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Mental Health and Well-Being of People Aged 60 and Older Due to COVID-19

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee has been made.

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Walden University
2024

Abstract

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by

Holly Irene Grayson

MS, University of Utah, 2010

BS, University of Utah, 1987

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

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May 2024

Abstract

Few studies have focused on the experiences of people aged 60 and older during the COVID-19 pandemic. The extent to which COVID-19 affects people 60 or older and their mental and physical health and overall well-being was the focus of this project. This project's framework and research design was the theoretical framework of gerotranscendence developed by Tornstam and qualitative research methods with 20 open-ended interview questions. The questions focused on different aspects of life to determine the participants' perceptions of the effect that the COVID-19 pandemic has on mental health and well-being. The interviews were recorded, transcribed, and coded to identify the themes of the participants. The results of this project indicated that women were more likely to report feelings of anxiety, depression, and loneliness. In addition, the participants reported continued feelings of anxiety when in a group or public setting. The results of this project may influence positive social change by providing additional information to help other medical and mental health professionals understand what factors are contributing to the mental health and well-being challenges for people aged 60 and above. Findings may also guide practitioners and policymakers about resources for treatment or create new policies to develop and fund appropriate resources.

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Dedication

This project is dedicated to the late Dr. Judy Brady. During my educational journey with this project, Dr. Brady supported me until her death. She mentored and inspired me to become a more effective clinician for many years.

Acknowledgments

This project could not have been completed without my committee chair, Dr. Yvonne Chase. Dr. Chase's dedication to the process and the numerous hours of collaboration, guidance, and support were immeasurable and very much appreciated.

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Section 1: Foundation of the Study and Literature Review

Introduction

In late December 2019, the Chinese government discovered a novel coronavirus named SARS-CoV-2 in Wuhan, Hubei Province, China, resulting in people becoming very ill and hospitalized (Xu et al., 2020; Yu & Li, 2021). Many hospitalized people had to be placed on ventilator machines, and some later died. The virus, later named coronavirus 2019 (COVID-19), was thought to have originated in bats and was transmitted from animals to humans (Alonzo et al., 2021; Ammar et al., 2021; Brammer et al., 2020; Chen et al., 2021; Neill et al., 2021; Xu et al., 2020; Yu & Li, 2021). When the virus began to spread throughout China, the Chinese government informed the World Health Organization (WHO) about detecting a contagious virus. A study conducted by Ciotti et al. (2019) revealed that the Chinese government required people living in Wuhan to avoid traveling and to isolate themselves. However, the mandatory isolation did not stop the spread of the virus. Global epidemiologists wanted to understand the cause of the virus and develop a method of protection against the virus that was killing large numbers of people around the globe (Chen et al., 2021; Xu et al., 2020).

In 2019, COVID-19 quickly spread around the globe, creating a pandemic. The pandemic has impacted world economies and people's physical and mental health by requiring businesses to close and people to isolate themselves from contact with other people to prevent the spread of the virus (Alonzo et al., 2021; Ammar et al., 2021; Brammer et al., 2020; Chen et al., 2021; Neill et al., 2021). At the end of February 2021, the United States estimated that 545,600–660,200 people had died globally due to

COVID-19, with the older population, people of color, and the poor being overrepresented in the numbers (Banerjee et al., 2020; Boland & Gale, 2020; Douglas et al., 2021; Perry et al., 2021; Rossen et al., 2021; Xu et al., 2020).

The COVID-19 pandemic began in the United States in 2019. The U.S. government and health officials requested in 2019 and 2020 that people begin implementing social distancing in public spaces. As the pandemic worsened, the U.S. government and health officials asked that people isolate themselves from having contact with others who did not live in the same household. In 2020, businesses were forced to close down or do business remotely via electronic platforms. The requirement to socially isolate has increased the number of people experiencing poverty, domestic violence, and mental health problems (Matias et al., 2020).

On May 11, 2023, the U.S. Centers for Disease Control and Prevention (CDC) officially ended the COVID-19 pandemic in the United States (CDC, 2023). Before May 11, 2023, it was unknown when the pandemic would end. Hamama-Raz et al. (2021) and McElroy-Heltzel et al. (2022) focused on the effect of uncertainty and discussed the possibility that the intolerance of uncertainty may lead to excessive worry, rumination, and poor mental health. Their findings revealed that when people experience uncertainty, anger indirectly affects depression and that uncertainty is directly linked to people experiencing depression. However, McElroy-Heltzel et al. discovered that older adults manage uncertainty better than younger generations.

Research Methodology

This research project utilized a generic qualitative research method and thematic analysis to discover participants aged 60 and above perceptions of how the COVID-19 pandemic affected their mental health and well-being. Data points were gathered from research participants using open-ended questions and recorded as narrative interviews that describe and characterize the phenomena. Interviews were conducted in person or via video with as many participants as possible. Interview questions are located in Appendix A. The interviews were recorded and transcribed, using nominal data categories for the coding results and identifying different themes. Participants were accepted into the study until no new themes were revealed, which is saturation. Reaching saturation allowed the study to demonstrate rigor and transferability (Saldaña, 2021).

Implications for Social Change

Globally, people aged 60 and above represent a historically marginalized population due to inequalities of income, ageism, race, gender, sexual identity, standard of living, and healthcare (Adeleye et al., 2020; Babulal et al., 2021; Banerjee, 2020; Banerjee & Rao, 2021; Bietsch, 2022; Bui et al., 2021; Coleman et al., 2022; Crandall et al., 2021; Dziedzic et al., 2021; Ebrahimi, 2021; Gregory et al., 2021; Perone et al., 2020; Suen et al., 2020; Taylor, 2020; Toze et al., 2021; Tyler et al., 2021; Westwood et al., 2022; Yastrebov & Maskileyson, 2022). The results of this project may influence social change by providing additional information to help other professionals understand what factors are contributing to the mental health and well-being challenges for people aged 60 and above. Findings may also guide practitioners and policymakers about resources for

mental health treatment or develop new policies that create and fund appropriate resources for this population.

Organization of Paper

This paper is divided into four sections. Section 1 contains the problem statement, the scope of the project, the purpose and research questions, key terms and concepts, the need for the study, the nature and significance of the project, the theoretical framework used to frame/inform the project, the values and ethics as outlined by the National Association of Social Workers (NASW), a professional and academic literature review, research methods, and summary of the information in Section 1. Section 2 will present an introduction to the social work problem, research design, research questions, the nature of the project, methodology alignment, key terms and concepts, instrumentation being used in the project, data analysis used, ethical procedures for the project, the protection of the data, and a summary of the section. Section 3 will briefly review the purpose, research question, how the data were collected, data analysis techniques, and the findings, summarize the section, and introduce the reader to the information found in the last section of this paper. Section 4 will reiterate the purpose and nature of the study and why it was conducted, as well as concisely summarize key findings and how the findings have application for professional ethics in social work practice and inform social work practice. In addition, this section will describe how the findings extend knowledge in the discipline and provide recommendations for social work practice.

Problem Statement

COVID-19 has adversely affected all aspects of people's lives. The pandemic has caused millions of people to become ill or die (Boland & Gale, 2020). Indeed, the pandemic has affected people's ability to maintain economic stability, creating new or additional stress within families, connecting with community support networks, socializing with friends and extended family members, increasing domestic violence incidents, and increasing the number of people experiencing mental health problems (Alonzo et al., 2021; Ammar et al., 2021; Armstrong et al., 2021; Jester & Kang, 2021; Neill et al., 2021; Taylor et al., 2020).

To understand how the COVID-19 pandemic has affected the global population, researchers have focused on how social isolation affected different aspects of daily life, including physical and mental health functioning and overall well-being (Bietsch, 2022; Lee & Miller, 2020; Moore et al., 2021). Many of the studies have used quantitative methods to discover the extent to which COVID-19 has affected people's mental and physical health (Balan et al., 2020; Banerjee, 2020; Banerjee & Rao, 2021; BrintzenhofeSzoc et al., 2021; Buenaventura et al., 2020; Bui et al., 2021; Chemen & Gopalla, 2021; Chen et al., 2022; Evans et al., 2019; Gauthier et al., 2021; Gutman et al., 2022; Hamler et al., 2022). Many scholars have used quantitative methods to focus on how COVID-19 and the requirement to isolate from other people has impacted specific areas of human life, such as economic status, social networks, and mental health (Alonzo et al., 2021; Ammar et al., 2021; Armstrong et al., 2021; Jester & Kang, 2021; Neill et al., 2021; Taylor et al., 2020).

To date, most studies have been quantitative studies focused on different aspects of life to determine the effect of the pandemic on people's lives (Pascoal et al., 2021). Few researchers have used qualitative methods focused on people 60 years and older perceptions of how the COVID-19 pandemic has affected their mental health and well-being (Shapira et al., 2021; Wilson et al., 2021).

The COVID-19 pandemic continues to impact global populations. Scholars around the globe have researched the effect of the COVID-19 pandemic on the general population and people's mental health and sense of well-being. The global requirement for people to socially isolate themselves has resulted in global reports of increased domestic violence, depression, anxiety, and feelings of loneliness, with older people and other minority populations being overrepresented (AKİ, 2020; Akré et al., 2021; Rutherford et al., 2021; Salmon et al., 2022; Saunders et al., 2021; Schütz et al., 2021; Smith et al., 2020; Tandon, 2020; Teater et al., 2021). This qualitative study will focus on people living in Salt Lake City, Utah, and the surrounding areas. It aims to understand the perceptions of people 60 years or older of the effect of the COVID-19 pandemic on their mental health and well-being.

Purpose Statement and Research Question

In 2019, COVID-19 became a global pandemic. The pandemic required businesses to close and people to isolate themselves from contact with other people to prevent the spread of the virus. As a result, the pandemic affected global economies (Alonzo et al., 2021; Ammar et al., 2021; Brammer et al., 2020; Chen et al., 2021; Neill et al., 2021). At the end of February 2021, the United States estimated that 545,600–

660,200 people had died globally due to COVID-19, with the older population, people of color, and the poor being overrepresented in the numbers (Banerjee et al., 2020; Boland & Gale, 2020; Douglas et al., 2021; Rossen et al., 2021; Xu et al., 2020).

In 2019 and 2020, the U.S. government and health officials requested that people begin implementing social distancing in public spaces. As the pandemic worsened, the U.S. government and health officials asked that people isolate themselves from having contact with others who did not live in the same household. In 2020, businesses were forced to close down or do business remotely via electronic platforms.

Many scholars focused on different age groups using quantitative methods to assess the impact of COVID-19 (Hamama-Raz et al., 2021; Matias et al., 2020; McElroy-Heltzel et al., 2022). This study will use qualitative methods to explore the perceptions of people aged 60 and above living in Salt Lake City, Utah, and the surrounding areas and how COVID-19 affected their mental health and overall well-being.

Research Question

What are the perceptions of people aged 60 and above living in Salt Lake City, Utah, and the surrounding areas of how COVID-19 has affected their mental health and overall well-being?

