

## **International Journal of Policy Sciences and Law**

### **Volume 1, Issue 4**

# **The Ramifications of Covid-19 on the Mental Health of the Indian Elderly**

**Vatsla Srivastava<sup>1</sup> and Bhavneesh Kaur<sup>2</sup>**

This Article is brought to you for “free” and “open access” by the International Journal of Policy Sciences and Law. For more, visit <http://ijpsl.in/>

To submit your manuscript, email it to us at [editorial.ijpsl@gmail.com](mailto:editorial.ijpsl@gmail.com) or [click here](#).

<sup>1</sup> *B.A. Hons. History, Maitreyi College, University of Delhi, India*

<sup>2</sup> *B.Com Programme, Sri Guru Tegh Bahadur Khalsa, University of Delhi, India*

## **Abstract**

*At a time when an average of about 17.13 million older adults in India is suffering from mental health problems. The lack of awareness clubbed with the stigma around mental health has made it a taboo topic of discussion in the complex Indian society. The ongoing pandemic has revealed its crippling after-effects on the emotional well being of the already vulnerable population of senior citizens of India. This paper, 'The Ramifications of the Covid-19 pandemic on the Mental Health of the Indian Elderly', aims to study the existing literature on the effect of Coronavirus Disease (Covid-19) on the mental health of India's ageing population through different research methodologies such as a Political, Economic, Social, Technological, Environmental and Legal (PESTLE) Analysis and a Critique. Efforts have been made by the researchers to bridge the existing literature gap on this issue as there is a substantial lack of India specific empirical data and assessment on the same. Critique of the immediate policy actions undertaken by the government during the lockdown has also been done, revealing the need for a large-scale critical overhaul in the existing mental healthcare infrastructure of India. The paper also provides some future policy recommendations that may be adopted as best practices by the state.*

**Keywords:** *Mental health, Covid-19, Kudumbashree, lockdown, digital literacy, telemedicine, geriatrics*

## **1.0 Introduction**

The Covid-19 pandemic has been one of the worst public health disasters worldwide. For a nation like India, which is still supposed to be developing, it has widely exposed the lacunas in our country's healthcare infrastructure. The pandemic specifically aggravated the already devastating situation of poor mental health among the elderly in India. The importance of mental health and the stigma around it has already been a subject of taboo in the conservative and traditional Indian society, making the mental health crisis of the geriatric population not just an individualistic issue but is rather a societal issue on the whole. The World Health Organisation, (WHO) defines Mental Health as a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to her or his community. (World Health Organization, 2012)

The impact of the countrywide lockdown with complete restrictions on the movements of the elderly led to the disruption of their normal routine leading to loneliness, an increase in their stress levels, increased misinformation and rumour mongering, and in some cases even domestic abuse. The general lack of apathy from the government added to some of the factors that greatly affected the physical and mental wellbeing of the already vulnerable population of the elderly in India. The mass hysteria further added to the spread of the disease as the need for a "viral cure" overshadowed the relevance of having good mental health in times of the pandemic. From our lessons on the Severe Acute Respiratory Syndrome (SARS), we know that arranging daily tele-counselling sessions of the elderly, having meaningful interaction of them with their family, sharing accurate and up-to-date knowledge with them, providing for their basic medical and psychological needs and protecting their private space and integrity are the key components of mental health treatment for them in times of an ongoing pandemic. (Banerjee, 2020, p. 1466)

According to the projections of the United Nations (UN) Population Division, 2019, the elderly population is expected to grow by 3% annually, reaching 319 million in 2050, up from 103 million in the 2011 census. This makes them an important demographic increasing the need for expenditure on their healthcare as 7.7% of the country's population is more than the age of 60. The enactment of the Mental Healthcare Act (MHCA), 2017 by the National Democratic Alliance's (NDA) government was the last major policy legislation that came into force with an attempt to protect the rights of the mentally ill, enable citizens to decide on the method of treatment in case of mental illness, to prevent their mistreatment or neglect. (Satav, 2017). The act was perceived as a significant step in helping the millions of Indians who wanted emotional assistance. It repealed the previous Mental Healthcare Act of 1987, which had been widely criticised for failing to recognize the rights of mentally ill people and paving the way for alienating those patients on high-risk, among other flaws. (Verma, 2020). Despite its potential advantages, the act has some shortcomings, such as Section 89 of the act which permits an individual with mental health issues to be hospitalized and diagnosed without his approval but only with the request of a chosen representative. The elderly don't have the authority or the right to consent or the right to choose their own hands. (Sood, 2020)

All these factors leave the subject of geriatrics in need of a much-delayed discussion to understand the nuances of the problems and challenges of the community. This discussion is being done with the hope of leading to some well-rounded changes and policy formulations that can greatly benefit the country in general and the elderly in particular.

## **2.0 Research Methodology**

This research paper aims to bridge the gaps in the existing literature available on the impact of the covid-19 pandemic on the mental health of the geriatrics population in India. We have extensively relied upon secondary sources of information such as national and international medical journals, health magazines, government reports, case studies by NGOs, journalistic reports, newspaper articles, medical blogs and the Indian and international scholarly research papers available on the issue. Through our research paper, we intend to cover the main social, cultural, economical and psychological factors leading to mental health issues in India's elderly through a PESTEL Analysis, to provide a broader context to our readers about the reasons leading to mental health disorders in the Indian elderly. Another important area of coverage is analysing the impact of the subsequent lockdowns during the Covid-19 pandemic, on their emotional well being.

This paper also carries out a Critical review of the steps undertaken by the Kerala government, keeping in mind the impact of the covid-19 pandemic on the mental health of the elderly in its state. Out of all the states in India, Kerala serves as an example of a model state for the welfare of its senior population as its response was by far the most pragmatic, systematic and grounded, working in association with the various stakeholders in the society.

## **3.0 Literature Review**

### **3.1 The Socio-cultural Factors**

#### **3.1.1 Changing Family Structure**

The orthodox Indian society, with its centuries-old joint family structure, has played a significant role in ensuring the social and economic welfare of the elderly. The elderly were often treated with reverence and caring, according to the conventional standards and values of Indian society.

However, as the nuclear family structure has become more prevalent in recent years, the elderly are more likely to experience mental, physical, and financial instability in the years ahead. The percentage of elderly people living alone or with their partner has risen steadily from 9.0 per cent in 1992 to 18.7 per cent in 2006 (United Nations Population Fund (UNFPA), India, 2017) Increased urban development and modernization has led to an increase in the migration of the younger generation. This in turn has weakened the social structure and the joint family system in India. Consequently, the elderly these days are caught between old and decaying traditional structures on one hand and a shortage of social security systems on the other. Older adults experience major lifestyle changes as a result of transformation in the modern societal system, and their failure to recognize and adapt to these new changes is one of the major causes of the growing rates of mental illness. (Samvedna Senior Care, 2020)

### **3.1.2 Family Abuse and Neglect**

The elderly are highly vulnerable to abuse, where a person is willfully harmed, usually by someone who is a part of the family or otherwise close to the victim. Being relatively weak, the elderly are highly exposed to physical abuse. Their resources, including the financial ones, are also often misused. Also, the elderly may suffer from emotional and mental abuse for various reasons and in different ways. The major forms of abuse are physical, sexual, and psychological and economic. The best form of protection from abuse is to prevent it. This should be carried out through awareness generation in families and the communities. (Sarwar & Tarannum, 2019)

The aged are particularly susceptible to violence, which occurs when an individual is intentionally harmed, typically by a member of the victim's family or anyone close to them. The elderly are particularly vulnerable to physical violence due to their frailty. Their financial resources are often exploited. Furthermore, the elderly may be subjected to physical and mental violence for several reasons and in various forms. Physical, sexual, psychological, and financial violence are the most frequent types of abuse. Making efforts to prevent and stop violence is perhaps the most effective means of protection from abuse. This can be achieved by raising consciousness and sensitization in communities and families. (Sarwar & Tarannum, 2019)

### **3.1.3 Social Inequality**

The geriatrics population of India is a fairly diverse group with distinct urban-rural divisions. Due to the still prevalent values and traditions of the joint families, they are at a lesser risk of being unprotected in rural areas than their urban counterparts. The wants and concerns of the elderly are essentially ignored by the government, which categorizes them based on caste and other sociocultural factors. In a case study, it was discovered that a large proportion of elderly women were amongst the poorest. They had the lowest per capita income, the highest percentage of a primary school schooling, and lived with the highest amount of negative psychological conditions affecting them. These women were also the least likely to have health care coverage and also had the lowest consumer spending. Thus bearing most of the burnt of poor physical and mental health. (Mane, 2016)

### **3.2 Psychological Factors**

Older adults with certain personality disorders create dysfunctional emotional reactions and coping mechanisms in the face of stress factors, making them vulnerable to mental health problems. Loss of physical and mental capacities, loss of dear ones, loss of power and value are all common occurrences in old age. As a result, one must learn to strike a delicate balance across physical, social, and psychological capital. Unexpected life circumstances are difficult to deal with because of a decline in the ability to embrace and respond to transition. Isolation and loneliness from the death of a loved one start impacting one's mental health. Apart from a death in the family, such major casualties are often accompanied by large-scale transitions in one's life, such as a change in accommodation or a shift in one's societal roles. (Samvedna Senior Care, 2020)

### **3.3 Economic Factors**

#### **3.3.1 Feminization of poverty**

By 2050, the population of the elderly (above the age of 60) is estimated to be 19% of the whole country. The rate at which the ageing population is increasing, it is already forecasted that the growth rate of the younger population is on a negative trend.

