



Invited Perspective

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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ABSTRACT

The pandemic has put the spotlight on older people and on the topic of ageism. In early 2021, a call was made for input into the Thematic Report on Ageism and Discrimination to inform the United Nations Independent Expert on the Rights of Older Persons' forthcoming report to the 48th session of the Human Rights Council. 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 three sections. We start by outlining the various manifestations of ageism in varied contexts and countries with a primary focus on the pandemic. 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

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Highlights

- **What is the primary question addressed by this study?**—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 the call of The Independent Expert on the enjoyment of all human rights by older persons for thematic contributions in the field of ageism and discrimination.
- **What is the main finding of this study?**—Ageism has been manifested in the discourse around older people as vulnerable, worthless or a burden to society as well as in measures aimed to protect older people, yet, restricting their rights and depriving them of their freedom. Older people with mental health conditions and long-term care residents have been particularly affected by ageism and discrimination during the pandemic.
- **What is the meaning of the finding?**—A UN Convention for the rights of older people is required 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.

INTRODUCTION

The term ageism, defined as stereotyping and discrimination of 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 used in human rights instruments such as the Madrid International Plan of Action on Ageing.² In 2016, the United Nations 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 Ageism is currently defined by the World Health Organization as prejudice, discrimination, and stereotypes towards people because of their age.⁴ Most research to date focuses on ageism as a negative social construction of older age,⁵ including the devaluation of older age and compromising of older adults' human rights.

Ageism is manifested at the individual level, in everyday interactions between people and in self-directed negative attitudes and feelings towards one's own age and aging. It is also manifested at the institutional or structural level, in legislation, policies, and mass media, all of which can lead to social and economic inequalities.⁶ Older people with mental health conditions are confronted with a double jeopardy of discrimination by virtue of both age and

mental health conditions.⁷ In 1991, the UN promulgated the Principles for the Protection of Persons with Mental Illness articulating the right of people with mental illness to be treated and cared for in one's own community and with the least restrictive or intrusive treatment,⁸ but older people with mental health conditions have been largely ignored in human rights frameworks. Moreover, a substantial number of older people with mental health conditions receive their care in institutions.^{9,10}

In response to these clear gaps in the international human rights sphere, in early 2021, a call was made for input into the Thematic Report on Ageism and Age Discrimination to inform the Expert's forthcoming report to the 48th session of the Human Rights Council.¹¹ The aim of this paper is to articulate the response of the International Psychogeriatric Association and the World Psychiatric Association Section of Old Age Psychiatry to this call.

THE MANIFESTATIONS OF AGEISM

The lives of older persons are often portrayed in a disparaging manner as expendable in public discourse and the media, resulting in enormously detrimental effects on the physical and mental health of older persons. Ageism frequently manifests in

assumptions and depictions of older people as vulnerable, worthless, or a burden to society.¹² This can result in older persons minimizing the presence or severity of their mental health complaints leading to a greater risk of mental health conditions going undetected and untreated.¹³

Studies that have analyzed online communication in social media have generally concluded that the incidence 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 on social media platforms.¹⁶ Moreover, studies have found that in media reports, older long term care residents almost automatically lose their voice and that their “voice” gets replaced by the voice of their carers.¹⁷

Because ageism is a significantly negative co-occurrence of the pandemic,^{13,18,19} various policy measures aimed to protect older people were introduced over the past year. Yet these same measures were also designed to protect the healthcare systems. By instructing older people to cocoon in their homes while the rest of society engages in a semi-normal routine, for example, the underlying message is that older people cannot make decisions to protect themselves and are redundant for the smooth operation of the economy and the social fabric of society.

Ageism has been particularly evident in long-term care settings.²⁰ During the pandemic, the situation of older people with mental health conditions in these settings has been particularly fragile for several reasons. First, the use of chemical and/or physical restraints was common even prior to the pandemic²¹ and has likely intensified during the pandemic, given the need to physically isolate older people.²² Second, bans and limitations on family visits have left the formal care provided to older people with minimal supervision from the outside world, thus in some cases rendering them unable to advocate for their care and protect them from elder abuse and neglect.²² As the quarantining of older adults in care was an ongoing occurrence rather than a response to an acute threat, the so-called “protection” of older residents has been particularly deleterious.^{23,24} Specifically, these bans on visitation have been shown to have a negative impact on residents’ well-being.^{23,24}

From the beginning of the COVID-19 outbreak, many countries waited for months before monitoring COVID-19 infection and death rates by age and by

residency (e.g., long term care setting vs. community).²⁵ Moreover, vaccination trials have been limited to younger age groups, disregarding greater susceptibility among older people.²⁶ Intersectionality should also be noted because older men, ethnic minorities, and people with chronic conditions have been found to be more susceptible to the negative effects of the virus.²⁷ Although some of these risk factors might be biological in nature, others reflect social factors, such as the challenges of physically distancing in poorer living conditions, or limited trust in the government, which may prohibit certain groups of people from complying with health guidelines.^{28,29}

Nonetheless, 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.³⁰ Indeed, a focus on chronological age has at times actually been for the benefit of older people, as in the case of prioritizing the vaccination of older people and/or of long-term care residents.³¹

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.³² Specifically, negative attitudes towards one’s own age and aging result in increased morbidity and mortality.^{33,34} 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.¹⁸

Longitudinal research focusing on older people during the pandemic has shown increased worries, depression, and anxiety over time.³⁵ There have also been reports of post-traumatic stress disorder, depression, and anxiety, especially among those in confinement, those with pre-existing medical conditions,^{36,37} and those with pre-existing mental illness or who were suffering from loneliness and social isolation even before the pandemic.³⁸ 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.¹⁸

Another area of concern is increased rates of elder abuse and neglect.^{39,40} This has been attributed to the solitary confinement imposed on many older people in care, which allowed for abuse to occur behind closed doors and added to the high levels of stress brought on by the pandemic. Elder neglect has also been intensified by the fact that all non-emergency-related care was discontinued in the early stages of the pandemic.³⁷ Coercion in care and involuntary treatment, which occurred even before the pandemic,⁴¹ have also likely intensified during the extreme conditions imposed by the pandemic.⁴²

These effects should be considered in light of the already well known detrimental impact of ageism on health. The most comprehensive systematic review to date of over 7 million participants over five continents revealed significantly worse health outcomes in 95.5% of the studies. 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.⁴³ The negative impact on mental health was second only to cardiovascular disease in terms of its economic costs.⁴⁴

FUTURE DIRECTIONS

The pandemic has put the spotlight on older people and on the topic of ageism. 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 refrain from using divisive language which possibly pits generations against each other. 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 urgently required given the fact that age has not yet been acknowledged as a basis for discrimination in most UN conventions. Such a convention would help inform and guide governments concerning the rights of older people and the inappropriate use of chronological age in the allocation of goods and services. There is also research to show that inter-generational contact and education about ageism reduces ageist stereotypes.⁴⁵ Together, these efforts will effectively help change the way we think, feel, and act towards age and aging to create a world for all ages.

AUTHORS' CONTRIBUTION

LA—initial draft and critical revisions, CP, CdM, HV, KR—critical revisions

DISCLOSURE

None.

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