

Mental health and emotional well-being

The COVID-19 pandemic has taken its toll on older people's mental health. Older people with pre-existing mental health conditions have seen an increase in the severity of their symptoms, while others are struggling for the first time.

Anxiety

The COVID-19 pandemic has increased anxiety, with older people telling us they are worried about contracting COVID-19, about the wellbeing and safety of their family, and about the future. For some older people, the anxiety has been debilitating, leading to panic attacks and physical symptoms which are having a profound impact on their day-to-day lives.

One in three (34%) older people agree that their anxiety is now worse or much worse than before the start of the pandemic⁴.

“Due to the stress and anxiety I have experienced severe headaches and migraine type attacks of flashing light in the eyes. Also frightened to go to hospital when offered when I felt extremely anxious on one occasion.”

(Male, 70-74)

“Anxiety attacks, last experienced over 20 years ago, returned once strict lockdown was lifted.”

(Female, 70-74)

“Had no support at all, my anxiety is off the scale, my OCD is worse. I have been out once since early March, having no family made it worse”

(Female, 65-69)

“Lack of sleep and general anxiety knock one sideways.”

(Male, 65-69)

“I’m sleeping less well than ever and at times have felt crippled by anxiety.”

(Female, 70-74)

“I thought I would be ok as I am quite a solitary person anyway, but I find I’m having huge mood swings, and almost panic attacks for no apparent reason. My blood pressure feels high and many mornings I wake with my heart racing and a thumping headache”

(Female, 70-74)^{xii}

Health inequalities

Older BAME people

Evidence also shows that older BAME people have been disproportionately impacted by the pandemic and are more likely to have experienced the worst consequences of Covid-19.

There is emerging evidence that older BAME people may be more likely to catch Covid-19 due to their housing or family circumstances. For example, BAME pensioners are more likely than white people to have family who are in key worker roles, where the risk of contact with people with Covid-19 is higher^{xxiv}. They are also more likely to be living in multigenerational households where there may be a greater risk of transmission. Less than 2% of white people aged 70+ live in multigenerational households, while 56% of Bangladeshi, 35% of Pakistani, 13% of Indian, 11% of Black African and 6% of Black Caribbean people aged 70+ do.

We also know that older BAME people are at greater risk of becoming severely ill or dying from Covid-19. This is likely to be the result of inequalities in health, with older BAME people more likely to have some of the underlying conditions, including obesity, diabetes and heart disease, which increase the chances of the worst outcomes from coronavirus. These health inequalities have emerged from experiences of social and economic inequalities, and racism, throughout older BAME people's lives.

Compared to the white population, black men are 4.2 times more likely to die from Covid-19, while black women are 4.3 times more likely.

34% of people admitted to critical care in the UK have been BAME. Based on population size the proportion should be 22%.

In April and May 2020 Covid-19 was responsible for 54% of deaths among black people and 49% of deaths among Asian people, compared to 44% of deaths among white people.

^{xxiv} ONS (2020), 'Which occupations have the highest potential exposure to the Coronavirus (Covid-19)?'. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/whichoccupationshavethehighestpotentialalexposuretothecoronaviruscovid19/2020-05-11>