

**Mental Health of Elderly in Singapore: What can be done during times of uncertainty
to improve the mental health of elderly in Singapore?**

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Table of Content

1. Background	3
2. Risk Factors	6
2.1 Health Status	6
2.2 Physical Activity	8
2.3 Social Support	9
2.4 Economic Well-being	11
3. Current Intervention	13
3.1 Dementia	13
3.2 General Healthcare	14
3.3 Physical Activity	15
3.4 Improving Technological Proficiency	17
3.5 Provision of Social Support	17
3.6 Financial Support	18
4. Proposed Recommendation	20
4.1 Positive Reinforcement	20
4.2 Strengthen Caregiver Support	21
4.3 Promotion of Social Support Services	22
5. Conclusion	24
6. References	25

1. Background

Epidemic preparedness and response have traditionally focused on the expansion of laboratory capacities, the development of vaccines, as well as the implementation of national containment measures and economic relief plans. Unfortunately, public health strategies have paid little attention to psychosocial aspects, even though considerable fear and anxiety among the population have been documented throughout past infectious disease outbreaks. For example, at the peak of the 2013-2016 Western African Ebola virus epidemic, residents of Sierra Leone reported an intensification of symptoms associated with depression and post-traumatic stress disorder, which were linked to an increase in risk behaviours, such as the use of home remedies upon suspicion of infection or interacting across households.¹ Movement restrictions contributed to psychological distress and the aggravation of psychiatric disorders as well.² All in all, studies have shown that more than 80% of people who are in proximity to health threats have exhibited signs of terror or panic.³ The rapidly evolving nature and scientific uncertainties of new and emerging infectious diseases can trigger negative emotions. As such, epidemics are also a mental health crisis. However, the experience of psychosocial disturbances varies according to the degree of vulnerability too; the elderly, in particular, are one of the groups who are usually hit the hardest, and the 2019 coronavirus disease (COVID-19) pandemic in Singapore is a good case in point.

After a rising trend of community transmission was observed, the State enforced an enhanced set of safe distancing measures on 7 April 2020 to stem the spread of the virus. As part of this month-long circuit breaker initiative, workplaces, schools, recreational facilities, places of worship and all other non-essential businesses were ordered to close. Although premises that provide essential services or food supplies remained open, certain limitations were imposed upon them, such as having to minimise the number of staff on-site and

introducing staggered shifts. Food establishments were also only allowed to offer take-away or delivery options, as dining-in was prohibited to reduce human interaction. On top of that, restrictions were placed on citizens' movements as events and gatherings of any size in both private and public spaces were banned, including visits by extended family members and meetings with friends from different households. As residents are essentially confined to their homes and as senior-centric activities come to a standstill, the elderly are forced to spend prolonged time in isolation, especially since more than half of them reside alone or with their spouses only.⁴ For a start, according to the Singapore Longitudinal Ageing Study in 2012, one in five older adults aged 75 and above exhibit signs of depression; those who live on their own, however, are twice as likely as their peers to develop depressive symptoms.⁵ Large-scale quarantines are commonly linked to a heightened sense of loneliness and anxiety, depression, as well as drug and alcohol abuse.⁶ Hence, strict physical distancing and the resulting lack of social support might exacerbate existing psychiatric conditions among the elderly or further increase their susceptibility to mental health problems.

On 21 April 2020, the Singapore government announced a four-week extension of the circuit breaker period along with tighter measures to ramp up efforts to combat COVID-19 transmission. The list of essential businesses permitted to operate was trimmed and access to popular areas, like selected wet markets, was controlled. As the rules continue to evolve with no definite end in sight, adverse psychosocial implications are beginning to manifest. Due to age-related cognitive decline, seniors might struggle to internalise constant updates and adhere to enhanced regulations; the prospect of having to adapt to new routines at such a short notice can create added stress and take a toll on their psychological well-being too. It can also be challenging for them to discern the reliability of reports, given the vast amount of information presented daily. This makes them particularly vulnerable to rumours, which

causes unnecessary fear and panic. Additionally, with a change in environment and lifestyle, the elderly would not have the usual cues needed to keep their brain functioning normally, thereby accelerating the process of mental deterioration.⁷ Therefore, strategies for disease containment are likely to have significant negative psychosocial effects on older adults.

