

THE IMPACT OF COVID ON THE MENTAL HEALTH OF OLDER ADULTS

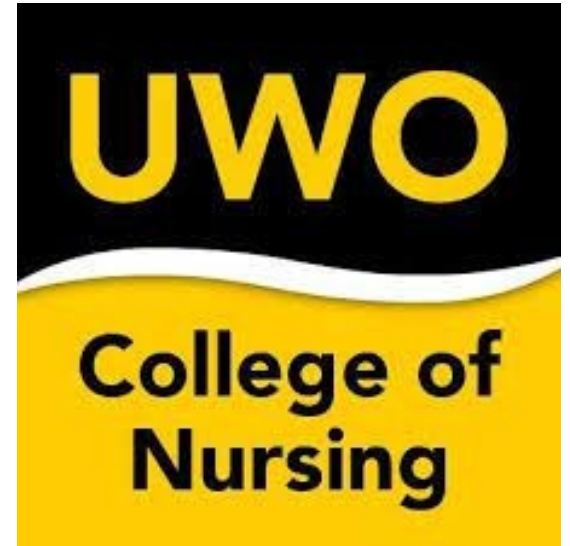
The Effects of Isolation on Residents of a Long-Term Care Facility

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- **Sarah O'Connell, MSN, RN**
- **Senior Lecturer at University of Wisconsin since 2005**
- **Graduate of Marquette University- BSN & MSN-GNP**
- **Background: Gerontology Certification, Medical/Surgical ICU, Home Health, Women's Health, Medical/Surgical**
- **Teaching: Clinicals in Long-term Care, Medical/Surgical units, Skills Lab, Honors Students, Gerontology Theory**



- **Luke Swanson, BSN, RN**
 - **Graduated from UW-Oshkosh in December 2021**
 - **Currently employed at Ascension St. Elizabeth Hospital in Appleton, WI**
 - **Working as an RN on the ICU/IMCU floor**
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- **In college- worked at two different long-term care facilities**
 - **Completed independent study for senior capstone project for the Honors College**

Effects of the Covid-19 Pandemic



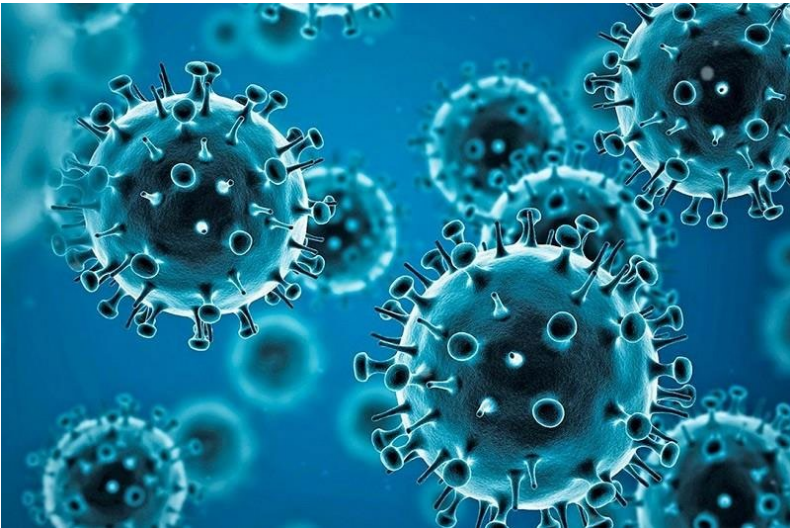
- **March 2020, our world completely changed**
- **Social Isolation was the theme of the entire year of 2020**
- **Changes in Long-term Care- meals only allowed in rooms, cessation of social interactions with others (games, group activities), restriction with visitor access, universal staff masking, isolation of residents in their rooms**
- **How would you feel if the only faces you saw all day were hidden by a mask, making it impossible to see a smile and any human touch was inhibited by gloves?**

Long-term Care Facilities and Covid-19



- **The overall atmosphere of long-term care facilities became described as hostile and cold**
- **Residents still received the medical treatment needed, but there was a lack in social stimulation that is crucial to human nature, resulting in a poor state of mind and spirit**
- **Many older adults find most joy in seeing their loved ones, socializing, telling their stories, and participating in hobbies and activities they enjoy**
- **Perhaps, by trying to protect this vulnerable population, we were eliminating all things that give their lives meaning**

Objectives



- Analyze the outcomes of isolation on residents in long-term care facilities (LTC)
- Discuss how the Covid Precautions impacted therapeutic communication and nurse-patient interactions
- Unfold Quality of life during isolation
- Focal points:
 - Pressure Ulcer Rates*
 - Weight Loss Rates*
 - Death Rates*
 - Voluntary Nurse Aide (CNA) Survey*

IMPORTANCE & BACKGROUND

- Where to begin research?