The sex ratio has seen a significant rise from 938 women to 1,000 men in 1971 to 1,033 in 2011 and it is evaluated that by 2026, the ratio will increase to 1,060 women per 1000 men. This data poses serious threats for older women as they are subject to societal neglect and discrimination due to their widowhood. According to the 2011 census, approximately 32% of the elderly in India are widowed and 3% live in separation, out of which only 50% of older women are married and 48% are widowed. (United Nations Population Fund, 2017) It is projected that from 2000 to 2050 the age group of 80 plus will increase by 700% with widowed women and dependent old women being the major part of this particular demographic. The percentage of older people living alone on their own has risen remarkably from 2.4% in 1992/93 to 5% in 2004/05 and a higher proportion of elderly women who are living alone without their children constitute part of this population. A survey conducted by Building A Knowledge Base On Population Ageing In India (BKPAI) shows that 60% of older women do not have any personal income, and houses where women are the heads, tend to be poorer than those headed by men. They also don't hold any asset or have a proper source of income in comparison to men and as a result, more than half of older women are subject to mental distress caused by financial insecurity (United Nations Population Fund, 2017)

There is a direct relationship between the marital status of women in India and their financial independence as poverty forces 10% of older women to work in informal sectors where there is no social security and no fringes and benefits are offered. It is estimated that more than 4 out of 5 older women who are currently working face poverty, which induces them to work so that they can deal with economic challenges still, less than 20% of older women can pay their medical bills by themselves. (Giridhar et al., 2015) A survey conducted by AgeWell Foundation indicates that only 10.42% of older women earn income above The Indian Rupee (INR) 20,000 per month; on contrary, 20.25% of them earn an income less than INR 5,000. (AgeWell Foundation, 211 C.E.)Hence, feminization is a huge concern for India and it requires special policy and programmes to be implemented to counter it.

### **3.3.2 Financial Dependence**

It is inherent in India for families to take care of the socio-economic needs of the elderly but due to the nuclearization of Indian families elders are dependent upon personal income and asset ownership which is usually meagre. Even though 50% of the elderly have some source of personal income, still three-fourth of older people in India are partially or fully dependent on others for fulfilling their basic needs. (United Nations Population Fund, 2017) About 66% of older women and 33% of older men are said to be dependent on others for their financial needs. . (Giridhar et al., 2015)

A survey conducted in 2017 shows that 71.68% of elderly people require more money to meet their expenses and only one-third of people earn enough money to acquire their necessities. Approximately 35.7% of the elderly are highly dependent on the younger members of the family while 29.7% of the elderly are dependent on younger members on a medium magnitude. This dependency has led to the exploitation of financial rights of the elderly in India as 38.96% of respondents in the survey stressed that their financial rights are not given any protection in the society as well as in their families. (AgeWell Foundation, 2017)

It is projected that two-thirds of elderly people undergo financial crises in their lives and they usually belong to the middle, lower-middle and lower classes. The old-age dependency ratio has also increased from 10.9% in 1961 to 13.1% in 2001. (Central Statistics Office & Ministry Of Statistics & Programme Implementation, Government Of India, 2011) The ageing population is already growing at a fast pace and it is a dire need for India to initiate social security schemes and poverty alleviation programmes as it can cause an economic downturn if not resolved on time.

### **3.3.3 Unaffordable Treatment**

A National Mental Health survey conducted across 12 states in the year 2016, revealed that the economic cost of affording mental health treatment is directly out of pocket and accounts nearly up to INR 1000-1500 per month including the cost of treatment as well as travel. This acts as a huge burden on common people as well as the economy of the country because these people are likely to contribute less towards the economic impact in a cumulative manner to the country.

The survey also emphasized that less than 1% of the budget was available for all the states except Gujarat and Kerala and most of the expenses were done on staff salaries and procurement of medicines raising apprehensions on the finance structure for mental health care of the country. (Ministry Of Health and family welfare & National Institute of mental health and neurosciences, 2016) Shortage of mental health professionals ( 1 professional among 100,000 people) also contributes to the heavy cost of acquiring mental health services as the cost of a consultation session in the Indian metro is around INR 1500 per hour and even goes up to INR 2000-2400 per hour in some cases making mental health care unaffordable and inaccessible (Sharma, 2019) .33% of households with one 60 plus member and 38% of households with two or more 60 plus members are likely to experience catastrophic medical expenditures in contrast to only 20% of households with all the members under the age of 60 years (Lee et al., 2017)

A study conducted in 2016 shows that 44.7% of the elderly people spend their annual income on their or a family member's healthcare needs and out of 9,625 elderly people 4,315 respondents claimed that medical expenditures are comparatively higher than other expenditures. (AgeWell Foundation, 2011) These statistics are worrisome and call out for the proper allocation of public funds towards mental health care of the country.

### **3.3.4 Compulsion to work and lack of financial aid from external sources**

If the elderly choose to work on their own and not due to financial restrictions it is taken as a positive implication but if they work to counter financial hindrances it highlights their grim situation in society. According to NSSO,(National Sample Survey Office), nearly 34% of the elderly population were engaged in economic activities during 2012/13. Even though the percentage of work participation should reduce with age, it is projected that 18% of males and 3% of females work further at the age of 80 years. The rate of participation is significant among elderly who are poor and illiterate, nearly 70% of elderly work due to economic compulsion and it is more relevant in the case of women (82%) in contrast to men (68%). These people are usually engaged in unorganised and low-paying jobs where they are not even applicable for retirement let alone post-retirement benefits. (United Nations Population Fund, 2017)

A survey shows that nearly 11% of older women are engaged in work and their work capacity is also high as 73% of them work for more than six months a year and 89% of them work for more than 4 hours a day and most of them are employed as agricultural labourers. (Giridhar et al., 2015) A study shows that 59.2% of the elderly want to earn money and also keep themselves engaged. Almost 40.39% of elders are unaware of government schemes and 51.56% of the elderly are dissatisfied with existing saving schemes. Out of elders suffering from psychological problems 38.97% tend to believe that engaging themselves in gainful engagements can provide them with mental relief but they consider themselves unfit for jobs as the work environment has changed drastically and they want to equip themselves with computer knowledge and soft skills to cope up with their isolation. (AgeWell Foundation, 2017)

A recent Health Ministry survey reveals that the benefit of Pension- Schemes meant for elderly people falling under the category of below poverty line has been acquired by 18% of elderly men and 16% of elderly women from the non-BPL (Below Poverty Line) category whereas 30% of actual beneficiaries faced a delay in receiving the aid and 24% of them were unable to produce the required documents for it. Less than 28% of the elderly are aware of travel concessions and tax rebates. the older population in all the states is mostly unaware of such schemes and concessions except Maharashtra where the awareness rate accounts for 65%. (DownToEarth, 2021) Although the pension scheme is the only source of income for 35% of widows, the benefit is not reaching 65% of widows and 85% of widows belonging to the BPL category from Tamil Nadu and Maharashtra don't avail the benefit of social pension (Giridhar et al., 2015). Government and NGOs should come together to create awareness amongst elders and help them to generate the required documents and make sure that there is a proper channel through which the actual beneficiaries can receive the benefit with immediate effect as the current statistics are alarming and need intervention.

