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LETTER TO THE EDITOR

COVID-19 lockdown: A perfect storm for older people's mental health

The management of lockdown presents a perfect storm for mental distress for older people by enforcing isolation and heightening perceptions of risk of death and illness. While gradual release from lockdown will maintain protection of those most at risk from COVID-19, older people will experience social isolation for the longest period as the over 75s carry the highest mortality risk (WHO, 2020). Isolation is strongly linked to depression, anxiety and cognitive decline, and reduces resilience factors such as self-worth, sense of purpose and feeling valued (Novotney, 2019). However, in addition to sustained isolation, governmental management of lockdown presents other challenges for older people.

At its outset, management of lockdown and social distancing in the UK emphasized the risk of COVID-19, and health promotion efforts urged people to comply with emergency legislation and stay indoors. In order to gain compliance with lockdown strategies, the UK also applied psychological evidence supported by the Behavioural Insights Team (BIT) (aka the "Nudge Unit"). In recognizing that a major pandemic threat is citizen under-reaction, BIT advice included promoting citizens' trust in "experts" (scientists and their data), giving clear factual information, and promoting altruism (BIT Blog, 2020). A problem inherent in this strategy is that avoiding under-reaction requires provoking population anxiety and heightened threat awareness, while promoting altruism emphasizes the "neediness" of the elderly population. Media stories of elderly deaths contribute to heightening anxiety for people self-identifying as "at risk." At the same time, giving over-simplified messages risks stereotyping "the vulnerable" in the eyes of the majority and "the vulnerable" themselves. This has the unfortunate effect of reducing resilience and "othering," or marginalizing, the stereotyped group from wider society. This has been noticeable in media reporting of "vulnerable" elderly and speeches made by the UK's advisory group, politicians and health staff, frequently referring to older people as "them" and themselves as "we."

For exiting lockdown, any slow release exit strategy should include plans for increasing resilience among those remaining in isolation. This will require a change in how this group is identified and discussed to reverse the "othering" effect such as adopting inclusive language, valuing older people's contributions and avoiding negative emphasis on risk. Non-patronizing media stories of older people's strengths (i.e. the war generation) are one way forward. Mental health nurses have a health promotion role through use of media and advocacy and direct support-giving to this population group. Nursing leadership can combat "othering" by ensuring older people are presented in the media as mentally resilient rather than vulnerable, in need of support due to lockdown but not needy. Community nurses and those manning advice and support lines can respond to effects of heightened anxiety. In addition to supporting practical social connection strategies, basic CBT approaches to reframe self-conceptions and promote positive self-talk can increase resilience and reverse the effect of provoked anxiety. Importantly, mental health nurses need to ensure isolated older people are not forgotten when they become the only group still in lockdown.

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