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## Mental Health in the elderly during the Pandemic in Indonesia

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### ABSTRACT

**Background:** The pandemic period due to the spread of the covid virus has had a tremendous impact on daily life. The psychological aspect is one of the interesting topics to discuss the impact of covid 19. The elderly is one of the most vulnerable to experiencing its effects, especially on their mental health.

**Methods:** This study aims to describe the mental health condition of the elderly and how it correlates with death anxiety. A total of 64 elderly consisting of 60-82 years participated in this study. Data collection data using MHI-5 and Death anxiety scale. Data analysis using Pearson's correlation.

**Results** showed that death anxiety with psychological distress has a significant positive correlation of 0.34 with p-value <0.001. That is, the higher the level of death anxiety, the higher the level of psychological distress. Meanwhile, there is no significant correlation between death anxiety, and psychological well-being, Pearson's correlation value is 0.04 with p-value > 0.001. It is also known that the results of the correlation of the two aspects of mental health, namely psychological distress and psychological well-being, have a positive Pearson's correlation value that is not significant, namely 0.20 with p-value > 0.001.

**Conclusions:** The implications and limitations of these findings are also discussed.

**Keywords:** *Death Anxiety, Elderly, Mental Health*

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## **Introduction**

On December 2019, COVID-19 had spread beyond China and Asia and then to all regions of the world, causing an unprecedented global public health crisis. This incident began with the discovery of the first case of infection in Wuhan, China. then not long after cases of the spread of the virus became more widespread, WHO declared a Public Health Emergency of International Concern (PHEIC) or known as an extraordinary event that poses a public health risk to other countries through the international spread of disease, and requires a coordinated international response (World Health Organization, 2020a). Then on January 30, 2020, the World Health Organization (WHO) declared it a "pandemic," the infectious disease with the highest risk, on March 11, 2020 (World health Organization, 2020b).

Since the worldwide pandemic took place, almost all aspects of life have been affected. Government policies to anticipate the spread of the virus has had an impact on many aspects, such as education (Aji, 2020), economy (Nasution et al., 2020), tourism (Sugihamretha, 2020), agriculture (Ulya, 2020), to the workforce (Syahrial, 2020). Other than that the results of the study reported its impact on physical health (Kotlar et al., 2021), as well as psychological such as on mental health (Ma et al., 2021), on quality of life (Ravens-Sieberer et al., 2021). In addition, more specifically, the stress during the global pandemic has caused several disturbances such as fear and anxiety both for oneself and for those closest to them; changes in sleeping and eating patterns, feeling depressed and having trouble concentrating or being bored and stressed because they are constantly at home (Ilpaj & Nurwati, 2020).

The elderly are one of the most vulnerable populations to the threat of covid 19. According to a March 2020 US Department of Health and Human Services report, more than 80% of deaths were found in patients >65 years of age, indicating susceptibility to the virus (CDC COVID-19 Response Team, 2020). Not only a threat to the disease covid 19, but also the fact that it has an impact on the psychological or mental health of the elderly. Strong social restraints, social distancing and quarantine measures to prevent the spread of COVID-19 have raised concerns about their mental health (Lee et al., 2020). While other studies suggest that the elderly population does not appear to be experiencing significant psychological stress related to COVID-19 quarantine, it is possible that high resilience and effective coping strategies may be the cause as they develop over the years (Ouanes et al., 2021).

Mental health problems in the elderly do not only occur during a pandemic, the results of a survey conducted in 60 countries by Moussavi et al. in 2007 with the number of respondents as many as 245,404 people stated that as many as 9.3-23.0% of respondents who had one or more illnesses experienced depression. In addition, Babazadeh et al. (2016) carried out this cross-sectional study in

383 elderly, 1.3% of the elderly suffered from severe stress, 1.3% severe depression, and 3.1% severe anxiety. In Indonesia, mental health research in the elderly says the prevalence of mental health disorders in the elderly is 25%, older adults aged >70 years have the opportunity to have poor mental health with a higher chance than the elderly aged 60-70 years (Sutikno, 2015).

The discrepancy regarding the results of previous mental health studies is interesting to study in different populations. Especially related to anxiety about death in the elderly. This is important to study because in Indonesia, as of January 2021, COVID-19 positive patients aged 60 years have the highest risk of death (covid19.go.id). This study aims to determine the relationship between mental health, represented by mental health aspects, namely psychological distress, and subjective well-being, with death anxiety.

