

BRIEFING

# Psychological impact of the response to the coronavirus/ Covid-19 on older people

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For service providers, policy makers and decision makers.

## SUMMARY

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Any decisions about the care and support provided for older people in response to the current situation with Covid-19 require careful consideration of many factors, not just chronological age. The older population is a heterogeneous group with varying levels of vulnerability and resources. We welcome that the government has recommended people stay at home based on existing medical conditions rather than just chronological age. The self-isolation of members of the older population is likely to result in higher levels of mental distress and loneliness in this population, which requires attention alongside slowing the spread of the virus.

1. Older people through their 60s to their 100s are a diverse population with broad levels of vulnerability to the effects of the virus. Whilst we recognise that emerging data highlights the increased mortality in older people worldwide and we welcome concern for this population, we urge caution in making decisions about isolation, care and health on chronological age alone.
2. We wish to emphasise that the communities of older people nationwide can be among the most resourceful across situations of hardship and challenge. Please ask for their advice on how to manage at home alone. Please ask for their advice about how to maintain resilience in difficult situations. Do think about the abundance of advice, experience, mindset and knowledge that these individuals have. This is a time to benefit from the wisdom of older people.
3. Whilst the self-isolation of older people is being implemented with the explicit aim of protecting this population, it is likely that there will be significant physical and mental health implications as a result. These are likely to include loneliness, decline in mood, increased risk, muscle weakness potentially leading to increased falls and greater physical health risks.
4. There is clear evidence that loneliness has a negative impact on health:
  - a. Loneliness increases the likelihood of mortality by 26 per cent and is as bad for you as smoking 15 cigarettes a day. (Holt-Lunstad, 2015; 2010)

- b. Research shows that people with adequate social relationships have a 50 per cent greater likelihood of survival compared to those with poor or insufficient social relationships. (Buffel et al., 2015)
5. Many older people also have caring responsibilities either for the older old (parents, family and friends) or for their partner, which needs to be taken into account throughout the duration of the crisis.
  6. As the crisis continues into weeks and months, it is vital to consider the interconnected systems of care within which all people live and that isolating a group by age will impact people of all ages.
  7. We highlight the need for continued support for these groups throughout the crisis, including in social care services as well as health services and further contingencies to care for carers.
  8. Local plans for supporting those who are self-isolating or who have been asked by the government to stay at home should pay particular attention to those living with Dementia and their carers.
  9. Care strategies which are implemented for the general population to manage the current circumstances, e.g. telephone consultations with GPs, therapy via Skype and self management may not be suitable for some older people. It is important that the communication needs of those who cannot access online information are considered.
  10. It is known that many older people face isolation and loneliness day to day and the impact on health is substantial. This is especially a concern for those living in care homes. It is essential that communities are encouraged and supported to maintain links remotely, make use of digital technologies and be creative in meeting this essential psychological need for connection. Care workers are essential staff and we welcome any additional support to ensure their workloads are maintained and managed.
  11. Those constructing public health and media messages should consider how those messages would be received by the elderly, vulnerable or those with underlying health conditions and consider framing them in a way that does not increase anxiety amongst vulnerable groups.
  12. We welcome the moves by community groups, shops, supermarkets and local services to prioritise the needs of the older population and to address practical needs for those in isolation and in need.

## REFERENCES

- Buffel, T., Rémillard-Boilard, S. & Phillipson, C. (2015). *Social isolation among older people in urban areas*. A Review of the Literature for the Ambition for Ageing programme in Greater Manchester, University of Manchester Institute for Collaborative Research on Ageing, Manchester.
- Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T. & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspectives on Psychological Science*, 10(2), 227–237.
- Holt-Lunstad, J., Smith, T.B. & Layton, J.B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS med*, 7(7), e1000316.