

Psychosocial support for older people in the context of COVID-19



The COVID-19 pandemic is greatly impacting the lives and psychosocial wellbeing of people all over the world.

The immediate effects of the virus on people's health, the measures taken to contain its spread such as physical distancing, self-isolation and suspension of services, and the subsequent worries and concerns about loss of livelihoods are greatly impacting the psychosocial well-being of people.

The rapidly changing context and understanding of COVID-19, along with uncertainty about future outbreaks and impacts on health and livelihoods, mean that stress and anxiety will likely continue for many people for some time to come. This is compounded in countries where there are ongoing humanitarian emergencies.

Providing psychosocial support during the different phases of the crisis is very important and can help people cope better, including older people, their caregivers and their families.

Given, that older people play important and diverse roles in their families and communities, ensuring their psychosocial wellbeing not only safeguards their fundamental rights but also supports the overall wellbeing of others who rely on them.

Psychosocial wellbeing

'Psychosocial' describes the close and dynamic relationship between the psychological and social aspects of a person's experience.

- Psychological aspects are those which affect thoughts, emotions, feelings and reactions, behaviour, memory, learning ability, perceptions and understanding.
- Social aspects are relationships, traditions, culture and values, family, and community, and includes financial situation.

'Psychosocial' care aims to ensure that any interventions to protect a person's wellbeing does not focus solely on mental health concepts, such as psychological trauma, but also addresses the social context that is vital to a person's wellbeing, such as family and community.

Psychosocial impact of COVID-19 on older people and people with disabilities

Many of the psychological reactions that people (including older people) may experience in response to COVID- 19 are normal reactions to a stress event. It is common to feel worried, confused, sad, distressed, scared or angry during a crisis.

However, some groups of older people such as those living with dementia, those with care and support needs, living alone, people with depression and anxiety may experience increased stress and anxiety during the COVID-19 crisis.

Self-isolation, physical distancing, and hearing messages about the higher risks faced by older people and their level of vulnerability can have a harmful impact on psychosocial wellbeing. Misinformation, rumours, stigma, and discrimination towards older people, can heighten anxiety and worry for older people, their caregivers, and family members.

The psychosocial impacts of COVID-19 for older people and older people with disabilities include:

- Feelings of concern, worry, abandonment and loneliness for many older people about being separated from caregivers/family and friends can greatly

Definition:

HelpAge International adopts the International Federation of the Red Cross's definition for 'psychosocial' which broadly defines psychosocial as "a process of facilitating resilience within individuals, families and communities by respecting the independence, dignity and coping mechanisms of individuals and communities."

increase as a result of measures taken to manage the COVID-19 outbreak such as physical distancing and/or self-isolation.

- Heightened anxiety about the possible decline in their health if caregivers are placed in quarantine and alternative care or support is not in place.
- Those taking medication may worry about being unable to continue getting their medicine. This may increase feelings of anxiety and depression and result in a decline in mood and overall health.
- Older people with chronic illnesses may be frightened that they will be ignored or abandoned by health services due to changes in the capacity of health services. They may also be worried that they will not be able to access health care if they become ill with COVID-19 due to potential discrimination within health systems and the prioritisation of other people.
- Older people may feel frightened to share if they have COVID-19 symptoms out of a concern that if they go into hospital they might not come out or see their families again.
- Worries about financial and economic hardship now and in the future and how they will meet their basic needs.
- Increased stress due to changes in daily routine and/or increase in responsibilities.
- Fear of stigma and rejection from their family, caregivers and/or community, especially if they contract the virus.
- Lack of knowledge and understanding on how COVID-19 is transmitted, its symptoms and how to protect yourself against the disease can lead to increased levels of worry and anxiety and a sense of disempowerment. Much of this misunderstanding is because information is being shared in inaccessible formats for many older people.
- Those with caring responsibilities for other older people (family, friend, or spouse), and/or children may feel very concerned, troubled, and anxious about who will take care of those who depend on them if they themselves fall sick, in terms of physical care, as well as financial and emotional support. They may also have significant fears about what will happen to those who depend on them if they die.
- Heightened stress and worry about the possible rise in levels of violence and abuse due to household tensions.

