

COVID-19 and older adults: good mental and brain health

Katrin Seeher & Stéfanie Fréel Brain Health Unit Department Mental Health and Substance Use

seeherk@who.int freels@who.int

United Nations Policy Briefs on COVID-19

Policy Brief:
The Impact of
COVID-19 on
older persons

Link:

https://www.un.org/developm ent/desa/disabilities/wpcontent/uploads/sites/15/202 0/05/sg_policy_brief_on_per sons_with_disabilities_final.p df

Policy Brief:
A Disability-Inclusive
Response to COVID-19

MAY 2020

Policy Brief:
COVID-19 and the
Need for Action
on Mental Health

13 MAY 202



Link:

https://www.un.org/sites/un2.un _org/files/un_policy_brief_on_co vid-

19 and older persons 1 may 2020.pdf



Link:

https://unsdg.un.org/resources/policy-brief-covid-19-and-need-action-mental-health





COVID-19 impact on older persons

COVID-19 AND OLDER PERSONS

Economic well-being

The pandemic may significantly lower older persons' incomes and living standards. Already, less than 20% of older persons of retirement age receiving a pension

Mental health

Physical distancing can take a heavy toll on our mental health. Living alone and being more digitally included than others, the risks are higher for older persons



Responders

Older persons are not just victims. They are also responding. They are health workers, carers and among many essential service providers

Life and Death

Fatality rates are five times higher than global average. An estimated 66% of people aged 70 and over have at least one underlying health condition

Vulnerability

Essential care that older persons often rely on is under pressure. Almost half of COVID-19 deaths in Europe occurred in long term care settings. Older women often provide care for older relatives increasing their risk to infection

Abuse and neglect

In 2017, 1 in 6 older persons were subjected to abuse. With lockdowns and reduced care, violence against older persons is on the rise



covident covident covident conditions in long-term care (LTC)

- Majority of LTC residents are old, frail, care dependent with pre-existing conditions
- Most common neurological conditions in LTC are

based on study in Canada¹

- Dementia
- Parkinson's disease
- Epilepsy
- Traumatic brain injury.

Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19 letters padding to the context of COVID-19 letters padd

→ higher risk of infection, difficulties adhering to IPC/hygiene, restricted visits from family



COVID-19 and disruption of services

Multiple reports for disruptions of services for:

Dementia

Stroke

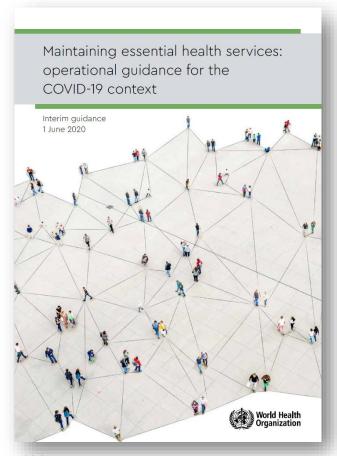
Neurosurgery

Disruptions also expected for:

Parkinson's disease

Multiple sclerosis

Epilepsy



Link:

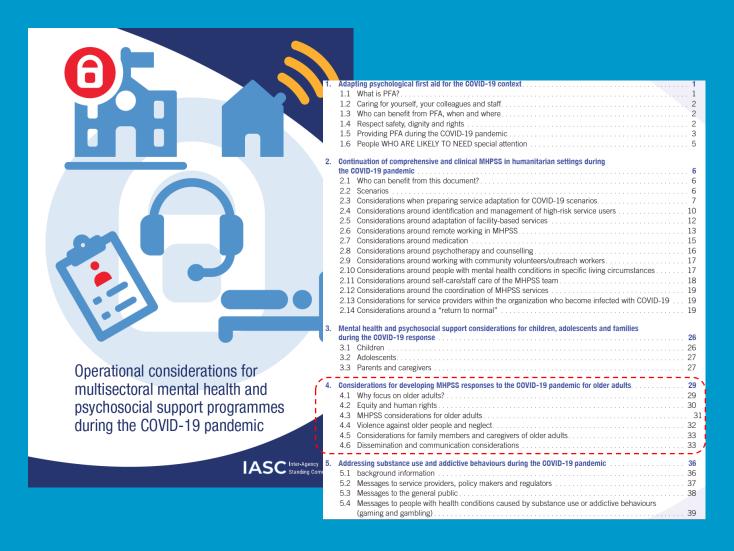
https://www.who.int/publications/i/item/covid-19operational-guidance-for-maintaining-essentialhealth-services-during-an-outbreak

References: e.g.

