ORIGINAL ARTICLE

Mental Health and Psychosocial Support Online-Based Services To Improve Elderly Integrity and Reduce Loneliness During the Pandemic Covid-19

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ABSTRACT

Introduction: The COVID-19 pandemic impacted the mental health of the elderly around the world. The consequences of social distancing during the pandemic increase loneliness, and it can be a barrier to achieving integrity in the elderly. This study aimed to identify the incident of mental-emotional disorder, level of loneliness, the achievement of psychosocial developmental tasks through mental health and psychosocial support (MHPSS). **Methods:** It used a Quasi-experimental pre-post-test with a control group involving 106 respondents. The research location was in Java Island. De Jong Giervield instrument used for the lonely variable, and The Accepting Past Scale (ACPAST) for measuring integrity. The MHPSS was given for eight weeks. **Results:** Regression analysis showed a significant difference in the decreasing mental-emotional disorder and level of loneliness in the intervention group (p value≤ 0,005) compared to the control group. The elderly achieved a more meaningful understanding of life (p value≤0,005) after completing the MHPSS. **Conclusion:** Although the elderly are constrained by the age factor and the ability to use gadgets, it turns out that online-based interventions can reduce the level of loneliness and stimulate the achievement of psychosocial development tasks. Researchers suggest developing elderly-friendly online-based interventions so that they can still have access to health services even in a pandemic situation.

Keywords: Elderly, Mental health, MHPSS, Loneliness, Psychosocial nursing

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INTRODUCTION

The World Health Organization World Health Organization (WHO) designated COVID-19 as a Public Health Emergency of International Concern (PHEIC) on January 30, 2020. Confirmed cases in Indonesia were reported as many as two people on January 30, 2020. March 2, 2020. Next, WHO changed the status of PHEIC to Pandemic on March 11, 2020 (10). After the Indonesian government reported the findings of the confirmed case, the public responded to various responses, even causing global anxiety in the disaster situation of the COVID-19 outbreak.

The COVID-19 pandemic is a non-natural disaster that has an impact on mental health. The global results of research on mental health and psychosocial problems conducted after the tsunami in 2004 showed an increase in mental health and psychosocial problems almost doubling after 12 months, namely, severe mental disorders from 2-3% to 3-4%, moderate to severe mental disorder (mild to a moderate mental disorder) from 10% to 15-20%, while moderate to severe psychosocial distress (mild to severe psychosocial distress) reaches 30-50%, and moderate psychosocial distress (mild psychosocial distress) 20 -40% (10). Social restrictions during the pandemic have left older people feeling lonely and isolated. Furthermore, severe loneliness is considered to harm a person's mental and physical health. The survey showed that 41 per cent of the elderly felt lonely in the period March-June 2020. In the same period, 56 per cent of the elderly felt isolated, and 46 per cent rarely had social contact, either with friends, neighbours, or family(1,5). This data increase compared to October 2018, where 34 per cent of older adults are lonely, 27 per cent feel isolated, and 28 per cent rarely have social contact.

Loneliness experienced by the elderly could hinder adjustment to achieve integrity for the elderly. The elderly will experience despair if self-integrity is not achieved in the old age stage. Characteristics that appear in the elderly who experience despair or isolation are:

do not have appropriate self-esteem (3), criticize or regret the life that has been passed (7), feel lost, have no meaning in life (6), still want to do more but feel afraid of not having enough time, blame oneself, others and the environment, isolate oneself.

The use of technology to bridge the gap will be necessary during a pandemic. In March-June 2020, the elderly overcame feelings of isolation with the help of technology. As many as 59 per cent of the elderly use social media, and 31 per cent make video calls at least once a week (17). Forty-six per cent of older adults interact with neighbours, and 75 per cent go outside the house (21). So that the mental health and psychosocial support (MHPSS) need to address to prevent the elderly experience loneliness and end up in despair. MHPSS is a form of support provided to protect or improve psychological well-being or prevent or treat mental health conditions. The implementation of mental health and psychosocial support will help the community to get promotion and prevention of mental health and psychosocial problems (17). This study aims to identify the effect of providing mental health and psychosocial support on mental-emotional disorders, the level of loneliness, and the achievement of psychosocial development tasks in the elderly during the pandemic.

