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Mental disease and healthcare disruption in older ages during COVID-19
Do family ties play a cushioning role?

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Extended abstract

Healthcare utilisation decreased substantially during the recent COVID-19 pandemic, especially in the early phase, where the decrease reached over one third (Frey et al. 2024; Moynihan et al. 2021; Shah et al. 2022). High rates of COVID infections and related hospitalisation resulted in limited available healthcare. Individuals also reduced healthcare utilisation due to e.g., fear of infection, absence of transport, compliance with lockdown measures or financial restrictions (Tavares 2022). Old people were particularly vulnerable during the pandemic, as they were at higher risk of serious infections. Moreover, due to the generally worse health conditions, old people tended to have greater healthcare needs, which may have been extensively disrupted during the pandemic. More vulnerable groups included women, those with economic hardship and those with poor health or multiple chronic conditions (Settels & Leist 2022; Smolić et al. 2025, 2022; Tavares 2022).

Though not focusing on the elderly population, a few studies (Di Gessa et al. 2022; Taxiarchi et al. 2023; Wang et al. 2024) have demonstrated that individuals with a history of psychiatric disorders or psychological distress were generally more likely to experience healthcare disruption during the pandemic. One reason could be that mental diseases tend to be considered as less urgent. Priority was given to other chronic conditions given the overloaded healthcare systems due to the pandemic. Additionally, the conditions of individuals with mental diseases may have been exacerbated by lockdowns and restricted social contacts. This may have resulted in further barriers to healthcare.

However, we lack thorough knowledge of the extent to which healthcare utilisation among old people with mental diseases was affected by the pandemic, compared to those with other chronic diseases. In addition, no prior research has examined the role of family ties in influencing healthcare utilisation during the pandemic, especially among old people with mental diseases. This is of particular relevance considering both the increasing prevalence of mental health problems during the pandemic (Ahmed et al. 2023), and that close social networks can provide emotional support and promote mental health in general (Steijvers et al. 2024). Furthermore, family members, primarily the spouse and children, constitute one of the most important support networks for old people (Chiatti et al. 2013). They could provide instrumental support during the pandemic, such as scheduling medical appointments and accompanying doctoral or hospital visits. Therefore, one may expect that strong family ties would serve to mitigate healthcare disruption, particularly among old people with mental diseases, since this group is potentially more dependent on familial support to access

healthcare. Empirical studies are required to examine the potential cushioning role of family ties.

Research objectives

This paper contributes to filling the aforementioned research gap, focusing on healthcare disruption during the COVID-19 pandemic amongst old people with chronic conditions, i.e., who have long-term healthcare needs. We employ harmonised longitudinal data from the Survey of Health, Ageing and Retirement in Europe (SHARE), which enable us to map out healthcare disruption among Europeans aged 50 or older over the initial two years of the pandemic. Furthermore, we are able to link healthcare utilisation to different types of family ties, including ties to the spouse and children prior to the pandemic, as well as practical help from children during the pandemic. We distinguish between individuals with mental diseases (affective or emotional disorders, including psychiatric problems) and those with other chronic diseases (e.g., cancer and diabetes) but no mental diseases. Our first aim is to investigate divergences in healthcare disruption among the two groups during the pandemic. We examine whether and the extent to which old people with mental diseases were more likely to experience healthcare disruption. Secondly, we aim to explore the role of family ties in influencing healthcare disruption. We test the hypothesis that strong family ties could mitigate healthcare disruption among individuals with mental diseases, thereby narrowing the gap in healthcare utilisation between this group and those solely with other chronic diseases.

Data and methods

We employ data from the SHARE, a longitudinal and cross-national survey conducted every two years since 2004. In summer 2020 and summer 2021, two special Corona Surveys were conducted, where respondents were asked about their healthcare disruption during the pandemic. We analyse 26 European countries and build three indicators on healthcare disruption: whether respondents 1) haven't had any healthcare that were not related to COVID; 2) forwent treatments due to the fear of COVID; and 3) had their appointments postponed or denied by the doctor. We use data from regular SHARE surveys for information on mental diseases and other chronic diseases of the respondents. SHARE contains in-depth information on respondents' confidant network, i.e., people that they discuss important things with. Based on this information, we build two variables on family ties: whether respondents included their 1) spouse and 2) child(ren) in their confidant network, respectively. We add a third variable measuring whether respondents received practical help from children during the pandemic.