Allegri 2020; Cenzato et al, 2020; Morelli et al, 2020; Papa et al, 2020;



Responding to the needs of older adults and people with dementia



Source: IASC (2020). Operational considerations for multisectoral mental health and psychosocial support programmes during the COVID-19 pandemic



WHO resources to support older adults



Clean & disinfect frequently touched surfaces

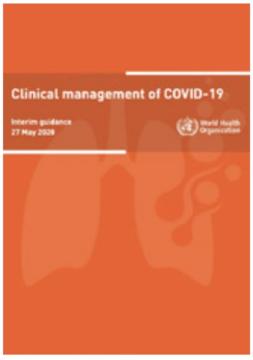
but **socialize** by every day with or famil

World Health Organization

#COVID19

Avoid unnece

public activ







COVID-19 AND VIOLENCE AGAINST OLDER PEOPLE

Sharp increase in the risk of violence against older people

Violence against older people – which includes physical, psychological, and sexual violence, financial abuse, and neglect – can have devastating physical and mental health consequences for older people and can even lead to death.

Violence against older people, who are already bearing the brunt of this pandemic, has risen sharply since the beginning of the COVID-19 pandemic and imposition of lockdown measures.

Violence is occurring in homes, in institutions such as long-term care facilities, and online, with a surge in scams directed at older records.

Lockdown and "stay-at-home" orders, likely to last longer for older people, exacerbate those factors which put older people at particular risk of violence² – social isolation and ioneliness, mental health problems (depression and anxiety), financial dependency of caregivers on older people, dependency of older people on caregivers, and alcohol and substance use in caregivers.

COVID-19 has led to staff reductions in longterm care facilities, due to illness or selfisolation, and the suspension of family visits, increasing the isolation of residents and the already high risk of violence.

Ageism - the stereotyping, prejudice and discrimination towards people because of their age - pervasive before the pandemic and a risk factor for violence against older people, has worsened during this pandemic'. For those women already in abusive situations, gender inequalities and prolonged exposure to their abusers increases the risks of gender-based violence against older women.

- https://bc.ctvnews.ca/tenfold-increase-in-elderabuse-during-covid-19-pandemic-advocatessav-1 4896176
- Storey JE. Risk factors for elder abuse and neglect: A review of the literature. Aggression and Violent Behavior, 2020: 50: 1-13.
- Trabucchi M, De Leo D. Nursing homes or besieged castles: COVID-19 in northern Italy. The Lancet Psychiatry. 2020;7(5):387-8.
- Han SD, Mosqueda L. Elder abuse in the COVID-19 era. Journal of the American Geriatrics Society.
 April 2020.

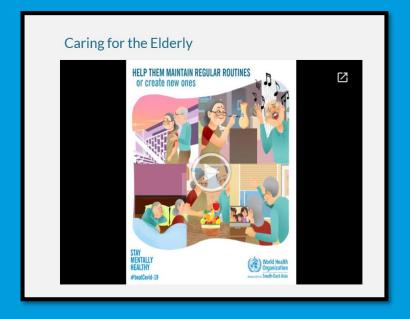
Link: https://www.who.int/publications/i/ite m/clinical-management-of-covid-19



Regional resources to support older adults



Link: http://www.emro.w ho.int/mhps/index. html



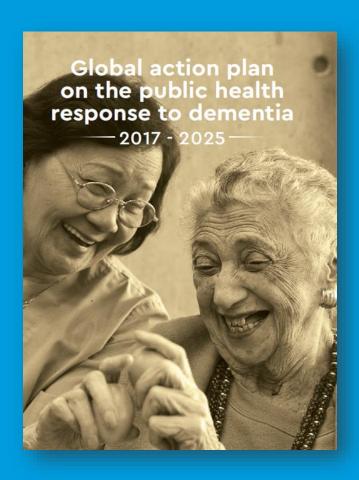






Global action plan on the public health response to dementia 2017-2025

Global action plan on the public health response to dementia



Link:

