

'I miss everything. I miss everybody': Depression rates for seniors are soaring amid COVID-19



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When she retired from her job as a hospital technician in 2011, Johnnie Lilly soon found that she felt lonely. She told herself: *I'm going to get out and do something.*

That's how the 79-year-old Texas resident came to work with preschool kids as part of a reading program run by The Senior Source, an older-adult advocacy agency serving greater Dallas.

Then came the COVID-19 pandemic. With many schools and organizations suspending in-person operations as part of a national shutdown, the activity she'd loved was gone.

"It was so enjoyable and enlightening," Lilly said. "The kids just gave me so much pleasure. I miss them so much. I miss all my babies."

Even before the pandemic, advocates and health experts had warned of loneliness and social isolation among the nation's older adult population. Now, nearly two years in, they say government mandates and precautionary measures meant to control the virus by limiting social interaction have taken an emotional, mental and physical toll.

Geriatric workers say rates of depression and anxiety have risen among their clients in that time, and in more severe cases, those conditions have led to cognitive and physical deterioration, or worse.

“People experienced cognitive decline from having no stimulation, and that has persisted,” said Stacey Malcolmson, Senior Source president and CEO. “For those with underlying mental health conditions like dementia or Alzheimer’s, we’ve been finding that that cognitive decline is irreversible.”

Carla Perissinotto, a geriatrician and palliative physician who works with mostly homebound patients in San Francisco, has seen similar patterns with her clients.

“There are people who used to be able to walk, and suddenly, because of weeks in their room, they lost the ability to do so,” she said. “That’s huge.”

Perissinotto served on a National Academies of Sciences, Engineering, and Medicine committee that issued a [February 2020 report](#) that found one-fourth of U.S. residents 65 and over said they were socially isolated, while 40% described themselves as lonely.



While loneliness – the subjective feeling of being alone – is a growing global concern for all groups, social isolation, defined as an objective lack of social contact with others, is a particular risk for older adults.

The reasons can be summed up in one word: Loss. As years pass, seniors face loss of life partners and social networks, loss of sight and hearing, loss of travel opportunities, loss of a sense of value to society.

“They’re losing friends as they age,” said Kathleen Cameron, senior director of the National Council on Aging’s Center for Healthy Aging. “They’re no longer in the workplace. They’re experiencing an increase in disabilities like vision impairment, or they may have a chronic illness that reduces their ability to be as mobile.”

The National Academies report linked loneliness and social isolation to poor physical and mental health outcomes, from depression and cognitive decline – including a 50% higher risk of dementia – to higher mortality rates. Among heart-failure patients, loneliness was associated with a nearly fourfold increased risk of death.

With the pandemic, things only got worse.

Like Lilly, many who benefited from the social interaction of a part-time job or volunteer work saw those opportunities disappear. Even as COVID vaccines have led to eased restrictions and reopening of public places, many older adults – who are at higher risk of becoming seriously ill or dying from virus complications – remain hesitant to reenter society.

“You had fully independent people with thriving social lives who found themselves fearful of going outside,” said Meredith Levine, senior director of Jewish Association Serving the Aging, which serves 40,000 clients in New York City. “The initial anxiety has subsided, but this changing world has fostered different anxieties. This isn’t how they thought they would be spending their golden years.”



Advocacy & Services for LGBT Elders, a New-York-based organization known as SAGE, found that calls to its national LGBTQ+ elder hotline increased tenfold during the pandemic, going from 20 to 30 calls a month pre-COVID to more than 200 monthly calls now.

“Anxiety is the number-one concern,” said Sherrill Wayland, the agency’s director of national education initiatives. “People are dealing with a lot of stress.”

Lilly, the retired hospital worker, knows the feeling.

“When it all started, it was awful,” she said. “We were having to stay in, and that was the worst part, listening to the news about how many people were dying. In New York, they had all those trailers full of people; that blew my mind. I went through a phase where I was crying and praying for the families. It was very hard.”

