesea (providing homecare for approximately 8,000 older people), the University of the Third Age (with close to 40,000 members in Victoria) and local aged care residential facilities (Assisi Centre, San Carlo and Lyndoch Living) have come together in a multi-project collaborative initiative aiming to firstly listen to community older residents, and then develop together potential practical solutions. The recommendations arising from these and other local co-creation initiatives, would then have the potential to be expanded, adapted and adopted in other settings across the nation.

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