MATERIALS AND METHODS

Study Design
This study employed a quasi-experimental pre-post-test with a control group.

Participant and setting
Participants involved 106 elderly consisting of 54 people in the experimental group and 52 people in the control group. The inclusion criteria in this study were the elderly who lived in the same house with their caregiver, did not have severe mental disorders before the pandemic, had a device to participate in the online intervention. The research location was conducted in DKI Jakarta, West Java, Central Java, DIY Yogyakarta and East Java. De Jong Giervield 11-item instrument was used for the lonely variable. It has been tested for reliability and validity, which shows content validity with an i-CVI of 0.90, criterion validity with a correlation coefficient between item scores with a higher total score. From the coefficient of r table (0.361 compared to 0.195), reliability test (internal consistency) with Cronbach alpha 0.8 (very reliable). The Accepting Past Scale (ACPAST) for measuring integrity. The validity and reliability tests show good internal consistency with Cronbach's alpha of 0.77 and content validity with i-CVI 0.90, indicating that the r count is greater than the r table.

Data collection
This research was conducted first by training health workers to form new life adaptations during the Covid-19 pandemic, then training cadres and caregivers to care for the elderly. Henceforth, these health workers, cadres and caregivers then independently train and care for the elderly. Before the intervention, researchers measured loneliness, mental-emotional disorders and the achievement of self-integrity in the elderly. Only then was the MHPSS implemented in the first four weeks (28 days), which was accompanied directly by researchers to form new habit adaptations during the pandemic. After that, the second measurement was carried out on mental, emotional disorders, loneliness and the achievement of self-integrity in the elderly. Then it ends with MHPSS independently by health workers, cadres, and families for four weeks or 28 days as a behaviour culture for the elderly. After completion of the second 4 weeks, it ended with the last measurement. The total duration of the intervention was eight weeks (56 days), which was carried out daily and monitored through progress notes using an online application; measurements were made three times before the intervention, on the first 28 days and at the end of the intervention. At the end of the study, the researcher also assessed the psychosocial dimensions that influenced the elderly in achieving self-integrity.

Data analysis
Data analysis was carried out with the help of quantitative data processing software. Statistical tests of correlation with chi-square and linear regression were applied to determine the relationship between variables and dominant factors that affect the level of loneliness in the elderly.

Ethical considerations
This research has received a research permit from the research ethics committee of the Faculty of Nursing, University of Indonesia based on the Certificate of Passing the Ethical Review Number SK-146/UN2.F12. D1.2.1/ETIK 2020.

RESULTS

Based on Table I, we can find a significant influence between score mental-emotional disorder after conducted online MHPSS on intervention group, it can be seen from the value of p =0.002 (p less than 0.05). The elderly with severe loneliness decreased from 31.5% to 1.8%, and the elderly with moderate loneliness (22.3%) felt less lonely (75.9%). There is a significant influence between the level of loneliness on the intervention group and control group, and it can be seen from the value of p =0.000 (p less than 0.05). There was an increase in the ability to achieve self-integrity, it is a significant difference between the ability to achieve psychosocial development tasks in the elderly (pValue <α).

Conventional Educational (only flyer education media) does not prevent mental-emotional disorders, decreased loneliness in the elderly, and occurred a minor increase in achieving integrity. While the control group, there

Table I: Comparison mental emotional disorder (MED), loneliness, and achievement of elderly psychosocial developmental task on experimental groups (n=54)

Variables	Pre-Intervention		Post-Intervention		p-Value
	f	%	f	%	
MED	26	48.1	9	16.7	0.002
Not MED	28	51.9	45	83.3	
Not lonely	1	1.8	41	75.9	0.000
Moderate lonely	36	66.7	12	22.3	
Severe lonely	17	31.5	1	1.8	
Integrity	25	46.3	47	87.1	0.000
Despair	29	53.7	7	12.9	
Total	54	100.0	54	100.0	