Key Terms

Key terms for this study are *COVID-19 pandemic*, *mental health*, *well-being*, and *older adults*. This study's operational definition of mental health includes mood, thoughts, and beliefs (Scott, 1958). Well-being is defined as having feelings of happiness and contentment, developing one's potential, having a sense of purpose, and experiencing

positive relationships (Helliwell & Putnam, 2004). Older adults are defined as people who are aged 60 and above.

The Need for the Study

Among the articles discussing COVID-19, I found 582 quantitative studies focusing on how COVID-19 has affected people's lives globally. Areas include the impact on the global economy, education, and effective remote mental health interventions. Of the 582 quantitative studies, 382 focused on specific areas related to mental health using both quantitative and qualitative methods. Of the 382 qualitative methods focused on mental health and well-being, 97 were applicable to this project. None of the studies focused on people living in Salt Lake City, Utah, and the surrounding areas aged 60 and above.

Furthermore, using qualitative methods may reveal more nuanced areas of the effects that COVID-19 has on older people living in Salt Lake City, Utah, and the surrounding areas, which may help professionals identify resources and treat the mental health challenges that COVID-19 has created for older people.

Nature of the Doctoral Project

The specific research design is basic/generic qualitative research methods to reveal the participants' perceptions of how the COVID-19 pandemic has affected their mental health and overall well-being. The qualitative design included interviews with open-ended questions. Research participants were solicited by contacting local religious organizations, senior living centers, and other mental health professionals. Using snowballing, participants could contact friends and relatives aged 60 and above and have

them contact me via email or text and provide contact information. After selecting the participants, I used a tape recorder to record the open-ended questions and answers about the effect of COVID-19 on mental health and well-being. The recorded interviews were transcribed verbatim. Data points were gathered from study participants' narrative interviews that describe and characterize the phenomena. The data were analyzed using thematic coding to develop categories to reveal the themes of the participants' answers for how COVID-19 has affected the participant's mental health and well-being (Saldaña, 2021).

Significance of the Study

Smith and Victor (2019) indicated that limiting studies to one or two factors typically implemented in quantitative studies has limited use when evaluating complex concepts such as mental health and feelings of well-being. This study is significant because it allowed people aged 60 and above living in Salt Lake City, Utah, and surrounding areas to discuss multiple factors and provide nuanced information about the effect of COVID-19 on their mental health and feelings of well-being. Furthermore, research has not been conducted focusing on people aged 60 or older in Utah, Salt Lake City, or the surrounding areas to answer this question. The results of this project may influence positive social change by providing additional information to help other mental health professionals understand what factors are contributing to the mental health and well-being challenges for people aged 60 and above. Findings may also indicate areas that need more research to deepen the understanding of how COVID-19 has affected this

population and help guide practitioners and policymakers about resources for treatment or create new policies to create and fund appropriate resources.

Theoretical/Conceptual Framework

This research project used the theoretical framework of gerotranscendence as developed by Tornstam (1997). Lars Tornstam developed the gerotranscendence theory of aging based on psychological development, which evolved from conversations and research with older individuals who found calm acceptance during the final stages of the aging process (Tornstam, 2006). The theory suggests that human aging includes the potential to mature into a new outlook on and understanding of life. Gerotranscendence applies to older adults' developmental perspective and implies a metaperspective shift from a materialistic and rational view of the world to a more cosmic and transcendent one, usually accompanied by increased life satisfaction (Tornstam, 1999, 2006, 2011).

However, Tornstam found that gerotranscendence is not a universally predetermined biological path. He believed aging adults could increase the potential for gerotranscendence by cultivating wisdom behaviors through contemplative lifestyle choices such as meditation, reminiscence, play, art, music appreciation, prayer, and time in nature and by reflecting on solitude, coherence, spiritual integrity, positive narrative identity, acceptance of death, and belief in the meaning of life (Tornstam, 1999, 2006). In other words, gerotranscendence emphasizes a way of being rather than the external of doing (Buchanan et al., 2016; Dehkordi et al., 2021; Tornstam, 2011). This framework helped inform me and other professionals of how the pandemic has affected older

people's developing gerotranscendence and its influence on their mental health and well-being.

Values and Ethics

The NASW identifies that the primary mission of social workers is to enhance human well-being and help meet basic human needs by promoting and advocating the empowerment of vulnerable, oppressed, and impoverished people and that everyone is treated equally fairly and empowered to influence policies that create equity and social justice (NASW, 2021a). In addition, the NASW core values and ethical standards emphasize that social workers are expected to advocate for people and promote social justice and social change, cultural and ethnic diversity, and strive to end discrimination, oppression, poverty, and other forms of social injustice regardless of economic, social, political, ethnic, racial, and cultural status (NASW, 2021a, 2021b).

This project supports the NASW values and ethics for social change and social justice with the project's design that does not exclude vulnerable populations, social status, physical disabilities, race, ethnicity, religious beliefs, or political views and treated the participants equally and fairly. Furthermore, this project solicited vulnerable and minority participants aged 60 and above in Salt Lake City, Utah, and the surrounding areas regardless of the participant's physical disabilities, race, ethnicity, religious beliefs, political views, social and economic status. Moreover, the NASW values and ethics were supported by being transparent and providing the participants with complete information about the project and the right to decline or withdraw from participating at any time without personal consequences.

Review of the Professional and Academic Literature

Justification for Databases, Search Engines, and Key Terms

Gathering a complete record to understand the current research and the results of the studies is essential. To perform an exhaustive search that would include all adults aged 60 and above and produce as many peer-reviewed articles as possible on the current literature, the following keywords were used: COVID-19, COVID-19 pandemic and mental health, COVID-19 and mental health and people aged 60 and above and well-being, older adults and COVID-19. In addition, Walden University's Thoreau multi-database was used to search peer-reviewed online learning databases, including Educational sources, Eric, Sage Journals, Journal of Community Health, Academy of Management Perspectives, Journal of Psychiatric Research, Traumatology, Preventive Medicine, International Journal of Environmental Research and Public Health, Educational Gerontology, and American Journal of Public Health dating from 2020 to December 2022. The search yielded 685 studies on how COVID-19 has affected people's lives globally, including cities, states, economies, crime and violent crimes, poverty levels, and educational impact. 382 studies used quantitative methods focused on mental health and well-being in the general population, 97 using qualitative and quantitative methods focused on people 55 and above, looking at specific areas such as the impact of having to use the internet or videoconferencing to communicate, people's attitudes about the COVID-19 pandemic, demographic influences, the effect of experiencing different forms of discrimination or abuse, the impact of having to isolate socially, being a member of a minority group such as LGBTQ+, if the person had physical or mental health

challenges prior to or during the pandemic, and the coping strategies this population used during the pandemic that impacted mental health for people aged 60 and above.

Literature Review

Researchers around the globe have examined several areas to see if the pandemic affected people's mental health and overall well-being. Scholars have used different research methods focusing on the general population to determine influences affecting mental health and well-being. However, few scholars have focused on people aged 60 and older and minority groups to evaluate how COVID-19 affected their mental health and well-being. For example, researchers implementing quantitative, qualitative, and mixed methods focused on people aged 55 and above, attitudes, the effect of technology, sociodemographics, age, discrimination, abuse, medical conditions, and coping strategies to determine if there is a connection between the COVID-19 pandemic and a person's mental health and well-being. However, most research has used quantitative methods (Afzal et al., 2021; Balan et al., 2020; Banerjee, 2020; Banerjee & Rao, 2021; BrintzenhofeSzoc et al., 2021; Buenaventura et al., 2020; Bui et al., 2021; Caycho-Rodríguez et al., 2022; Chemen & Gopalla, 2021; Chen et al., 2022; Evans et al., 2019; Flett and Heisel 2021; Foong et al., 2022; Gauthier et al., 2021; Goldback et al., 2021; Gonzalez et al., 2021; González-González et al. 2020; Gutman et al., 2022; Hamler et al., 2022).

Attitudes About COVID-19 and Mental Health

Globally, scholars have been curious about whether people's attitudes regarding COVID-19 affected their mental health and well-being. Researchers discovered that

attitude influences mental health, especially in women (Afzal et al., 2021; Caycho-Rodríguez et al., 2022; Reppas-Rindlisbacker et al., 2021). For example, a quantitative study conducted by Caycho-Rodríguez et al. (2022) in Peru had 400 older adults with an average age of 68.04 complete the Fear of COVID-19 Scale, Revised Mental Health Inventory-5, Patient Health Questionnaire-2 items, and Generalized Anxiety Disorder Scale-2 items. The study's results indicated that fear of COVID-19 significantly affected mental health and that women experienced more fear than men. The authors concluded this difference was because women had more information about COVID-19. Paradoxically, having extended family or friends affected by COVID-19 was unrelated to fear of the virus or decreased mental health.

During the initial stages of the pandemic, populations around the globe wanted more information about the virus from their governmental institutions. A quantitative study by Reppas-Rindlisbacker et al. (2021) compared older adults aged 55 and above living in Canada and the United States and their attitudes about COVID-19 to determine if the participants' attitudes or worries affected older adults' mental health. The authors discovered that in the early stages of the pandemic, only 20% of the U.S. participants felt that the federal government cared about their health and well-being compared to 63% of the Canadian participants. The results indicated that people in the United States reported having moderate to extreme worry about the pandemic and reported increased depression, anxiety, and loneliness compared to Canadian participants. However, in both countries, a significant portion of women reported loneliness, depression, and anxiety compared to men. In both studies, men appear to be least affected by the pandemic and experience

little or no symptoms of depression, anxiety, and fear. Unfortunately, there is a gap in the number of researchers examining this phenomenon with people aged 60 and above in the United States using qualitative methods.

Effects of Technology and COVID-19's Impact on Mental Health

Scholars have also been curious about whether older adults were experiencing changes in their mental health because they may not have been familiar or comfortable with the technology yet had to rely solely on using the internet and different applications (apps) to get information and news about the pandemic and to use video conferencing to communicate with family and friends. Scholars have looked at the effect of technology to determine the impact of COVID-19 on older people's mental health, yielding mixed results (Foong et al., 2022; Negarestani et al., 2021; Sekhon et al., 2022; Skałacka & Pajestka, 2021). Foong et al. (2022) and Sekhon et al. (2022) performed a meta-analysis of 10 articles focused on the effects of using the internet for communication and the mental health of older adults. The researchers found that using the internet for communication was associated with better mental health in older adults during the COVID-19 pandemic.

To further refine how required communication changes (i.e., internet vs. in-person), the frequency of using the internet, and the use of different apps during COVID-19 influenced older adults' mental health, Skałacka and Pajestka (2021) used quantitative methods with 39,316 adults aged 60 and older in 27 other countries to examine the effect on their reporting feelings of depression, anxiety, loneliness, and problems with sleep. The study's results conflicted with those of Foong et al. (2022) and Sekhon et al. (2022)

to reveal that older people had fewer mental health benefits from using internet technology to communicate with friends, especially their children and that positive mental health was correlated to in-person communication for people aged 60 and above, along with a higher frequency of contact with children and friends. Unfortunately, the United States was not part of this study to see if the results could be replicated.