 $\frac{\text{https://apps.who.int/iris/bitstream/handle/10665/259615/9789241513487-eng.pdf;jsessionid=4A03F56B981BBECA862615643D2D555E?sequence=1}$



SEVENTIETH WORLD HEALTH ASSEMBLY Agenda item 15.2

WHA70(17) 30 May 2017

Global action plan on the public health response to dementia

The Seventieth World Health Assembly, having considered the draft global action plan on the public health response to dementia 2017–2025. decided:

- (1) to endorse the global action plan on the public health response to dementia 2017–2025;
- (2) to urge Member States² to develop, as soon as practicable, ambitious national responses to the overall implementation of the global action plan on the public health response to dementia 2017–2025:
- (3) to request the Director-General to submit a report on progress made in implementing this decision to the Seventy-third, Seventy-sixth and Seventy-ninth World Health Assemblies.

(Tenth plenary meeting, 31 May 2017)



QR code to access global dementia action plan



Strategic links to other global and regional plans MENTAL WHO GLOBAL DISABILITY ACTION PLAN 2014-2021 Global strategy and action plan on ageing and health (2016-2020) Disability/ CRPD Mental Global strategy on Ageing Health **NCD** Workforce High-level **PAHO** UN dementia meeting plan on NCDs Global dementia **National** action plans plan **World Health** Universal Health Coverage Organization

Global Action Plan on the Public Health Response to Dementia 2017-2025

Vision

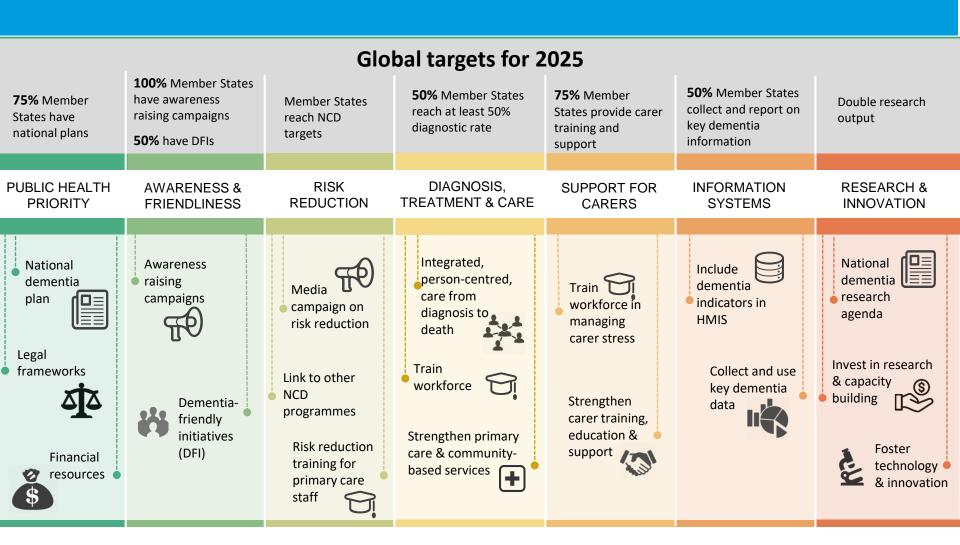
A world in which dementia can be prevented and people with dementia and their carers can live well and receive the care and supports they need to fulfil their potential with dignity, respect, autonomy and equality.

Goal

To improve the lives of people with dementia, their carers and families, while decreasing the negative impact of dementia on them as well as on communities and countries.