Developing Psychosocial programme responses with older people in the context of COVID-19

Programme principles

Key principles for planning and developing a programme response to an outbreak of COVID-19 include:

- Recognise that some older people and people with disabilities have strong coping mechanisms and can support others.
- Recognise the diverse roles and responsibilities that older women and men have within a household and community.
- Recognise the important role of caregivers/families and their psychosocial needs.
- Embed important key psychosocial principles - including hope, safety, calm, and social connectedness - and capacities across every intervention that seeks to promote wellbeing.
- Ensure that psychosocial support activities are dignified, participatory, community-owned, and socially and culturally acceptable: **do no harm**.
- Recognise that older people, including those with disabilities, have the right to and need information and updates about COVID-19, including how to protect themselves, public restrictions, and what services are available.
- Recognise that older women may be at a higher risk of violence, abuse, and neglect during the pandemic when families are in lockdown for extended periods of time¹ and access to relevant support services may be difficult.
- Recognise the importance of building community understanding of COVID-19 and its impacts to reduce stigma experienced by older people and those who have contracted the virus.

Programme design

In designing psychosocial programmes in response to COVID-19, the following steps should be followed:

- Consult older people, including older people with disabilities, those providing care and family members to ensure their needs and views are included in any response including psychosocial support.
- Make consultation as inclusive as possible by considering issues of language, accessibility (for people with different disabilities), timing, method etc, particularly in relation to restrictions imposed by COVID-19.

¹ CARE. Gender implications of COVID-19 outbreaks in development and humanitarian settings. https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf

- Consult older women to understand their situation within the household and the challenges they may encounter with restrictions imposed by COVID-19.
- Develop a holistic approach that has a strong emphasis on the strength and resourcefulness of older people, their caregivers, families, and communities, rather than their vulnerabilities.
- Draw on existing resources and encourage close partnership between older people, their caregivers, families, communities, and other service providers. Activities should aim to:
 - Support individual older people: build and increase their resilience by, for example, giving them a sense of control over their lives; providing access to knowledge and information; and ensuring they feel respected, valued, supported and hopeful about the future.
 - Support caregivers, family members and communities: increase connections and social support between caregivers, family members, their communities and service providers.
 - Reduce the barriers that older people experience in accessing support.
- Ensure support and supervision is in place for staff and/or volunteers who will support older people, their caregivers, and families. Staff and volunteers have also been greatly impacted by COVID-19 and will have their own worries and concerns. Their own psychosocial wellbeing can be greatly impacted by listening to and handling the practical and emotional fear and worries that many older people may have about the virus.

Programme actions – menu

Phase I: Preparedness

It is important to prepare for a likely outbreak of COVID-19, anticipating the psychosocial support needs of older people and people with disabilities in the community and what can be done to make sure they are cared for.

Steps that should be taken include:

- Map out the various service providers in the location such as those working on health, protection, GBV etc. Connect with them and be aware of the services they provide and their referral process.
- Identify and mobilise community volunteers (older people and youth) who are interested to provide remote psychosocial support to older people who live alone and/or self-isolating and/or caring for others.
- Appoint staff member as a Psychosocial Focal Point who will lead on managing the psychosocial programme and train them on essential psychosocial care principles, '[Psychological First Aid For COVID19 Outbreak Response](#)' and an agreed referral process.

- Consider different ways to maintain social contact and minimise the negative impacts of physical distancing and other measures on older people who might be isolated or living alone. Use different and appropriate methods while following any contact restrictions imposed because of COVID-19. Remember that some support approaches set up for the general community to manage their current situation may not be suitable for many older people and older people with disabilities. It is important that the communication needs of those who cannot access online information are considered and that staff and/or volunteers know how to make and use accessible materials.
- Develop a psychosocial support plan with activities that are adaptable and flexible to different phases of the crises and can respond to the different restrictions in place.
- Consider the need for Personal Protective Equipment (PPE) and what type is required, along with training for staff and/or volunteers distributing essential items (e.g. food, hygiene kits) to isolated older people and the possibility at a later stage to provide person-to-person psychosocial support.
- Train and engage youth community volunteers to safely enable isolated older people to access essential items safely, for example food, water, hygiene materials and medicines (see WFP's page 4 - Guidelines for food handling, preparation and distribution during COVID-19²)
- Include a suitable method through which older people, caregivers/family can give feedback including complaints on the support provided

Look - how to assess: the current situation, who seeks support; what the risks are, the needs of the affected, expected emotional reactions.