Since the start of the circuit breaker, there have been viral pictures and video clips of seniors flouting the rules, including eating or loitering at void decks and going around without a mask. This has elicited much criticism from the public, who were quick to label the pioneer generation as “obstinate”, “ignorant” and “inconsiderate”. However, as explained in the preceding paragraphs, there are many underlying reasons for their perpetual violation of safety measures, and it is generally tougher for them to comply with such stringent regulations. Unfortunately, the limited understanding members of society have towards the seniors have painted the latter in a bad light, and has prompted heightened surveillance by enforcement officers in the heartlands and in estates with larger elderly populations. This can induce within them a fear of being watched and can engender undue feelings of anxiety about being questioned when out, since older adults are more susceptible to emotional and psychological issues during unprecedented health crises.

In the following sections, specific risk factors will be discussed to investigate why the seniors are more likely to suffer from mental health problems compared to the rest of the population. Current interventions will be evaluated as well, and finally, recommendations to improve the elderly’s psychological welfare in times of uncertainty will be made.

2. Risk Factors

There are four main risk factors that predispose seniors to mental health issues during pandemics like COVID-19: deteriorating health, lack of physical activity, inadequate social support and poor financial well-being.

2.1 Health Status

The first risk factor associated with the mental health of the elderly is health status, which is indicated by underlying health conditions such as heart problems, diabetes, disabilities, and asthma. A significant association between underlying health conditions and depression has been found.⁸ Depressive symptoms may be triggered as one faces difficulties in coping with physical illnesses.⁹ As these elderly are at a higher risk for developing severe complications from the virus, their worry and fear for their health has risen during this COVID-19 pandemic.¹⁰ This leads to greater anxiety, which takes a toll on their mental health. Additionally, with restricted movements and interaction during the circuit breaker, it is harder for these elderly to seek help for their underlying health conditions. According to Dr Jessie Chua, a senior psychologist at Resilienz Clinic, the elderly do not step out and seek help at the clinics as they fear contact with others.¹⁰ Elderly who require assistance from medical escort services for their medical appointments may need to forgo them as such services are ceased during the circuit breaker. This may lead to a deterioration of both their physical and mental health. Lastly, elderly with disabilities, such as a decline in hearing, may experience difficulties in communicating when wearing a mask as they are unable to lip read when interacting with others.¹¹ Interactions are limited to non-verbal cues and this may result in frustration and further social isolation.

Dementia

According to the Well-being of the Singapore Elderly(WiSE) nationwide study by the Agency for Integrated Care, it was reported that 1 in 10 Singaporeans aged 60 years and above has dementia.¹² This significantly large number is worrisome and so addressing the challenges faced by dementia patients during the COVID-19 pandemic is critical. The circuit breaker may be particularly challenging for senior dementia patients as they struggle to understand and remember the changing circuit breaker rules. According to Ms Emily Ong, a 53 year old with young onset dementia, she has to be frequently “reminded by family members” on the social distancing measures. She was once criticised harshly by the public when she forgot to maintain social distancing and felt that “there is no point to explain” about her condition as others may not believe her. These challenges have discouraged Ms Ong from going out of her house as she fears that she will forget the rules, thus further reducing her daily social interactions.¹³ The major disruption in the daily routine of dementia patients may also lead to a deterioration in their condition.¹⁴ Ms Ong explained that having a fixed routine is important as it makes them feel “comfortable and confident as they know what to expect”. The uncertainty during the circuit breaker leads to increased anxiety in dementia patients.

With these new challenges faced by dementia patients, the responsibilities and stress of caregivers have also grown. Taking care of a dementia patient can bring great physical, emotional, and financial strain on caregivers as seen from a study reporting that 27.2% of 340 caregivers in Singapore expressed feelings of burden.¹⁵ It is crucial to address this problem as a decline in caregivers’ mental health may lead to complications such as elder abuse of senior dementia patients.¹⁶ According to Ms Wong Lai Quen, the wife and caregiver of Mr Steven Lau, she has to “balance between work meetings from home and taking care of her husband” during the circuit breaker¹³. Additionally, caregivers may feel burdened with the

responsibility of tube feeding, injections, and catheter care for their dementia patients as they may not be adequately trained in such medical tasks.¹⁷ With the closure of dementia care centres, dementia patients are home the whole day and so their caregivers have to give them more attention. Thus, these changes may inadvertently result in emotional and physical repercussions on the caregivers.