### **3.4 Impact Of The Covid 19-pandemic On The Mental Health Of The Elderly**

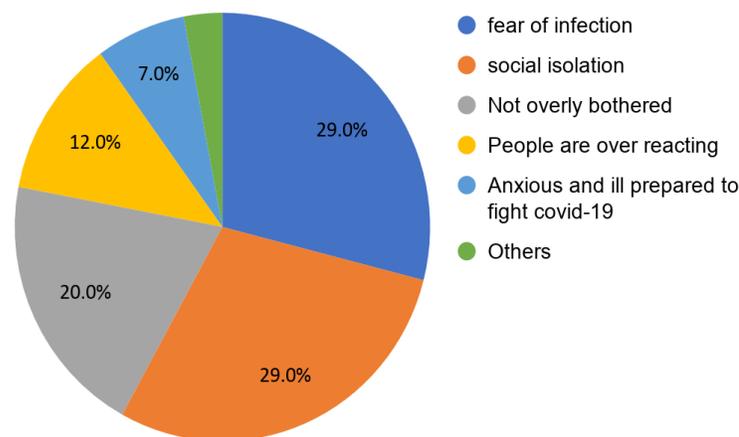
On January 27th 2020, India reported its very first case of COVID-19 in Thrissur, Kerala. The outbreak increasingly instilled uncertainty and mass hysteria in Indian society. Since March, 24th 2020, the Indian government took several measures to stop the virus from spreading.

These acts, which involved lengthy and stringent lockdowns of the whole community without sufficient notice or support, unfortunately, culminated in extreme psychosocial distress. Many in India saw the pandemic's large-scale psychological effects and eventual lockdown, marking the beginning of a psychosocial crisis in the country, especially for the elderly. (Joshi, 2021)

The WHO proposed compulsory self-seclusion and voluntary confinement of the elderly population throughout the world. Nevertheless, the social distancing and separation in the aged have exacerbated other issues, such as neurocognitive, autoimmune, cardiovascular disease and their mental well being, resulting in a “severe public health crisis”. Besides this, social isolation also induced stress and dejection in the minds of the senior population. (Rana, 2020)

### **3.5 Pie Chart Representing Fears Of Elderly During Covid-19**

Percentage of fears among elderly during Covid-19



Data Source: “ *State of seniors survey* “ by Antara. (The Economic Times, 2021)

- The Longitudinal Aging Study in India (LASI), a new nationwide survey showed that about 5% of the population aged 60 and over in the country had been subjected to maltreatment in 2020, including both physical and emotional violence. In states like Bihar, Karnataka, West Bengal, Uttar Pradesh, and Chhattisgarh the issue was more common. The abusers were generally the caretakers, usually the own children or grandchildren of the elderly.

The elderly were also hesitant in either complaining or seeking external intervention due to societal shame and the grave possibility of losing the family's protection. (Krishnan, 2021)

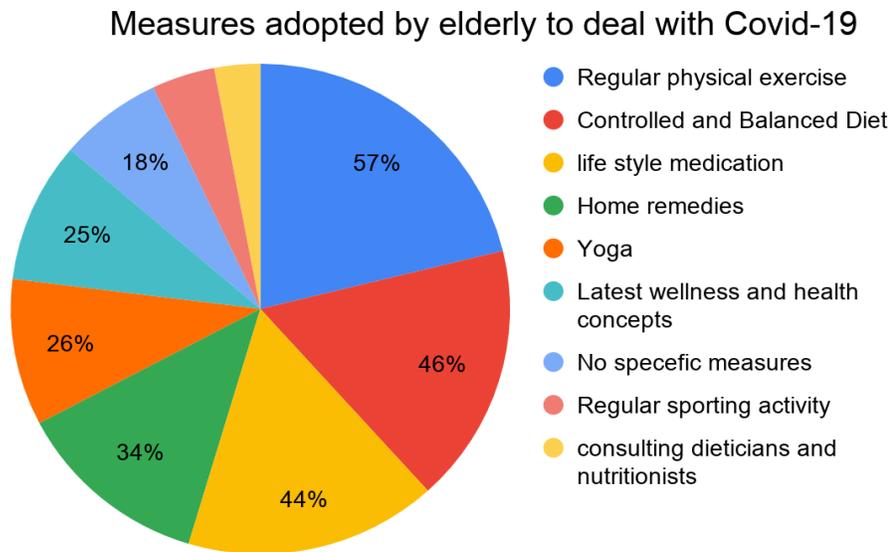
- During the lockdown in India, over 300 suicides were recorded as "non-coronavirus deaths" due to severe emotional anguish. As per the information, 80 people committed suicide because they were afraid of the transmission of the virus and being all alone. This particular development brings the mental wellbeing of older adults at an increased risk of deterioration, as they are still vulnerable to anxiety and depression. (Rana, 2020)
- 71% of the elderly during a survey conducted by volunteers of Civil Society Organisation AgeWell Foundation emphasized that they believe that quarantine has triggered verbal and physical abuse during the covid-19 outbreak and the period following afterwards. 56.1% of the elderly are reported to have been victims of abuse by their families or society and 63.7% of them have been subject to neglect during the period of lockdown. (Pandit, 2020)
- Bouts of hallucinations and hysteria were seen in the elderly, which may be linked to the lack of movement caused by home confinement and/or ban on travelling during the lockdown, as well as a worsening of the mental disorders already present in the elderly. Cognitively disabled individuals have mental difficulties and have a hard time comprehending the COVID-19 outbreak. Pre-existing mental health issues deteriorated due to a lack of regular clinical follow-ups, inadequate coping mechanisms and as a result a failure in adhering to the prescribed therapy. This led to an overall setback to the mental health of the elderly. (Balan et al., 2020)
- According to a recent online survey from India, the COVID-19 pandemic, state-imposed lockdown and subsequent conditions led to a significant interruption of access to mental health support across the nation, including health services like brain stimulation, electroconvulsive therapy, inpatient and outpatient facilities, psychotherapy, and so on. Moreover, the facilities that remained functional, saw a significant drop in the ease of access and usage by the people throughout the phase. (Dalal et al., 2020)
- The Covid-19 pandemic revealed the stark reality of the extreme digital divide between the big cities and the villages. Due to the lack of digital literacy among the elderly,

the older population even in the urban areas faced troubles in accessing health support online through telemedicine services like telepsychiatry etc. for healthcare. The lack of technical know-how and issues in operating smartphones and computers and navigating through video conferencing applications like Zoom, Google Meet etc. for video calling, became very difficult for the older generations. This lack of access to technology and digitalisation completely disrupted everyday daily healthcare practices. (Roy et al., 2020, p. 2076402095076) On the other hand, a major chunk of the country's elderly's population in the rural areas still don't have access to either the internet or smartphones, as a result, online therapy and other telemedicine facilities were not available to people in villages. (Mitra, 2020)

- According to a non-profit organization that has its headquarters in Delhi, they received 50% of calls from elderly people daily who were subject to neglect and didn't have anyone to talk to. The calls are reported to have lasted for hours due to the emotional suffering and seclusion the elderly faced during the pandemic. (Uniyal, 2020)
- A study conducted in the third week of April in 2020 by AgeWell Foundation shows that 59% of older people felt lonely despite having a family and 34% of them suffer from anxiety, sleeplessness, lack of appetite and don't engage themselves in any physical activity highlighting the plight of the older generation in India during the unbearable times of pandemic which affected everyone adversely. (Uniyal, 2020)
- The emerging mental health problems in the elders included the implications faced during the cycle of sickness and death, being hospitalized alone and dying in the absence of family members. The maximum number of older people who called on Neptune Foundation's 24-hour mental health helpline in Mumbai during the occurrence of the covid-19 pandemic were scared of facing death all alone, according to the organization. (Uniyal, 2020)
- In a telephonic survey conducted by AgeWell Foundation among 5,000 elderly people, the majority of respondents claimed that due to immobility during the lockdown they couldn't visit their doctors personally and lacked their relieving presence which aggravated their loneliness. (Uniyal, 2020)