During the pandemic, news and other information about the pandemic could only be achieved using internet news sources or communicating with family and friends via the internet and different apps. Expanding on the studies by Foong et al. (2022) and Sekhon et al. (2022), Negarestani et al. (2021) used quantitative methods focused on the effect of using technology such as internet-based news media during COVID-19 on older adults' mental health. The study indicated that more than 77.4% of older adults who used internet-based news media to follow information related to the pandemic had poor mental health. In contrast, Negarestani et al. noted that high levels of education, employment, and low media use were protective factors against poor mental health. Paradoxically, a quantitative study by Gregory et al. (2021) focusing on 5320 people aged 65 to 69 living in Canada found that older adults using the internet during COVID-19 experienced better mental health and more social connectedness than younger adults. However, people in the same age group who reported feeling lonely and lacking social support had poorer mental health outcomes.

Sociodemographics and the Impact of COVID-19 on Mental Health

Researchers have studied whether the COVID-19 pandemic has adverse effects associated with different factors such as sociodemographics, living situations, prior

medical conditions, social isolation, resiliency, perceived sense of control over their health and social lives, and the effect on mental health. The results of the various studies resulted in contradictory findings. Some studies indicated that older people report increased feelings of anxiety, depression, loneliness, social disconnectedness, and poor resilience (Burke-Garcia, 2021; Chen, 2022b; Cheng et al., 2021; Evans et al., 2019; Fiordelli et al., 2020; Gyasi et al., 2019; Maxfield & Pituch, 2021; Quach & Burr, 2021; Scott et al., 2021; Taylor, 2020), while other studies found an increase in resiliency and decreased symptoms of depression, loneliness, and anxiety. For example, González-González et al. (2020) conducted a quantitative study that had 2,992 older adult participants (37.7% men and 62.3% women) with an average age of 70.45 years and looked at sociodemographic factors such as sex and age and medical conditions like diabetes and hypertension on the mental health of older adults in Mexico. The authors concluded that women reported higher levels of depression, anxiety, and stress than men.

In contrast, Curl and Wolf (2022) surveyed 2,145 adults aged 50 and above to see if COVID-19 impacted symptoms of depression and loneliness in older adults. The results indicated that with a higher risk of becoming ill or dying if they contracted the virus or concerns and perceived low control over their health and social life, participants reported more symptoms of depression and loneliness.

Control over a person's health, such as people with disabilities are likelier to have chronic health problems, be in lower-income jobs or unemployed, and have smaller social networks than the general population (Ciciurkaite et al., 2021). Ciciurkaite et al. (2021) surveyed 2,043 adults aged 18 and older located in the United States in the Intermountain

West with self-reported disabilities to see if COVID-19 had an adverse impact on mental health. The authors concluded that people with disabilities reported significantly higher stress levels than non-disabled people and reported higher adverse effects on their psychological well-being than the non-disabled population.

Other researchers focused on religiosity and resilience to see if the pandemic impacted a person's mental health. Using quantitative methods, Ouanes et al. (2021) looked at resilience, religiosity, and mental health to see if there was a correlation with the quarantine's impact on depression, anxiety, and symptoms of stress for people aged 60 and above living in Qatar. The study had 67 participants aged 60 to 90, with an average age of 65.5 ±5.7 years. The Ouanes et al. (2021) study indicated that most participants had no signs of depression, anxiety, or stress. The results contradicted other studies by Burke-Garcia (2021), Chen (2022b), Cheng et al. (2021), Evans et al. (2019), Fiordelli et al. (2020), Gyasi et al. (2019), Maxfield & Pituch (2021), Quach & Burr (2021), Scott et al. (2021), and Taylor (2020), which concluded that the pandemic produced higher levels of depression, anxiety and feelings of loneliness.

Researchers have found that when older adults experience discrimination, abuse, or belong to a minority group, they struggle with mental health issues such as depression, anxiety, and feelings of loneliness (Banerjee, 2020; Bui et al., 2021; Chen, 2022a; Chen et al., 2020; Fan, 2021; Gan & Best, 2021; Gautguer et al., 2021; Gutman et al., 2022; Hamler et al., 2022; Kaukinen, 2020; Kneale & Bécares. 2021; Lynch & Logan, 2022; Moore et al., 2021; Raj et al., 2020). Scholars have focused on different forms of

discrimination and abuse to see if they have negatively affected older people's mental health during the pandemic.

Ageism, Discrimination, and Abuse and the Impact of COVID-19 on Mental Health

Researchers found that older adults experience discrimination for various reasons. Some of the most reported issues were discrimination due to age, gender, race, ethnicity, education, marital status, household income, working status, living arrangement (alone vs. with others), social support availability, cohesion in the community, physical health, anxiety, depression, and previous history of elder abuse (Balan et al., 2020; Banerjee, 2020; Banerjee & Rao, 2021; BrintzenhofeSzoc et al., 2021; Bui et al., 2021; Chemen & Gopalla, 2021; Chen et al., 2020; Chen et al., 2022; Evans et al., 2019; Gauthier et al., 2021; Gutman et al., 2022; Hamler et al., 2022; Nunes eta al., 2021).

Flett and Heisel (2021) discovered that when older adults do not feel valued or are insignificant to others, they reported an increase in depression, loneliness, and poor well-being. Furthermore, Flett and Heisel concluded that feelings of mattering were protective factors against depression, loneliness, poor physical health, social disconnectedness, and poor sense of well-being. Before the COVID-19 pandemic, scholars knew that social networks helped shape older adults' health beliefs, behaviors, and outcomes (Coleman et al., 2022; Gan & Best, 2021).

COVID-19 Effect on Social Networks and Mental Health

Scholars have focused on the effect of the COVID-19 lockdown on older adults' mental and physical health and discovered that the COVID-19 pandemic has seriously harmful effects on older adults' mental health worldwide. Studies of older people

comparing Europe, Central Asia, with Latin America and the Caribbean have indicated that participants from Europe and Central Asia reported higher depression than those from all other regions and higher anxiety than those from Latin America and the Caribbean (Babulal et al., 2021; Mendez-Lopez et al., 2022; Peña-Longobardo et al., 2022; Saltzman et al., 2020; Yastrebov & Maskileyson, 2022). Scholars have researched other factors, such as living alone, being socially isolated, and having medical, physical, or mental disabilities, that may put older adults at risk for experiencing mental health challenges. For example, before the COVID-19 pandemic, Smith and Victor (2019) conducted a longitudinal study that looked at people aged 50 and older to see if a relationship existed between living alone, loneliness, social isolation, and physical and mental health. The study had 7,032 participants, with an average age of 67.3 years, separated into six different groups. The study's findings indicated that living alone, social isolation, and feelings of loneliness are separate from feelings of loneliness and social isolation and that limiting studies to one or two factors has limited use when evaluating complex concepts such as mental health and feelings of well-being. The results also indicated that chronic loneliness negatively impacts older adults' lifespan and cognitive, mental, and physical health.

In 2021, Okechukwu (2021) conducted a qualitative study indicating that single women living alone with multiple chronic diseases were at high risk of experiencing severe consequences of the COVID-19 pandemic. Furthermore, the study indicated that older single adults were at risk of loneliness and feeling socially isolated because they

depended upon family, friends, and social support, which was inaccessible during the lockdown, to maintain feelings of companionship and social connectedness.

Moreover, researchers have found that when older adults have been separated from or are having conflicts with loved ones, are adults with chronic disease, have difficulty getting medical treatment for severe symptoms of COVID-19, have decreased work responsibilities, are home-bound, and are at or below the poverty level, reported higher levels of anxiety and depression and were factors that influence older adults' ability to be resilient during the COVID-19 pandemic (Fuller & Huseth-Zosel, 2021; McElroy-Heltzel et al., 2022; Mendez-Lopez et al., 2022; Taylor et al., 2020; Tyler et al., 2021; Webb & Chen, 2022). Studies by Chen et al. (2022), Di Santo et al. (2021), and Ferdous (2021) examined people living in long-term care facilities or people who were at risk of developing dementia and revealed increased reports of depression, anxiety, loneliness, and accelerated cognitive decline due to social isolation. In contrast, Lüdecke et al. (2022), Tyler et al. (2021), and Yu et al. (2022) discovered that older male adults had better mental health than women during the lockdown period and a lower likelihood of becoming depressed or anxious. The older male adults also perceived fewer stress-related concerns and were more adaptable psycho-socially than younger adults.

Another aspect of life that was impacted by the pandemic was social networks. Maintaining social networks and relationships during the COVID-19 lockdown became difficult. Social networks can be kin-related, community-related, or hybrid, resulting in tight-knit groups. Social networks provide multiple resources that have been linked to better mental health. However, some scholars found that the social requirement to isolate

during the early stages of the COVID-19 pandemic was seen to harm the mental health and well-being of older adults, with older adults reporting increased feelings of stress, depression, loneliness, and anxiety (Balan et al., 2020; Bustamante et al., 2022; Chen, 2022b; Cheng et al., 2021; Cheung et al., 2022; Chigangaidze, 2021; Ciciurkaite et al., 2021; Coleman et al., 2022; Crandall et al., 2021; Curl & Wolf, 2022; Daoust, 2020; de Sousa et al., 2022; Di Santo et al., 2020; Dziedzic et al., 2021; Evans et al., 2019; Fiordelli et al., 2020; Gan & Best 2021; Graf et al., 2021; Gyasi et al., 2019; Maxfield & Pituch, 2021; Okechukwu, 2021; Quach & Burr, 2021; Scott et al., 2021; Taylor, 2020). Other scholars saw conflicting results of social isolation.

A mixed-methods study by Coleman et al. (2022) examined 113 participants with an average age of 72.5 years of social networks and compared their mental health before and during the pandemic to determine if the networks influenced health beliefs, behaviors, and mental health outcomes for older adults. The study results indicated that broader diverse networks reported greater perceived risk of becoming ill from the virus and poor mental health outcomes. In contrast, the tight-knit networks that promoted social bonding perceived less risk of becoming ill and better mental health outcomes.

Various scholars have also found that social isolation has a disproportionally higher impact on gender minorities because of the sense of shared community and cultural values and created symptoms of psychological trauma resulting in COVID-19 having negatively affected same-sex couples' relationship quality and mental health (Abreu et al., 2021; Chen, 2022b; Kamal et al., 2021; Kneale & Bécares, 2021; Li &

Samp, 2021; Moore et al., 2021; Peterson et al., 2021; Salerno et al., 2020a; Salerno et al., 2020b; Suen et al., 2020; Urzúa et al., 2022).

Social Isolation Effect on LGBTQ+ Adults' Mental Health During COVID-19

Researchers have estimated that nearly 40% of older adults identify as part of the LGBT+ community, with 23% comprising racial and ethnic minority populations (Bietsch, 2022; Moore et al., 2021). Global researchers have shown that belonging to sexual and ethnic minority populations, such as the LGBTQ+ population, can create stressors and increase reports of depression, anxiety, and stress. In addition, some LGBTQ+ people have experienced victimization, discrimination, stigmatization, marginalization, childhood trauma, childhood maltreatment, social disadvantages, and mental health disparities, including palliative care and end-of-life care. However, the LGBTQ+ community has developed shared cultural values that have served as protective factors against previous epidemics, such as the HIV/AIDS epidemic and the mass shooting in 2016 at the Pulse nightclub in Orlando, Florida, and has created resilience within the LGBTQ+ community (Abreu et al., 2021; Akré et al. 2020; Banerjee & Rao, 2021; Bietsch, 2022; Chen, 2022a; Fish et al., 2021; Gonzalez et al., 2021; Pereira et al., 2021; Peterson et al., 2021; Philpot et al., 2021; Rosa, 2021; Salerno & Williams, 2020b; Suen et al., 2020).