Isolation correlated with loneliness, depression

Isolation begins own disease process

- Depression can cause:

Decreased activity/energy

Loss of appetite/weight loss

Weakened immune system

- The above can cause:

Muscle weakness, falls, injury, decreased mobility

Impaired skin integrity, pressure injuries

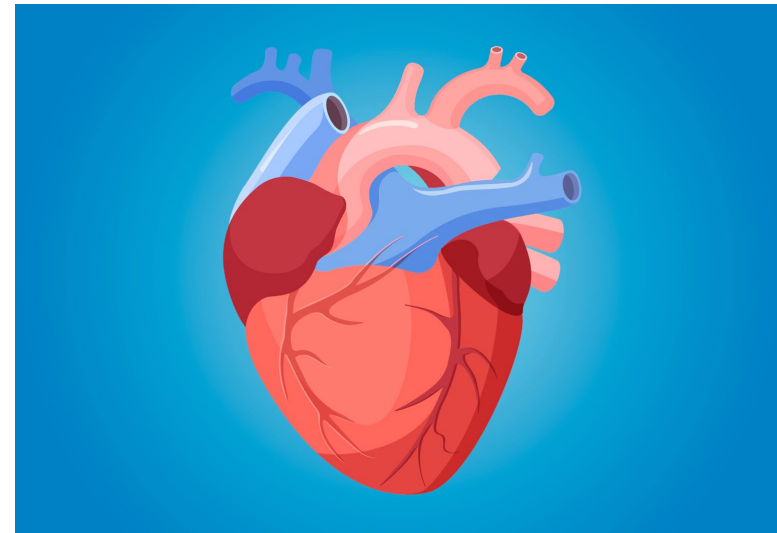
Infection, sepsis

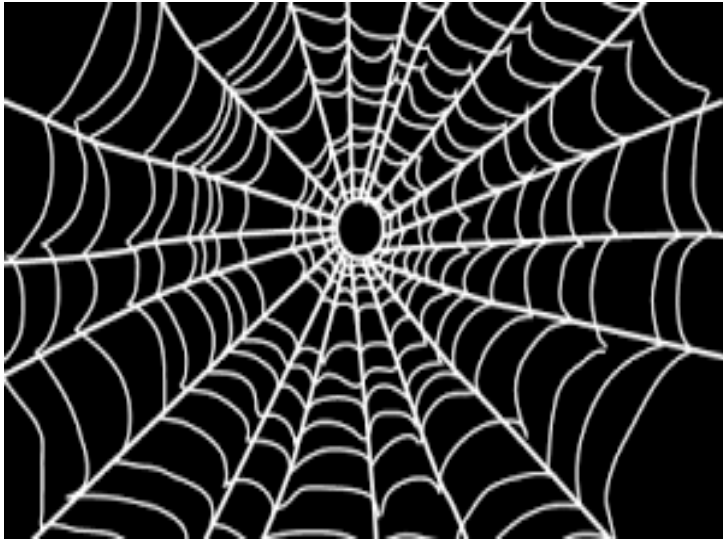
Different Pathways = Disease Process

Example: Heart failure and isolation pathways

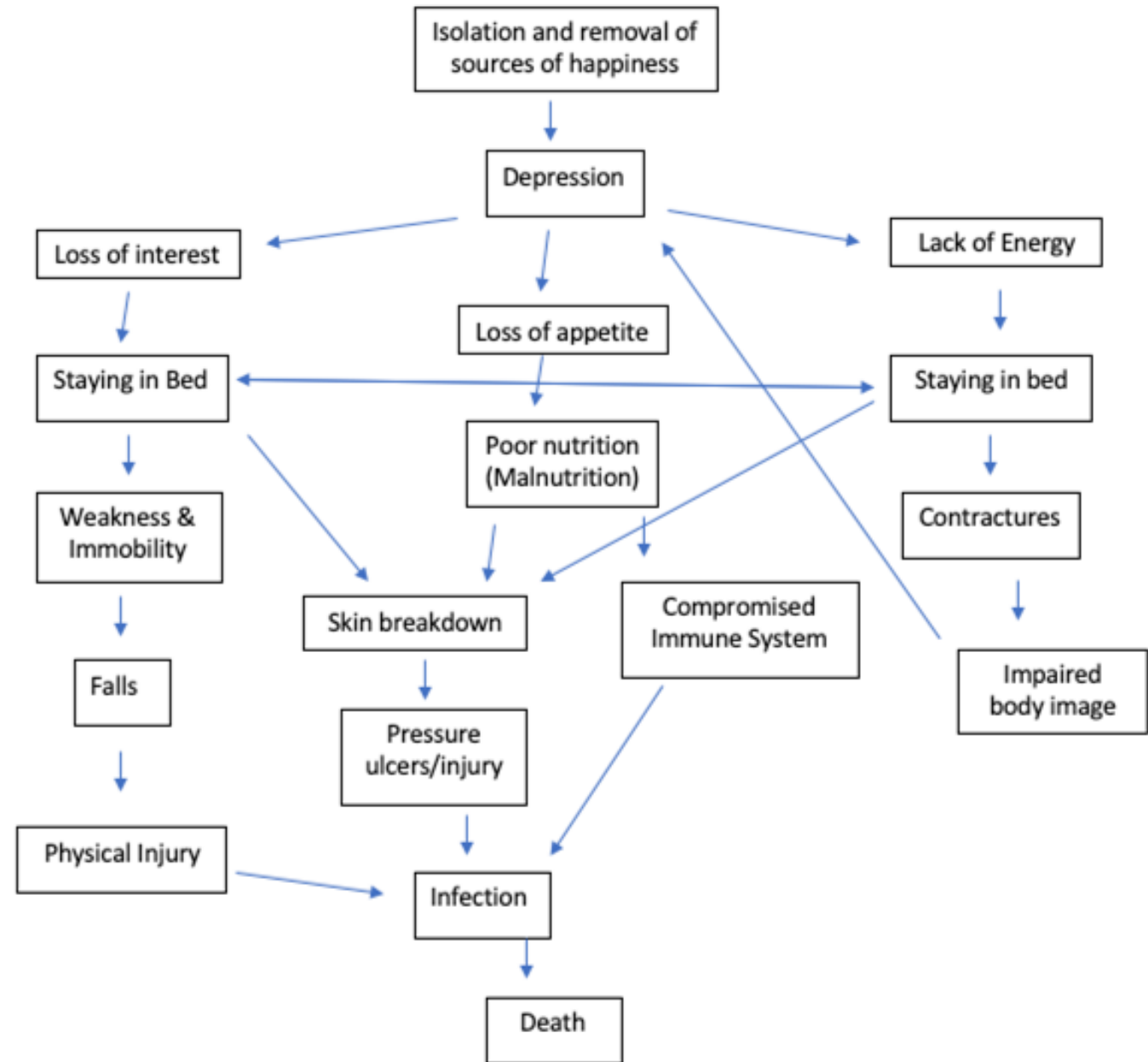
HTN -> Increased Afterload -> Heart pumps harder -> Ventricular Hypertrophy -> Reduced EF = Decreased Perfusion, Fluid overload/edema

Isolation -> Loneliness -> Depression -> Reduced energy -> Immobility -> Pressure Injury = Infection, sepsis





MENTAL WEB OF CONNECTIONS



THESIS & METHODOLOGY

- **Initial thesis**

The death rates, weight loss rates, and pressure injury rates will all increase with the initiation of isolation precautions

- **Was I wrong?**

Methodology:

- **Permission from Long-Term Care facility**
- **Administrator provided access to information including a list of deaths each month (names and other PHI excluded), recorded new pressure injuries, and dietary information regarding residents noted for weight loss**
- **Late addition to research-voluntary survey given to CNA's during pandemic- later expanded to other healthcare workers**

Overarching Concepts



- **Range of concepts to better understand big picture**
 - Sources of Happiness**
 - Loneliness in Long-Term Care Facilities (before COVID)**
 - Importance of family, Friends, Socialization**
 - Facility Regression during pandemic**
 - The “Giving Up” Phenomenon**
 - New Mexico study of residents and isolation**

SOURCES OF HAPPINESS FOR Older Adults



- **Socialization and relationships**
- **2018 Study revealed keys to a joyful life**
 - Positive Relations**
 - Sense of Belonging**
 - Sources of Meaning**
- **Precautions remove these keys**

LONELINESS IN LONG-TERM CARE FACILITIES



- **Before COVID, transition to long-term care already caused feelings of loneliness**
- **Transition can represent breaking of bonds with family and friends outside the facility**
- **Subjective v.s. Objective social isolation-**
 - Physical isolation v.s. Emotional reaction**
- **Martin Heidegger's Phenomenon- "Being-with v.s. Being-alone"**