- Almost 40% of the elders suffered from loneliness as they were unable to have social interaction with their friends and couldn't go to places of worship during the nationwide lockdown. (Khanorkar, 2020)
- Health care facilities have confirmed instances of older corona positive patients being dumped at hospitals, quarantine facilities, as well as other Covid-19 treatment centres by their family members and relatives, because of their fear of catching the coronavirus through the infected elderly. (Balan et al., 2020)
- 61% of the participants in the survey conducted by HelpAge India reported that they felt socially confined in their homes and the percentage for both urban and rural areas accounted for 50% in this matter. (Press Trust Of India, 2020)
- 65% of the elderly felt dependent and developed esteem issues during the pandemic as they felt that they had to rely on others for their basic needs which left them feeling less dignified (Uniyal, 2020)

### 3.6 Pie Chart Representing Measures Adopted By Elderly During Covid-19



Data source: "State of Seniors Survey" by Antara (The Economic Times, 2021)

A survey conducted by Antara- A company inclined towards senior living shows the data of different measures taken by the elderly during the pandemic. Regular physical exercise is one of the most common measures adopted by almost all elderly people as it accounts for the highest percentage (57%) among the other measures. 18% of the elderly didn't adopt specific measures which indicate the lack of awareness among them, also raising serious concerns and requiring immediate steps to be taken towards this problem. Regular sporting activity and consulting dieticians and nutritionists are the least adopted measures among the elderly. Controlled balanced diet (46%), lifestyle medication (44%), home remedies (34%), yoga (26%), latest wellness and health concepts (25%) are the other measures considered by the elderly during the lockdown. (The Economic Times, 2021)

#### **4.0 Tackling the mental health crisis of the elderly during Covid-19 - Role of the Government Of India and the Indian Civil Society**

A question about the mental health status of the citizens of India was posed to the Central Government in the Parliament on September 23, 2020. To which, the Centre responded that it had no statistical data on the mental well being of the people in India or the count of clinical psychologists currently employed in India. Responding to a question about the number of clinical health practitioners functioning in the area of mental health in India, the Minister of State for Health and Family Welfare, Ashwini Kumar Chaubey, said in the Rajya Sabha, "The information on the number of clinical psychologists in the nation is not recorded at the centre." Another concern was raised in the Parliament, asking if the COVID 19 had exacerbated India's mental health crisis. In response, the government said that no research or analysis had been undertaken to determine the effect of the COVID 19 pandemic on the mental health and emotional wellbeing of the citizens. (Tandon, 2021) The Ministry of Health and Family Welfare (MoHFW) and the Ministry of Social Justice and Empowerment (MoSJE) govern the providing of support for mental illness as a psychosocial condition, and their roles often coincide. During the COVID-19 pandemic, the Indian Ministry of Health and Family Welfare (MoHFW) of the Government of India (GoI) has released a toll-free support number for 'Behavioral Health.' Anyone in need of mental health support can access the Psycho-Social toll-free helpline-08046110007.

MOHFW-GOI online portal has a listing of videos, guidelines, and reference materials on handling stress and pressure during COVID-19, advice on yoga and meditation, taking good care of the mental wellbeing of marginalised communities, and so on. Recommendations outlining the mental health and psychosocial issues during the COVID-19 outbreak, developed by the WHO Department of Mental Health and Substance Use, as well as a set of guidelines that can be used in communication and outreach to support mental and psychosocial well-being in specific communities during the outbreak, are among the current advisories related to mental health. Information, Education and Communication (IEC) content on mental health services for the elderly and children were released by the MoHFW. The material also included information about how to handle the lockdown measures, dealing with stress, withdrawal and coping with emotional problems after healing from COVID-19. Some organisations on their websites such as the National Institute of Mental Health and Neurosciences (NIMHANS), the All India Institute of Medical Sciences, and the Indian Psychiatric Society, have undertaken different roles to support the citizens and handle their mental health problems during the COVID-19 pandemic through online facilities, telemedicine etc. (Roy et al., 2020, p. 2076402095076)

A 24×7 toll-free mental health crisis rehabilitation helpline ‘KIRAN’ (1800-599-0019) was inaugurated by the Minister of Social Justice and Empowerment Thawarchand Gehlot on 7th September 2020. The helpline was created by the Department of Empowerment of Persons with Disabilities (DEPwD) to provide first-line therapy in response to the rising mental health problems among the population as a result of the Covid-19 pandemic. It provided early assessment, first-aid, social assistance, anxiety management, encouraged positive behaviour and lifestyles along with healthy emotional well-being and emotional crisis handling as part of its mental health recovery program. It also offered initial counselling, guidance, and referrals to counsellors for patients with chronic conditions, with a particular emphasis on those with disabilities. (Agrawal, 2020) It was established in partnership with Bharat Sanchar Nigam Limited (BSNL), a state-owned telecom company providing telecommunication infrastructure in India. Tamil, Hindi, English, Gujarati, Urdu, Assamese, Kannada, and Malayalam were among the 13 languages available to the citizens. According to the Ministry's statement, it would be run by 81 front-line experts, including voluntary therapists, psychiatrists and psychologists. (Nath, 2021)

The Mental Healthcare Act (MHCA), 2017 which grants Indians the rights to access mental healthcare, was passed by Prime Minister Narendra Modi's government in 2017. With the Covid-19 pandemic, the importance of telemedicine for mental health services is quickly becoming an area of concern. During the nationwide lockdown, the Indian government advocated for telemedicine, as a way of delivering health care, as shown by the Ministry of Health and Family Welfare's release of telemedicine recommendations on March 25, which included a blueprint for issuing electronic prescriptions to vulnerable populations with mental health issues. (Saigal, 2020) To provide mental health assistance during the time of the pandemic, a separate online portal was developed at <https://psychcare-nimhans.in>. The Department of Clinical Psychology at NIMHANS and the Indian Institute of Information Technology (IIIT) Bangalore's e-Health Research Centre partnered to create this forum. Anxiety, loneliness, isolation from friends and family, overuse of technology, frustration and anger, fears about the future, and other issues like these were often brought up as the main concerns. NIMHANS and the All India Institute of Medical Sciences (AIIMS) regularly hosted webinars and released videos on the Ministry of Health & Family Welfare's website – [www.mohfw.gov](http://www.mohfw.gov) – on topics such as stress reduction, dealing with social stigma and discrimination during the Coronavirus pandemic, tackling psychological and social concerns of health care workers, and dealing with issues affecting children and senior citizens, among others. (Press Information Bureau, Government of India, 2020) Telepsychiatry recommendations were also issued by AIIMS, New Delhi, which provide clinical assessment, counselling, medical management, and health education resources that have been made accessible to physicians across the nation.

The Lok Sabha TV channel has broadcasted special episodes concerning mental health. The States/Union Territories (UT's) Emergency COVID Response Plan (ECRP) has been granted funds to conduct Information Education Communication materials (IEC) campaigns on a variety of issues specific to COVID 19, including mental health. The Government of India has already been enforcing the National Mental Health Programme (NMHP) since 1982 to tackle the encumbrance of mental problems. The government is assisting 692 districts in implementing the District Mental Health Program, which aims to offer suicide prevention programs, occupational stress control, life skill preparation, and counselling in schools and universities.

Providing mental health services throughout all levels, including prevention, promotion, and long-term care. Expanding structural capacity for mental health services in terms of facilities, equipment, and human resources. Improving the communities' understanding and creating their engagement in mental health management and caring services. (Lok Sabha Secretariat, 2020)

Mental health professionals, however, believe that these efforts are inadequate and more investment and financial support are necessary to tackle the mental health crisis of the elderly in India. Just 2% of India's overall budget for 2020-2021 has been reserved for mental health care. Less than 1% of that amount has been set aside for the mental well being of the citizens. (Mitra, 2020) On the other hand, the civil society of India made paramount efforts in helping the vulnerable populations during the national lockdown. On April 8, 2020, The National Institution For Transforming India ( NITI Aayog) contacted 92,000 Civil Society Organisations (CSOs), to assist the government in combating the battle of a global pandemic. CSOs worked in a very close alliance with local government bodies, panchayats, state and district administrations to provide effective and efficient assistance to the government. About 64% of CSOs initiated helpline facilities in multilingual languages as cases of domestic abuse and mental illness saw a significant rise in numbers. Smile foundation reached out to the beneficiaries within their network to provide them with mental health counselling. They also chose an innovative way of reducing the distance between frontline workers and beneficiaries by providing people with telemedicine and Tele counselling services. An extensive network of paramedics, doctors, nurses and counsellors was formed to address the mental health and other health-related issues of the beneficiaries and to create awareness among them. In this way, they addressed issues of various beneficiaries from their side while keeping a track of ground-level situations simultaneously. (PRIA, 2020)

In Gujarat, a group of psychiatrists initiated a counselling service by creating toll-free numbers. They also inculcated various university students into this initiative by training them with counselling methods through online mode of classes, so that they can meet the demand of people who are seeking counselling as well as make their service more accessible and efficient.