## Method

### *Participants*

This study consisted of 64 elderly people aged 60-82 years ( $M_{age} = 66.91$  years,  $SD_{age} = 6.296$  years). Demographic data from the elderly include age, education, gender. Participant's profile data are showed in table 1.

Demographics	Sex	Frequency	Percent	Valid percent	cum. Percent
Sex	Male	22	34	34	34
	Female	42	66	66	100
age	60-65	31	48	48	48
	66-70	16	25	25	73
	71-75	10	16	16	89
	76-80	5	8	8	97
	80>	2	3	3	100
Education level	No school	3	5	5	5
	Elementary school	21	33	33	38
	junior high school	27	42	42	80
	Senior high school	13	20	20	100
Job-status	no work	49	77	77	77
	Work	15	23	23	100

Table 1. Participant profile

### *Procedure and Measures*

We realized that collecting data using questionnaires was quite challenging for elderly participants, so we recruited 64 psychology's student volunteers to assist participants in filling out the questionnaires. Before data's collection, we train volunteers to be able to communicate well. In addition, we provide insight into the items on each scale. The purpose of assistance in filling out the scale is to understand the meaning of each scale item. So that the results obtained from participants can avoid response bias. The participants of this study came from various recent educations, so that

their level of understanding and language skills were also different. So that some participants must be assisted by reading each question item. This research has gone through the consent process from the participants (informant consent).

*Death Anxiety Scale* - The Death Anxiety Scale was developed by Templer, (1970). This measuring tool is unidimensional, consisting of 15 items in the form of questions with two responses, namely yes/ no. An example of the item is "I am afraid to die because death is painful" the choice of "yes" means that it corresponds to the participant's self and is worth 1, while "no" means that it does not match the participant's self and is worth 0. The Death Anxiety Scale measuring instrument has a Cronbach Alpha coefficient of .704.

*Mental Health Inventory (MHI-5)* was developed for use with the general population, including items on psychological well-being and psychological distress (Berwick et al., 1991). MHI-5 is a shortened version of the 38-item MHI developed by (Veit & Ware, 1983). This measuring tool reveals two important aspects: psychological well-being (2 items) and psychological distress (3 items). Examples of psychological well-being items " How much of the time, during the last month, have you been a happy person?" while the example of psychological distress item is "How much of the time, during the last month, have you felt so down in the dumps that nothing could cheer you up?". The scoring used is 0 = never, 1 = sometimes, 2 = several times, and 3 = always, so that the total score ranges from 0 to 15. The MHI-5 measuring instrument has a Cronbach Alpha coefficient of ( $\alpha$ ) .854 (psychological wellbeing) and .706 (psychological distress).

## Results

Analysis of the data using crosstab to show the categorization compared with demography data. In addition, the main analysis uses Pearson's analysis. The analytical tool uses SPSS statistics 26.

The results of this study are translated into two sub-chapters, namely crosstab data with categorization and correlation results between two dimensions of mental health, namely psychological distress and psychological well-being with death anxiety.

### *Data Category and crosstab*

We divided it into three categories on mental health: low for the category of good mental health, moderate for the category of adequate mental health, and high for poor mental health. Based on the results of the categorization shown in table 2. It was obtained that the low category was 23.4% or 15 elderly, moderate 57.8% or 37 elderly, and 18.8% or 12 elderly. The moderate category dominated

the category of elderly mental health in this participant. While the low and high categories are still fairly balanced, there is no significant difference in the number of percentages.

	Frequency	Percent	Valid percent	Cumulative percent
Low	15	23.4	23.4	23.4
Moderate	37	57.8	57.8	81.3
High	12	18.8	18.8	100.0
Total	64	100.0	100.0	

Table 2. Mental health category

We do cross-tabulation for low, moderate, and high categorization to see the results of comparing the data on the demographics. However, this study has limited numbers for each demographic, so the comparisons are uneven and can only be compared in their respective categories.

The results of the cross-tabulation are shown in table 3. The previous results explained that the moderate category dominated the elderly in this study. So, the results summarized in table 3 can only be compared between the low category and the high category. In the sex demographic data, it was found that there was no significant difference in the number of low and high categories in the male and female sexes. In the age category, 60-65 years of age were more in the high category than in the low category, while at the age of 66 to 80, there was no significant difference in the low and high categories. In the last education category, the elderly whose last education was an elementary school in the low category were more than in the high category. Some more elderly people do not have a partner in the low category in the couple category than in the high category.

