



**Barriers faced by elderly population in taking psychiatry services during covid and lockdown**

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**Abstract**

**Background:** The novel coronavirus disease has caused trauma not only to the physical health but also to the mental aspects of human life. The elderly population had experienced greater adversity owing to increased mortality and co-morbidities, and even while accessing telepsychiatry they might encounter problems in using smartphones due to various reasons like financial limitations, vision impairment, and lack of interest and knowledge about technologies

**Objectives:** To find the barriers experienced by the elderly population while accessing mental health care services during the second wave of the pandemic, their exposure, and their attitude towards telepsychiatry.

**Methods:** This was a cross-sectional descriptive study carried out telephonically in elderly patients who were on follow-up of psychiatry services from the department. Basic socio-demographic data were collected and barriers experienced and causes of barriers, attitudes towards telepsychiatry, were assessed using a semi-structured questionnaire.

**Results:** Maximum number of participants couldn't visit the hospital during the second wave of COVID-19 and the most common reason cited was fear of getting

infected. Those who could visit the hospital had come mostly for routine visits, while some also had exacerbation of symptoms and appearance of new symptoms. A maximum of the participants who visited the hospital did have to encounter any problem. The majority of the participants were in favor of telepsychiatry services and the most common reason cited was decreased hassles due to travel.

**Conclusion:** A proper understanding of the problems faced by patients should be attempted to reduce delayed treatment-seeking behavior and improve compliance in future waves of COVID.

**Keywords:** COVID, barriers to treatment, telepsychiatry

**Introduction**

The novel coronavirus disease, first diagnosed in December 2019, has rapidly spread across the world, hindering the lives of billions of people causing trauma not only to the physical health but also to the mental aspects of human life.

The consequences of its effect on mental health are more devitalizing as mental health is interlinked directly or indirectly with almost all spheres of human life.<sup>[1]</sup> The pandemic along with social isolation and lockdown measures has led to many erosions in human lives like

the death of loved ones, unemployment, financial insecurity, loss of direct social contacts, and loss of educational and recreation resources. Studies have shown a high prevalence of psychological symptoms and emotional disturbance due to the impact of social distancing and lockdown.<sup>[2]</sup>

COVID has affected every age group, but compared to other age groups, the elderly population is found to be more prone to the development of severe symptoms and has a higher mortality rate.<sup>[3]</sup> As of September 2022, 13.24% of the affected people in India are above the age of 60 years. (National center for disease control).

The COVID-19 pandemic has caused considerable changes in the delivery of health care services with a decline seen in the use of both outpatient and emergency medical services. Delayed health-seeking behavior had been mostly because of fear of contamination.<sup>[4]</sup>

Social isolation measures have impeded most conventional face-to-face mental health services as a result of which many mental health care practitioners are trying to adapt to the adversity by making use of tele mental health.<sup>[5]</sup>

The benefits of telepsychiatry from the client's perspective include feasibility and contentment. Moreover, telemedicine can also mitigate certain barriers to health care access like a dearth of transportation or limited outreach of services.<sup>[6]</sup>

But at the same time telemedicine practices also experiences many hurdles like resistance from clients, technological problems, and licensure requirements.<sup>[7]</sup>

Not only had the elderly population, had to experience greater adversity in the time of the pandemic owing to increased mortality and co-morbidities, but even while accessing telepsychiatry they might encounter significant problems as studies have shown that the elderly have difficulties in using smartphones due to various reasons

like financial limitations, vision impairment and lack of interest and knowledge about technologies.<sup>[8]</sup>

However, there has been a dearth of studies regarding problems faced by the elderly population during the pandemic in accessing health care and their attitude towards tele-mental health services. Hence this study aims at finding the barriers experienced by the elderly population while accessing mental health care services, their exposure, and their attitude towards telepsychiatry.

### **Methods**

The study was conducted in the Department of Psychiatry, Pt. B. D. Sharma Post Graduate Institute design was employed. Purposive sampling was used to recruit participants. A total of 45 participants were recruited. Inclusion criteria were the patient on follow-up from psychiatry services, aged 60 years and above, able to speak and understand Hindi, and willing to participate in a telephonic interview

A self-designed questionnaire was used to assess the barriers faced by elderly people in accessing psychiatric services during the pandemic and their attitude towards telepsychiatry. The questionnaire consisted of a set of open- and closed-ended questions about 1) patient's sociodemographic and clinical characteristics, 2) delay in seeking emergency healthcare, causes for this delay, and 4) attitude towards telepsychiatry.