The main aim of inclusion of university students from psychology and social background was to make these services physically accessible in backward and downtrodden areas once the lockdown lifts, and also target students, workers from informal sectors as well as elderly who wish to avail their services. (PRIA, 2020) Due to the sudden imposition of lockdown elderly people were vulnerable to fear, misinformation and panic. For the management of their fears, Project Mumbai arranged 50 mental health professionals to attend calls and counsel the elderly from 8 am to 8 pm in seven different languages. Similarly, ElderAid, an organisation devoted to providing at-home care and services to elders attended 600 calls within the very first week of lockdown to address and resolve the issues of the elderly. (Feminism In India, 2020)

Silver Talkies, an organisation functional since 2014, to promote active ageing, organised webinars regarding mental health and immunity-boosting diet during and post lockdown. They arranged various engaging activities ranging from virtual tours of museums to virtual tea-party for the elders, besides, they also conducted online classes teaching elders how to use Google Pay, Google Calendar and WhatsApp so that they can familiarize themselves with the “new normal”.(Feminism In India, 2020) Sangath an NGO, collaborated with Harvard Medical School and Wellcome trust to launch a campaign named “it’s okay to talk” to resolve the mental health issues of various age groups similarly, TISS (Tata Institute Of Social Science) created a helpline through their ‘i-call’ program which aims to provide psychological support to people with the help of trained medical professionals. (Yesudhas, 2020)

Telemedicine platforms such as Brihanmumbai Municipal Corporation, Mpower and E-platforms such as Practo and Lybate catered to the needs of people by attending calls and giving them psychiatry consultations. Other institutions, NGOs and Universities like The Neptune Foundation, Trijog, Mastermind Foundation, Samaritans, Jamia Millia Islamia, Child Rights and You (CRY), The Banyan, Sangath etc. have also conducted webinars and created free tele-counselling services to deal with the mental health crisis of India.(Balaji & Patel, 2020)

## **5.0 Critical Review of Kerala's Policies for Mental Health of Elderly**

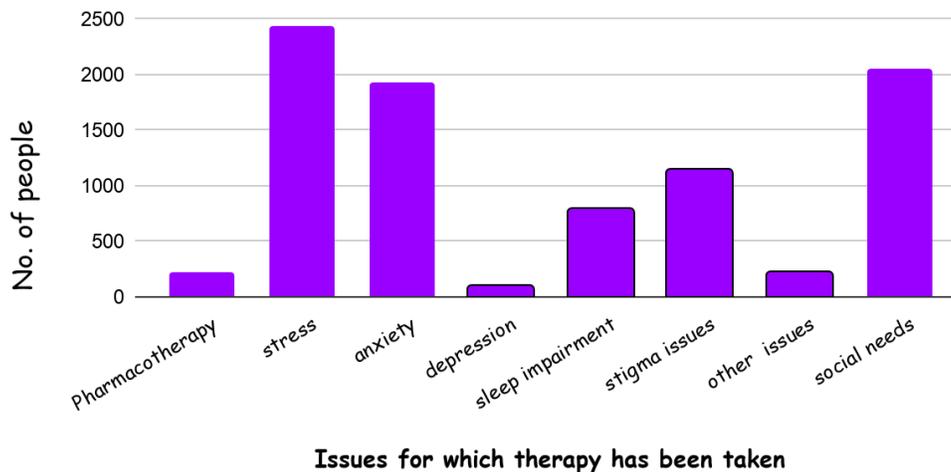
A virus outbreak in Wuhan transitioning into a worldwide epidemic alerted the Kerala government much before others to take steps for the psychological well being of its state. The state formed a rapid response team consisting of 24 members handled by the health minister. The team receives on-ground information from 18 state-level committees who are working in coordination with district-level committees. A psychological support team has also been constituted specifically to deal with the aspect of mental health. The team has formulated numerous strategies to deal with the stress and other mental health issues arising as side-effects of the pandemic. The Kerala government acquired intra and inter-departmental coordination as an approach along with a detailed self-designed protocol to address this concern. A collaborative effort has been taken by the government as they have brought DMHP (District Mental Health Programme) and DISHA (Digital Information Security in Healthcare Act) under the Department of Health and Family Welfare together to resolve the mental health issues collectively. Along with providing counselling to the people in quarantine and isolation DMHP also coordinates with panchayat authorities for curbing the stigma related to mental health issues on a community level. To deal with the loneliness and boredom that is often experienced in an isolation ward, Wi-fi (Wireless Fidelity) access has been provided. Further, a collaboration has been done with DC books and The Hindu to provide books and daily newspapers to people whose themes are based on mental wellness and motivation. Positive messages and SMSs (Short Message Services) are sent to individuals to boost their positivity as well as nutritious meals with balanced nutrients are provided to maintain their physical and mental stability. (John et al., 2020)

DISHA (Direct Intervention System For Health Awareness) a 24\*7 telehealth helpline under Arogyakeralam has been active in providing consultation and counselling services for physical and mental health during serious calamities including floods and the Nipah virus outbreak. They have played a remarkable role by making people aware of self-isolation, precautions and various other concerns related to covid-19. For providing counselling services to fear-stricken people they also reroute the calls to DMHP so that timely support can be provided and the grievances can be addressed properly to reduce the confusion, anxiety and fear in this epidemic. (John et al., 2020) The GoK Direct app is launched by the Kerala start-up mission and Information and Public Relations Department.

This application sends alerts to people through SMSs along with that it also serves as a trustworthy source for news related to covid-19 to save people from misinformation which can cause further distress. The Kerala Online Health Training Youtube Portal is another digital medium where people are being made aware through educational videos related to Covid-19. (John et al., 2020)

TeleMedicine portal E-Sanjeevani and Ottakalla Oppamundu have functioned well to provide teleconsultations and psychological support across the state. Approximately 1,143 mental health professionals have been engaged by the government for looking into the concern, so that needful can be done for individuals who are in quarantine. The government has been quite inclusive in its approach as it has especially focused on mentally ill patients, children with special needs, migrants and the elderly who are living alone. In the current time, around 11,68,950 people are said to be reached out by the government so that an environment can be created where one can enable these services easily. (World Health Organization, 2020)