FAMILY, FRIENDS, & SOCIALIZATION



- **Increased feelings of loneliness & Isolation lead to a lower perception of individual self-worth**
- **Inadequate social support leads to negative physical outcomes**
- **Socialization leads to improved memory and physical health, as well as decreased signs of depression**
- **Holistic care- care for the mind, body, and spirit**

FACILITY REGRESSION



- **Omnibus Budget Reconciliation Act (OBRA) in 1987 improved the quality of long-term care facilities**
 - **Before OBRA, LTCFs were modeled after hospitals**
 - **Structured routines, little opportunity for self-expression**
- **Residents during the pandemic stated that they felt like they were in prison**
- **Bill Thomas- Eden Alternative and the 10 principles**
 - **3 plagues- loneliness, helplessness, boredom**
 - **Loving companionship is the antidote**
 - **Meaningless activity corrodes the human spirit**
 - **Medical Tx should be servant of human caring- never master**
- **The only other population likely to be institutionalized is criminals- elders should not be treated the same**
- **Compare: Pre-OBRA, Prison, pandemic isolation**

THE “GIVING UP” PHENOMENON



- **“They just gave up.”**
- **Those with high levels of isolation and loneliness perceive a lower purpose in life and lower expectations of longevity**
- **Low expectations of longevity become a self-fulfilling prophecy and lead to decreased health**
- **“Many residents just shut down, which, for many, hastens their physical decline.”**
- **“Fighters” fight because they have a purpose, others without purpose may choose not to fight**
- **Direct v.s. Indirect suicide**