Proposed country actions to support the implementation of the global dementia action plan

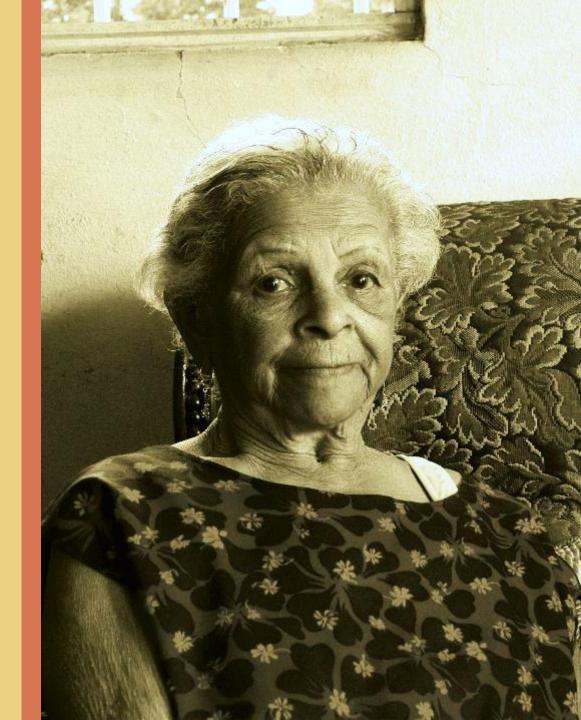


WHO's Global Dementia Observatory (GDO): the global monitoring and accountability mechanism



WHO tools

to support the implementation of the global dementia action plan



Observatory (GDO) Dementia Global

WHO activities to support Member States



Dementia as public health priority

Policy guidance



Dementia awareness & friendliness

Dementia-friendly toolkit



Dementia risk reduction

Dementia risk reduction guidelines



Dementia treatment, care & support

mhGAP toolkit for health & community workers



Support for dementia carers

iSupport



Information systems for dementia

GDO e-tool and platform



Dementia research & innovation

Dementia research blueprint





Towards a dementia plan : a WHO guide

http://www.who.int/mental_health/neurology/dementia/policy_guidance/en/

A step-by-step guide to creating a national dementia plan







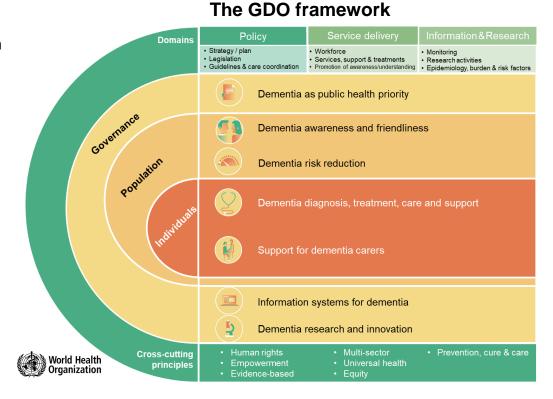
The Global Dementia Observatory (GDO)



Monitoring mechanism for the Global Dementia Action Plan

- Country support
 in providing better care for people with
 - dementia and to reduce the disease burden and cost
- O2 Evidence-based decision making
 Support countries in service planning
 and policy making and strengthen
 their capacity
- Monitor progress
 within countries and globally
- Coming in 2020!

 Knowledge exchange (KE)
 Sharing of best practices through a knowledge exchange platform



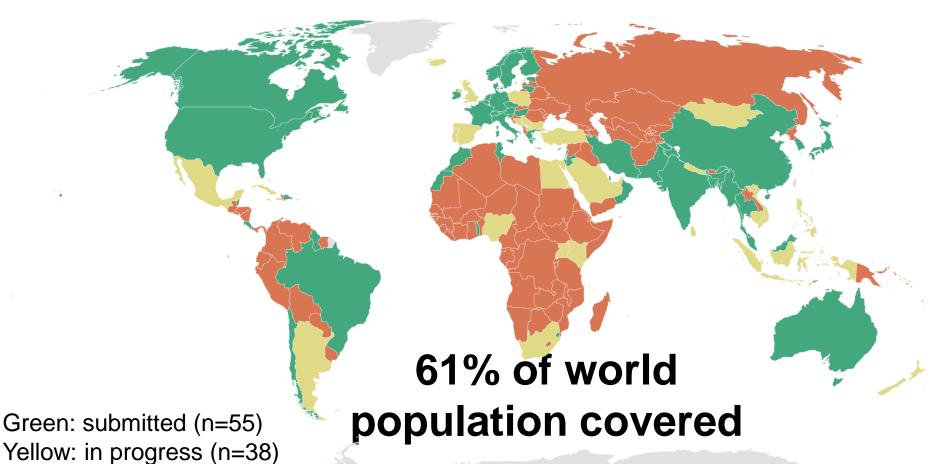
http://apps.who.int/gho/data/node.dementia