2.2 Physical Activity

The second risk factor linked to the mental health of the elderly is physical activity. According to the World Health Organisation, physical activity is defined as any “bodily movement produced by skeletal muscles that requires energy expenditure”.¹⁸ Leisure time physical activity has found to be positively correlated with mental well-being in older adults.¹⁹ Additionally, older adults with high sedentary behaviour reported to have lower quality of life and mental well-being.²⁰ Many seniors, such as Mdm Nellie Woo, rely on exercises organised by senior activity centres to fulfil their physical activity needs.²¹ With the closure of these centres, seniors are isolated at home with high sedentary behaviour and low physical activity. This impacts their mental health as they become restless or have low confidence in their perceived physical fitness.

The lack of physical activity during the circuit breaker may also result in additional physical health problems such as constipation and reduced muscle mass, thus further adding on to their worries for health. One important health issue that is specific to older adults is frailty. Frailty can be defined as a “clinically recognizable state of increased vulnerability resulting from aging-associated decline in reserve and function”.²² Older adults with frailty were found to be more likely to have depression, and vice versa.²³ Additionally, physical activity has been recognised to prevent frailty.²⁴ These associations highlight the importance

of physical activities that improve mobility, prevent frailty, and maintain functional ability in older adults.

2.3 Social Support

The third risk factor related to the mental health of elderly during such uncertainty is low social support. Social support is defined as the accessibility of support through social relationships with another individual.²⁵ Support can be in the form of direct assistance or emotional support; showing empathy and concern for the individual. Essentially, social support is found to be negatively correlated to psychological distress in elderly. Study showed that elderly who interact with their friends and neighbors frequently, and participate in social activities actively generally have a better mental health.^{26 27} Amidst the pandemic, the importance of social support heightens, since it can alleviate anxiety, frustration and boredom exacerbated by the uncertainty.^{28 29}

However, the usual form of social connection is disrupted as legislation makes it mandatory for everyone to stay in isolation whenever possible, unless it is for daily essentials like takeout or groceries.³⁰ The impact of circuit breaker on social support may be tremendous among elderly who live alone and depend mostly on socializing with their neighbors and friends. There is a sizable proportion of senior citizens in Singapore who stay on their own today, meaning that a significant lot of them are vulnerable to the threat of low social support during this period. In 2016, there were about 47,000 Singaporeans aged 65 years who were living on their own.³¹ Generally, these seniors compensated for their relative lack of familial support and maintained their social well-being through connecting with their close friends and neighbors in their community.³² According to a qualitative study on seniors who live alone, they viewed friends as their form of social support, shopping and regular follow-up session with their doctor as a form of social support.^{33 34} Institutional support by

social service agencies is also a source of accessible support to help lonely seniors in Singapore integrate into the community.³⁴ But the advent of the new measures to ease the pandemic situation prohibit any forms of social gathering, and these seniors who are living on their own can now only rely on television and radio for entertainment and phones to connect with their friends and family. Some elderly who are living alone cited in an interview that they felt bored and lonely being confined by the walls of their house during this period.³⁵ There is a sense of displacement among those who hold a day job prior to the implementation of measures as they do not know what to do with their time now.³⁵ As their social network is put on hold, they might find it difficult to accustom to the changes and experience a relative decrease in social support.³⁶ This sense of displacement and social isolation can be detrimental to the mental health of this group of seniors who live on their own.

While seniors can harness technology for video conferences and other forms of online entertainment, there is a segment of the older population that is still grappling with the fast developing digital world.³⁷ Those who face barriers in adapting to the technology revolution will less likely use technology as their communication tool during this period.³⁸ One of the barriers identified is low literacy rate.³⁵ In a longitudinal survey conducted on Singaporeans aged between 60 years old and above, a large proportion of them (58.1%) have had no formal education or only primary education.³⁹ Learning to use technology can be an uphill battle for them, thus discouraging them from learning. Even if they know how to use the basic function of online communication tools and entertainments, they still express fear in using digital devices due to their inability to recognize and comprehend words.³⁷ With no connection to the online world, they cannot keep in contact with their friends and entertain themselves with social media during this time, unlike the younger generations. With no certainty when life

will return back to normalcy, the risk of psychological distress is higher for this group of seniors and will increase overtime.