NEW MEXICO STUDY

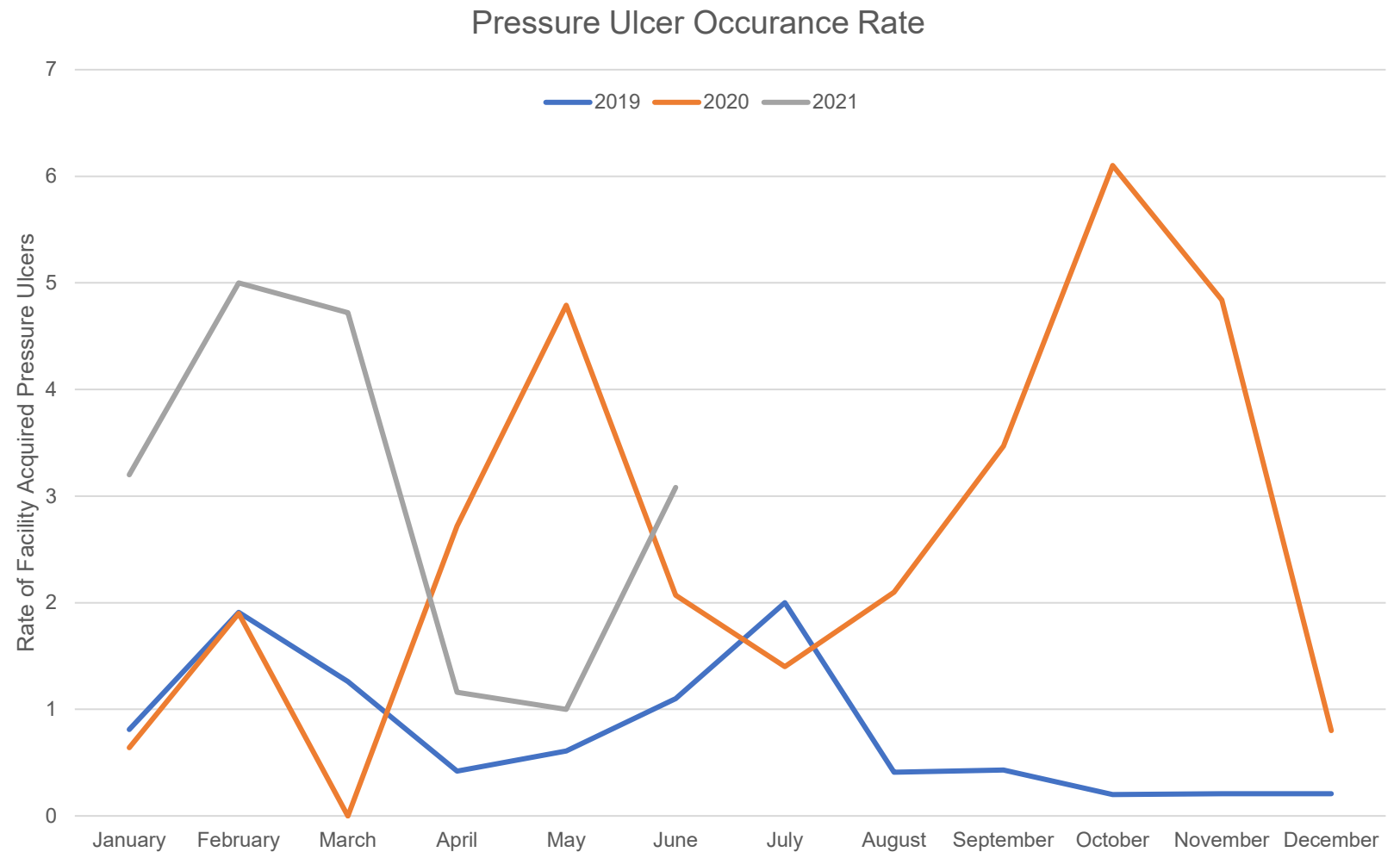


- **Study most similar to my own**
- **Conducted in 2006- focused on relation of social isolation, loneliness, and social support on disease outcomes**
- **Cardiovascular, neuroendocrine, and immune system benefits**
- **Isolation related to elevated hypothalamic-pituitary activity and the release of cortisol**
- **Support aids ability to buffer cardiovascular reactivity to stress**
- **Effects on blood pressure, cortisol levels, sleep patterns**
- **Belongingness and purpose are the best predictors of disease outcomes**

RESULTS: PRESSURE INJURIES

Highlights:

- Spikes after March 2020 and August-October 2020
- Vast difference from 2019 across the board