Listen - how to: begin the conversation, introduce the helper, pay attention and listen actively, accept feelings, calming someone in distress, ask about needs and concerns, help find solutions to needs and problems.

Link - how to assist with: accessing information, connecting with loved ones and social support, tackling practical problems, accessing services and other help

IFRC Psychological First Aid

Phase II: COVID-19 outbreak – strict control measures in place (Acute Phase)

Once COVID-19 breaks out in a community, the programme response will need to move to the Acute Phase, delivering remote psychosocial support to older people.

² WFP - *Guidelines for food handling, preparation and distribution during COVID-19*

https://docs.wfp.org/api/documents/WFP0000114684/download/?_ga=2.101795969.1203236420.1593067863-246705159.1593067863

The following steps need to be followed:

1. Assess

- Assess the situation and context in each location/country in relation to the local authorities'/governments' public health messaging, including physical distancing and other lockdown measures.
- Assess the situation of older women and men, people with disabilities, and their caregivers in order to understand their needs, challenges, access to essential items (e.g. food, water, shelter, hygiene materials, medicines), their preferred means of communication and their capacities. HelpAge's COVID Rapid Needs Assessment (RNA) which collects sex, age and disability disaggregated data is one way to learn about the different impacts, barriers and risks being faced by different groups within an older population.

HelpAge International Guidance and Advice on COVID-19 response:

- Guidance and advice for older people
- Guidance for care homes
- COVID 19: end of life care
- Older people and COVID -19 in informal settlements
- Advice for communities and Older People's Associations
- Key guidance on collecting pensions
- Advice on administering pensions

- Important to consider and understand the situation of older women given that they may be at a higher risk of violence, abuse and neglect.
- Assess older people's beliefs and understanding of COVID 19, including their fears and concerns.
- Gather information from the community that will help identify older men and women who are hard to reach and look for innovative and accessible ways to reach them
- Contact and connect with different service providers in each location and agree on referral procedures.

2. Share information – (Older people, Caregivers/Family and Community)

- Share clear information about COVID-19 in accessible ways with older people, their caregivers, and families (e.g. clear, plain language, adapted for visual/auditory impairments).

Include information on:

- Correct hygiene practices and how to protect yourself.
- Symptoms and what to do if you have COVID -19 symptoms.
- How and who to contact for support in the community?

- The normal psychological reactions older people may experience in relation to COVID-19.
- Easy guidance on self-care tips to cope with stress such as exercising, keeping a daily routine, talking to others etc.
- Practical advice and support on caring for others, especially for family members in isolation and quarantine and may not be able to avoid close contact (see [HelpAge guidance and advice for carer of older people at home](#)).
- Include a variety of communications methods including landline/mobile phone calls, radio messages, fliers/pamphlets, community messaging through megaphone etc.

3. Guidance on the delivery of remote Psychosocial Support

- **Work with others:** Some trusted and respected members of a community such as local community organisations and/or religious leaders may already be providing psychosocial support in their communities. Where possible team up with them and work together to expand the reach of psychosocial support for older people, older people with disabilities, their caregivers, and families in the community.
- **Psychological First Aid:** Staff and/or volunteers trained on Psychological First Aid can adapt and include skills such as 'look, listen and link' into their remote support to older people, their caregivers and families (e.g. via phone calls).