		Low	Moderate	High	Total
Sex	Male	8	9	5	22
	Female	7	28	7	42
	Total	15	37	12	64
Ages	60-65	4	21	6	31
	66-70	3	10	3	16
	71-75	3	4	3	10
	76-80	4	1	0	5
	80>	1	1	0	2
	Total	15	37	12	64
Education Level	no	1	1	1	3
	ElementarySchool	6	12	3	21
	junior high school	5	17	5	27
	Senior high school	3	7	3	13
	Total	15	37	12	64
couple	No	9	13	7	29
	Yes	6	24	5	35
	Total	15	37	12	64
job status	No	11	30	8	49
	Yes	4	7	4	15
	Total	15	37	12	64

Table 3. Crosstab Mental Health Category

The crosstab results can be concluded that the lowest elderly age (60-65 years) turns out to have poor mental health compared to the number of elderly people of other ages. These results can be concluded that while entering the elderly, mental health is not in good condition. Demographic data on education shows that the elderly whose last education was elementary school had good mental health and the demographics of couples and job status.

### **Correlation analysis**

We conducted a Pearson's correlation analysis to see the correlation on two dimensions of mental health with death anxiety; the results are shown in table 3.

Variable		Death Anxiety	Psy. Distress	Psy. Well-being
1. Death Anxiety	Pearson's r	—		
	p-value	—		
2. Psy. Distress	Pearson's r	0.34 **	—	
	p-value	0.01	—	
3. Psy. Well-being	Pearson's r	0.04	0.20	—
	p-value	0.74	0.12	—

\* p < .05, \*\* p < .01, \*\*\* p < .001

Table 3. Pearson's Correlations

Based on the Pearson's correlation table, it is known that death anxiety and psychological distress have a significant positive correlation of 0.34 with p-value < 0.001. That is, the higher the level of death anxiety, the higher the level of psychological distress. Meanwhile, there is no significant correlation between death anxiety, and psychological well-being, Pearson's correlation value is 0.04 with p-value > 0.001. It is also known that the correlation between the two aspects of mental health, namely psychological distress and psychological well-being, has a positive insignificant Pearson's correlation value of 0.20 with a p-value > 0.001.

### **Discussion and Conclusion**

Psychological distress is defined as mental suffering or suffering that includes symptoms of anxiety and depression (Husain et al., 2014). A negative mental health state can affect an individual directly or indirectly throughout life and its relationship to other physical and mental health conditions (Caron & Liu, 2010). Psychological distress has a negative impact on the elderly, so it is necessary to prevent distress in individuals. The results of this study indicate that psychological distress can increase death anxiety. So this can also affect the readiness of the elderly to face death.

The implication of this study is the importance of paying attention to psychological distress in the elderly during a pandemic. This can be done in many ways. Several research results report that psychological variables such as religiosity can reduce anxiety in the elderly (Yuwono, 2021), such as a research report conducted by Nida (2014) that therapy can provide a calming effect so as to reduce anxiety levels in the elderly. Religiosity is essential because it is considered a source to overcome difficult moments in life (Mohammadzadeh & Najafi, 2020).

Mental health in the elderly is rarely given special attention by researchers today. Some recommendations regarding mental health problems that occur during the pandemic are ensuring that the elderly always maintain physical distance, wash their hands, use masks, eat nutritious food, and do light exercise, share hobbies that can be done indoors such as reading books, painting, or watching movies—still doing (Yuliana, 2020).

The mental health of the elderly is important and interesting to study, especially during the current COVID-19 pandemic. We found a significant correlation between one aspect of mental health, namely psychological distress and death anxiety. However, there was no correlation between subjective well-being and death anxiety. We conclude that the higher the psychological distress in the elderly, the higher the death anxiety. This does not apply to subjective wellbeing, which has no relationship with death anxiety.

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**Declaration of Interest statement:** none

#### **Authors' contribution**

Herdian assisted with concept, study design, data analysis, manuscript preparation and manuscript editing, generation of the initial draft of the whole manuscript, manuscript editing and data interpretation; Qingrong Chen assisted with concept, and study supervision. All authors contributed to and have approved the final manuscript.

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