A qualitative study conducted by Abreu et al. (2021) with 130 LGBTQ revealed that community activism, authenticity, pride, and visibility create a sense of community and align with the shared values of caring, inclusiveness, intersectionality, and advocacy

of the marginalized people within the group within the LGBTQ+ community, promoted collective resilience, increased well-being.

Within the LGBTQ+ community, older people represent a diverse population that spans several generations and has diverse life experiences. The pandemic magnified the circumstances of the LGBTQ+ community before the pandemic. In other words, people doing well before the pandemic were more connected to support networks, intentionally positive, and engaged in practices promoting their mental health and well-being (Banerjee & Rao, 2021; Perone et al.,2020; Toze et al., 2021; Westwood et al., 2022). Scholars have also seen the LGBT+ community unite during the pandemic to support those experiencing mental health and well-being challenges. A mixed methods study by Westwood et al. (2022) surveyed 149 lesbian/gay women living in the United Kingdom (UK) to see if the pandemic affected the participants' physical, mental health, and well-being. The study results showed that single or couples who were happy with their living situations before the pandemic displayed stoicism, adaptability, and positivity in response to the pandemic. Indeed, some reported improved quality of life and personal relationships and experienced increased neighborly support. For trans women, accessing and using online technologies and having formal support from online LGBT+ networks was critical to their mental health and well-being. In contrast, women who lived alone and were unhappy with their living situations and social support networks before the pandemic either remained unhappy or became more unhappy. The authors concluded that this was due to the fragile support systems.

However, with the pandemic, LGBTG+ older adults have higher reports of anger, depression, fear, loneliness, social rejection, work-related, educational, and financial problems, and high mortality rates (Bietsch, 2022; Lee & Miller, 2020; Moore et al., 2021; Pereira et al., 2021; Sampogna e al., 2022).

Some LGBTQ+ couples were complaint-avoidant within their relationship. During COVID-19, these couples were more affected by the pandemic in their lowered relationship satisfaction, increased anxiety levels, depression, and substance use (Li & Samp, 2021).

COVID-19 Effect on Older Adult Physical and Mental Health

Since the pandemic began in late 2019, many scholars have focused on the effect of the pandemic requirement of social isolation on economic stability, physical health, social networks, mental health, and overall sense of well-being. Various researchers found an increase in mental health issues among healthcare providers, people with disabilities, low and lower-middle-income populations, racial minorities, and the general population, such as increased anger, anxiety, domestic violence, depression, discrimination, loneliness, difficulty sleeping, and mortality rates (Aburto et al., 2022; Agnani et al., 2021; Bertuzzi et al., 2021; Chen et al., 2020; Chen et al., 2021; Chen et al., 2022; Ferizi et al., 2022; Grossman et al., 2021; Guadagni et al., 2020; Lloyd-Sherlock et al., 2020; McElroy-Heltzelet al., 2022; Neill et al., 2021). Overall, studies have discovered that the world population is experiencing increased poverty rates, mental and physical health deterioration, and poor coping due to the COVID-19 pandemic (Adeleye et al., 2020; Agnani et al., 2021; Chen et al., 2022; Ebrahimi, 2021; Hu & Qian, 2021).

Indeed, Landa-Blanco et al. (2021) found an increase in the severity of people reporting symptoms of anxiety, depression, and somatization due to COVID-19. The study's findings indicated that the Global Severity Index (GSI) predicted that age and being a healthcare worker would have an increase in symptoms of stress, poor health, leisure time-related stress, and decreases in academic performance and sexual activity (Landa-Blanco et al., 2021). Scholars have found that men and women do not report experiencing the same levels of depression. Some researchers have identified being female as being a factor for increased depression, anxiety, and loneliness (Alodhayani et al., 2021; Ammar et al., 2021; Fan et al., 2021; Hamama-Raz et al., 2021; Holingue et al., 2020; Jenkins et al., 2021; Pereira et al., 2021; Raj et al., 2020; Tetreault et al., 2021). Studies by Chen et al. (2020), Kaukinen (2020), and Lynch and Logan (2022) indicated that the decreased economic resources due to the COVID-19 pandemic lockdown increased family stress and conflict and intimate partner abuse, child abuse, and elder abuse. Moreover, the most commonly reported areas of stress are family (22.97%), financial (22.53%), academic (16.47%), leisure time constraints (14.23%), health (12.48%), peer group (7.63%), and religious concerns (3.69%) (Landa-Blanco et al., 2021).

After the lockdown was lifted, violence and expressions of anger continued, resulting in heterosexual and sexual minorities experiencing increased dating violence, sexual assault, and stalking (Chen et al., 2020; Lynch & Logan, 2022; Kaukinen, 2020).

As the pandemic continued, other scholars began focusing on different coping strategies to develop resiliency and improve mental health and found that resilience is a

protective factor against symptoms of anxiety and other health indicators that create symptoms of distress (Goldback et al., 2021; Gonzalez et al., 2021).

COVID-19 and the Effect on Coping Strategies

Many social programs, such as regular physical and social activity, were forced to close during the lockdown. During the lockdown, researchers found an increase in reported chronic pain and moderate declines in mental health. The decline in mental health did not seem to reverse after restrictions were lifted (Farche et al., 2022; García-Esquinas et al., 2021). Researchers looked to see what coping strategies influenced mental health and overall well-being. Some scholars found that older people in Scotland who frequently used gardening during social isolation reported significantly better quality of sleep and physical, emotional, and mental well-being (Corley et al., 2021; Malek Rivan et al., 2022; Ouanes et al., 2021). Other studies indicated that older adults who stayed busy by exercising, going outdoors, practicing mindfulness, modifying routines, adjusting their attitudes, staying socially connected, and having a positive mindset reported fewer symptoms of depression, anxiety, and loneliness (Farche et al., 2022; Fiordelli et al., 2020; Finlay et al., 2021; Gan & Best, 2021; Si et al., 2021), which appears to support Tornstram's theory of gerotranscendence.

During the early weeks of the pandemic, these coping strategies appeared adaptive in most older adults and highlighted the resilient nature of older adults regarding their psychological coping and adaptability during COVID-19. (Fuller & Huseth-Zosel, 2021; Herron et al., 2022; Kobayashi et al., 2021; Kohn et al., 2022; Li et al., 2022).

Methodological Gaps in Understanding Mental Health and Well-Being of Older Adults During COVID-19

Scholars have implemented quantitative methods focused on single areas to discover the effect of COVID-19 on people's lives and mental health. However, focusing on a single area to explain complex mental health issues has limited utility in explaining the effect of COVID-19 on the complex concepts of mental health (Smith & Victor, 2019). Few studies have used qualitative research methods to study the impact of COVID-19 on older people. Qualitative studies conducted during the pandemic focusing on the effect of social isolation on mental health produced more in-depth, contextual, and nuanced areas in which the pandemic has impacted the participants' mental health. The study results included factors such as the number of deaths, the older population's awareness of mortality, grieving the loss of everyday life, the failing economy, and high unemployment, experiencing difficulties with sleep, joint pain, loss of appetite, weight loss, and reduced functionality (de Maio Nascimento, 2020; McKinlay et al., 2021). Furthermore, studies implementing qualitative methods produced a broader, more nuanced range of concerns about older adults' mental health and well-being due to the COVID-19 pandemic (Denzin & Lincoln, 2013).

Summary

The COVID-19 virus has spread globally to become a global pandemic that has taken over half a million people's lives and continues mutating, sickening people, and taking lives (Aburto et al., 2022; Xu et al., 2020). The pandemic has created mental health and well-being problems for people. Reviewing current literature on the effect of

COVID-19, many scholars have conducted quantitative studies and have seen an increase in discrimination, domestic violence, crime, the use of substances, depression, anxiety, and feelings of loneliness due to social isolation (AKİ, Ö. E., 2020; Chiappini et al., 2020; Coleman et al., 2022; Elugbadebo & Baiyewu, 2022; Gaggero et al., 2022; García-Fernández et al., 2020; Hassan et al., 2020; Heitzman, 2020; Herfeh & Ranjbar, 2021; Jané-Llopis et al., 2021; Jenkins et al., 2021; Kelly, 2021; Kerr et al., 2021; Li, et al., 2022).

However, few studies have used qualitative methods focusing on people aged 60 and above to determine factors contributing to mental health challenges and a sense of well-being. This study used basic qualitative methods to fill the information gap along with the gerotranscendence framework developed by Tornstam (1997, 1999, 2006, 2011) to see if older people have maintained increased life satisfaction during and after the pandemic. This study also applied the values and ethics identified by the NASW (2021a, 2021b).

Section 2: Research Design and Data Collection

Introduction

The COVID-19 pandemic has adversely affected most aspects of people's lives. Studies have shown that the pandemic has affected people's ability to maintain economic stability, connect with community support networks, and socialize with friends and extended family members, creating new or additional stress within families and increasing incidents of domestic violence (Alonzo et al., 2021; Ammar et al., 2021; Armstrong et al., 2021; Taylor et al., 2020). Furthermore, research has shown an increase

in people experiencing mental health problems due to the COVID-19 pandemic (Jester & Kang, 2021; Neill et al., 2021).

To date, most studies have been quantitative studies focused on younger populations and different aspects of life to determine the effect of the pandemic on people's lives (Pascoal et al., 2021). Few studies have focused on the experiences of people 60 or older and their mental health and overall well-being due to the COVID-19 pandemic (Shapira et al., 2021; Wilson et al., 2021). Indeed, sparse qualitative studies have explored how COVID-19 has affected the mental health of people 60 years and older (Shapira et al., 2021). This study was a qualitative study focused on people living in Salt Lake City, Utah, and the surrounding areas and aimed to understand older people's perceptions of the effect of the COVID-19 pandemic on people 60 years or older and their mental health and well-being due to the COVID-19 pandemic. The following section will discuss the research design, the methods used to collect data, and the data analysis process. It will then conclude with a section summary.

The research project used a generic qualitative research method to discover the participants' perceptions of how the COVID-19 pandemic affected their mental health. I recruited participants by soliciting religious institutions, senior residential care facilities, snowballing, and social media platforms. Each participant was screened to ensure they were 60 years or older. An introductory email was sent to potential participants explaining the project, followed by phone calls to those who expressed an interest or agreed to participate voluntarily. After the volunteer participants were identified, they received informed consent, ensuring they understood the scope of the project. To conduct

the study, I met in person at a designated location identified by the participant or via video technology at the time specified by the participant. Data points were gathered from study participants' answers to the open-ended interview questions that will describe and characterize the phenomena, and nominal data categories will be used to code the results for the effect on mental health and overall well-being. Data analysis used qualitative coding of the transcribed interview to identify resulting themes. Participants continued to be solicited and interviewed until no new themes were identified, also known as theme saturation.