Psychological First Aid helps in situations:

- when someone is distressed during, immediately after, shortly or long after a crisis
- emergency and non-emergency
- personal or larger crises

Also include training on [IASC Basic Psychosocial Skills: A guide for COVID-19 responders](#) that has practical tips on psychosocial support and share [information on GBV and older people and how to support](#).

- **Phone Support:** Staff and/or volunteers can use the phone to reach out to connect and check in with an older person, find out how they are doing and ease their loneliness and disconnection

Psychological First Aid involves helping people to:
 feel safe, connected to others, calm and hopeful;
 have access to social, physical and emotional support; and feel able to help themselves, as individuals and as communities

The aim of phone support is to:

- listen carefully to their questions and concerns and give support when needed
- provide encouragement and reassurance
- share with them important messages as well as simple information on self-care and ways to cope with stress or anxiety
- link them to other service providers and
- escalate for assistance if the volunteer/staff have cause for concern

Refer to the appendix for detailed guidance on using the phone to provide support to older people during the pandemic.

Red Cross of Serbia has 128 telephone information centres with volunteers trained in psychosocial support as well as four SMS-based services for deaf and hard of hearing persons. 44 volunteers were trained in psychological first aid including opportunities to ask questions and get advice on concrete problems they have encountered since the start of the crisis. Some branches will open new telephone helplines to provide additional psychosocial support and psychological first aid.

- **Radio messages:** In partnership with local radio stations develop psychosocial support messages for older people and their caregivers that could be aired along with information on COVID-19 and where to get support.
- **Letter writing:** Letters between children and older people living alone or in care homes can help strengthen intergenerational connections and reduce feelings of being separated and the loneliness that can result, in countries and contexts where it is suitable.
- **Distributions of essential items:** Psychosocial support messages can be shared during the distribution of hygiene kits and/or food parcels. These can be shared through leaflets/flyers in local languages and verbally from those who are distributing items.

For example:

- include simple tips on how to manage stress and anxiety such as keeping a regular routine, staying active, keeping in contact with loved ones, and decrease watching, reading, or listening to information that causes stress, worry, panic etc
- include the contact details of other support available in their area and how they can link up
- give them an opportunity to ask questions and to answer them
- arrange a check in phone call for those with access to phones or when/where possible follow up visit (with physically distancing)

- **Mobilise family, community, and neighbours:** Encourage family members, community, and neighbours to check in with older people who are living alone. Likewise, encourage older people with expertise, experiences, and strengths to volunteer in community efforts to respond to COVID -19. Older adults can provide remote peer support and safe neighbour checking.
- **Grief and bereavement:** Many people are going to lose loved ones because of COVID-19 and people are not going to be able to grieve in the way they would expect during more normal times. Many people will be on their own dealing with grief, cut off from some of their usual support network and unable to even hug a friend or family member. Several will not be able to attend a funeral, and some may have multiple bereavements. In these unprecedented times it matters more than ever that community organisations, neighbours and volunteers reach out to those who are suffering after someone dies, when they are likely to be more isolated than ever.

It is important to support older people whose family members have died to grieve and mourn in safe ways that can also include some of the traditions and rituals of the community. Link up with religious and spiritual leaders in a community to provide support to those who have been bereaved.

Identify and train volunteers who are willing to provide bereavement support and have the necessary skills. Provide them with [guidance on how to support someone who is grieving and what to say](#).

- **End-of-life and palliative care:** Older people approaching the end of their life are going to need practical support from family members, carers, staff or volunteers in the form of [palliative care](#).

Support that can be given includes:

- ensure the older person, caregivers or family members have access to medicine, essential items, and protective equipment, e.g. safe delivery of medicines.
 - provide remote psychosocial and emotional support to caregiver/family member who is taking care of older person, link them to other sources of support in their location, provide them with an opportunity to talk and share their concerns.
- **Duty of care for staff and volunteers:** Everyone reacts differently to stress and many staff and volunteers will feel stressed and exhausted while working in the COVID-19 response. This is natural, given the difficult demands. It is important that they know what support is available to them and that they can stop volunteering at any time.