2.4 Economic Well-being

Lastly, another risk factor that has been identified to be in relation with mental health of the elderly during this period is economic well-being. Elderly who are less well-off and live in poor conditions are at a higher risk of psychological distress during this time of uncertainty considering they have to stay in less hygienic and poorly ventilated conditions for a prolonged period of time.⁴⁰ About 40.1% of the public rental housing is occupied by elderly.⁴¹ Some of the rental flats are stuffy and in squalor, making it overbearing to stay in sometime.^{35 42} The life satisfaction level of these elderly was also fairly low in correspondence to a survey conducted among elderly living in rental housing.⁴¹ If they were already displeased with their living condition, being isolated in such housing conditions can be detrimental on their mental health. Besides, the income instability during this time of uncertainty may also add additional anxieties and stress to elderly who depend on their monthly paycheck. These elderly hold low-paid unskilled jobs, such as cleaners and dishwashers, to meet the rising cost of living.^{39 43} Unfortunately, they are unable to work during this period. Persistent poor economic outlook influences job security and financial anxiety may build up as a result.

Overall, deteriorating health due to old age, a lack of physical activity, inadequate social support and poor financial well-being increases the elderly's susceptibility to mental health issues in times of uncertainty. The spread of a new and emerging infectious disease can incite fear and anxiety and exacerbate underlying health conditions. Moreover, containment measures such as suspension of medical escort services or mandatory mask-wearing may limit one's ability to seek treatment or communicate. As senior activity

centres are closed, the elderly may be forced to spend most of their time at home as well, which encourages high sedentary behaviours and a consequent decrease in physical movement. This also increases their vulnerability to prolonged social isolation. Finally, for the less well-to-do, having to live in a cramped and confined environment for long can create added discomfort and stress, and this may be aggravated by the possibility of income loss due to the economic uncertainties that accompany pandemics like COVID-19. Nevertheless, as these struggles and problems become increasingly apparent, the government has, undoubtedly, taken some steps to address public mental health needs, which will be covered in the next section.

3. Current Interventions

As the mental health of our seniors during the COVID-19 pandemic is a growing concern, the government has taken action by developing initiatives to target these risk factors. We explore the current initiatives employed and evaluate their effectiveness in this section.

3.1 Dementia

Firstly, the Alzheimer's Disease Association(ADA) has started a new initiative named “SPOC-19”(Support for Persons living with dementia Over the COVID-19 period). This initiative provides dementia patients with a memo that states their condition so that enforcement officers can better understand them when they break circuit breaker rules inadvertently.⁴⁴ This does not offer immunity to penalties but dementia patients will be given extra care and consideration. ADA and Agency for Integrated Care have also shared information with enforcement agencies on the recognition of symptoms and ways to engage with dementia patients appropriately. This relieves the stress of dementia patients and caregivers as it helps raise awareness and avoid unnecessary conflicts. Although the effectiveness of the memo has not been evaluated, it may potentially be helpful to dementia patients such as Ms Emily Ong, as they can simply show their memo for the public to understand their condition when caught in difficult situations.

Secondly, ADA has started an initiative named “#StayHomeFunWithADA” which consists of weekly online Zoom activities such as cooking, bingo, and karaoke. Dementia patients can participate for free and interact with other participants during the activities. According to Ms Wong Lai Quen, her dementia husband particularly enjoyed the photography sessions as he could interact with his friends whom he had met through other events by ADA.¹³ Additionally, participation in memory games technologically on smartphones or television-based devices has been recommended for cognitive stimulation in

dementia patients during the confinement period.⁴⁵ These highlight the benefits and potential effectiveness of engaging dementia patients using online activities, especially when activities are done with their friends.

Lastly, ADA has a caregiver support group programme to teach caregivers dementia care tips. Sessions are available every 2 to 3 weeks and they are run by a guest speaker, followed by a sharing session amongst caregivers. These sessions are available in English while sessions in Chinese and Malay occur monthly or less. These sessions have moved to the online platform Zoom during the circuit breaker. However, this programme is limited as caregivers who are only fluent in their mother tongues are unable to participate in most of the sessions. The lack of sessions in Malay and Tamil may pose a problem as it is reported that Malays and Indians have a higher dementia prevalence in Singapore.⁴⁶ Additionally, the use of the platform Zoom does not allow caregivers to interact with each other beyond the sessions. This may limit the effectiveness of the programme as emotional and informational support from both healthcare professionals and caregivers with similar experiences are crucial in maintaining the psychological well-being of caregiver.⁴⁷

3.2 General Healthcare

To ease the financial burden of the elderly, Public Health Preparedness Clinics offer consultations and treatments at a subsidised rate of \$10. Polyclinics also offer treatment that only costs \$5 for the Pioneer Generation and Merdeka Generation seniors. This relieves the financial worries of the seniors as they can seek help at an affordable price.