In Section 2, discuss the problem, research design, research questions, the nature of the project, the methodology alignment used in this study, key terms and concepts, the methodology that described the overall data collection method (i.e., recorded interviews), assessment instrumentation, data analysis, ethical procedures, how the data will be protected, and a summary of Section 2.

Research Design

Practice Problem and Questions

In 2019 and 2020, the U.S. government and health officials requested that people begin implementing social distancing in public spaces. As the pandemic worsened, the U.S. government and health officials asked that people isolate themselves from having contact with others who did not live in the same household. In 2020, businesses were forced to close down or do business remotely via electronic platforms.

Many scholars have focused on different age groups using quantitative methods to assess the impact of COVID-19 (Hamama-Raz et al., 2021; Matias et al., 2020; McElroy-

Heltzel et al., 2022). This project used qualitative methods to explore the perceptions of how COVID-19 impacted the mental health of people aged 60 and above living in Salt Lake City, Utah, and the surrounding areas.

Research Question

What are the perceptions of people aged 60 and above living in Salt Lake City, Utah, and the surrounding areas of how COVID-19 has affected their mental health and overall well-being?

Nature of the Doctoral Project

The research design was a basic/generic qualitative design to reveal the participants' perceptions of how the COVID-19 pandemic has affected their mental health and overall sense of well-being and remove any limitations to what is discussed when answering the questions (Alase, 2017; Babbie, 2017; Burkholder et al., 2020; Coleman, 2022; Cypress, 2017; Korstjens & Moser, 2018; Rose & Johnson, 2020; Singh et al., 2021).

Research participants were solicited in person by contacting local religious organizations, senior living centers, assisted living centers, and other mental health professionals for permission to post a recruitment flyer in a prominent area discussing the project and the steps to contact me if they wanted to participate.

Rationale of Purpose and Approach Alignment

Internal and external validity, reliability, trustworthiness, and transferability are evaluated to determine the quality of quantitative research. Internal and external validity indicates appropriate processes, tools, data collection, and interpretation that will answer

the research question. Reliability indicates whether the research process can be replicated using the same criteria to achieve the same results. Transferability is achieved by using meta-synthesis, meta-narrative, or meta-ethnography. However, qualitative research does not yield the same consensus as quantitative methods when evaluating qualitative research (Alase, 2017; Cypress, 2017; Korstjens & Moser, 2018; Leung, 2015; Rose & Johnson, 2020; Singh et al., 2021). Instead, scholars acknowledge that qualitative research comes from a distinctive paradigm and demands distinctive criteria for evaluating quality research (Alase, 2017; Babbie, 2017; Burkholder et al., 2020; Coleman, 2021; Cypress, 2017; Korstjens & Moser, 2018; Rose & Johnson, 2020; Singh et al., 2021; Yadav, 2022).

Few studies have used qualitative research methods to study the impact of COVID-19 on older people. Qualitative studies conducted during the pandemic focusing on the effect of social isolation on mental health produced more in-depth, contextual, and broader areas that the pandemic has impacted the participants' mental health and well-being (de Maio Nascimento, 2020; Marshall, 1996; McKinlay et al., 2021; Ochieng, 1999; Rutberg & Bouikidis, 2018; Yilmaz, 2013). The study results included factors such as the number of deaths, the older population's awareness of mortality, grieving the loss of everyday life, the failing economy, and high unemployment, experiencing difficulties with sleep, joint pain, loss of appetite, weight loss, and reduced functionality (de Maio Nascimento, 2020; McKinlay et al., 2021). Moreover, studies implementing qualitative methods produced a broader, more nuanced range of concerns about the mental health and well-being of older adults due to the COVID-19 pandemic (de Maio Nascimento,

2020; Marshall, 1996; McKinlay et al., 2021; Ochieng, 2009; Okechukwu, 2021; Rutberg & Bouikidis, 2018; Yilmaz, 2013).

Key Terms

Key terms for this study are *COVID-19 pandemic*, *mental health*, *well-being*, and *older adults*. This study's operational definition of mental health includes mood, thoughts, and beliefs (Scott, 1958). Well-being is defined as having feelings of happiness and contentment, developing one's potential, having a sense of purpose, and experiencing positive relationships (Helliwell & Putnam, 2004). Older adults are defined as people who are aged 60 and above.

Methodology

The research project used a generic qualitative research method to discover the participants' perceptions of how the COVID-19 pandemic affected their mental health and overall well-being. Participants were recruited by soliciting religious institutions, senior retirement communities, and other mental health professionals and snowballing by having current participants contact prospective participants to contact me if they were interested in participating.

Demographics

Each prospective participant was screened to ensure they were 60 years or older by providing their birth. Other demographic information to be collected included marital status and gender. This study also attempted to include minority populations by asking the participants about their race/ethnicity.

Participants

If the potential participant's birth date indicated that they are aged 60 or above, I sent them an introductory email containing the informed consent form, which identified the criteria needed to participate in the study and explained the project, and a request to provide a phone contact number if they wished to participate. Once volunteers agreed to participate and provided a contact number, I contacted the participant via phone to arrange a day, time, and location to meet in person or via a video session with the volunteer.

To conduct the study, I met in person with the participant, when possible, at a designated location identified by the participant or via video technology at the arranged time specified by the participant. The data collection method employed open-ended questions recorded using a digital recorder (Ravitch & Carl, 2021). Data points were gathered from study participants' narrative responses that described and characterized the phenomena and for the coding results. Thematic categories were also created for the effect on mental health and well-being (Alase, 2017; Babbie, 2017; Burkholder et al., 2020; Coleman, 2022; Cypress, 2017; Korstjens & Moser, 2018; Rose & Johnson, 2020; Singh et al., 2021; Yadav, 2022).

Alignment of Participants and Questions

Qualitative studies conducted during the pandemic focusing on the impact of social isolation on mental health produced more in-depth, contextual, and nuanced areas that the pandemic has impacted the participants' mental health (de Maio Nascimento, 2020; McKinlay et al., 2021). In this research project, I used a generic qualitative

research method with open-ended questions to reveal nuanced responses to the effect of COVID-19 on the participants' mental health and well-being. Data points were gathered from study participants through narrative interviews to describe and characterize the phenomena, and nominal data categories were used to code the results for the effect on mental health. I manually transcribed, coded, and categorized the interviews using Word.

To address research issues of rigor, trustworthiness, credibility, validity, and reliability, this study aimed to have a minimum of 10 participants to see if there were common themes in the participants' answers to the interview questions. Various qualitative research scholars have suggested that the total number of participants be limited to 25 or until no new themes are revealed, referred to as theme saturation (Alase, 2017; Babbie, 2017; Burkholder et al., 2020; Coleman, 2022; Cypress, 2017; Korstjens & Moser, 2018; Rose & Johnson, 2020; Singh et al., 2021).

Instrumentation

COVID-19 has affected all aspects of life globally. Using Tornstam's theory of gerotranscendence as the framework and the literature review results, I used qualitative methods to understand how different factors of the pandemic have affected people aged 60 and above mental health and sense of well-being. The different areas for the interview questions were developed from the literature review. Qualitative methods were selected due to the sparse number of qualitative research projects. Moreover, a qualitative design allowed participants to relate their stories without distortion or fear of prosecution.

Data Analysis

After each interview, I manually transcribed the digitally recorded interviews into Microsoft Word, re-read the transcripts for clarity, and then coded and categorized all participants' responses to identify words or phrases that the different participants repeated, also referred to as themes. For the data analysis, I used qualitative coding methods identified by Alase (2017), Cypress (2017), Korstjens (2018), Rose and Johnson (2020), Saldaña (2021), and Singh et al. (2021). Participants continued to be recruited, and interviews continued until no new volunteers were willing to participate in the study or theme saturation had been achieved (Alase, 2017; Cypress, 2017; Korstjens, 2018; Rose & Johnson, 2020; Saldaña, 2021; Singh et al., 2021).

Ethical Procedures

This study followed the ethical values established by the NASW and Walden University ethical requirements to ensure that the mental health and well-being of the research participants are protected (NASW 2021a, 2021b; Walden University, 2023). To comply with the values established by NASW and Walden University standards, all potential participants received an informed consent form via email, and then when the participant met with me in person to read and answer any questions, the participant signed the form using a pen.

The informed consent form described the reason for the research, the qualifications to participate in the study, the procedures that would be followed during the study, a statement regarding the participant's right to withdraw from the study at any time without repercussions, how the information collected, would be written, and stored,

the risks and benefits of participating, and identified a person to contact to get more information or to report possible harm during the study.

Protection of Participants

All identifying information, such as name, date of birth, marital status, race/ethnicity, signed informed consent, and audio recordings, was given a coded identifier that was kept in a separate file and secured on a password-protected encrypted external drive only accessible by me. The paper copy of the signed informed consent form was converted to a digital file, kept in a separate file, and secured on a password-protected encrypted external drive that is only accessible to me. The original paper copy of the informed consent form will be shredded using a cross-shredder.

Protection of Data

Digital recordings, transcripts, coding, and notes are on an encrypted, password-protected external drive to which only I have access. Once the final project has been completed, the data will be retained for five years per Walden University requirements. After that time, all data, including digital recordings, transcripts, coding, and other electronic data, will be permanently deleted.

Summary

Few studies have used qualitative research methods to study the impact of COVID-19 on older people. This study used qualitative methods to explore the perceptions of how COVID-19 impacted the mental health of people aged 60 and above living in Salt Lake City, Utah, and the surrounding areas. Research participants were solicited in person by contacting local religious organizations, senior living centers,

assisted living centers, and other mental health professionals for permission to post a recruitment flyer in a prominent area discussing the project and the steps to contact me if they wanted to participate.

To adhere to the values established by NASW and Walden University standards, all potential participants received an informed consent form via email, and then when the participant met with me in person to read and answer any questions, the participant signed the form using a pen. The informed consent form described the reason for the research, the qualifications to participate, the procedures that would be followed, a statement regarding the participant's right to withdraw from the study at any time without repercussions, how the information collected would be written and stored, the risks and benefits of participating, and identify a person to contact to get more information or to report possible harm while participating in the research project.

To address research issues of rigor, trustworthiness, reliability, validity, and replicability, this study aimed to have a minimum of 10 participants to see if there were common themes in the participants' answers to the interview questions. Various qualitative research scholars have suggested that the total number of participants be limited to 25 or until no new themes are revealed, referred to as theme saturation (Alase, 2017; Babbie, 2017; Burkholder et al., 2020; Coleman, 2022; Cypress, 2017; Korstjens & Moser, 2018; Rose & Johnson, 2020; Singh et al., 2021).

The data for this project were collected from people aged 60 and above using a digital recorder and open-ended questions about the participants' perceptions of the effect of COVID-19 on their mental health and well-being. Once the recordings were coded to

remove all participant identifying information, such as name and date of birth, a transcript was created manually. I then analyzed and coded the transcript to produce themes in the participants' responses (see Alase, 2017; Cypress, 2017; Korstjens, 2018; Rose & Johnson, 2020; Saldaña, 2021; Singh et al., 2021;).