Lilly still dreads going to the grocery store and wears a mask and gloves just to put gas in the car.

“It’s just so scary, it really is,” she said. “Now they’re saying there’s another variant coming. I’m better with it, even if it’s still dangerous. But I miss being able to hug somebody when I go into church. I miss everything. I miss everybody.”

The risks of seclusion and feeling alone

Loneliness has been rising as a global public health concern in recent years. Former U.S. surgeon general Vivek Murthy has called it a “growing health epidemic,” and in the U.K., Britain appointed its first minister of loneliness in 2018.

That same year, the Coalition to End Social Isolation and Loneliness (CESIL) formed in Washington, D.C., to combat what it called an American crisis. With the pandemic, the coalition of consumer groups, community and health organizations stepped up its efforts to raise awareness and push for policy changes that promote interconnectedness.

Advocates say that in addition to exacerbating potentially serious emotional and mental health issues for older adults, pandemic isolation has had other harmful effects, including raising the risk of substance abuse and susceptibility to scam artists who prey on their loneliness.



More secluded and sedentary lives have also unleashed eating binges and aggravated chronic conditions like arthritis, diabetes and high blood pressure.

“They’re not watching their diets and they’re not moving enough,” said Deborah Leibensberger, older-adult services director for Jewish Family Service of Greater Dallas.

Cameron, of the Center for Healthy Aging, said rates of alcohol and prescription drug use are also up among older adults.

“The pandemic has induced stress in all of us, and sadly substances are something people have turned to,” she said.

For those with language barriers, or from marginalized communities who might not seek out services out of fear of discrimination, isolation can be even more pronounced.

To meet the need, community and faith-based senior organizations pivoted as they ceased their brick-and-mortar offerings: Congregate meals became home

deliveries. In-person programming went virtual. Volunteers stopped making home visits and checked in by phone instead.

In Dallas, Jewish Family Service of Greater Dallas now utilizes a grant-funded device that gives clients access to senior-specific TV programming such as chair yoga, concerts, lectures, cooking and travel shows.

“That has been widely popular,” Leibensberger said. “It’s like having an older-adult center in your TV.”

More common are efforts to maintain contact with clients through regular phone or video check-ins.



In New York City, Jewish Association Serving the Aging launched JASaChat, connecting volunteers with more than 600 older adults via weekly video or phone chats.

While the program has been a success for seniors, volunteers have embraced it too: Initially asked to commit for three weeks, many have maintained contact with their elder matches for much longer, some as long as the pandemic itself.

“It’s built beautiful relationships,” senior director Levine said. “People are matched across age, race and socioeconomic status, and they’re building

connections with people they may not otherwise have come across. It's really blossomed."

In Austin, Meals on Wheels Central Texas partnered with Dell Medical School at the University of Texas-Austin to conduct similar outreach during the pandemic. Already familiar with socially isolated clients through its meal-delivery services to homebound seniors, agency drivers provide a dose of social connection during food drop-offs, even if they're now conducted with masks and socially distanced.

Seanna Marceaux, the agency's vice president for nutrition, health and impact, said surveys show clients overwhelmingly feel drivers make them feel safe and less lonely.

"Sometimes," Marceaux said, "that's the only person they see."

'Like they were suffering from some kind of depression'

As with any age group, older adults are a varied population, and some have displayed remarkable resilience amid the isolation. A November 2020 [JAMA Network article](#) based on international data collected in the pandemic's early stages reported that seniors, on the whole, were coping better than younger groups.

The authors attributed the population's initial success to a tolerance for stress developed over a lifetime of experience dealing with crises, from wars, market crashes and natural disasters to lost jobs and family issues.

"They're highly resilient," said Dilip Jeste, director of the Sam and Rose Stein Institute for Research on Aging at the University of California-San Diego.

"They have been there. They have done that. They have been through crisis and survived."