Public healthcare institutions are waiving delivery fees for the delivery of medication to patients during the circuit breaker. SingPost has initiated a medicine dispatch service while delivery services such as Pandamart now offer over-the-counter medications. The effectiveness of this initiative is seen in the sharp increase in medication deliveries by public

healthcare institutions from 7,600 deliveries in January to more than 43,500 in April.⁴⁸ This eases the worries of seniors with regular prescriptions for underlying health conditions as they can receive their supply of medication in their homes.

Lastly, Telehealth offers consultations with doctors online and delivers medicine so elderly can seek help in their homes.⁴⁹ This prevents transmission between the elderly and healthcare workers while they continue receiving medical care. Telemedicine has achieved considerable success in the United States during the Covid-19 pandemic as healthcare professionals anticipated to hold approximately 25% of their consultations online within the second week of implementation.⁵⁰ However, a few limitations are evident. The accuracy of examinations of patients may be compromised as physical tests are unavailable. Improvements such as developing smart stethoscopes and high definition photographs for assessments on mobile devices can be made but they will still not be as reliable as those done face-to-face.⁵¹ There also exists a steep learning curve for the elderly as they have to learn how to use the different features of the application used for teleconsultations.⁵² This gap in knowledge on the use of technology may result in frustration in the elderly.

3.3 Physical Activity

Seniors are only allowed to exercise alone outside of their homes during the circuit breaker. They may lose motivation as exercising becomes a solo activity as compared to exercising with their friends and an instructor. Social connectedness and an instructor have been identified as important determinants in the engagement of physical activity amongst older adults.⁵³ Participating in physical activities with peers of similar interests builds a sense of belonging and acts as a key motivator. The knowledge and skills of an instructor build self-confidence in participants as they trust their instructor in improving their fitness.⁵³ Thus,

the lack of these two determinants may hinder the motivation of seniors to exercise during the circuit breaker.

The People's Association(PA) has launched two initiatives; "PAssion L!ve" and "Virtual CCs". "Passion L!ve" includes online courses conducted by PA trainers and was streamed live on Facebook daily from 9 April to 8 May. These online courses consisted of chat groups where participants could leave comments, questions, and participate in giveaways. "Virtual CCs" includes live streaming of classes such as line dancing for seniors by Community Centres on Facebook.⁵⁴ The effectiveness of these online sessions was reflected in the growing viewership as it doubled within three weeks.⁵⁵ Though limited, these initiatives provided a degree of social interaction via online platforms and the presence of an instructor helped engage the participants.

A 2017 systemic review showed benefits of electronic health home-based exercise programmes for patients with osteoarthritis. Significant improvements in physical function and quality of life were observed after 1-6 months.⁵⁶ Additionally, studies showed that targeting and tailoring online exercise programmes to the needs of seniors can promote engagement.⁵⁷ Other ways to encourage engagement include allowing seniors to choose activities they enjoy, goal setting, and self-monitoring or monitoring by others through diaries or applications.⁵⁸ These studies highlight the potential effectiveness of technological-based exercise programmes and improvements, such as providing more targeted and relevant exercises to choose from and monitoring of progress, in the current interventions.

Exercise programmes should also focus on the prevention of frailty. Recommendations of such exercises include: resistance exercises to build muscle strength; functional exercises such as sit-to-stand and stair-climbing; balance exercises such as line walking; endurance exercises such as walking.⁵⁹

3.4 Improving Technological Proficiency

To mediate the low technological proficiency among the elderly, governmental agency, IMDA (Infocomm Media Development Authority), has collaborated with other institutions like NLB (National Library Board) and Mediacorp, to create new media content that aims to empower seniors and improve their perceived self-efficacy in technological proficiency. In this new television series, prominent celebrities will share tips on technology usage and provide guidance on several practical mobile services and applications. Elderly will learn how to use certain applications for video conferencing, teleconsultation with their doctors and contactless payment for online shopping to keep themselves occupied at home.⁶⁰ Although it may seem like the initiative is limited to seniors who are receptive towards technology usage, nevertheless, there is a possibility of warming them up towards technology. Together with the current circumstances and the basic skills media has equipped them, seniors may be more amenable to embracing technology. China saw her silver technology revolution after a few months of lockdown.⁶¹ Online businesses saw a surge in their sales by at least 50% and increase in elderly consumers. They were compelled to learn how to order groceries online, order medication and consult doctors on various mobile applications. One of the interviewee commented that most of his friends have turned to online groceries shopping after the onset of the virus outbreak, and they now share links to valuable deals with each other. They also enjoyed themselves on popular social media platforms like TikTok and Kuaishou.

