Ageism and the state of older people with mental conditions during the pandemic and beyond: Manifestations, etiology, consequences, and future directions

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The term ageism, defined as stereotyping and discrimination towards people because they are old, was first coined by Robert Butler in 1969 [1]. It took over 30 years for the term to be specifically dealt with in human rights instruments such as the Madrid International Plan of Action on Ageing [2]. In 2016, the United Nations (UN) Independent Expert on the Enjoyment of all Human Rights by Older Persons noted that ageism remains a major concern for older people in their everyday lives [3]. Moreover, in 2020, the spotlight cast by the COVID-19 pandemic highlighted the presence of age as a clear ground for discrimination. Ageism is currently defined by the World Health Organization as prejudice, discrimination and stereotypes towards people because of their age [4].

Older people with mental health conditions are confronted with a double jeopardy of discrimination by virtue of both age and mental health conditions [5] . While in 1991, the UN promulgated the Principles for the Protections of Persons with Mental Illness articulating the rights to be treated and cared for in one's own community and with the least restrictive or intrusive treatment [6], older people with mental conditions have been largely ignored in human rights frameworks. Moreover, a substantial number of older people with mental conditions receive their care in institutions [7, 8].

In response to these clear and obvious gaps in the international human rights sphere, in early 2021, a call was made for input into the Thematic Report on Ageism and Discrimination to inform the Expert's forthcoming report to the 48th session of the Human Rights Council [9]. The aim of this paper is to articulate the International Psychogeriatric Association (IPA) and the World Psychiatric Association Section of Old Age Psychiatry (WPA-SOAP) response to this call.

This brief statement on ageism with a special focus on older people with mental health conditions is divided into four sections. We start by outlining the various manifestations of ageism in varied contexts and countries. Next, we discuss etiological

explanations that best account for the upsurge in ageism. Possible consequences of ageism with a focus on older people's mental health and well-being are outlined. We conclude by discussing ways to overcome ageism and reduce its occurrence, especially during times of extreme conditions.

The manifestations of ageism.

The lives of older persons are often portrayed in a disparaging, expendable manner in public debate and media, resulting in enormously detrimental effects on the physical and mental health of older persons. Ageism has been manifested in the discourse around older people as vulnerable, worthless or a burden to society [10]. Occasionally, COVID-related deaths of older persons have been treated with indifference by politicians, governmental bodies, and in public discourse. Negative age stereotypes are quickly triggered in older persons resulting in physical and mental health symptoms [11, 12]. This can result in older persons minimizing the presence or severity of their mental health complaints with a greater risk of going undetected and treated during the pandemic [13].

Studies that have analyzed online communication in the social media have generally concluded that the incident of ageism has increased during the pandemic. Terms such as #BoomerRemover have become prominent in reference to older people [14, 15] and ageism has become widespread, in different English-speaking countries [16]. Moreover, older people in long-term care settings automatically lost their voice, which was naturally replaced with the voice of their carers [17]. Of note is that negative ageist contents were hardly evident in social media communication in China [18], thus possibly pointing to cross-national variability in communication concerning older people during the pandemic.

Ageism has been one of the most notorious co-occurrences of the pandemic [13, 19, 20]. Varied policy measures aimed to protect older people were introduced over the past year.

Yet, these same measures also were geared to protect the healthcare systems, which were not prepared to deal with the pandemic. Specifically, various countries have used chronological age as a criterion for lockdown (e.g., Bosnia-Herzegovina, Colombia, Ireland , Sweden) and/or exit strategy (e.g., Dubai, Abu Dabi, Philippines and Ukraine). This method is ageist because it uses chronological age as an arbitrary criterion. By instructing older people to cocoon in their homes, while the rest of society is engaged in a semi-normal routine, the underlying messages are that older people cannot make decisions to protect themselves and are redundant for the smooth operation of the economy and the social fabric of our society.

Ageism has been particularly evident in long-term care settings [21]. During the pandemic, the situation of older people with mental conditions in these settings likely has been particularly fragile for several reasons. First, paternalistic treatment is common in the care of older people in long term care settings and particularly in settings for people with mental and/or cognitive conditions [22, 23]. In these settings, the use of chemical and/or physical restraint has been common even prior to the pandemic [24] and likely has intensified during the pandemic given the need to physically isolate older people [25]. Second, the ban or limitations on family visits has left formal care provided to older people with minimal supervision from the outside world, thus possibly not being able to advocate for their care and protect them from elder abuse and neglect [25]. As this has been an ongoing occurence, rather than a response to an acute threat, the so-called “protection” of older residents has been particularly deleterious [26, 27]. Furthermore, these bans on visitation may have a negative impact on residents’ well-being (Verbeek et al., 2020).

The shortage of paraprofessional long-term care staff as well as professional mental health workers who specialize in working with older people has been noted even prior to the pandemic [28, 29]. It is expected that the need for physical and mental health assistance has increased during the pandemic, thus, resulting in large numbers of older adults who receive

below minimum standards of care during the pandemic. Indeed, even though these settings represent a high risk, many settings have remained understaffed and unprepared to tackle the pandemic, with no adequate PPE in place [30]. To protect their residents, settings forced older residents to stay confined to their units for long periods of time, prohibiting them from meeting with family members and friends and preventing them from obtaining required medical care [31]. A recent review of international guidelines show that blanker visitor and family caregivers bans should not be used to prevent COVID-19 in long-term care facilities and that there are various safe on-site visiting practices possible (Low et al, 2021). These should be discussed with residents, family caregivers, staff and health authorities. Regulators should ensure that residents' rights to visitors are being met and that safe visiting practices are used.