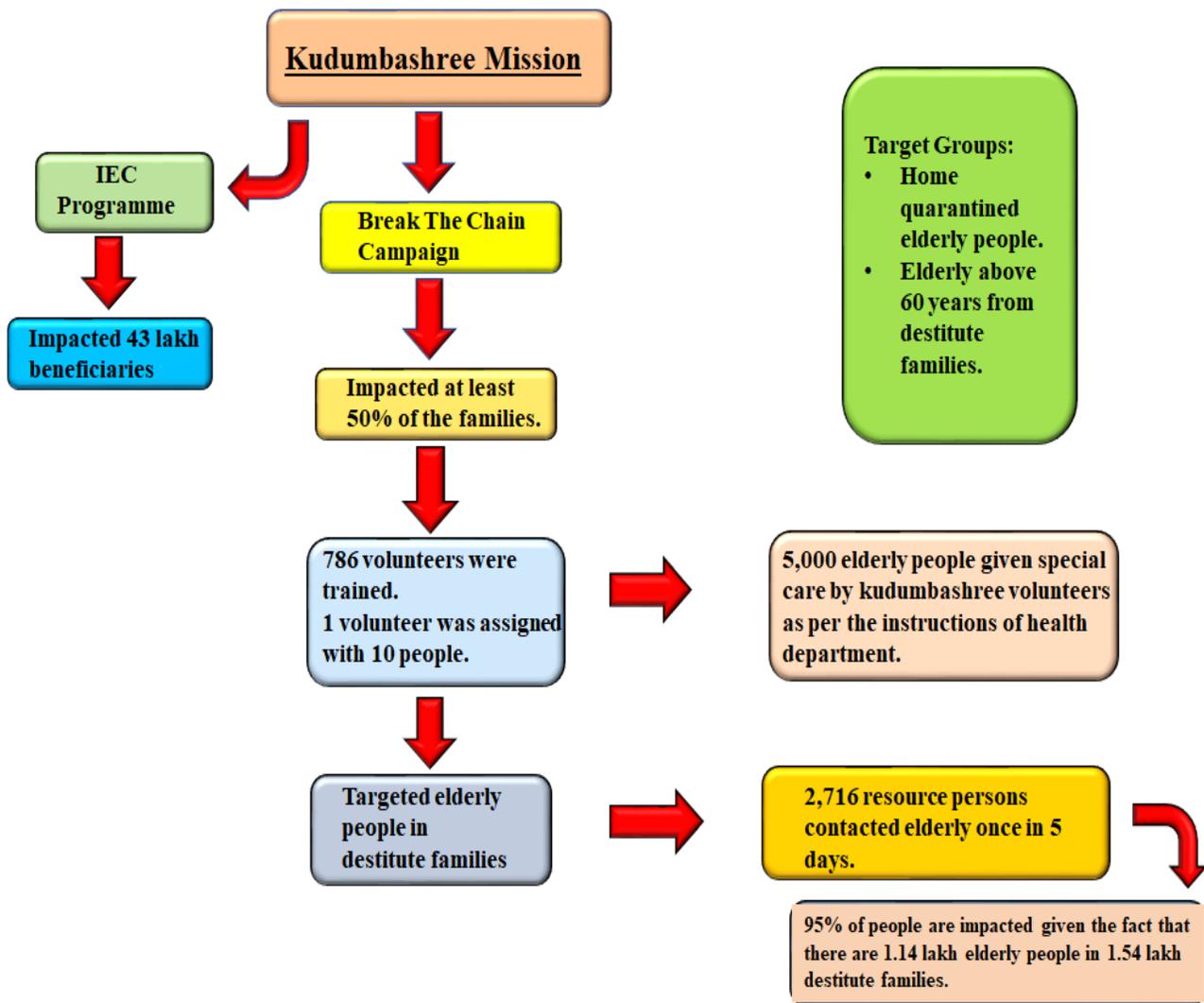
### Number of people who acquired therapy for various issues according to Kerala Government



**Data source:** *Government of Kerala (Antony, 2020)*

As per the data maintained by Kerala Government which was released in May 2020, around 30,844 people have sought counselling after the lockdown. 222 people got pharmacotherapy done, people who contacted counsellors for various issues stood at 8,659.

Out of which 2,436 people complained about stress, 1,930 people suffered from anxiety. Similarly, 98 people have been said to be suffering from depression, 789 people from sleep issues, 1,149 people from stigma issues and 214 from other psychiatric issues. 2,043 people sought counselling due to the deprivation of their social needs. This data has been one of the biggest indicators of a mental health crisis in Kerala as the government saw a sudden spurt in the number of people who received counselling through various platforms arranged by the government itself. (Antony, 2020)



**Flow chart representing the process of Kudumbashree Mission and no. of beneficiaries impacted**

Data source: (Express News Service, 2020)

Kudumbashree, The Kerala State poverty eradication mission was launched on 17th May 1998 by the then Prime Minister Atal Bihari Vajpayee. This mission has contributed significantly towards the welfare of elders during this extremely tough time of covid-19. They initiated the IEC programme which stands for information, education and communication programme specifically for elders to raise their confidence. The main aim of this programme was to emphasize that “the elderly need to take extra precaution”. This message was successfully spread among three lakh ayalkoottam (neighbourhoods) of which 43 lakh people are part, with the help of a letter and a video message to create a sense of responsibility in the public. (Express News Service, 2020) Apart from that they meticulously worked for the “break the chain campaign” which focuses on social distancing. Approximately 50% of the families are said to be covered under this campaign. In the second phase of the campaign Kudumbashree mainly targeted two groups i.e, the elderly who are quarantined at home and the elderly who are above 60 years belonging to destitute families. Kudumbashree trained and deployed 786 volunteers and each of them got in contact with ten people. The one to one interaction has made this campaign quite effective as 5,000 elderly people out of 1,50,000 people who were home quarantined have been impacted. (Express News Service, 2020)

The third phase of the campaign focused on the elderly from destitute families under the “destitute free Kerala project” of Kudumbashree. Around 2,716 resource persons contacted the elderly once in five days. There are 1.14 lakh, elderly people, in 1.54 lakh destitute families of the state and according to S Harikishore, Executive Director of Kudumbashree they have covered approx 95% of such elderly (Express News Service, 2020) At the same time, Tamil Nadu Government in collaboration with National Health Mission and The Banyan has set up Emergency Care and Recovery Centres (ECRC) to deal with the mental health issues of the poor, needy and homeless and those who constitute the vulnerable sections of our society. (Gopikumar & Radhakrishnan, 2020) They aim to set up ECRCs across 12 districts in a gradational manner (The Hindu, 2020) out of which ECRCs have been already set up in 5 districts in 2018. (Gopikumar & Radhakrishnan, 2020) This initiative also focuses on the power of collaborative work as government, development and corporate sector work together to ensure the welfare of those in need.

The significance of this initiative becomes more relevant in the current scenario as the pandemic has stirred mass hysteria in society and the mental health of our population needs to be looked into. Apart from rescuing people who are suffering from psychological issues and providing them with treatment, ECRCs also look forward to providing such patients with rehabilitation & skill training so that they can reconnect with their families by becoming economically independent. The government will also provide the patients with monthly assistance, ID cards and other facilities while they are under treatment in ECRCs. (The Hindu, 2020)

Even though the Kerala Government has done a remarkable job in combating the mental health crisis of the state during the pandemic. They still need a robust framework and numerous strategies to tackle the mental health issues of those who constitute the weaker and vulnerable sections of our society and make the respective services accessible and affordable to them by implementing initiatives such as ECRCs as undertaken by the Tamil Nadu Government.

## **6.0 Conclusion**

As of September 23rd 2020, the Union government has not yet, even carried out a survey or a research study on assessing the ramifications of the covid-19 pandemic on the mental health of the Indian elderly. It has no data available on the challenges and issues faced by the geriatrics population of India during the lockdown. There is no clear roadmap prepared on the ground to envisage, providing even a minimum mental health care plan for the elderly or even build an active feedback mechanism or review system from the elderly communities on the existing policies, like the Mental Health Care Act (MHCA) of 2017. The provisions of the Act like any other policy legislation for mental health look good only on paper and remain largely unsuccessful on the ground level because of the faulty implementation and lack of risk analysis of the policies.

The lack of coordination between the Centre and the states is also one of the factors why even very well measured policies fail to deliver in reality and don't reach out to their target groups, exceptions being the government of Kerala and Tamil Nadu who have outperformed other states in sustaining the mental health crisis during the outbreak of Covid-19.

On the contrary, the civil society of India and state level NGOs have done a significant amount of impactful work on the grassroots, for the mental health of the elderly and acquired the necessary resources immediately for creating digital channels which can adapt to the uncertainty and dynamism of the pandemic.

The geriatric health care system of India is not just inefficient and outdated in its approach but also highly inaccessible and unaffordable for the majority of the elderly population residing in the countryside or the rural areas. There is a major lack of human resources in this particular sector. The number of mental health care professionals, practitioners, and counsellors who are specialised in dealing with the mental health issues of India's geriatrics population is limited. The covid - 19 pandemics has widely exposed the existing lacunas in the health care system, showing that the state's healthcare machinery is still highly unequipped to cater to the existing problems arising out of the lockdown. At the same time, it has also not undertaken any preventive measures or prioritized the mental health of its elderly in the light of any unforeseen medical contingency.

The government has not allocated adequate funds for dealing with the mental health crisis of the country and no focus has been laid on the protection of the vulnerable sections of the society especially the elderly. Less than 1% of the budget has been allotted for the mental health care services for its citizens and that too is poorly fragmented to deal with the issue of understaffing of health care professionals and producing psychiatric medication. No expenses have been incurred on primary level infrastructural development for the welfare of the elderly and it can be validated by the scarcity of daycare centres, old age homes as well as institutions offering hospice care services in the country.

Feminization of poverty is one of the emerging concerns that can pose a serious threat to India's framework of mental health care. As there are no special provisions drawn by the government for the socio-economic security of the widows and older women, a widespread economic gender disparity exists throughout India, which can further intensify the magnitude of existing loopholes in the current system. Fact that these women constitute a major proportion of the geriatrics population and also form a part of the most marginalized sections of the society, they are more likely to suffer from major mental distress in contrast to men.

