

Health Questionnaire (GHQ) was used to screen for psychological distress and data were analyzed using descriptive statistics. Respondents were contacted again in May 2021 during the second COVID wave for a telephonic interview to understand current levels of distress and coping strategies. Consent was taken for audio recording and interviews were conducted using a semi-structured interview guide. Interviews were transcribed and analyzed using thematic analysis.

Preliminary results of the ongoing study: Respondents (N=54) aged between 40-86 years (Mn = 60; SD = 18.9). Majority were male (61%), retired or homemakers (57%) and widowed/unmarried (52%). Of the sample 70% had one or more pre-existing medical conditions. A score of ≥ 2 on GHQ in 66% respondents indicates psychological distress. Stressors included health and well-being of family (62%), difficulty managing household work (42%) and increase in family conflicts (17%). Although 72% discussed their worries with family/friends, only 25% considered speaking with a mental health professional indicating low help seeking. Of respondents contacted again, 40% cited ill health or being busy as reasons for refusal to participate. Of those who agreed, 33% reported psychological distress. In-depth interviews, showed use of online mental wellness sessions and yoga/meditation to be beneficial coping strategies. Need for more online support groups was also highlighted.

Conclusion: Psychological distress is present amongst community residing older adults in urban India. A change in attitude towards tele mental health must be leveraged to provide support for adults experiencing psychological distress.

205 - Holocaust survivors residence in Israel and nursing homes around the world during COVID-19 pandemic

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Abstract

Significant risk factors for Covid-19 infection include old age ,somatic illnesses as well as psychiatric and neurological illnesses such as dementia and schizophrenia .

This lecture reviews the specific case of measures and considerations that were used to protect elderly holocaust survivors with severe mental illness or dementia, in Israel. We had to protect our residents from the virus, yet preserve certain autonomy.

In addition this lecture reviews global aspects of nursing homes struggle during the pandemic as reflected in various periods (at beginning in march 2020, during various waves and after vaccinations). During the pandemic 100 holocaust survivors were monitored and protected in their long term residence at Lev-Hasharon mental health center, Israel with variety of measures such as recurrent PCR tests to inpatients and staff, isolation during fever and after emergency department visits etc. The features of caregivers visits changed in time. The safety measures that were taken in our nursing home and around the world is reviewed as well as the demand for preserving the autonomy and rights of the tenants.

At the beginning families could not visit at all and virtual contacts were maintained in patients that could communicate. After the first wave a "drive in" method was carried out, families communicated with their relatives from a car.

During the second wave of the virus in Israel (September 2020), an outbreak spread in our residence. 14 patients tested positive for COVID19, all suffering from dementia or schizophrenia. They were immediately placed in quarantine in Corona departments in other geriatric and general hospitals. All patients came back after recovering, small part of them regressed.

As the pandemic continued we allowed visits with social distance and masks that were monitored by the staff. After vaccinations we allowed families to be with the elderly patients in the open yard without staff inspection. Four patients were infected during the third wave, although they were immunized. We had to consider every step of the way protection versus some autonomy to our patients and families and weigh creative ways to do this.

207 - The impact of changes in activities offered on care professional burden during the COVID-19 visitor ban in long-term care facilities

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Background

Residents of long term care facilities (LTCFs) and their professional caregivers have been hit hard by the coronavirus. During the COVID-19 outbreak, many countries imposed national visitor-bans for LTCFs. In the Netherlands, the ban was in place from 20 March 2020 onwards and ended (partly) on 15 June 2020. The usual meaningful and pleasant day structure that is created through organized (group) activities, was heavily impacted by the visitor ban. It remains unclear which particular types of activities were stopped, whether 'alternative' activities were introduced that may acquire a structural character in the future, and how this affected care workers.

Methods

We conducted online questionnaire research among LTCF residents, family members and care professionals at two time points; six weeks after the visitor-ban was implemented (T1) and one week after the ban was (partly) lifted (T2). The three groups received questionnaires on the consequences of the COVID-19 outbreak and the restrictive measures in place. Respondents were recruited independently for each measurement. This study only uses care professionals' data. The influence of the up- and downscaling of activities on care professionals' burden and ability to provide care was investigated using multivariate multiple linear regression.

Results

811 professionals completed the questionnaire during T1 and 324 care workers during T2. A decrease in regular group activities during the visitor-ban was reported. Especially exercise activities, creative activities and music activities were undertaken less frequently. Also domestic activities, such as eating together and watching television, took place less frequently as compared to before the visitor-ban. Activities that could be easily done on the unit, with sufficient social distance, were undertaken more frequently, such as music activities, conversations and playing games in the living room. The impact of the up- and downscaling of activities on care professional burden, and the perceived ability to provide adequate care, will be presented.