

## Notes from a Christians on Ageing Conference Call

### Are we dispirited? Older Christians and Mental Health at the start of 2021

This was a discussion held on 16 March 2021 in a Zoom session introduced and chaired by David Jolley. Participants were: Albert Jewell, Maureen O'Neill, Walter Riggans, Marion Hitchens, Susan Kirkbride, Naomi Young-Rhodes, Kate Le Sueur, Chris Larson, Alison Delaplace, Joseph Cortis, Graham Hawley and Marion Shoard. The report of the discussion was compiled by David Jolley and Marion Shoard.

#### Introduction and case studies

David Jolley, chair of *Christians on Ageing* and a retired psychiatrist, explained that the title 'Are we Dispirited?' had been suggested by Albert Jewell (former head of pastoral care at Methodist Homes and a trustee of *Christians on Ageing*). David proposed to use Albert's title to discuss the mental health of older people during the Covid pandemic, and in particular their experience of low mood and depression.

He led off with a **case description**:

- an elderly widow who, while living in a sheltered housing flat during the pandemic, was admitted to a mental health unit having become suicidal. She had no close family living nearby and the social activities in which she had engaged before the pandemic, including going to church, had been put on indefinite hold. Although this lady had previously enjoyed neighbouring with others in her sheltered housing facility, the manager had prohibited any mixing of neighbours during the pandemic as well as gardening.

Without distractions, the woman, a widow without children, dwelt on memories and regrets and was unable to distract herself with books, radio or television. Her sleep was severely disrupted, she became forgetful and then worried about the possibility of developing dementia. Suicide seemed to be the only escape from her anguish. Church-related contact such as streamed services and phone calls provided little help.

David gave a second case:

- **Avril Henry** - this had been reported in The Guardian newspaper - who did succeed in committing suicide, in 2016. A highly intelligent, retired academic, she came to suffer pain from arthritis and seems to have become depressed: "I have become querulous, introverted, angry, fearful". She concluded that it was a logical decision to kill herself and obtained help to do so from the organisation Exit, which helps people to end their lives if they wish to do so, as reported in ['My body is unserviceable and well past its sell-by date': the last days of Avril Henry | Death and dying | The Guardian](#).

In discussion, **Christine Larson, a leader at Melton Mowbray Baptist Church**, told us of a very elderly lady who, pre-Covid, had lived a full life, including as chair of her local U3A. All her activities stopped with the start of lockdowns, as did indoor visits by her family. They noticed that she seemed to be becoming forgetful and confused and was losing weight. She went into hospital, but was sent home by the professionals who considered there was nothing wrong with her. Her family thought a live-in carer would help, but the lady objected so strongly to what she considered an unwelcome invasion of her life that the carer left. Thereafter, this lady's behaviour completely

changed and she seemed to recover her pre-Covid motivation, particularly when her relatives organised for people to visit at particular times and socialise with her. She found fulfilment in teaching them skills. Her appetite returned; the transformation had been quite remarkable.

**Graham Hawley, a retired Methodist minister** who has carried out research and will lead Conference Call in April, told of another case of a woman aged 70 who suffered much pain yet never complained and cared for her older husband who was living with advanced dementia. Their respite during the week had come from a Dementia Drop-In organised at a local church, but this was compelled to stop because of the rules to protect people from the risk of spread of Covid-19; this closure put extra pressure on the couple to cope, despite their illnesses, with no respite day after day. The man with dementia became unwell and died. His caring wife died soon after him. The church community was left wondering whether they could have done more to help her.

**We explored issues** raised by these case studies including:

### *Dependency and self-fulfilment*

Marion Shoard (author of [How to Handle Later Life](#)) drew attention to the turning point in the recovery of the lady to whom Christine Larson had referred: the opportunity for a fight to re-establish her own identity and *raison d'être*. This lady had seemed, just before, to have been perceived as a very old, dependent woman, possibly developing dementia. However, the fight against accepting a live-in carer in her home had energised her and the arrival of visitors enabled her to teach others and thereby find purpose in her life.