Red: not started

GDO data collection (June 2020)



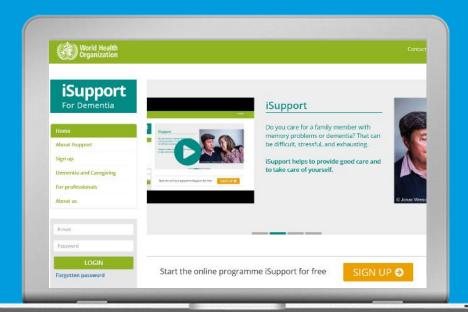
GDO population coverage by country income level:



iSupport – online training for dementia carers

https://apps.who.int/iris/handle/10665/324794

- In 5 interactive modules, dementia carers learn:
 - What is dementia
 - How to be a carer
 - How to look after themselves
- How to provide everyday care and
- How to manage behaviour changes





Hardcopy manual available!



COVID-19: supporting caregivers of people with dementia

nes similar to the ones that

ad before developing dementia.

of the person change over time.

n do as much as they can

ng the environment, for example

g from a shower to a sponge

of falls - use a non-slip shower

vith dementia may resist when

eln them with personal care. Be-

ate and try to understand why

World Health Organization

Organization

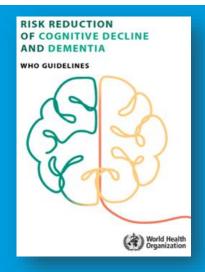
ride quidance





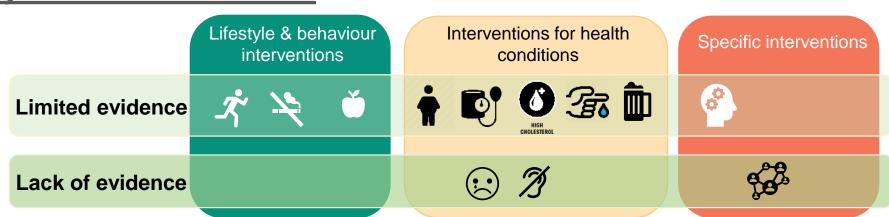
WHO dementia risk reduction guidelines

https://www.who.int/mental_health/neurology/dementia/guidelines_risk_reduction/en/



- Some modifiable risk factors are linked to dementia and shared with other NCDs*
- 20-30% of dementia cases could be prevented
- What can policy-makers, health-care providers and patients do to reduce dementia risk?

Key recommendations:



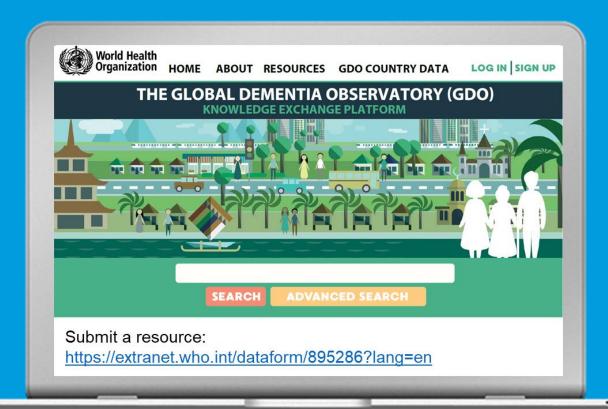




GDO knowledge exchange platform

Join the GDO peer review network: https://extranet.who.int/dataform/456967?lang=en

- Platform to share good practices for dementia
- E.g. policies, guidelines, tools, training material, case studies, local practices



Submit a resource:







Dr Katrin Seeher seeherk@who.int

Stéfanie Fréel freels@who.int