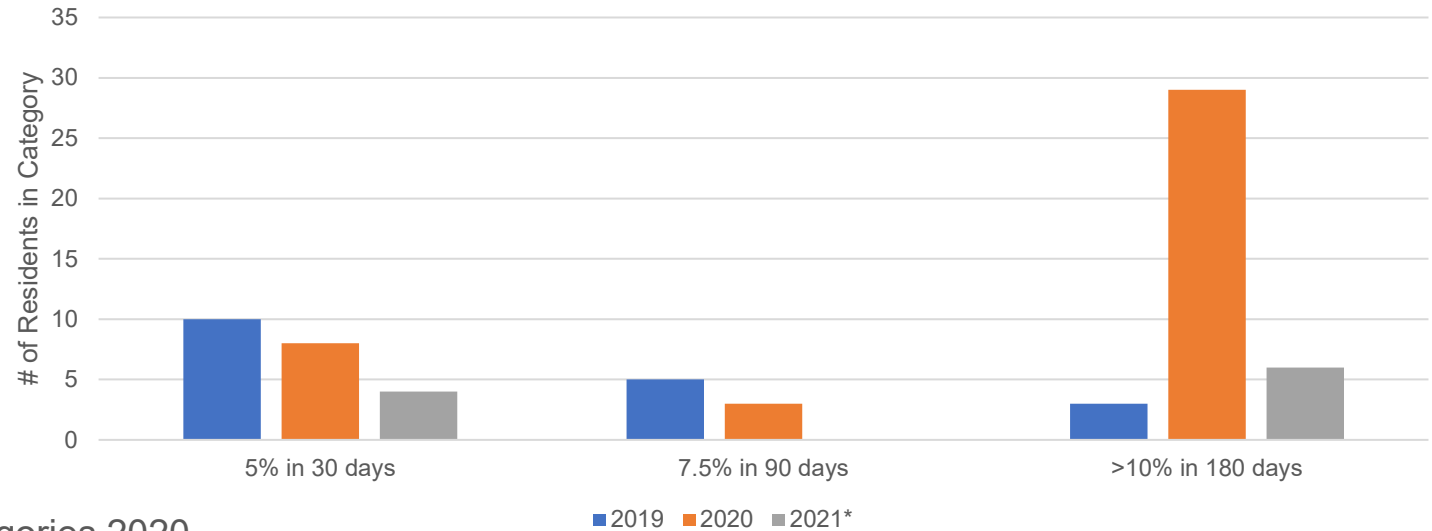
RESULTS: PRESSURE INJURIES

Year	FA Pressure Injury Rate
2019	0.8
2020	2.6
2021*	3.02

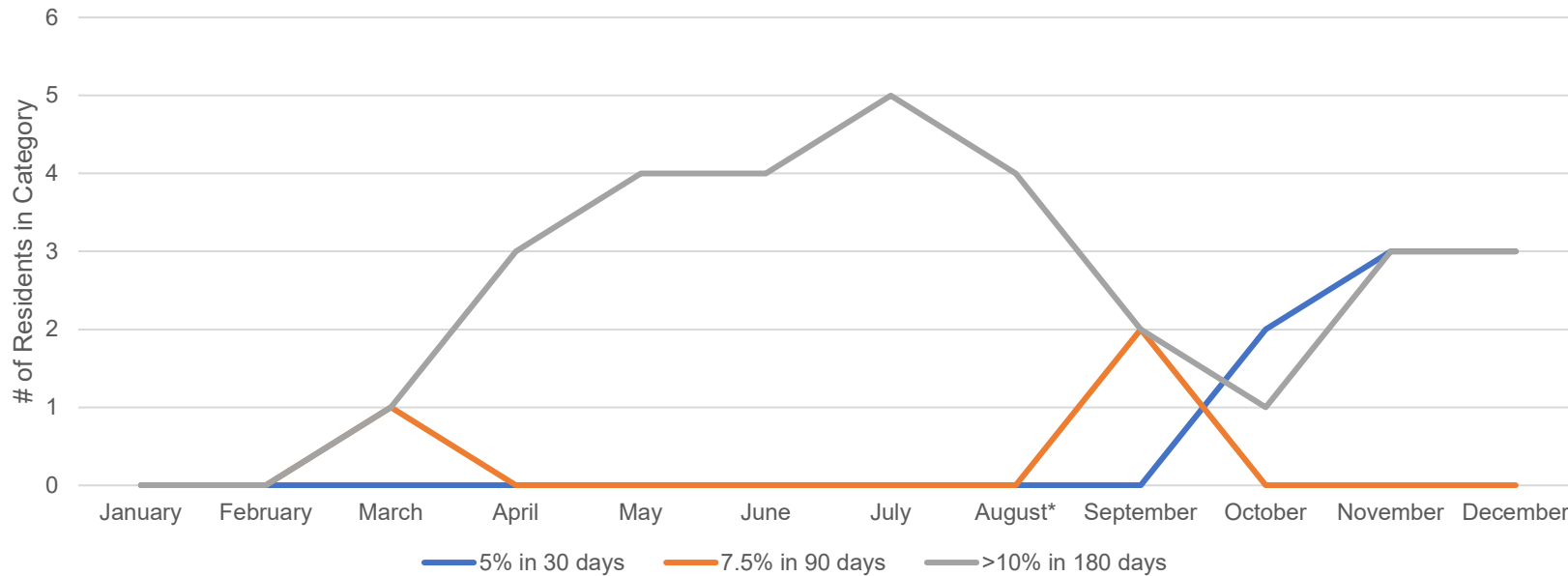
Month	Facility Acquired Pressure Injury Rate: 2019	2020	2021
January	0.81	0.64	3.20
February	1.91	1.90	5.00
March	1.26	0.00	4.72
April	0.42	2.72	1.16
May	0.61	4.79	1.00
June	1.10	2.07	3.08
July	2.00	1.40	
August	0.41	2.10	
September	0.43	3.47	
October	0.20	6.10	
November	0.21	4.84	
December	0.21	0.80	

RESULTS: WEIGHT LOSS

Weight Loss Categories 2019-2021



Weight Loss Categories 2020



Highlights:

- 3 Categories of weight loss:
 - 5% in 30 days
 - 7.5% in 90 days
 - >10% in 180 days
- >10% in 180 days in 2020
- In 2020, massive difference in categories- attributed to increase in depression and residents moving categories