Steps that can be taken include:

- Promote positive coping strategies and routine self-care by providing opportunities to staff and/or volunteers to talk about their experiences at the end of the day/shift.
- Ensure staff and volunteers have advice and guidance on how to cope with stress, for example [WHO Coping with Stress](#).

Phase III: Post COVID-19 outbreak / relaxed control measures (Post Acute)

When control measures start to be lifted and restrictions on social contact are reduced, psychosocial programming needs to be adapted to ensure support continues as communities emerge from the pandemic.

The following steps need to be followed:

- Continue peer support via buddy phone calls and intergenerational calls for older people who are alone, or still self-isolating.
- Consult and involve older people, older volunteers, and/or older peoples associations on providing psychosocial support in this next phase.
- In countries where physical distancing has been reduced, adaptations will still be needed to allow outreach work (e.g. homebased care) and person to person psychosocial support for older people and their caregivers so that it reduces the risk of infection but continues necessary support. For example:
 - Provide the necessary PPE (e.g. mask, gloves, apron, hand sanitiser) to staff and/or volunteers providing home-based care and/or direct psychosocial support to isolated older people and if necessary, train/retrain them on how to use and dispose of it correctly.
 - Ensure that staff and/or volunteers can explain clearly to the older people and their caregiver/family why they (staff/volunteer) need to wear PPE during their visit
 - Continue to share accessible up to date information on COVID-19 and any current restrictions with older people and their caregivers
 - Support older carers and caregivers to connect with other service providers by providing them with relevant information and/or referral
 - Mobilise family members, community volunteers and neighbours to check in with older people who are isolated or living alone and when safe to visit them (adhering to physical distancing)
- Highlight the psychosocial needs of older people that may emerge with the change in COVID-19 restrictions and advocate with local authorities and other service providers on the importance of supporting older people rebuild and re-strengthen social connections.

Phase IV: Recovery / Long term COVID environment (continued physical distancing, possibility of contracting virus, economic impact)

Emergencies and crises can be good opportunities to strengthen overall humanitarian support for older people, along with psychosocial support. They can create opportunities to work with and strengthen the capacity of local service providers (health and non-health) on the importance of psychosocial support for older people.

During the ongoing COVID-19 crisis and future phases programming should include:

- Adapt outreach work by staff and/or volunteers to older people who remain isolated and/or living alone.
- Conduct refresher training for staff and/or volunteers on Psychological First Aid for providing direct psychosocial support to older people and/or caregivers.
- Ensure the necessary PPE is available for those providing direct psychosocial support to isolated older people (staff and/or volunteers) and ensure they continue with physical distancing.
- Continue to share accessible information on COVID -19 for older people, their caregivers and family members, giving important situation with older people in their location.
- Consider ways to embed psychosocial support in to all COVID-19 related activities to ensure that communities are supported in actively engaging in rebuilding their lives considering this new reality.

Links to additional information

- Supporting older people living with dementia: <https://www.alz.co.uk/news/adi-offers-advice-and-support-during-covid-19>
- Taking care of our Physical, Emotional and Mental Wellbeing https://alone.ie/wp-content/uploads/2020/05/Taking-care-of-our-Physical-Emotional-Mental-Wellbeing_ALONE-external.pdf
- HelpAge International Guidelines: <https://www.helpage.org/what-we-do/coronavirus-covid19/>
- Mental Health and Psychosocial Support: Who cares for the volunteers? <https://odihpn.org/magazine/mental-health-and-psychosocial-support-who-cares-for-the-volunteers/>

Resources: IASC Interim MHPSS Guidelines – COVID 19, IASC MHPSS Annex 1.4: Considerations for developing MHPSS responses to the COVID-19 pandemic for older adults, WHO: Mental health and psychosocial considerations during the COVID-19 outbreak; Hong Kong Red Cross: Psychological coping during disease outbreak – Elderly and people with chronic conditions; IFRC: Psychological First Aid: In the COVID 19 Outbreak Response(2020), IASC Basic Psychosocial Skills: A Guide for Guide for COVID-19 Responders (2020); IASC (2020) Operational considerations for multisectoral mental health and psychosocial support programmes during the COVID-19 pandemic

Annex: Guidance on setting up telephone support

The telephone is one of the most important tools for delivering psychosocial support for many older people and particular programme actions can be put in place.