Descriptive statistics were used to summarize respondents' socio demographic and clinical characteristics. Means, standard deviations (SD), and Range were used for continuous variables. Frequencies and percentages were used for categorical and dichotomous variables.

**Results**

Table 1: Socio-demographic variables

Sociodemographic variables	Mean (SD)/N (%) [PATIENT] N=45
Age in years	67.37(6.63)
Education:	
Illiterate	9(20%)
Primary	11(24.4%)
Middle	10(22.2%)
10 <sup>th</sup> pass	6(13.1%)
12 <sup>th</sup> pass	1(2.2%)
Graduate	6(13.3%)
Post-graduate	1(2.2%)
Professional/higher	81(2.2%)
Gender	Male: 30(66.67%) Females: 15(33.3%)
Marital status:	Married: 38(84.4%) Widowed: 7(15.5%)
Employment Status:	Retired: 11(24.4%) Farmer: 9(20%) Labour: 3(6.7%) Homemaker: 15(33.3%) Unemployed: 7(15.5%)
Monthly income of the family (Rs) Median	
Min:	20,000
Max:	7,000
Range:	40,000 33,000
Domicile	Rural: 33(73.3%) Urban: 12(26.7%)
Type of family	Nuclear: 16(35.6%) Joint: 19(42.2%) Extended-nuclear: 10(22.2%)
Socio-economic status	Lower: 8(17.8%) Middle: 37(82.2%) Higher: 0

Table 2: Clinical variables

Clinical variables	Male n=30	Female n=15
Total no of patients with Physical co-morbidities:	22(73.3%)	9(60%)
Hypertension:	12(40%)	5(33.3%)
Diabetes	3(10%)	4(26.7%)
Arthritis	0	2(13.3%)
Thyroid	1(3.3%)	1(6.7%)
Asthma/COPD (chronic obstructive pulmonary disease)	2(6.7%)	0
CVA (Cerebrovascular accident)	1((3.3%)	0
IHD (Ischemic heart disease)	2(6.7%)	0
Liver problem	1(3.3%)	0
Piles	2(6.7%)	0
Mean(sd) years of taking psychiatric treatment:	8.45	8.91
Diagnosis		
Depression	13(43.3%)	7(46.7%)
BPAD (Bipolar Affective Disorder)	5(16.7%)	2(13.3%)
Anxiety	4(13.3%)	2(13.3%)
Psychosis	3(10%)	4(26.7%)
Insomnia	2(6.7%)	
Substance use	3(10%)	
Visit hospital during lockdown		
Yes	13(43.3%)	6(40%)
No	17(56.7%)	9(60%)
Reasons for visit	N=13	N=6
To take regular medicines	9(69.2%)	4(66.7%)
Exacerbation of symptoms	2(15.4%)	2(33.3%)
Appearance of new symptoms	2(15.4%)	0
Problem faced while reaching the hospital	N=13	N=6
No problem	1. 11(84.6%)	3(50%)
Transportation problem	2. 2(15.4%)	3(50%)
Reason for not visiting hospital	N=17	N=9
Fear of getting infected	9(52.9%)	6(66.7%)
Family members not allowing	3(17.6%)	1(11.1%)
No idea whether the hospital was open	2(11.7%)	2(22.2%)
Monetary issues	1(5.8%)	0
Transportation problem	1(5.8%)	0
Family members having COVID infection	1(5.8%)	0
Alternate methods to hospital visits	N=17	N=9
Continued same medications from shop	8(47%)	5(55.5%)
Had sent family members to take medicines	6(35.3%)	3(33.3%)
Stopped medications	2(11.7%)	1(11.1%)
Took treatment from different hospital/private practitioner	1(5.8%)	0

Whether telepsychiatry services will be helpful	N=30	N=15
yes	19(63.4%)	11(73.3%)
no	11(36.6%)	4(26.7%)
Reasons favoring telepsychiatry	N=19	N=11
. No need for travel	11(57.8%)	7(63.6%)
. No risk of infection	8(42.1%)	4(36.3%)
Reasons for not favoring telepsychiatry	N=11	N=4
Face to face conversation is better	3(27.2%)	2(50%)
Difficulty in using a smartphone	3(27.2%)	1(25%)
Will have a problem buying medicines	5(45.4%)	1(25%)

As shown in Table 1 the mean age of the participants was 67.37 years, majority of the participants were males (66.7%), married (84.4%), retired (24.4%), from a rural background (73.3%), living in a nuclear family (35.6%) and belonging to middle socioeconomic status (82.2%). A maximum number of the participants were educated till primary school, followed by middle school and 10<sup>th</sup> pass.