3.5 Provision of Social Support

Several organizations have attempted to look out for elderly with relatively inadequate social support. They delivered cooked food and essential groceries to the elderly. The Silver Generation Office under AIC (Agency for Integrated Care) also makes weekly

phone calls to about 20,000 seniors as an emotional support.⁶² Community Befriending Programme (CBP) has made tele-befriending services for elderly available. Seniors can contact a befriending hotline and speak to volunteers who are trained to provide emotional and psychological support, and most importantly lend the elderly a listening ear.^{63 64} Youth Corp Singapore (YCS) volunteers also compiled an activity booklet incorporating art and mind-stimulating activity for seniors to keep them engaged. The effectiveness of such intervention has been confirmed to bring about positive outcomes by a research done by Helsinki University.⁶⁵ Yet, research on the determinant of usage of mental health support services reported that only seniors who are more educated will seek help proactively.⁶⁶ Despite the fact that there are social support services readily available for the older Singaporeans, it is still not very effective in reaching out for the isolated and less educated seniors in the society, who are more vulnerable to psychological distress.

3.6 Financial Support

Low paid unskilled job workers who lose their job during this time are entitled to a grant of \$800 a month for three months to tide them through this tough time while they search for new job opportunities.⁶⁷ Singaporeans under the Workfare Income Supplement (WIS) scheme, which provides additional financial supplement to older low paid workers, can expect an enhanced payout. These financial assistance are given to any eligible elderly on top of the cash payout and PAssion card top-up given to every Singaporean. There are also other funds that eligible seniors can tap on and they can apply for the grant conveniently at any social services offices in Singapore.

Overall, we have focused mainly on initiatives that target seniors with dementia, the general healthcare of the seniors, home-based physical activities, improving technological proficiency, social and financial support for our seniors. One common limitation of these

initiatives is that their success is dependent on the pro-activeness of the seniors to seek these resources. Many of the interventions rely on the use of technology; thus, seniors with low technological proficiency may not be able to benefit from these initiatives as much. With these limitations in mind, we have proposed a few recommendations to better improve the mental health of our seniors in the section below.

4. Proposed Recommendations

Despite current interventions to mitigate the risk of deteriorating mental health among the elderly, especially during this pandemic, there are several gaps in the system that hamper the effectiveness of the strategies. Hence, we are proposing various ideas that may be helpful in encouraging elderly to stay home, supporting caregivers to a greater degree, as well as promoting the use of social support services to the seniors.

4.1 Positive Reinforcement

Five days after the “circuit breaker” took effect, the authorities announced that written warnings will no longer be given to those caught contravening the rules; instead, first-time offenders will be fined S\$300 and repeat offenders will face higher fines or even prosecution in court. As of 29 April 2020, around 2,900 individuals have been fined for not abiding by elevated safe distancing measures, and another 800 were fined for not wearing masks when out.⁶⁸ Such swift action taken against transgressors illustrates the government’s strong stance against non-compliance and their resolve to tackle the spread of COVID-19. Yet, rather than relying solely on punitive penalties to deter insubordinate behaviour, the use of positive reinforcement might be more effective in encouraging people to stay at home. Similar to the Health Promotion Board’s (HPB) National Steps Challenge, a location-based mobile application can be developed to incentivise the public to clock a certain number of hours in their residential building so as to obtain points; subsequently, these accumulated credits can be used to redeem rewards like shopping and grocery vouchers.

There will inevitably be a number of limitations that come with executing this idea. The use of a software programme, for instance, is likely to pose a challenge to those who are not familiar with digital technologies. Additionally, campaigns like these are designed to operate on a trust system, and little can be done to monitor and verify every single person’s

whereabouts. Nevertheless, there is evidence to support the success of such models; a study conducted by HPB following the 2016/17 run of the event revealed that 70% of individuals who started off “insufficiently active” have been walking more post-challenge.⁶⁹ Furthermore, compared to the year before, the 2017/18 season saw an increase of 4,000 participants who managed to cover an average of 5km a day over a period of six months.⁷⁰ Thus, introducing a pleasant stimulus in a structured framework may be more effective in motivating, reinforcing and sustaining desirable behaviour within the masses, which - in the case of the COVID-19 pandemic - is to stay at home.