- **Access to phones:** Phone calls, SMS, WhatsApp and other forms of technology can be used to connect people and provide information and advice, but it is important to first assess older people's access to and use of phone (landline and mobiles), laptops, tablets.

Given the heightened risks of violence, abuse and neglect against older people, it is, however, important to understand the situation of older women and men in their households, identifying who has access to phones and safety issues in accessing phones.

- **Train staff and volunteers:** Staff and/or volunteers must be trained and supervised on remote working and how to provide psychosocial support via phone calls to avoid unnecessary harm to callers and how to recognise concerns that they should flag to the Psychosocial Focal Point, and the process to do this.

HelpAge Jordan – Key Message These messages were developed to ensure connection with older people across various communications platforms, followed up with phone calls with more information

Stay active, stay connected to loved ones and stay calm

- Have a regular routine that includes some things you enjoy and find relaxing
- Daily exercise is important to maintain mobility. You can exercise around the house
- Keep in touch with loved ones and friends
- Everyone feels more anxious now, find ways to stay calm

- Share with staff and/or volunteers advice on how to provide telephone support to older people that will include the following information³:
 - how to conduct phone calls safely (for both the caller and the person receiving the call), with do no harm principle in mind
 - what to do if older person does not answer the call
 - how to recognise protection concerns (e.g. GBV) via phone calls, whom to flag them with and how
 - the procedure for when and how to refer a person with severe psychological distress
 - issues on confidentiality and managing risk remotely
- **Support services:** Ensure staff and volunteers know the support services in their locations and have their contact details. Also, that they have correct information about COVID 19 and its prevention.
- **Costs:** Consider any costs that might be incurred by the older person making and/or receiving a call. For example, the older person or the staff member or volunteer may run out of credit because of increased phone calls and it is important to plan/prepare accordingly, for example by distributing prepaid phone cards.
- **Second number:** Ensure you have a second phone number that can be used to check up with the older person or a family member or neighbour.
- **Schedule check-in phone calls:** Agree and set up a timetable of regular - e.g. daily/weekly - 'check in' phone calls from staff and/or volunteers to older people with access to phones.
- **Peer Support Phone Calls:** 'Buddy phone calls' by older people to older people is another way to stay connected and support each other. They can help improve the psychosocial wellbeing of all involved. Many older people have lived through different and difficult experiences and challenges and are therefore very resilient.
- **Intergenerational buddy phone calls:** Organise and set up younger staff or volunteers to call older people and connect different generations who can support each other.

³ WHO Ensuring Quality in Psychological Support Initiative (Remote Support) <https://whoequipremote.org/en-gb/node/275>

- **SMS/Text:** Develop simple SMS/Text/WhatsApp messages that can be shared and include positive and reassuring messages that can be followed up with a phone call.
- **Telephone hotlines or helplines:** These can be a helpful way of providing remote information, reassurance and psychosocial support to older people and/or caregivers who feel worried or distressed and have access to a phone. It is important that staff and volunteers operating the hotlines/helplines have been trained and are familiar with basic guidelines on how to provide this support⁴.
- **Telephone counselling:** Psychologists can provide counselling support, information, and referral to other service providers to older callers.
- **Staff and volunteer support:** those who operate helplines may have to take many difficult calls and could require support to ensure their well-being. It is good practice to include de-briefing sessions with staff/volunteers and the Psychosocial Focal Point and to give teams the opportunity to 'meet' online at the end of the shift to discuss how things went.

Find out more:

[Helpage.org/coronavirus-COVID19](https://www.helpage.org/coronavirus-COVID19)

Front cover photograph

- Credits: Kwa Wazee
- Information: Two women meet and talk in Tanzania.

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⁴ Remote Psychological First Aid during COVID-19 <https://pscentre.org/?resource=remote-psychological-first-aid-during-covid-19-may-2020>