As shown in Table 2, more percentage of males (73.3%) had physical co-morbidities compared to females (60%), and the most common co-morbidities for both groups were hypertension, followed by diabetes mellitus. Males had additional co-morbidities like ischemic heart disease, liver disorder, piles, asthma/COPD, and cerebrovascular accidents, which were absent in females.

The average years of taking psychiatry services for both the groups were around 8 years with depression being the most common diagnosis, followed by BPAD in males and psychosis in females.

A maximum number of participants couldn't visit the hospital during the second wave of COVID-19 and the most common reason cited was fear of getting infected (66.7-52%). The other major reasons were family members not allowing them to visit and doubt whether the department was functioning during the COVID times. Those who didn't visit the hospital managed by continuing the same medications by purchasing from

local medicine shops, or had sent family members to collect medicines on their behalf. Around 11% of participants of both males and females had stopped taking medications completely.

Approximately 40% of the participants visited the hospital during the lockdown, mostly for routine visits, while some also had exacerbation of symptoms and appearance of new symptoms. Maximum of the participants who visited the hospital did have to encounter any problem.

The majority of the participants were in favor of telepsychiatry services and the most common reason cited was decreased hassles due to travel.

**Discussion**

The study aimed to understand the barriers experienced by the elderly population while accessing mental health care services during the second wave of the COVID-19 pandemic in India and their exposure and attitude towards telepsychiatry. We found a large proportion of the participants reported delay or complete absence of a visit to the psychiatry department during the second wave and these findings are in line with previous studies where a similar drop is seen in patients visiting hospitals during the pandemic.<sup>[9,10]</sup>

This study shows that a major proportion of the participants had maintained their compliance with medications during the lockdown. Another study shows

similar findings that although a majority of the patients missed their appointments during lockdown they maintained compliance by procuring medications using their previous prescriptions and the reasons for non-compliance had been non-availability of medicines, professionals, and lack of transportation.<sup>[11]</sup>

One of the key findings of the study shows that the major reasons for not being able to avail of outdoor services during the lockdown period were fear of infection and family members not allowing to go outside. Although protective thinking of family members can have a positive impact by restricting infection spread, at the same time forceful confinement at home can also lead to negative consequences like the development of feelings of being lonely, stigmatized, and being treated unfairly. Forceful confinement can also increase their concerns regarding death or fear of catching the infection.<sup>[12]</sup> A study from Netherland supports the findings of this study and along with it has also found other factors which have led to delays in treatment like, not wanting to put pressure on services, and considering own complaints as less urgent compared to complaints of COVID-19 patients.<sup>[13]</sup>

Lack of patient awareness and acceptance of telemedicine and difficulty in establishing rapport is one the biggest challenges faced by telemedicine projects<sup>[14]</sup> but in this study majority of the participants favored telepsychiatry and the reason cited was decreased hassles due to travel. In another study similar findings have been seen, where availing of telepsychiatry services saved time as well as travel costs for patients.<sup>[15]</sup>

To the best of our knowledge, it is the first study that focused on the elderly population as the elderly are a more vulnerable group in society, especially at the times of COVID-19.

The limitations of this study include a small sample size and the study being confined to one time period; hence health-seeking behavior could not be compared with pre-COVID times.

### **Conclusion**

Our study adds to the very sparse literature on the barriers faced by patients while availing of psychiatry services during COVID times. A proper understanding of the problems faced by patients could help to reduce delayed treatment-seeking behavior and improve compliance in future waves of COVID. Taking into account the positive and negative attitudes of patients towards telepsychiatry, healthcare professionals, as well as various organizations, can educate and motivate patients regarding tele mental health to avoid hurdles in health care services.

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