RESULTS: WEIGHT LOSS

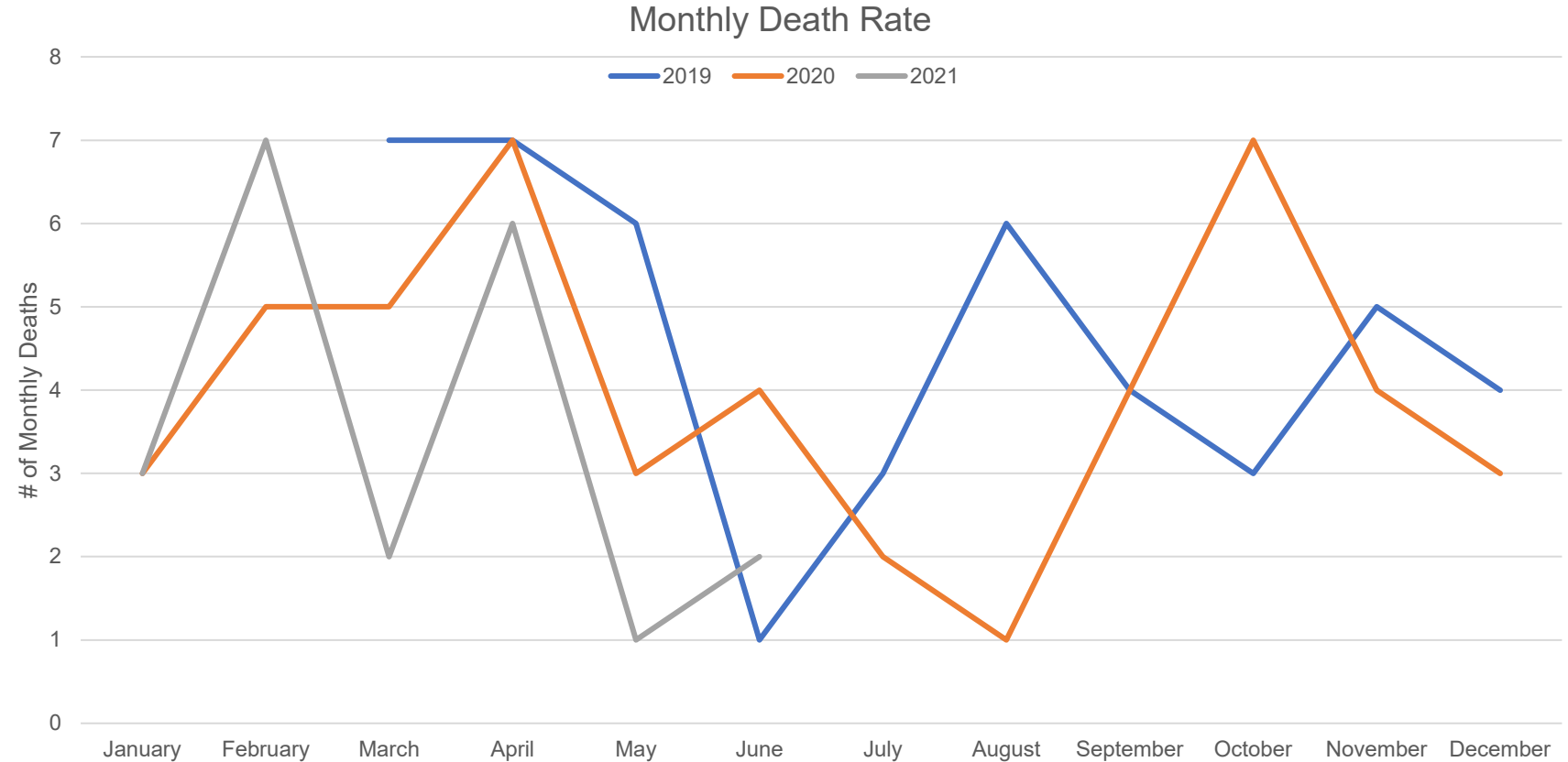
- **Outliers: 1 in 2020, 3 improved in 2021 after visitation restrictions lifted**
- **29 residents in 2020 compared to 3 residents in 2019 in highest category**

	2019	2020	2021*(01-06)
5% in 30 days	10	8	4
7.5% in 90 days	5	3	0
>10% in 180 days	3	29	6
Other	-	1 @16% in 180 days	3 w/ wt. increase

RESULTS: DEATH RATE

Notes:

- **No obvious correlation with March 2020 lockdown**
- **No apparent pattern in any of the 3 years**
- **Spike relationship to weight loss (inverse) and pressure injuries (direct)- Why?**



RESULTS: DEATH RATE

Notes:

- No significant difference between 2019 and 2020
- *No deaths in 2020 had a cause of death listed as COVID*

Month	Deaths 2019	Deaths 2020	Deaths 2021
January		3.0	3.0
February		5.0	7.0
March	7.0	5.0	2.0
April	7.0	7.0	6.0
May	6.0	3.0	1.0
June	1.0	4.0	2.0
July	3.0	2.0	
August	6.0	1.0	
September	4.0	4.0	
October	3.0	7.0	
November	5.0	4.0	
December	4.0	3.0	
TOTAL	46	48	21