### *Covid and Sheltered Housing*

Several delegates were shocked that the lady in David's first case study who had wished to kill herself had been living in sheltered housing. Marion pointed out that *Christians on Ageing's* focus had been on the plight of elderly people living in care homes during the pandemic but that we should perhaps take much greater interest in the lives and spiritual support of older people living in retirement and sheltered housing. She wondered why the manager in the case of this woman, who had become so unhappy that she was seriously contemplating suicide, had not apparently offered her more help, partly to compensate for the prohibition on 'bubbling' within the scheme which had been imposed.

**Joseph Cortis (coordinator of Caritas Leeds)** deplored the fact that nobody, including this lady's housing scheme's warden, seemed to have noticed any difference in her or, if they did, appeared not to have taken any action. He drew attention to the need to observe and listen, but also to act – pointing out that this woman was discharged 24 hours after she went into hospital, apparently without any proper assessment having been conducted.

**Naomi Young-Rhodes (a United Reformed Church minister in Essex)** deplored the banning of gardening in this housing scheme, seeing no reason why it should be banned: surely residents could have been several metres apart in the garden, while chatting and gardening.

**Kate Le Sueur, the Head of Chaplaincy for the North with Methodist Homes**, explained the ways in which the lockdown rules had been applied in Methodist Homes retirement living schemes:

- Any resident has been able to bubble with their family, but indoor visits must take place outside the housing complex, as family would not be allowed to come in.
- While any chapel within a retirement living scheme can be open for worship, most MHA schemes have provided for worship to take place in the lounge. When an act of worship came to an end and the lounge reverts to being the lounge, it can no longer be considered

under the lockdown rules to be a place of worship. As it would be difficult to prevent people from remaining after a service, worship has not been allowed in Methodist Homes retirement living schemes during the lockdowns unless they contain a chapel.

- Kate also pointed out that the national rules have forbidden people from other households with whom they are not bubbling to meet in the other's garden. However, the rules have not made clear what the situation should be for shared gardens, and this has given rise to difficulties for MHA retirement scheme managers.

She reflected that in many ways **retirement living residents have had a much harder time during the lockdowns than care home residents** – although life in care homes has been difficult, particularly as visitors have been barred, life in Methodist Homes has carried on much as usual in terms of activities and the presence of a chaplain, unless there is an outbreak of Covid in that home. In contrast, people living in retirement living schemes have been far more isolated, chaplains have been much more restricted in what they can do there and a lot of their work has been done on the phone rather than face to face.

**Susan Kirkbride, a United Reformed Church minister on Orkney**, drew attention to the difficulty faced by ministers trying to raise concerns with professionals. She noticed that somebody in her congregation at a previous posting was rapidly going downhill and so phoned her doctor, but they would not discuss the patient with her at all, because she was neither a relative nor next-of-kin. In desperation, Susan wrote a letter to the GP and posted it through their door in the surgery. She told us, "It's just so hard, and that makes us feel dispirited, for we feel we're not doing our job properly".

Marion drew attention to several **long-term challenges** for churches trying to support older people:

- the fact that many older people remain overwhelmed by grief;
- the possibility that some have been so long confined to their homes that they will find going out again very difficult, some of whom may have developed agoraphobia;
- people with bipolar who experienced a period of depression during lockdown may find coming out of that depression much more difficult than in the past.

**Alison Delaplace** explained that with her husband, a Catholic deacon, she offers pastoral support for elderly, vulnerable and shielding people in a parish in **Portishead, North Somerset**. She wondered how much of what we are seeing revealed arises from cracks within the system pre-Covid. Perhaps the pandemic has made us aware of things we were doing of which we were not aware before, but which were perhaps questionable.

Joseph Cortis agreed that we cannot just sit back and say everything before 27 March 2020 was perfect; we can put **too much focus on the impact of Covid as the source of problems**. He feared there will be a return to pre-Covid practices, imagining that what we were doing then was perfect. As a result, we shall miss an opportunity to reflect and change our ways.