As the pandemic exhausted the already dwindling resources of healthcare systems worldwide, settings had to prioritize medical care. Various countries worldwide have used chronological age as a criterion for emergency medical treatment [32, 33]. This practice is ageist and stands in contrast to the World Health Organization guidelines to prioritize care based on need [34]. Hence, COVID-19 ageism is likely to affect older persons fearing the disease itself and of not receiving adequate treatment due to triage processes favoring care for younger people. This is often accompanied by feelings of being a burden and despondency, both of which are risk factors for suicidal ideation and depression [35].

It has taken countries too long before they started monitoring COVID-19 infection and death by age and accounting for older people and long term care residents in their counts [36]. Moreover, vaccination trials have been limited to younger age groups, disregarding potential differences in old age [37]. Finally, intersectionality also should be noted as older men, ethnic minorities and people with chronic conditions are more susceptible to the negative effects of the virus [38]. Although some of these risk factors might be biological in

nature, other represent social factors, such as the challenges to physically distance due to poorer living conditions or limited trust in the government, which may prohibit people from complying with health guidelines [39, 40].

Although overall both the discourse and actual policy measures during the pandemic have been quite ageist, it is important to note that much of the discussion concerning the susceptibility of older people has been fueled by good intentions, aiming to protect older people [41]. Moreover, at times, the reliance on chronological age aimed for the "benefit of older people," as in the case of prioritizing the vaccination of older people and/or long-term care residents [42].

The etiology of ageism.

Using the pandemic to understand ageism, we note that much of the discourse around older people in the early days of the pandemic has concerned their "vulnerability" to the virus [20]. Although, talking about risk factors is important, the categorization of all older people as a homogenous group disregards the great variability that exists in old age. This portrayal of older people as vulnerable has resulted in a polarized thinking which views older people as weak and in need of protection and younger people as immune to the disease. This also has resulted in generations pitting against each other [19, 20]. The terror management theory suggests that to preserve our sense of power and immortality, we attempt to shed away from people who remind us of our own inevitable death. As such, younger people might disassociate from older people [43]. During the current pandemic, death has been strongly associated with old age, thus, possibly resulting in younger people distancing from older people to reduce their own anxiety. Another theoretical explanation lies in the belief that older people should not consume too many resources and should give the right of the way to

younger people [44]. The current pandemic has highlighted the limited resources available to the public and thus, instigated these sentiments.

The consequences of ageism.

The stereotype embodiment model suggests that people internalize negative messages about old age even in early stages of their life. When they grow older, these negative messages become self-relevant and impact their aging process [45]. Specifically, negative attitudes towards one's own age and aging result in increased morbidity and mortality [46, 47]. It is highly likely that the negative effects of the vulnerability and burden discourse that has penetrated our mindset in the past year, will have detrimental effects on the aging process of the current generation of older people as well as on that of future generations [19].

Longitudinal research focusing on older people during the pandemic, has shown increased worries, depression, and anxiety over time [48]. There also have been reports of post-traumatic stress disorder, depression and anxiety especially among those in confinement and those with pre-existing conditions [31, 49] and those with pre-existing mental illness or suffering from loneliness and social isolation even before the pandemic [50]. The acute and severe sense of social isolation and loneliness accompanying the quarantine and social distancing measures during the pandemic have been devastating for many older persons resulting in potentially serious mental and physical health consequences [19]. Nevertheless, it is important to note that several studies have found older people to be more emotionally resilient than younger people [51-53].

Another area of concern is increased rates of elder abuse and neglect [54, 55]. This has been attributed to the solitary confinement, which allowed for abuse to occur behind closed doors and to the high levels of stress and burden brought by the pandemic. Elder neglect also has been intensified by the fact that all non-emergency related care was

discontinued in the early stages of the pandemic [31]. Coercion in care and involuntary treatment, which have occurred even prior to the pandemic [56], likely have intensified during extreme unprecedented times [57].

These effects should be considered in the light of the already known detrimental impact of ageism on health. The most comprehensive systematic review to date in over 7 million participants over five continents, revealed significantly worse health outcomes in 95.5% of the studies and 74.0% of the 1,159 ageism-health associations in 45 countries, 11 health domains, and 25 years studied, with prevalence increasing over time ($p < .0001$). In the mental-illness domain, 95.5% of the 44 studies and 93.2% of the 88 associations found evidence of ageism influencing psychiatric conditions, especially depression [58]. The 1-year cost of ageism on health care was estimated to be $63 billion, or one of every seven dollars spent on the 8 health conditions (15.4%), with 17.04 million cases of these health conditions being due to ageism. The negative impact on mental health was second only to cardiovascular disease in terms of its economic costs [59]**.**

Future directions.

The pandemic has put the spotlight on older people and on the topic of ageism. This poses an opportunity to reframe aging, as a period of possibilities and to stress the importance of intergenerational solidarity. It also highlights the important use of language as a means to alleviate intergenerational tension [19]. It is time for us as a society to realize that we are all in this together and that to overcome societal challenges, we should not be pitting generations against each other. In addition to the ongoing campaign of the World Health Organization to combat ageism [60], campaigns such as the #oldlivesmatter (https://www.fiapa.net/oldlivesmatter-a-wordwide-campaign-against-ageism/) or the reframe aging initiative (https://www.geron.org/programs-services/reframing-aging-initiative) should

be noted. Legally, governments, worldwide will benefit from further guidance to ensure that the rights of older people are realized. A UN Convention for the rights of older people is required given the fact that age has not been acknowledged as a basis for discrimination in most UN conventions to date. This is needed to inform and guide governments concerning the rights of older people as well as the inappropriate use of chronological age in the allocation of goods and services. There is also research to show that intergenerational contact and education about ageism reduce ageist stereotypes [61]. These efforts will hopefully change the way we think, feel and act towards age and aging to live in a world for all ages.

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