To ensure participants remained anonymous, all identifying information, such as name, date of birth, marital status, race/ethnicity, signed informed consent, and audio recordings, was given a coded identifier that was kept in a separate file and secured on a password-protected encrypted external drive that is only accessible by me. The paper copy of the signed informed consent form was converted to a digital file, kept in a separate file, and secured on a password-protected encrypted external drive that is only accessible to me. The original paper copy of the informed consent form was shredded using a cross-shredder.

Digital recordings, transcripts, coding, and notes are on an encrypted, password-protected external drive to which only I have access. After the required 5-year retention period has expired per Walden University requirements, I will permanently delete all data, including digital recordings, transcripts, coding, and other electronic data.

Section 3: Presentation of the Findings

This project aimed to explore people living in Salt Lake City and the surrounding areas and the effect of the COVID-19 pandemic on different areas of their lives, as seen by other researchers (Adeleye et al., 2020; Babulal et al., 2021; Banerjee, 2020; Banerjee & Rao, 2021; Bietsch, 2022; Bui et al., 2021; Coleman et al., 2022; Crandall et al., 2021; Dziedzic et al., 2021; Ebrahimi, 2021; Gregory et al., 2021; Lee & Miller, 2020; Matias et al., 2020; McElroy-Heltzel et al., 2022; Moore et al., 2021; Perone et al., 2020; Suen et al., 2020; Taylor, 2020; Toze et al., 2021; Tyler et al., 2021; Westwood et al., 2022; Yastrebov & Maskileyson, 2022). To accomplish this goal, I implemented a generic qualitative research method and thematic analysis to discover the perceptions of participants aged 60 and above living in Salt Lake City and the surrounding areas on how the COVID-19 pandemic affected their mental health and well-being.

Using a digital recording device, I asked research participants 20 open-ended interview questions focusing on the different aspects of their lives to answer the research question: What are the perceptions of people aged 60 and above living in Salt Lake City, Utah, and the surrounding areas of how COVID-19 has affected their mental health and overall well-being?

In Section 3, I discuss the data analysis techniques, which include the time frame for the data collection and steps for the analysis of the data, steps taken during the recruitment of volunteers and the response rates from the various recruitment sites, data analysis procedures, summarize the validation procedures, and discuss the limitations and problems encountered when conducting this study. I also discuss how the findings answer

the research question. Finally, Section 3 includes a discussion of unexpected findings, a summary of the section, and an introduction to Section 4.

Data Analysis Techniques

Time Frame And Recruitment

After receiving approval number 11-28-23-1120155 for this project on November 27, 2023, from the Walden University Institutional Review Board (IRB), I began recruitment of volunteers on December 6, 2023, by going into senior community living centers, senior activity centers, and senior care centers in Salt Lake City, Salt Lake, Davis, and Weber Counties, requesting permission to post the recruiting flyer. Flyers were posted in high-traffic areas of the various centers. E-mails were sent to the Catholic dioceses, parish priests, Baptist pastors, and other religious organizations located in Salt Lake City, Salt Lake County, Davis County, and Weber County describing the project and requesting permission for me to come to their chapels and posting a flyer in a prominent area for their parishioners to read and possibly volunteer for the study. None of the religious organizations responded to the emails. On January 3, 2024, I visited various mental health providers' offices in the Salt Lake Valley and posted recruitment flyers in prominent areas.

Data Collection

To conduct the study, I met each in person at the participants' home on a day and time of their choosing. Participants were asked to read the informed consent form. Once the participants completed reading the informed consent form, they were asked if they had any questions or concerns about the form. None of the participants had questions or

concerns about the form. The participants were then asked to sign and date the form. All participants completed the demographic questionnaire, which included name, date of birth, race/ethnicity, their highest level of education, and if they felt comfortable, their gender identification, and religious affiliation or group. Participants were asked 20 open-ended questions focusing on different aspects of their lives that the COVID-19 pandemic and lockdown may have impacted to reveal the effect on their mental health and overall well-being. I asked clarifying questions if the participants' answers were unclear or ambiguous. The length of the interviews varied from 15 minutes to 35 minutes.

Data points were gathered from study participants' recorded narrative responses and manually transcribed into a Word document. Participant names were deleted, and each participant was given a unique code for each transcript. I listened to the recordings and read the different transcripts four times to confirm the accuracy of the manually created transcript. Then, the web-based artificial intelligence (AI) transcription program Riverside (Riverside, n.d.) was used to ensure each transcript's accuracy further. When both methods were congruent, a single transcript was created and saved. Then, the transcripts were edited to delete pauses and most incomplete words and phrases to facilitate the creation of codes, categories, and themes that described and characterized the phenomena. The data from the edited Word document were then transferred to an Excel spreadsheet to begin the data analysis by creating codes, categories, sentiments, and themes to determine the effect that COVID-19 had on the participants' mental health and well-being.

The first interview was with a volunteer from a senior care facility in Davis County, Utah. The interview was conducted with a single male on December 27, 2023, using a digital recorder and asking the participant open-ended questions (Ravitch & Carl, 2021). A mental health provider in Salt Lake City referred the second and third volunteers living in Salt Lake City, Utah. These two volunteers were a married couple engaged in couples therapy. The fifth and sixth volunteers were married from the Church of Jesus Christ of Latter-day Saints (LDS) in Davis County, Utah. The sixth and seventh volunteers were married; one was a former client, and one is a current client from my clinical practice living in Salt Lake County, Utah. The six volunteers were interviewed from January 3, 2024, until January 17, 2024. Each interview was conducted in person at the participants' homes on a day and time of their choosing.

More volunteers were sought by asking the dean and associate chair from the College of Social Work at the University of Utah to provide me with email contact information for current or retired faculty aged 60 and above or to contact them directly. No response was given from the College of Social Work. I requested that the Utah chapter of the NASW provide me with a list of members aged 60 and above so I could contact them via phone or email. The Utah chapter of the NASW informed me that most members did not meet the criteria for the study and did not provide any contact information. I re-contacted the Salt Lake City senior centers and community centers to make an in-person presentation to any available seniors. No new volunteers came forward after the presentations and contact with different organizations. I called the Salt Lake County senior centers and asked if I could do a presentation about the project. I was

told I needed to submit an approval form to the county, which could take 6–8 weeks to get approval. I also visited the television studio of the Salt Lake City PBS television station and asked if they would advertise the project on their community billboard. The TV station declined since this project was not part of a non-profit organization. Soliciting for new volunteers ended on February 29, 2024. The total number of volunteers interviewed for this project was seven.

Data Analysis

This study used thematic data analysis to organize and analyze the participant's answers to the interview questions. Implementing rigorous thematic data analysis requires organizing the data, coding the data, identifying themes in the data, re-coding when new themes are discovered, creating temporary categories, exploring relationships between categories, and refining themes and categories (Akinyode & Khan, 2018; Johnson et al., 2020; Kiger & Varpio, 2020).

After each interview, the recording was manually transcribed into a Word document. The transcripts and recordings were read and listened to four times to become familiar with the data and achieve the accuracy of the transcript. To further confirm the accuracy of the transcription, the individual transcripts were transcribed using Riverside's online AI transcription program (Riverside, n.d.). Once the two transcriptions were congruent, a single Word document was saved and transferred to an Excel spreadsheet, where the data was used to apply a deductive approach to create codes, categories, and themes to analyze the data. When similar codes and themes were identified, they were combined, which resulted in fewer codes, categories, and themes. The initial result of the

deductive approach resulted in 88 codes, nine categories, and 30 themes. Similar codes and themes were merged, which resulted in 73 codes, nine categories, and eight themes. Then, the inductive process was applied to the same data to explore nuanced data and produce in-depth data for analysis.

The inductive approach looked at each line of the participants' responses to the 20 open-ended questions transcripts to develop new codes, categories, sentiments, and themes. During each process, a constant review of codes, categories, and themes occurred to ensure they were relevant to answering the research question for this project. This process was implemented to demonstrate rigor and implement qualitative data analysis (Akinyode & Khan, 2018; Johnson et al., 2020; Kiger & Varpio, 2020). The results of the inductive process revealed subtle expressions of how the COVID-19 pandemic affected their social, family, and emotional support, economic, intimate relationships, leisure activities, mental health, well-being, resiliency, and discrimination. Eight themes were consistent between the two approaches. The final themes were (a) the effect of COVID-19 on adaptability, (b) communication, (c) social and support networks, (d) resiliency, (e) psychological effects, (f) physical health, (g) mental health, and (h) coping strategies.

Validation Processes

Rigor

Qualitative inquiry methodologies and diverse data analysis methods have been developed to indicate qualitative inquiry's rigor. Qualitative methods allow the researcher to discover diverse areas of experience related to the phenomenon being studied, the relationships of these experiences, and their social influences. Therefore, the data analysis

methods used in qualitative research can be evaluated for repeatability, replicability, and indicators of rigor, validity, and credibility (Burgin & Prosek, 2021; Rose & Johnson, 2020). Qualitative data analysis can be evaluated based on the interpretation of the data collected, which can provide insight and a deepened understanding of the phenomena (Shufutinsky, 2020). This study indicates rigor using human interruptions of the data and AI during the thematic data analysis process.

Trustworthiness

It is essential to establish some level of confidence that qualitative research represents the meanings of its participants and that the researcher has attempted to account for any personal biases. Trustworthiness is established when findings authentically reflect the participant's meanings as closely as possible, as described during the data collection and thematic analysis processes (Adler, 2022; Amankwaa, 2016; Connelly, 2016; Cope, 2014; Lietz et al., 2006; Williams & Morrow, 2009). The interviews were recorded and then manually transcribed into a Word document to accurately reflect the participants' meanings and account for any personal biases I may have. To ensure the accuracy of the transcription, an online AI transcription program was used to compare the manually created transcript.

Credibility

Credibility is established when the researcher links the findings with the participant's meanings to demonstrate the truth of the study's findings (Cope, 2014; Cutcliffe & McKenna, 1999). Accurately linking the participant's meaning to the data analysis process and identifying any blind spots in the analysis process can be

accomplished using several methods. This study used analysis triangulation by using deductive and inductive data analysis processes to derive code, categories, and themes (Rose & Johnson, 2020).

Validity and Validation

Establishing validity in qualitative research is a process to determine the accuracy and truthfulness of research data using various validation methods (Coleman, 2021; FitzPatrick, 2019). Qualitative research is concerned with describing, interpreting, and understanding the meanings people attribute to their existence and world (Cutcliffe & McKenna, 1999; Noble & Smith, 2015; Rose & Johnson, 2020). By evaluating whether the researcher has authentically reflected the participant's meanings, the integrity of the conclusions can produce validity of their findings. The data in this study were validated by manually transcribing the interview recordings and using an online AI transcription program to compare and derive the final transcripts' accuracy and establish the data's validity.