4.2 Strengthen Caregiver Support

The mental well-being of dementia patients are greatly dependent on their caregivers as they heavily rely on them during the circuit breaker. Thus, greater support and resources should be made available to caregivers. After considering the limitations of the current caregiver support programme, we would like to propose a mobile application dedicated for the caregivers of dementia patients. Firstly, this application would consist of a video call function to hold weekly webinars between caregivers and therapists specialised in dementia care during the Covid-19 outbreak. The increase in frequency of contact with the therapists allows caregivers to consult them timely when they face new difficulties. These sessions will be available in Malay and Tamil to involve caregivers of all races. Secondly, the application would allow one-to-one consultations via call or text between caregivers and therapists as some may prefer a private session. Thirdly, chat groups amongst caregivers can be set up in the application. This allows caregivers to share their experience and encourage each other beyond the weekly webinars, thus helping to build a strong support within the community.

In China, organisations such as the Alzheimer’s Disease Chinese released expert recommendations on mental health support for dementia patients during the Covid-19

pandemic. Online consultations between psychological counsellors and caregivers or dementia patients were also offered at no cost. These interventions were shown to be effective as they minimised the impact of Covid-19 on the mental health of dementia patients.⁷¹ Similarly, weekly online support groups and webinars by academic centres and non-governmental organisations in Lebanon to help caregivers were well received as seen from its growing attendance.⁷² Thus, we have adopted the successful intervention of weekly webinars into our mobile application.

Studies have shown that access to technological-based interventions was associated with a decrease in symptoms of depression. One benefit identified was caregivers can control the type and amount of help they want to receive.⁷³ Also, these interventions can be accessed at all times and were most effective when help received was tailored to caregivers' needs.⁴⁷ Based on these studies, we decided to include other forms of help, such as one-to-one consultations and chat groups in the mobile application. This is so that caregivers can choose the most effective way to maximise the help that they will and want to receive. One-to-one consultations allow therapists to give advice that is specific to caregiver's problem while chat groups allow caregivers to seek help from other caregivers when their therapists are unavailable. All of these services are put into a mobile application so that they can be easily accessed.

4.3 Promotion of Social Support Services

We identified a usage gap between social services provided and the prevalence of utilization, by elderly with lower income and literacy.⁶⁶ Better approach must be taken to convince vulnerable seniors who fall under this category to utilize the available social support. We propose several recommendations that may promote the use of mental health services more effectively. Firstly, positive health beliefs, like believing "mental illness can be

overcome”, can boost more mental health support services usage.⁶⁶ Several research has established that motivators for help-seeking include positive attitude developed from optimistic testament.^{74 75} Secondly, addressing stigma against mental health support services can also eliminate the barrier to seeking help. Stigma negatively labels people with mental health and impedes them from getting help as they do not wish to be stereotyped and judged.^{76 77} Television drama can be used to feature positive health belief and challenge the existing stigma against mental health. The use of entertainment-education has been proven to have strong effects on communicating messages to the target audience.⁷⁸ Moreover, FTA TV has a widespread reach of 3.4 million people in Singapore.⁷⁹ IMDA led media consumer experience study in 2015, reported that the 60-69 age group respondents spent an average of 25.7 hours on Mediacorp FTA TV.⁸⁰ Elderly with similar socio demographic backgrounds can also share their own positive experience with mental health support services at the end of the drama. Seniors will better identify with the stories when it is shared by a fellow senior with similar predicament as them and has a higher possibility of being persuaded.⁸¹

5. Conclusion

All in all, we examined the effects of the COVID-19 pandemic on the mental health of elderly in Singapore. Notably, elderly with underlying health conditions may have trouble seeking medical help during this period. Also, they face increased risk of developing complications which may render them vulnerable to heightened stress and anxiety. This is further exacerbated by the lack of physical and social activities, and poor economic outlook. We have identified several current interventions that aim to provide healthcare, social and financial support, in addition to other initiatives that enhance the senior's technological proficiency and physical activities level. However, these interventions have their limitations and more can be done to motivate elderly to stay home, provide stronger caregiver support and have better outreach to the seniors.

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