The government has not made any efforts in organizing sensitization workshops or carrying out social campaigns for the elderly to raise awareness about the existing government schemes, pension plans and other policies at the grassroots level in the country. In the wake of the covid-19 pandemic, the government has failed to bring in new laws, policy legislation or schemes focusing on the sustenance of the elderly amidst the socio-economic crisis. The elders also often lack the proper documentation required to avail the benefits of the current schemes. The government has not appointed any special teams or formed a proper channel to guide and resolve queries of the elderly, to help them utilize the welfare benefits and make its services more accessible to the individuals with mobility issues as they cannot stand in long queues for hours just to get their basic work done.

The government has also extensively failed to assist the elderly to avail the services which were mostly accessible through digital or online mediums as an implication of the pandemic. Exposing the already existing chasm between rural and urban India, the elderly even lacked the basic digital skills in India, showcasing the stark reality of the ambitious 'Digital India' scheme. During the pandemic, they could not adapt to the "new normal" as neither did they receive any family support in this matter nor did the government help them access the internet or smartphones.

The long term effects of the currently ongoing pandemic on the emotional wellbeing of the Indian population are yet to be seen as it might take years for the symptoms to manifest themselves. Carrying out further studies and continuous research will be necessary to analyze the repercussions of the lockdown on mental health for the time to come.

## **7.0 Policy Recommendations**

- The Central Government should introduce and adopt the Tamil Nadu Government's Emergency Care and Recovery Centre (ECRC) Project in a form of a uniform, concrete policy to assure the mental health care of marginalized and unprotected sections of the society and ensure its effective implementation in all the Indian states/UT's by creating a strong coordination system between the central as well as the state governments.

- Taking policy lessons from the pandemic, India should eventually try to incorporate the nascent telemedicine industry and the lack of its technological infrastructure into the existing public healthcare system. It will in turn lower the direct and indirect costs of the health services and also facilitate the appointments closer to their homes to increase accessibility. (Khanorkar, 2020)
- To make the older generation tech-savvy, the Indian policymakers should provide smartphones, laptops and other technological devices to them and educate them through forming a group of volunteers and youngsters who would upskill and empower the elderly. Digital literacy programmes such as Internet Saathi and Swastha Bharat Preraks and Zila Swachh Bharat Preraks can be very well utilized in digitally empowering the older population on the grassroots level. (Khanorkar, 2020)
- Even though schemes like “Ayushman Bharat” offer coverage for mental health and consists of 17 packages for various psychological disorders including substance abuse, the insurance facilities can be only availed in Public sector hospitals and not in private sector hospitals. Whereas, it can be availed in both the sectors in case of other medical disorders. Some states have even opted out of the Ayushman Bharat Scheme, introducing their programs on the state level, making it difficult for every citizen to avail of financial aid. (Singh, 2019, p. 113) Similarly, the MHCA (Mental Health Care Act) insures its beneficiaries of physical as well as mental health coverage but its execution has been long delayed. (Verma & Fernandes, 2020) Therefore, the government needs to make sure that every policy is being implemented on time and amend the existing acts and schemes or formulate a new mental health policy to make health insurance services uniformly accessible throughout the country.
- The lack of financial independence has been one of the biggest reasons due to which mental health care has been unaffordable and inaccessible for the elderly, therefore, it is of the utmost requirement that the government maps out some plans for the financial independence of the elderly. At the rural level, Self Help Groups (SHGs) and Cooperative societies can be formed solely for the elderly population, so that they can become economically independent and self-sustain themselves during global health calamities like Covid-19.

## References

- AgeWell Foundation. (2011). FINANCIAL STATUS OF OLDER PEOPLE IN INDIA - An ASSESSMENT. *AgeWell*, 1–41. <https://social.un.org/ageing-working-group/documents/seventh/AgewellFoundationSubmission.pdf>
- AgeWell Foundation. (2017). Changing needs & rights of older people in India. *AgeWell*, 1–48. <https://social.un.org/ageing-working-group/documents/eighth/Inputs%20NGOs/ChangingNeedsRights.pdf>
- Agrawal, S. (2020, September 8). *Govt launches KIRAN, a 24x7 helpline for people to seek mental health counselling*. ThePrint. <https://theprint.in/health/govt-launches-kiran-a-24x7-helpline-for-people-to-seek-mental-health-counselling/497542/>
- Antony, T. (2020, May 12). *Stress, stigma and sleep loss: COVID-19 takes a heavy toll on mental health*. The New Indian Express. <https://www.newindianexpress.com/cities/kochi/2020/may/12/stress-stigma-and-sleep-loss-covid-19-takes-a-heavy-toll-on-mental-health-2142190.html>
- Balaji, M., & Patel, V. (2020, July 29). *Mental health and COVID-19 in India*. India Development Review. <https://idronline.org/mental-health-and-covid-19-in-india/>
- Balan, R. V., Sasidharan, D. K., & Lalu, J. S. (2020, July 1). *An insight into the elderly mind during COVID-19 pandemic: World Mental Health Day 2020* Balan RV, Sasidharan DK, Lalu JS - *J Mar Med Soc*. Journal of Marine Medical Society. <https://www.marinemedicalsociety.in/article.asp?issn=0975-3605;year=2020;volume=22;issue=2;spage=113;epage=117;aulast=Balan>
- Banerjee, D. (2020). The impact of Covid-19 pandemic on elderly mental health. *International Journal of Geriatric Psychiatry*, 35(12), 1466–1467. <https://doi.org/10.1002/gps.5320>
- Central Statistics Office & Ministry Of Statistics & Programme Implementation Government Of India. (2011, June). *Situation Analysis Of The Elderly in India*. [http://mospi.nic.in/sites/default/files/publication\\_reports/elderly\\_in\\_india.pdf](http://mospi.nic.in/sites/default/files/publication_reports/elderly_in_india.pdf)

Dalal, P. K., Roy, D. R., Choudhary, P., Kar, S. K., & Tripathi, A. (2020, September 1). *Emerging mental health issues during the COVID-19 pandemic: An Indian perspective* Dalal PK, Roy D, Choudhary P, Kar SK, Tripathi A - *Indian J Psychiatry*. Indian Journal of Psychiatry. <https://www.indianjpsychiatry.org/article.asp?issn=0019-5545;year=2020;volume=62;issue=9;spage=354;epage=364;aulast=Dalal>

DownToEarth. (2021, January 8). *Less than a third BPL senior citizens benefit from old-age pension scheme: Health ministry survey*. Downtoearth.Org. <https://www.downtoearth.org.in/news/economy/less-than-a-third-bpl-senior-citizens-benefit-from-old-age-pension-scheme-health-ministry-survey-74962>

Express News Service. (2020, April 27). *Kudumbashree launches a special drive to help the elderly during the lockdown*. The New Indian Express. <https://www.newindianexpress.com/cities/thiruvananthapuram/2020/apr/27/kudumbashree-launches-special-drive-to-help-elderly-during-lockdown-2135725.html>

Feminism In India. (2020, November 13). *A Ray Of Hope For The Elderly During The Pandemic*. <https://feminisminindia.com/2020/11/13/covid-19-elderly-during-the-pandemic-hope/>

Giridhar, G., Subaiya, L., & Verma, S. (2015). *Older Women In India: Economic, Social and Health Concerns*. <https://india.unfpa.org/sites/default/files/pub-pdf/ThematicPaper2-Womenandageing.pdf>

Gopikumar, V., & Radhakrishnan, J. (2020, September 24). *Addressing the mental health needs of homeless persons*. The Hindu. <https://www.thehindu.com/opinion/op-ed/the-mental-health-needs-of-the-homeless/article32680231.ece>

John, C. E., Gunasekaran, I., & Maria N., R. (2020, March 27). *COVID-19: Taking Heed From Kerala's Mental Health Interventions*. The Wire Science. <https://science.thewire.in/health/covid-19-kerala-mental-health/>

Joshi, A. (2021, January 6). *COVID-19 pandemic in India: through a psycho-social lens*. Journal of Social and Economic Development.

[https://link.springer.com/article/10.1007/s40847-020-00136-8?error=cookies\\_not\\_supported&code=5f906cbb-7488-4f18-8f06-15511be0245e](https://link.springer.com/article/10.1007/s40847-020-00136-8?error=cookies_not_supported&code=5f906cbb-7488-4f18-8f06-15511be0245e)

Khanorkar, P. (2020, November 20). *Living with risk, fear, and anxiety*. India Development Review.