**Maureen O'Neill, Director of Faith in Older People, based in Edinburgh**, said that she was concerned that the cracks in the system exposed by Covid have highlighted the dependence of the voluntary sector on the voluntary effort in particular of older people. She feared that much of that voluntary effort would not return post-Covid. She also drew attention to shortages of key professionals in Scotland, in particular old-age psychiatrists and mental health nurses. She noted that the Scottish government had recently published two reports, one on [adult social care](#), the other on [social renewal](#). She supported what they had recommended but urged a commitment to

making things happen. Maureen also drew attention to data protection laws which can hinder the ability of church people to help others on the ground.

**Naomi Young-Rhodes, a United Reformed Church minister in Essex**, explained the steps her two churches have taken to ensure that people who are not online are included in church activities nonetheless. In tandem with the live-streaming of services, she has ensured that a paper version of the Sunday service is sent out every week, together with a weekly newsletter and a CD of the service for people who are visually impaired and/or cannot read. Attenders at one of her churches, which has a very small, very elderly congregation most of whom are not online consider they are getting more than they used to pre-Covid. They are delighted to receive the weekly written service – “I can read it several times, and every time I read it I get something new” – and the newsletter, which she tries hard to keep uplifting by offering new activities in each issue. Naomi plans to retain the written services, the live-streaming and probably the weekly newspaper letter after her churches resume ‘normal’ Sunday services. She pointed out pre-Covid there were some people who couldn’t physically come to church and weren’t getting that much from church but who are now getting much more.

### **Research Findings**

David then proceeded to summarise the literature about the impact of Covid on the mental health of older people. He said that overall older people have been adversely affected by the Covid 19 pandemic – being over 60 is acknowledged to be the strongest predictor of admission to hospital with Covid, and the strongest predictor of death by Covid. 88% of deaths with Covid-19 in the UK have involved people aged 65+.

These phenomena are marked amongst old people who are frail, who have a number of known illnesses and they are most marked amongst older people in residential and nursing homes.

The special vulnerability of older people and especially those in care homes has prompted curbs on their social activities even more restrictive than those for other people and, as a result, many have become socially isolated. They have been advised to keep away from shops. The masks which are often worn, including when receiving care create an additional barrier. Care home residents have seen extreme restrictions. As a result of all these things much of the joy of life has disappeared. Some have asked, “*What is the point of being alive if you are not allowed to live?*”

He went on to explain that:

*Research conducted by the Universities of Sheffield and Ulster* in March 2021 reviewed 2,000 people aged 18+ using a 10 point scale. Women were more anxious and depressed than men. Being over 65 was associated with lower scores, as was having a feeling of belonging in your neighbourhood

*Job, Fancourt and Steptoe* writing in the *British Journal of Psychiatry* and drawing on data from an on-line survey of 50,000 people out of 44,775 registered with the Covid-19 Social Study, found that experiences of abuse, self-harm and suicidal thoughts had increased during the crisis most especially in women, people of the BAME communities, lower income groups, the unemployed, disabled, having a long-term illness – or diagnosed with Covid-19

*The Church Times* carried an article being concerned for the well-being of clergy exposed to the stress of the pandemic. The message was to take care of themselves for they cannot help others if they are broken. There is reference to a 2016 Royal College of Psychiatrists publication: ‘Intelligent kindness by John Ballatt and Penelope Campling. The notions of ‘a vicious circle’ and ‘virtuous circle’ are contrasted.

*The Mental Health Foundation* has conducted a series of surveys of people registered with a database of 4.251 adults. Up to 80% report feeling stressed in the pandemic. People say they are helped by: walking (60%), green spaces ((50%), contact with family and friends (50%), and hobbies (40%). MHF assert there is a synergy between moves to improve public health and the economy – if people are well the economy is strong.