Table II: Comparison mental emotional disorder (MED), loneliness, and achievement of elderly psychosocial developmental task on control groups (n=52)

Variables	Pre-Intervention		Post-Intervention		p-Value
	f	%	f	%	
MED	25	48	24	46.2	0.087
Not MED	27	52	28	53.8	
Not lonely	10	19.2	5	9.7	
Moderate lonely	39	75.0	30	57.7	0.464
Severe lonely	3	5.8	17	32.8	
Integrity	25	48	19	36.5	0.232
Despair	27	52	33	63.5	
Total	52	100.0	52	100.0	

was no influence between before and after conventional health education, with a p-value of 0.232 (p> α) (Table II).

The result of the De Jong Giervield instrument, after completing 56 days shown that the spiritual and psychological domains have the most influence on the attainment of psychosocial development in the elderly. They can better cope with the physical changes happening to them. Social integrity is not significant because of the physical and cognitive changes happening to them (Table III).

However, health workers also play a broader role as enablers of effective interventions to strengthen cadres and caregivers. When transport and technology are unavailable or inaccessible, it is also recognised that rendering broader efforts to reduce loneliness ineffective. Therefore, we have characterized this as a 'gateway service' – playing an essential role in empowering a critical supporting role in interventions designed to support new social relationships. They are shown in Figure I. Model of the Causes of Loneliness in the Elderly.

DISCUSSION

MHPSS during COVID-19 is an effort, care, action that can overcome mental health and psychosocial problems in the community in various conditions that occur due to the COVID-19 outbreak (9, 15). The actions that will be given are divided into health promotion to increase immunity, prevention of transmission and mental and psychosocial health problems and medical treatment for anxiety and depression.

The mental-emotional disorder is also often associated with comorbidities in the elderly (4). If the elderly usually have normal controls at the hospital, the current condition is hampered. Medications are usually prescribed when control is broken so that the elderly become anxious, resulting in the illness getting worse (8,13). Under normal conditions, the elderly are significantly at risk of experiencing mental disorders, especially during this pandemic (18). The causes include biological, psychological, and social aspects.

Elderly with confirmed COVID-19 have symptoms such as regret and hatred (12), loneliness and helplessness (16,

Table III: Domain factors affecting the achievement of the elderly integrity

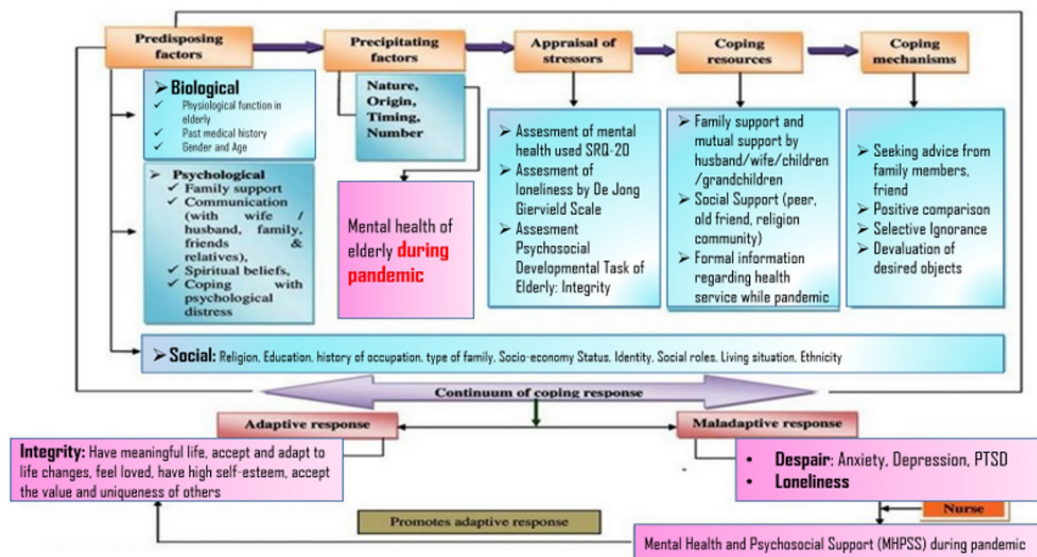| Domain	Groups	Sum of squares	df	Mean square	F	Sig.
Phsysical	Between Groups	6.378	2	3.189	5.068	0.140
	Within Groups	16.989	28	0.629		
Psychological	Between Groups	23.030	3	11.515	22.800	0.000
	Within Groups	13.636	28	0.505		
Social	Between Groups	0.878	2	0.439	1.078	0.354
	Within Groups	10.989	28	0.407		
Spiritual	Between Groups	34.167	2	17.083	15.375	0.000
	Within Groups	30.000	28	1.111		