RESULTS: CNA SURVEY

Person & Position	Question 1 How Often? (1-10)	Question 2 What Percentage?	Question 3 Agree (1-10)	(Optional) Question 4 Story? Y/N
Volunteer 1 CNA	10	90%	10	Y
Volunteer 2 CNA	9	75%	10	Y
Volunteer 3 CNA	8	60%	10	Y
Volunteer 4 CNA	10	90%	9	Y
Volunteer 5 CNA-BSN, RN	10	75%	10	Y
Volunteer 6 CAN/ER Tech	8	60%	10	Y
Volunteer 7 CNA	10	80%	10	Y
Volunteer 8 CNA	9	90%	9	N
Volunteer 9 CNA	5	50%	9	N
Volunteer 10 CAN/ER Tech	7	25%	8	Y
Volunteer 11 CNA	9	50%	8	N
Volunteer 12 CNA	8	80%	8	Y
Volunteer 13 CNA	7	50%	7	N
Volunteer 14 BSN, RN	6	10%	9	N
Volunteer 15 RDLD	10	75%	10	Y
Volunteer 16 CNA	8	75%	9	Y
TOTALS	134/16 8.4 AVG	1035/16 64.7%AVG	146/16 9.1 AVG	X

1. While working as a CNA, tech, nurse, or any other position in the healthcare field, how often did you have a conversation with or hear a resident of a long-term care facility mention any of the following:

- Negative emotions or feelings towards isolation precautions
- Missing family members, friends, or other loved ones
- Boredom or feelings of being withdrawn
- Increased feelings of depression, anxiety, or loneliness

Give your answer on a scale of 1-10, with 1 being never and 10 being very frequently.

2. If you can recall, what percentage of residents that you interacted with showed signs of worsening depression, anxiety, or loneliness? Think about residents who could either communicate verbally or through behaviors.

3. In your opinion as a healthcare worker, to what degree would you agree with the following statement?

"In general, there was a noticeable decline in the mental/emotional or physical health of most residents after the initiation of isolation precautions due to COVID-19."

- Please give your answer on a scale of 1-10, with 1 being completely disagree and 10 being completely agree

4. (Optional) If there are any personal stories that come to mind relating to experiences with residents displaying their opinions on the isolation precautions, would you be willing to share?

TOTALS: Q1- 8.4 avg., Q2- 64.7% avg., Q3- 9.1 avg.

DISCUSSION & CONCLUSION



- **Death and the dying process does not happen in one day, week, or even month**
- **Pressure injuries and deaths are directly related because the pressure injuries are indicative of deteriorating condition and immobility. Once the resident dies, they are eliminated from both categories.**
- **Weight loss has an inverse relationship with pressure injuries and deaths because it indicates the dying process has begun**
- **The weight loss and pressure injuries charts do line up with isolation precautions, though deaths do not. Some residents may have survived due to great care, but have lasting effects.**
- **The lasting effects can be physical, mental, or both**



SOME PERSONAL STORIES

- **The volunteers were given the option to share any story they felt was relevant to the focus of this survey**
- **Many healthcare professionals have impactful stories about their experience during the pandemic**
- **7 highlights from the 12 stories collected.**

- **I personally felt that allowing for the expression of these stories was beneficial for the volunteers and to get a perspective that cannot be expressed through a study or journal article**
- **“Keep work at work and home at home”**

Personal Stories



- **Volunteer 10 (CNA/ER Tech):** “There was a noticeable increase in mental health issues and suicide- especially around the holidays... they had to spend the holidays alone.”
- **Volunteer (Ineligible):** “I’ve definitely seen from a perspective of mental sharpness the lack of activities has affected the residents.”
- **Volunteer 2 (CNA):** “I’ve had lots of patients frustrated that they are so isolated and cannot see their loved ones, adding extra stress.”
- **Volunteer 4 (CNA):** “Patients often feel lonely and neglected when in isolation... it is hard to build a trusting relationship... due to extensive PPE worn and inability to recognize faces or voices.”
- **Volunteer 3 (CNA):** “I recall some residents reacting to losing touch with family and having ‘no purpose’ to life. Suicidal ideation became present.”
- **Volunteer 15 (RDLD):** “I hear negative comments daily... most are bored and have clear signs of depression... mental health affects physical health and both saw a decline... they are declining physically in terms of mobility... pressure ulcers went up significantly.”
- **Volunteer 1 (CNA):** “Every resident at the nursing home regularly asked when they could see their family... it’s been so long since they could hug their loved ones.”

CHANGES SINCE THE STUDY



- Isolation precautions have changed, but are not gone
- Long-term care facilities allow visitors again, but it is not the same and residents themselves have changed
- Many hospitals continue to enforce 1 or 2 visitor limits per day and masks regardless of patient/family covid status
- Patients of mine have mentioned the same feelings during and after this last covid wave

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