Reliability

In qualitative research, reliability refers to the extent to which the findings can be replicated based on the processes and the results (Leung, 2015; Rose & Johnson, 2020). Having audio recordings of the participant's answers to the interview questions and using deductive and inductive processes to derive code, categories, and themes produced a degree of reliability for the study.

Strengths and Limitations

Transferability indicates an accurate representation of reality within the study, and the results may be applied to other populations that meet the same criteria (Burchett et al., 2013; Slevin & Sines, 1999). Transferability may be possible with participants aged 60 and above living in other cities. However, this study is limited in that it only had seven participants, which may not reflect the experiences of a larger sample. Other limitations include the fact that the interviews conducted in this study involved a single male without children and three married couples with adult children. This small population may not reflect the experiences of single males who have young or adult children, single females with or without children, people who were divorced with or without children, LGBTQ+ populations with or without children, ethnic minority people who are single or married and have young or adult children, and people in a committed relationship who may or may not have had children and did not live with their partners. In addition, the results of this study may not reflect the experiences of people living in rural areas of Utah, people from a lower economic status, or people in other states.

Findings

This study focused on people aged 60 and above living in Salt Lake City, Utah, and the surrounding areas and how the COVID-19 pandemic affected their mental health and overall well-being. The participants were asked 20 open-ended questions about how the COVID-19 pandemic affected their social and support networks, economic and intimate relationships, physical health, leisure activities, experienced psychological distress, their overall mental health, how being isolated affected their mental health and

well-being, if they had mental health issues before and during the pandemic, how they accessed mental health treatment during the pandemic, the effect of the uncertainty of the ending of the lockdown, their leisure activities and spaces, cognitive abilities, resiliency, overall well-being, and discrimination.

Demographics

Table 1 identifies the demographics of the participants. Volunteers ranged in age from 64 to 81. Four were male, three were female, and all were Caucasian, with an educational level ranging from completing high school to a PhD; two were from the Catholic and LDS religions, and three did not have a current religious affiliation.

Table 1

Participant Demographics

ID	Age	Gender	Race/Ethnicity	Education	Religious affiliation
TA1	64	Male	Caucasian	12+ Trade	None
GP2	81	Male	Caucasian	Bachelor's	LDS
BP3	77	Female	Caucasian	12 + 2 semesters junior college	LDS
MR4	70	Male	Caucasian	PhD	None
MR5	66	Female	Caucasian	PhD	None
NG6	70	Female	Caucasian	MA	Catholic
DG7	70	Male	Caucasian	MA	Catholic

To address research issues of rigor, trustworthiness, reliability, validity, and replicability, this study aims to have a minimum of 10 participants to see if there are common themes in the participants' answers to the interview questions. Various qualitative research scholars have suggested that the total number of participants be

limited to 25 or until no new themes are revealed, referred to as theme saturation (Alase, 2017; Babbie, 2017; Burkholder et al., 2020; Coleman, 2022; Cypress, 2017; Korstjens & Moser, 2018; Rose & Johnson, 2020; Singh et al., 2021). The initial goal was to recruit at least ten volunteers or a maximum of 25 volunteers, but this was not achieved. The final number of volunteers was seven. A possible explanation for the low number of volunteers might be that this generation, commonly referred to as the "baby boomer" generation, grew up with a stigma about mental health. Another possible explanation may be that the pandemic was extremely difficult for some people, and they were unwilling to discuss how the pandemic affected their mental health and sense of well-being.

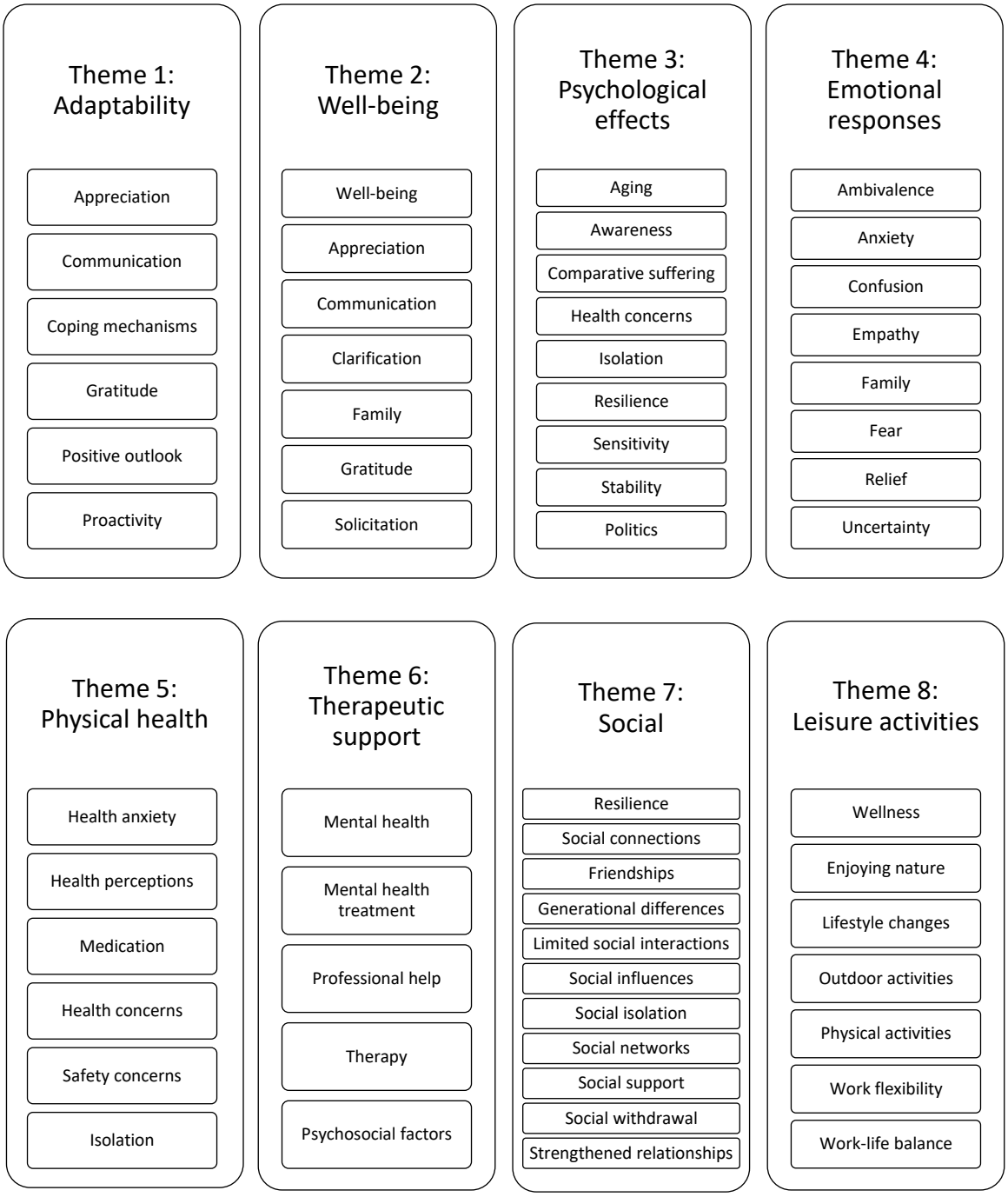
Twenty open-ended questions were asked the participants to answer the research question of how COVID-19 affected their mental health and well-being. The questions focused on changes in social and support networks, intimate/sexual relationships, physical health, economic status, psychological distress, the effect of isolation on mental health and well-being, mental health before and during the pandemic, mental health treatment before and during the pandemic, the uncertainty of the ending of the lockdown, leisure activities, and spaces, resiliency, overall well-being, and discrimination.

Identified Themes and Subthemes

Figure 1 displays the themes and subthemes derived from the participants' answers to the interview questions.

Figure 1

Primary Themes and Subthemes



The study found that many of the participants expressed feelings of distress with the current political climate in this country. However, many of the men in the study did not report an impact on their mental health or well-being. The findings also had mixed results, depending on the participant's gender, for the participant's mental health, and overall well-being. Most of the female participants reported experiencing challenges to their mental health and well-being in different contexts, while male participants rarely reported mental health challenges in different contexts.

For example, MR5 reported that COVID-19 did not affect his social network. He then reported positive interactions with neighbors, and NG6 reported a positive experience when their adult children moved back home, but overall, she reported a negative experience. MR5 stated,

> I don't think it has. With neighbors we talk to them outside a lot. So in some ways we got to know some of our neighbors better, the ones right here. And others, it seems like because we're out walking and in the garden, and everybody would kind of talk and meet outside.

MR5 further stated,

> I think we were all so scared because we didn't really know what it meant, and so it was, I think that was the thing that preoccupied my mind was that the whole social interaction thing kind of fell to a lower priority because what rose to the top was staying safe, being safe, making sure you didn't get sick and that whole thing. I kind of fell out of the habit of really seeing a lot of people being with people,

> getting together with people, and so I think socially that's where the big negative was.

NG6 reported,

> There was a bright side in that two of my children came home. They both came, and they stayed here for like at least a minimum six months. In that way, even though I was no longer socially engaged with friends and outside people, I had these two people that came, children that came and stayed, and I loved that part of it. I loved every minute of that part of it. I did a lot of cooking, we played every night, we played games, and so in that way, it was like a backhanded benefit and that you know that I got closer to them, we had more time to engage and improved our relationships. Other than [my children] being here, for the other part of the social aspect, it was a negative.

Some participants reported fewer social contacts and the way they communicated with their social networks changed from face-to-face by traveling to the person's home, meeting in a community restaurant or other public venue, to using technology such as FaceTime, Zoom, Skype, and other social media platforms to socialize. Some participants reported feelings of anxiety and sadness when they were unable to communicate face-to-face. One participant stated, "It changed how I socially like to interact with people, family, and friends, uh, because I like to hug them. I like a more of the physical contact. … I felt sad because I could not hug them." Another response was, "We stayed in touch by phone and text, but we didn't have a lot of social contact during COVID."

When asked about the effect on their support networks, some reported that their support networks improved when their adult children moved back into the house with their parents.

> I think our family got closer, so it improved. We spent more time with our family walking. … So, especially those first months with our kids, we all, because we were off or home or remote, then we had more time to spend together.

Other participants stated,

- "We really restricted our interactions for quite a while."
- "We fell out of the habit of seeing people regularly."
- "Because we're out walking and in the garden, and everybody would kind of talk and meet outside."
- "We all seemed to be working together towards not getting infected."
- "You were always anxious. You went to the store and you thought, did people touch that food? I don't want to buy it. Yeah, I think that there was anxiety involved. You step off the sidewalk when somebody is walking towards ya."

When asked about their intimate/sexual relationships, many responded that their relationship was not changed because they had each other for support. One participant replied, "It didn't really affect that because I only have my husband, so that didn't affect that at all." However, one participant reported that COVID-19 negatively impacted his intimate/sexual life.

> Yeah, it had an effect on intimacy and sexuality in the home. I had had some erectile dysfunction, and I had been using Viagra and Cialis, and for me, it really

> didn't help all that much. So, intimacy, I'm sure it, was affected. For me, it was affected prior to it, and this just ramped it up to a level ten. … I was having trouble with anxiety about sex and intimacy. So, things have been bad ever since for me.