<https://idronline.org/covid19-elderly-health-rights-risk-fear-anxiety/>

Krishnan, M. (2021, March 4). *India's elderly people face neglect during COVID*. DW.COM. <https://www.dw.com/en/india-elderly-abuse-amid-covid/a-56772537>

Lee, T.-H. J., Saran, I., & Rao, K. D. (2017). Ageing in India: Financial hardship from health expenditures. *The International Journal of Health Planning and Management*, 1–12. <https://onlinelibrary.wiley.com/doi/abs/10.1002/hpm.2478>

Lok Sabha Secretariat. (2020, September 23). *Questions* [Press release]. <http://loksabhaph.nic.in/Questions/QResult15.aspx?qref=18561&lsno=17>

Mane, A. B. (2016, February). *Ageing in India - Some Social Challenges to Elderly Care*. Journal of Gerontology & Geriatric Research. <https://doi.org/10.4172/2167-7182.1000e136>

Ministry Of Health and family welfare & National Institute of mental health and neurosciences. (2016). *National Mental Health Survey Of India*. NIMHANS. <http://www.indianmhs.nimhans.ac.in/Docs/Summary.pdf>

Mitra, E. (2020, September 7). *India didn't prioritize mental health before Covid-19. Now it's paying the price*. CNN. <https://edition.cnn.com/2020/09/06/india/india-mental-health-dst-intl-hnk/index.html>

Nath, D. (2021, February 7). *Ministry's mental health helpline sees most calls from men*. The Hindu. <https://www.thehindu.com/news/national/ministrys-mental-health-helpline-sees-most-calls-from-men/article33774872.ece>

Pandit, A. (2020, June 15). *Abuse has increased during the lockdown, say 71% of the elderly*. The Times of India. <https://timesofindia.indiatimes.com/india/abuse-has-increased-during-lockdown-say-71-of-elderly/articleshow/76377324.cms#:~:text=NEW%20DELHI%3A%20Ahead%20of%20World,the%20lockdown%20period%20and%20after>

Press Information Bureau, Government of India. (2020, July 10). *Covid 19 impacts mental health Centre urges states to strengthen mechanisms to address the issue* [Press release]. <https://pib.gov.in/PressReleaseDetailm.aspx?PRID=1637704>

Press Trust Of India. (2020, June 15). *Covid-19 lockdown affected the lives of 65% elderly due to job loss: Report*. Business Standard. [https://www.business-standard.com/article/current-affairs/covid-19-lockdown-affected-lives-of-65-elderly-due-to-job-loss-report-120061500545\\_1.html](https://www.business-standard.com/article/current-affairs/covid-19-lockdown-affected-lives-of-65-elderly-due-to-job-loss-report-120061500545_1.html)

PRIA. (2020, July). *Response Of Indian Civil Society*. Participatory Research In Asia. [https://www.pria.org/knowledge\\_resource/1594293825\\_Response%20of%20CSO%20to%20wards%20covid19.pdf](https://www.pria.org/knowledge_resource/1594293825_Response%20of%20CSO%20to%20wards%20covid19.pdf)

Rana, U. (2020, May 3). *Elderly suicides in India: an emerging concern during COVID-19 pandemic* | *International Psychogeriatrics*. Cambridge Core, Cambridge University Press. <https://www.cambridge.org/core/journals/international-psychogeriatrics/article/elderly-suicides-in-india-an-emerging-concern-during-covid19-pandemic/2CF169B59AFB47A2881F197F4CBD1C01>

Roy, A., Singh, A. K., Mishra, S., Chinnadurai, A., Mitra, A., & Bakshi, O. (2020). Mental health implications of COVID-19 pandemic and its response in India. *International Journal of Social Psychiatry*, 002076402095076. <https://doi.org/10.1177/0020764020950769>

Saigal, K. (2020, April 30). *How to care for your mental well-being during COVID-19*. Invest in India. <https://www.investindia.gov.in/team-india-blogs/how-care-your-mental-well-being-during-covid-19>

Samvedna Senior Care. (2020, September 15). *CAUSES AND RISK FACTORS FOR MENTAL ILLNESS IN ELDERLY IN INDIA*. <https://www.samvednacare.com/blog/causes-and-risk-factors-for-mental-illness-in-elderly-in-india/>

Sarwar, N., & Tarannum, S. (2019, January). *Psycho-Social Problems Encountered by Aging Population in India*. *International Journal of Research and Analytical Reviews (IJRAR)*. <https://www.ijrar.org/papers/IJRAR19J1446.pdf>

Satav, R. (2017, December 20). *The gaps in the Mental Healthcare Act*. Mint. <https://www.livemint.com/Opinion/LADv4BI5kQkI2QS5OI2LvN/The-gaps-in-the-Mental-Healthcare-Act.html>

Sharma, P. (2019, October 9). *Opinion | Unaffordable mental healthcare puts additional stress on millennials*. Mint. <https://www.livemint.com/money/personal-finance/unaffordable-mental-healthcare-puts-additional-stress-on-millennials-11570640940930.html>

Singh, O. P. (2019). Insurance for mental illness: Government schemes must show the way.

*Indian Journal Of Psychiatry*, 61(2), 113–114.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6425797/#:~:text=Ayushman%20Bhara%2C2flagship%20scheme%20of,most%20of%20the%20blood%20tests>.

Sood, S. (2020, August 6). *Mental Healthcare Act: A Legislation For The People*. Food, Drugs, Healthcare, Life Sciences - India. <https://www.mondaq.com/india/healthcare/972410/mental-healthcare-act-a-legislation-for-the-people>

Tandon, T. (2021, February 16). *What is the status of Mental Health in India? Details on its importance and Government schemes*. Jagranjosh.Com. <https://www.jagranjosh.com/general-knowledge/what-is-the-status-of-mental-health-in-india-know-its-importance-and-steps-taken-by-the-government-1613467170-1>

The Economic Times. (2021, January 3). *A look at how India's senior citizens have been impacted by the pandemic*. *Economictimes.Indiatimes.Com*. <https://economictimes.indiatimes.com/industry/healthcare/biotech/a-look-at-how-indias-senior-citizens-have-been-impacted-by-the-pandemic/the-old-amid-the-covid/slideshow/80081866.cms>

The Hindu. (2020, December 23). *Emergency care and recovery centre opened in Sivaganga*.

<https://www.thehindu.com/news/cities/Madurai/emergency-care-and-recovery-centre-opened-in-sivaganga/article33400398.ece>

United Nations Population Fund. (2017). *'Caring For Our Elders: Early Responses'- India Ageing Report - 2017*. UNFPA, New Delhi, India. <https://india.unfpa.org/sites/default/files/pub-pdf/India%20Ageing%20Report%20-%202017%20%28Final%20Version%29.pdf>

Uniyal, R. (2020, May 11). *What the elderly fear most in times of Covid-19*. The Times of India. <https://timesofindia.indiatimes.com/india/what-the-elderly-fear-most-in-times-of-covid-19/articleshow/75641568.cms>

Verma, A., & Fernandes, T. (2020, December 10). *Public Mental Health in India Is an Issue of Rights and Accessibility*. The Wire Science. <https://science.thewire.in/health/public-mental-health-rights-accessibility/>

Verma, A. (2020, July 22). *All you need to know about the Mental Healthcare Act, 2017*. IPLeaders. <https://blog.ipleaders.in/all-need-know-about-mental-healthcare-act/>

World Health Organization. (2012, May 11). *WHO | WHO urges more investments, services for mental health*. WHO. [https://www.who.int/mental\\_health/who\\_urges\\_investment/en/#:%7E:text=Mental%20health%20is%20defined%20as,to%20her%20or%20his%20community](https://www.who.int/mental_health/who_urges_investment/en/#:%7E:text=Mental%20health%20is%20defined%20as,to%20her%20or%20his%20community)

World Health Organization. (2020, July 2). *Responding to COVID-19 - Learnings from Kerala*. Who. Int. <https://www.who.int/india/news/feature-stories/detail/responding-to-covid-19---learnings-from-kerala>

Yesudhas, R. (2020, October 1). *COVID-19 has put the spotlight on mental health, but India needs more*. Citizen Matters. <https://citizenmatters.in/covid19-mental-health-impact-depression-anxiety-nimhans-2147>

2