*A study reported in BMJ Open* – 3,097 adults recruited via media. Higher rates of anxiety and depression amongst younger people, especially women, living alone, BAME known to be covid vulnerable. Measure PHQ-9

*A study from Birmingham* reported in *I J Psychiatry and Medicine* noted a considerable drop in attendances at A & E 5198 (2019) to 3059 (2020) but psychiatric admissions increased a little – 103 (2019) to 113 (2020)

*An online survey in Brazil* (70% single. 80% women) *I J Social Psychiatry* found greater religious activity was associated with lower mental health problems

*Suicide in England – study from University of Manchester.* Suicide rate had increased by 12% 2018 and 5% 2019. No evidence of a further rise in 2020. NB issues of criteria for verdicts have changed during these years

*A study reported in the Lancet* of mental illness recorded in Primary Care. 14, 210,507 patients: April – rates fell - of depression 43%, Anxiety 47.8%, prescription of Antidepressants 37%, self-harm 37.4%. But by September were all back to the expected rates

*A viewpoint in the Journal of the American Medical Association* in December 2020 reviewed the 'multiple studies' which have found that older adults have been less anxious or depressed, turned less to substances of abuse, or been affected by suicidal thoughts than younger people in the pandemic. This contrasts with reports of individual older people who have been severely affected. The paper reflects on the experience of older people and their wisdom, their compassion for others, acceptance of uncertainty and their spirituality

*A study in Preventive Medicine* found alcohol consumption had increased during the pandemic – less in older people than young people. Older people with symptoms of depression or anxiety were the ones who drank more.

### **Concluding thoughts**

In discussion, **Marion** suggested that, young or old, **three factors** have had a major impact on the ways in which different people have experienced life during the pandemic:

- the size and quality of their housing (the experience of someone in a tiny flat in Hackney may not differ very substantially from that of the resident of a retirement housing flat);
- whether or not someone has access to the internet; and
- whether or not they have a car. She said that in her local area in north Kent, the bus service had been reduced but the revised timetable was not displayed at bus stops, simply an instruction to check the timetable on a website. This situation is particularly bleak for people without cars and without smartphones.

**Albert** pointed to a mixed and sometimes surprising **range of experience of Covid**. In his 80s, he and his wife, cut off from family, were struggling. They had found reliance on digital technology during the pandemic taxing, demanding as it draws constant attention to passwords and the

dangers of scammers and phishers, whether on the phone or online. He considered that the most creative and fulfilling period of his life had occurred between the ages of 65 and 75, soon after he retired, when he had carried out independent research and written a number of books. The following years had not been so fulfilling.

However, a relative of his living in Bedfordshire had found the Covid period happier than previous periods of her life. Quite dependent on other people and not a user of digital technology, she has been pleased with the support offered by fellow residents on her housing estate, where there is a sense that everyone is in the same boat and each will help the other. "It's been amazing to see the positive change in her", he told us.

---

**You may find the following additional references of interest:**

Capasso A et al (2021) Increased alcohol use during the Covid-19 pandemic  
[www.sciencedirect.com/science/article/pii/S0091743521000062](https://www.sciencedirect.com/science/article/pii/S0091743521000062)

Carr M et al Effects of the Covid-19 pandemic on primary care recorded mental illness and self-harm episodes in the UK. Lancet Public Health (2021) 6 e 124-135

Sean Cathie (2021) Self-care alone will not boost clergy well-being. Church Times February 12<sup>th</sup>

Henry N et al (2020) The effect of Covid-19 lockdown on the incidence of deliberate self-harm injuries presenting to the emergency room, International Journal of Psychiatry in Medicine 0 1-12

Iob E et al (2020) Abuse, self-harm and suicidal ideation in the UK covid-19 pandemic British Journal of Psychiatry 217: 543-46

Jia R et al (2020) [Mental health in the UK during the COVID-19 pandemic: cross-sectional analyses from a community cohort study | BMJ Open](#)

Lucchetti G et al (2020) Spirituality, religiosity and the mental health consequences of social isolation during the Covid-19 pandemic. International Journal of Social Psychiatry 0 1-8

Mental health Foundation [Coronavirus: Mental Health in the Pandemic | Mental Health Foundation](#)

University of Manchester: Suicide rates during the pandemic [display.aspx \(manchester.ac.uk\)](#)

Universities of Sheffield and Ulster: Covid-19 Psychological Research consortium – Initial findings  
[www.ulster.ac.uk/coronavirus/research/impact/psychology-study](http://www.ulster.ac.uk/coronavirus/research/impact/psychology-study)