We consider the possibility that respondents may have lost their spouse or changed their marital status during the pandemic, which may have resulted in a shift in their confidant network. Therefore, we exclude this group from our analysis by exclusively focusing on respondents whose marital status remained unchanged. Furthermore, we restrict our sample to respondents aged 50+ with long-term diseases, thereby excluding those with generally low healthcare needs. We also control for contacts with doctors prior to the pandemic to account for different levels of healthcare needs among the respondents. We stratify our analysis by gender and account for further individual factors: education, employment situation, migrant

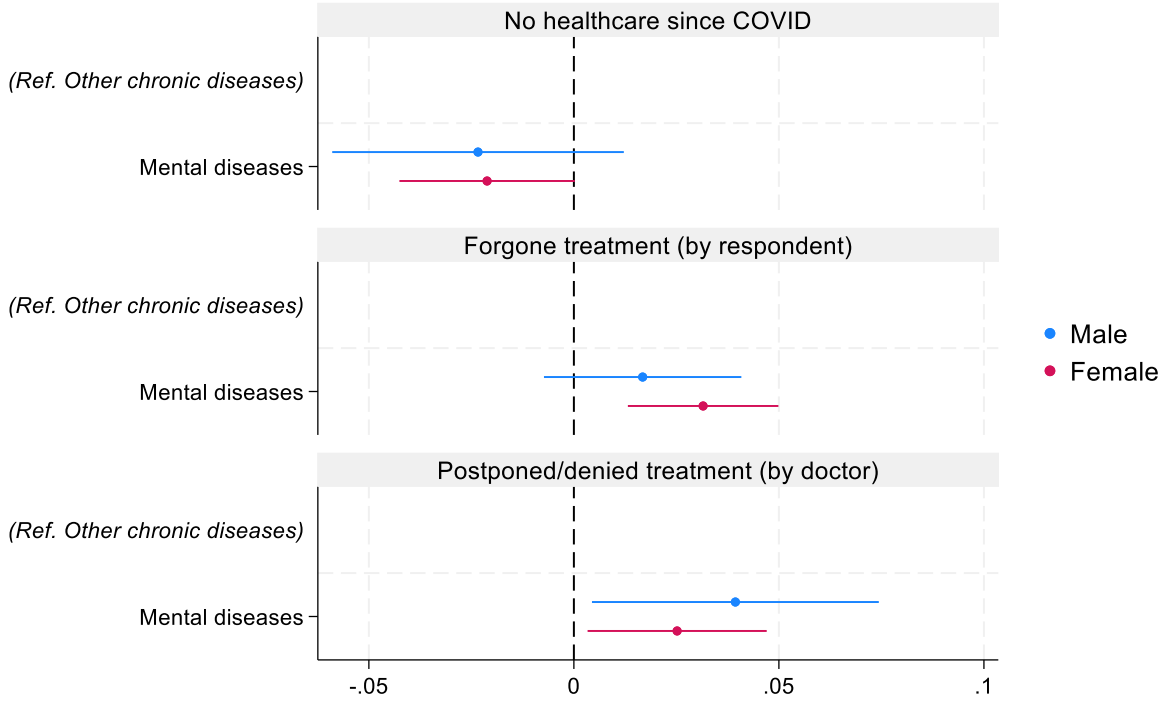
status, and size of confidant network. We apply random effects models with country fixed effects and standard errors clustered at the household level.

Preliminary results

Descriptive statistics show that a substantial proportion of older Europeans with long-term diseases experienced healthcare disruption, especially in the first phase of the pandemic. In summer 2020, almost half of respondents did not receive any healthcare since the pandemic, i.e., their healthcare was completely disrupted. In addition, about a third of all respondents had their appointments postponed or denied by the doctor and over 10% had forgone treatments due to fear of COVID. By summer 2021, the extent of healthcare disruption decreased in all three aspects, but it remained at a relatively high level. For instance, almost 30% still did not receive any healthcare in the past year. Healthcare disruption was overall more evident among women than men. Women were particularly more likely to forgo treatments in both periods.

Figure 1 presents the results on the differences in the three aspects of healthcare disruption among older adults with mental and other chronic diseases. We find no significant evidence showing that older adults with mental diseases were more likely to have their healthcare completely disrupted. However, for both men and women, those with mental diseases were more likely to have had appointments postponed or denied by the doctor, compared to those solely with other chronic diseases. Women with mental diseases were also more likely to forgo treatments.

Figure 1. Impact of mental diseases on healthcare disruption during COVID-19



Note: 11,881 male and 17,805 female respondents, with 95% CI; Control variables are age, education, employment situation, migrant status, pre-COVID contacts with doctors, as well as year and country dummies.

Further analysis (not shown in the figure) indicates that family ties had an impact on moderating the divergence we found among respondents with mental and other chronic diseases. Different types of family ties played different roles: Respondents with mental diseases are more likely to

experience healthcare disruption, particularly among those having a spouse in their confidant network. Conversely, a strong tie to children, i.e., having children in the network or receiving practical help from children, tends to diminish the divergence in healthcare disruption according to the nature of the disease. As expected, this could be related to the greater capacity of children to provide support, as compared to the spouse. In addition, spouses may be more likely to dissuade or prevent their partners from accessing healthcare due to the personal higher risk of contagion or the general fear of COVID-19.

Our analysis aimed to provide further insight into the profiles of the elderly population at higher risk of having limited healthcare during a crisis like the COVID-19 pandemic. Overall, we identified individuals with mental diseases, particularly women, as the more vulnerable group. Our preliminary results also reveal the mixed roles of different types of family ties in healthcare utilisation among older adults in need. This is of particular relevance for policymaking aiming to mitigate inequality in healthcare access, contributing to promoting mental health and well-being in older ages.

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