Figure 1: Model for the causes of loneliness in elderly

23), depression, anxiety and phobias (20), restlessness, and lack of sleep (21). Some clients have panic attacks (14,22). Psychological evaluation in isolation wards showed that about 48% of confirmed COVID-19 elderly experienced psychological stress since their first admission, mostly stemming from their emotional stress response. The percentage of delirium is high among critically ill patients. There have even been reports of encephalitis triggered by SARS CoV-2 (17), resulting in psychological symptoms such as unconsciousness and irritability.

Nursing care given to the elderly is a nursing diagnosis of Elderly Development Readiness. The aim is that the elderly can achieve the task of the developmental stage, namely the readiness to give positive experiences that they have (generativity) and have integrity, namely the meaning of life. Nursing actions help the elderly achieve self-integrity in the stimulation of acceptance of the meaning of physical, psychological, social, and spiritual changes (1). First, discuss the meaning and physical changes by sharing ways to care for the health and the benefits felt during life. Explain that current changes in physical health and adaptations need to be made. For example, reduced vision treated with glasses; hearing loss is treated with hearing aids; mobilization problems are overcome with walkers, handrails in the bathroom; safe dress code; how to get out of bed safely; etc. Second, discuss the meaning of life and change of mind through stories about achievements that have been achieved through academics, work and family. Elderly and caregivers need to recognize changes in memory as early as possible; quickly forget to overcome by placing everything in a particular place (do not change); reduced concentration overcome by reading, playing chess/halma/crossword puzzles; reduced orientation power overrides placing calendars and clocks with large numbers. Third, discuss the meaning of social relations and their changes. Sharing experiences in building meaningful social networks throughout life can increase the life satisfaction of the elderly. Changes in social aspects need to be recognized and reconciled to accept them, namely: the lack of friends. This can be overcome by reminiscing; remembering family and friends, viewing photo albums, forming social groups for the elderly. A job change is also a topic of discussion that needs to be provided for the elderly, namely facing retirement. This can be overcome by developing talents that can be done at home, such as knitting, embroidering, gardening and so on (3). Finally, the topic of discussion is about the meaning of spiritual experience and its changes, sharing spiritual experiences and perceived benefits, changes in spiritual activities with physical conditions, spiritual activities adapted to the elderly: recitation the holy Quran, Bible study and praying with family and or groups of the elderly.

This nursing intervention approach is carried out by helping individuals integrate memories into a meaningful whole and provide a balanced view of the past, present, and future. Erikson's psychosocial theory should be taught to everyone-especially schoolchildren, students, teachers and parents - not just the elderly themselves, and will significantly help people of all ages to understand the relationship between life experiences and human behaviour and, in particular, how to grow and develop psychosocially can help achieve emotional maturity in life. Understanding Erikson's theory can help to enable meaningful understanding and personal growth in life. The achievement of the task of psychosocial growth and development becomes a necessity in the journey of human life to remain physically and mentally prosperous.

CONCLUSION

MHPSS with the online method is used in dealing with mental health problems in the elderly. Online engagement intervention can reduce the level of loneliness of the elderly. A modified delivering approach

online can help create an acceptance of the life cycle with few or no regrets. MHPSS can help the elderly acquire ego integrity and avoid despair. It does by helping the elderly integrate memories into a meaningful whole and providing a balanced view of past, present, and future.

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