

RURAL COMMUNITY MENTAL HEALTH & WELLBEING DURING COVID-19 RESEARCH BULLETIN 2020

In May 2020, researchers at The Centre for Critical Studies of Rural Mental Health at Brandon University began researching the impact of COVID-19 on the mental health and wellbeing of rural Manitobans. As part of this project, the researchers conducted telephone interviews with older adults (ages 65+) in rural communities with a population of 10,000 people or less in the months of May and June. A total of 26 participants took part in initial interviews. They were then invited to participate in a follow up interview one month later; 25 participants took part in a follow up interview. This report summarizes some of the preliminary findings of these interviews.

WHO PARTICIPATED?

Approximately two thirds of the participants (n=16) were between the ages of 65-74, seven participants were between the ages of 75 and 84, and three participants were over the age of 85. The majority of participants were female (n=20) and retired (n=22), although several participants were still working either part-time (n=2) or full time (n=2). The majority of participants had high school (n=7) or some college or university education (n=14); three participants had less than a high school education and two participants held graduate degrees. Roughly one quarter of participants reported that they live alone.

HOW DID OLDER ADULTS DESCRIBE THEIR SOCIAL, EMOTIONAL, AND MENTAL HEALTH?

Isolation

The majority of participants (65%) reported that they did not feel isolated prior to the COVID-19 pandemic. During the months of May and early June, however, 65 % of participants reported feeling isolated. One month later, 44% of participants did not feel isolated. Although older adults in rural areas may be accustomed to a greater degree of geographic isolation than those in urban areas, the majority of participants in the study reported feeling more isolated because of physical distancing and COVID-19 restrictions.

Loneliness

Before the COVID-19 pandemic, the majority of participants (62%) rarely or never felt lonely. During the months of May and early June, 50% of participants felt lonely one to two days a week, 15% felt lonely three to four days a week, and 8% felt lonely most of the time. One month later, 40% of participants reported feeling less lonely than the



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previous month. In contrast, 12% of participants reported feeling more lonely than the previous month. Importantly, this highlights the fact that not all older adults in the study were able to access the kind of meaningful interaction they needed to feel connected with others during this time.

Mental health

Consistent with previous studies, older adults in this study generally rated their mental health as excellent, very good, or good (92%) in the year prior to the COVID-19 pandemic; however, 38% reported that their mental health had gotten worse during the COVID-19 pandemic.

During the months of May and early June, 35% reported feeling depressed one to two days in the past week and 19% reported feeling depressed more than three to four days a week. One month later, 28% felt less depressed than the previous month. In contrast, 16% of participants felt more depressed than the previous month. This highlights the divergent experiences of older adults in the study.

Using a clinical anxiety scale (GAD-7) which assesses clinical levels of anxiety over the past week, 15% participants reported moderate or several levels of anxiety during the months of May and early June. One month later, 64% participants reported that their level of anxiety had declined from the previous month and 23% participants reported that their level of anxiety had increased from the previous month using the same standardized anxiety scale.

OLDER ADULTS' EXPERIENCES

When describing what helped them during COVID-19, many older adults in the study explained that having physically distanced visits as well as nicer weather helped them to get out and interact at a safe distance with others. Participants filled their days with various activities including gardening, walking, arts, other exercise, and chores. Some participants also spoke about helping others in their community and family during COVID-19. For example, they checked in with friends or helped grandchildren with writing and other homeschooling activities over the phone. Many older adults in the study used several different technologies including video calling, text, social media, and phone to connect with others. Many older adults made use of social and environmental resources to cope well during COVID-19.

When describing what contributed to feelings of isolation, loneliness and sometimes depression, older adults in the study spoke about loss of activities including the loss of social gatherings, visits with family, going out with friends, volunteering, and going to church. Caregivers also reflected on their lack of respite and support. Overall, the

participants highlighted the importance of having places to go, things to do, and people to connect with during these times.

TAKE AWAY MESSAGES

- Older adults are a diverse group with different experiences and resources. The diversity of older adults should be recognized in public health messages and responses to COVID-19.
- Many older adults in this study found ways to stay connected with family and friends as well as fill their days with work and purposeful activities.
- Still, older adults experienced greater isolation and loneliness because of physical distancing and restrictions for at least some period of our study.
- Many older adults felt their mental health had declined but it was still good. Some older adults experienced increasing anxiety and depression during the course of the study.
- Diverse programs and activities are required to support older adult social, emotional, and mental health; for example, socially distant volunteer opportunities, telephone check-ins for isolated caregivers, and telephone counselling for those experiencing severe mental health problems may help support older adult mental health.

ACKNOWLEDGEMENTS

We are grateful to the older adults who participated in the study. This research project is funded by the Canada Research Chair Program and has been approved by the Brandon University Research Ethics Committee. Anyone interested in learning more about the study can contact Dr. Rachel Herron, Principal Investigator, Canada Research Chair in Rural and Remote Mental Health, Brandon University at herronr@brandonu.ca. The authors of this report are:

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