Ipsit Vahia, associate chief of the geriatric psychiatry division at Boston's McLean Hospital and the report's lead author, noted that older adults generally experienced less pandemic-related disruption of their daily lives, with fewer concerns about things like managing children's childcare or schooling or keeping a job to maintain health coverage or pay rent.

"Older adults withstood the early phase of the pandemic quite well," Vahia said. "But as there have been waves of new variants, we're seeing rates of depression go up across the population."

Advocates say those who've better coped tend to have strong social networks, deep faith or more introverted personalities accustomed to a solo existence.

"We do have clients who have lived alone for a long time, and their difficulties are not as great," said Leibensberger, of Jewish Family Service of Greater Dallas. "But they're not the majority."

As some seniors eagerly return to public activities with proper precautions, others remain hesitant.

"We have a large number of older adults who are immunocompromised," said Levine, of New York's JASA, which offers webinars to help people make educated decisions about returning to public life. "Am I going to see my grandchildren? Am I going to see my friend for lunch?" Every decision is a risk analysis."

Advocates say they've noticed changes among returning clients. In Brooklyn, New York, where RiseBoro Community Partnership briefly reopened older-adult centers but shut down again as the omicron variant spread, staff reported that previously upbeat seniors were now "more somber and low-energy," said Anya Metlitsky Herasme, the agency's senior services programming director. "Like they were suffering from some kind of depression."

Perissinotto, the San Francisco geriatrician, admitted that while hindsight is easy now with a better understanding of the virus, policymakers may have prioritized physical health at the expense of mental and emotional wellbeing. With visitation restricted at nursing homes and hospitals, many older adults were protected from the virus but unable to maintain fulfilling social connections.

“We sometimes prioritize ‘life at all costs’ without asking about quality of life and what matters to people,” Perissinotto said. “The answers are not always what you would expect.”



Some clients have told Perissinotto they avoided hospital visits or assisted-living arrangements for fear they would be isolated from families. The situation played out in her own life, she said, when her 78-year-old mom moved in with her during the pandemic, “even though I am a healthcare worker and could bring something home.”

It pains her that some states and counties are still imposing 14-day quarantine periods at nursing homes experiencing COVID cases before allowing visitors or resuming communal activities.

“These are discussions we should be having,” Perissinotto said. “There’s some ageism here, in this almost paternalism of what we’re doing to older people. When you see that the rest of us can shorten our quarantine periods, when we’re doing that in schools – why are we not looking at older adults in the same way? We continue to err on the side of physical health and not recognize that there are nuances to these decisions that are actually a public health issue.”

The power of embracing technology

Advocates urge lonely and isolated older adults to maintain the social connections they do have, to be as physically active as they can and to keep their minds intellectually stimulated.

Kathleen Rogers, service chair for geriatric medicine at Cleveland Clinic Akron General Hospital in Ohio, said it's important in retirement to replace the routine that a job once created.

"One thing we strongly recommend is physical activity, which gets their blood pumping," she said. "Cognitively, it might be learning a language or doing puzzles or crocheting."

The National Institute on Aging, a division of the U.S. Department of Health & Human Services, has compiled a [social isolation and loneliness outreach toolkit](#) for older adults, caregivers and healthcare providers.

One bright spot of the crisis, advocates say, has been the ability of many older adults to adapt to communication technologies they’d never used before – and those who did have been better equipped to handle the situation.

Many agencies have added tech training and support to their services, empowering people to connect with loved ones via video calls or to order groceries online.

For Lilly, of Dallas, learning that skill was transformative.

“The Senior Source got us into Zoom communication, playing bingo and doing exercises together,” she said. “That got our minds off of whatever was going on.”

That’s helped with the depression she was feeling. She’s started snacking on fruit instead of potato chips. She turns off the TV when pandemic news is too dismal.

“If I start feeling down, I do a puzzle or a word search or call one of my Senior Source sisters,” Lilly said.

All she can do is pray, she accepts that now. And she thanks God that she no longer feels so alone.