Physical health was also affected. Many participants reported not becoming very ill due to receiving the vaccinations recommended by the CDC and Dr. Fauci and wearing masks.

> "When I had it, I was fatigued for quite a while afterward. And every time I get a vaccination, I had eight of them; you get sick for a day or two after you got it… I haven't had a cold since 2019, when we started wearing masks. " I did get COVID. But because we got the vaccinations I had received prior to getting it, my COVID level wasn't compromised. I mean, as far as I didn't get super sick."

One participant reported a positive change in physical health: "[the pandemic] improved my physical health, just because we walked a lot and up hills and around."

Regarding economic status, the COVID-19 pandemic did not affect the participants' economic status. This was due to the participants working remotely, or having a steady income from being retired and collecting a pension from their job and social security benefits, or working part-time and collecting a pension from a previous career and their social security benefits.

- It didn't affect us financially. I was working remotely or at work.
- My economic status did not change because I have a retirement income…we didn't have to worry about losing a job or, err, not being able

to pay for our medicine or food or anything because we have a steady income coming in.

- I was retired, so I was on a fixed income. My wife was just working her last couple of years before she could retire, so it didn't really affect our income.

One participant who discussed experiencing psychological distress during COVID-19 reported contacting their family doctor to be prescribed antidepressant medication:

> I think that I was having some melancholy, and my wife dragged me in to see the family doctor by the ear. They gave me an antidepressant, and that, you know, immediately triggered sexual dysfunction, and I don't know that you know it's like three times a bat, and you strike out pretty soon you don't like to go to bat anymore.

Another reported worrying about family, friends, and relatives: "I was quite worried about that for my family and friends and other relatives."

The effect of isolation on the participants' mental health and well-being ranged from no effect to feelings of loneliness, sadness, and anxiety. The women reported more mental health effects of COVID-19 on their mental health and well-being than men.

- It impacted it because I liked to interact with family and friends, especially in our in church. I like to interact with them uh.. and, and my family. I just was having a hard time getting used to adjustment come on over for dinner or them inviting us to dinner. Or always having to, um.. like a.. just do like

a, you know, like a fist bump or something. Not getting your face close, take a chance. Even with a mask on, they didn't, didn't want, want you to be in that position. They were more worried about if I was going to get sick or their dad was going to get sick so they on their own were not going to come over for a while. So that was hard. That was hard. That made me feel sad…. kind a boosted my anxiety level up.

- Well, I think it did. I think it closed me down a little bit more…. I haven't had people over to my house in at least five years. I was going into the office two or three times a week and kind of brainstorming with my co-workers… I will say that I miss that piece of it. But as a result, I see there's some fairly significant benefits to being able to work from home… It results in not having that same level of personal touch and really the ability to kind of find out specifically by body language, and you know where they're at, you know, emotionally. So, I think it impacted me more from work than anything else.

Male participants stated:

- I've always been kind of a solo flyer. I didn't have a lot of interactions outside the home.
- I like being alone and doing so. I didn't mind. I think we did really well with that part because we were together and we had our family. And again, we'd see the neighbors and I didn't, except for work, it really

> didn't, I didn't mind. I look back on that time and think it was a pretty good time, actually, once I could stay home."

When the question of accessing mental health interventions to help reduce distress or other mental health issues, one male reported seeking mental health treatment during COVID-19. DG7 stated:

> I think that I was having some melancholy, and my wife dragged me in to see the family doctor by the ear. They gave me an antidepressant, and that, you know, immediately triggered sexual dysfunction.

The remaining men did not report having mental health treatment before or during COVID-19.

In contrast, the women reported accessing mental health treatment via texting, e-mail, patient portals, or video a sessions.

- I was able to talk with my NP or send her a message and ask a question. If she thought that it was important, ah..she would respond back to have a video session.
- I would interact telehealth-wise, and the University of Utah they have a my chart where you can pose a question, or request refills of your meds, or change your meds, or I'm still feeling this way, what do you suggest, and they would my chart me back and say let's have a virtual visit, and we can chit chat about it.
- During the pandemic, I found that I was glad that I was able to do that.

As the pandemic continued, people were uncertain when the lockdown would end. The question was asked about how the uncertainty affected their mental health. The participants responded to initially being concerned, and some reported feeling anxious.

- I was concerned that it, I, I knew that it would eventually… I would try and sort it out in my head now. Okay, now I'm pretty sure that this is going to end, but when it's all over, how long is it going to take? I guess I didn't know when it was going to end. I the answer, I just couldn't wrap my head around how it was going to end…. I think I was a little anxious.
- The uncertainty, I think, was…made me very anxious… anxiety, really, really big anxiety, loneliness and depression…Trying to protect myself again from bringing it home. I wore a gown and everything and a mask. I just, yeah…that uncertainty was very difficult. But luckily, I had support. I had a good therapist.
- I think it was a transient thing that, as I look back on it, I think was very poorly handled and over and exacerbated. I think that it could have been a much more strategic management of the program process, realizing that only certain populations were at high risk for the issues of COVID.
- I think that was good news, right, in terms of not having to do, not being, the only option was to have to work from home or not be able to go out and do things socially, recreationally where there were other individuals there. So I was, you know, I was glad to hear that we had gotten our arms around medically.

One of the male participants responded;

- It was hard to deal with…. The lockdown created a lot of anxiety. I have social anxiety now. I don't want to be in big groups.

COVID-19 also changed the participants' leisure activities and where and how they could engage in leisure activities, but it did not significantly affect their mental health or well-being. The men reported that they could read more or watch more TV. Women reported being more anxious and not wanting to be around people. COVID-19 changed how one couple planned and went on vacations.

- I have no idea. Nothing that I've noticed one way or the other. If I was dumb before, I'm still dumb. (laugh). [I] watched more TV, you read more… I did a lot of reading. We did less social activities; therefore, we hiked when things were really scary.
- I think when we were in the heat of it when we didn't know really what the impacts were going to be health-wise, especially given our age, my age in particular… But it didn't change, necessarily change, other than you didn't go golfing as much during the pandemic.
- The Cottonwood Club became a place where we could go because you could be out on the golf course and feel pretty safe.
- "Got to watch more movies and stuff, (laugh). I mean, you know that I am a reader too. I got more chances to read.
- My leisure time, besides when you're at home with just with your own husband, my leisure time would involve my kids and my grandkids, and I

wasn't able to fulfill that leisure time that ended my leisure time at all…But I could talk to them on the phone. Call and talk to them. How are you doing? You know, what are you doing to have fun? I know you're bored; this pandemic is boring, isn't it? And they would say yeah, we don't like it, you know. So, I would listen to them, and they would listen to me, and I would tell them how much I miss them, and they would tell me how much they were missing me, and, so we just had this little communication back and forth which, through social media and on the phone… I would just get involved with projects on my computer.

- Oh, wow, tremendously. You know, if we go someplace, we always stay in an air B and B… travel and vacations that's dangerous… A vacation is getting away from everybody not going to see people.
- "We quit going to the gym and to yoga…we kept walking, we hiked more…Our recreation space has expanded. We did trails we hadn't done, walked in neighborhoods we might not have, you know, all of us together. We played pickleball, and that's outside. I mean, a lot of our activities, our recreation was outside…We just did more outside, I think, with friends and family.

Participants were asked if they noticed a change in their cognitive abilities due to COVID-19. Many participants were unsure if the change was due to their age or COVID-19. One person responded that his cognitive abilities were improved because he stimulated his brain by reading more and doing puzzles.

Now, this is a tough question because it's hard to know because I'm at that age where… are my cognitive abilities being affected simply because of my age? Or was it... I got the second vaccination. And about three weeks after that vaccination, I broke out Epstein-Barr virus… So, for me, it was more about triggering this other virus that wouldn't have been triggered had I not gotten the vaccine. I mean, I can't say that unequivocally, but you know that's where you make the association, and so did that huge flare-up of Epstein-Barr have some effect on my cognitive state?

- But being an avid reader helps me, I think, and crossword puzzles. We do stuff to keep ourselves cognitively active…we've listened to podcasts quite a bit.
- I don't think that my cognitive abilities decreased based on COVID-19. Probably more on the fact that I when I retired, I was 68 and a half, now I am 71. I think age has been more of an impact than COVID.
- My cognitive abilities have been about the same. Before and since.

Participants were asked if COVID-19 affected their resiliency. Some participants reported that they did not experience a change in their resilience. When the participants were asked what helped to develop their resiliency, some reported early life experiences, and others stated that their families helped develop their resiliency. One male reported that the pandemic improved his resiliency.

" I've always had a feeling of confidence in myself. Even though I've had setbacks and things."

One of the women responded,

It gave me a little opportunity to take a different attitude towards it. A..about being resilient and not using it as a crutch or an excuse. I think it was cause I was comparing since COVID how we had planned a trip that was going to involve a lot of walking and hiking and climbing and this and that, and I was kind of nervous about it cause I wasn't sure if my body could handle of that based upon my level of activity prior to it. And a…but I'm so glad that I went we were gone for two weeks. And we did this stuff for two weeks, and it was like… my ability, not a.. let's see..my ability to do that kind of stuff was enhanced, and the fact that I was always encouraging myself. I would tell myself, and I would receive that support from the tour group that we were with. They said they would offer to help me and wouldn't try to do everything for me but try to help me because I was using a cane. Their kindness made me happy, and it so they would say that they were proud of me for doing the depth that I took and helping me along the way. I think it completely helped me overcome that. Other participants stated:

- I think resiliency may be better. You look around, and you think, that geez, so many people got sick and so many people died, and I'm okay. I'm doing okay… What helped develop resiliency? Contact with my close family.
- It improved my resiliency, I really feel like, yeah. Absolutely. Like I said, going through a war under siege from a disease, a virus, it makes you resilient.

When assessing the participants' overall well-being, many responded that the pandemic harmed their well-being. One participant stated,

> I think that I, I dealt with it okay because it was there was always someone or something to turn to if you felt like you needed to talk. And, and, and you know, I'm a big believer in prayer. You can talk to the Lord and, and you can get a blessing from the church leaders. It was a little bit of this and a little bit of that, you know. It just, um, I tried not to let it affect me a whole lot cause I knew eventually it would end. But I was uncertain as to when. I had a lot of uncertainties.

Other participants stated,

- I suppose it's worse. I feel less, you know, lower sense of well-being, I guess, knowing that COVID is still there and we still have to mask.
- It's given me a little confi, more confidence because we felt that we were right by getting the shots, getting the boosters, wearing the masks. Hey, we did the right thing. I feel confident about that.
- I have more gratitude right now that I'm, that we were able to, and there were a lot of folks that didn't come through it very successfully. Either they knew people that had passed away, or you have long-term COVID symptoms. And I don't, I didn't, I didn't experience that, or I haven't experienced that. So I am grateful. I'm more grateful, and I think I'm more even more family-centered and relationship-centered now than I was prior to COVID.

The final question asked if the participant had experienced discrimination during COVID-19. Many reported that they did not experience any forms of discrimination. However, some reported seeing and hearing about age, socio-economic, and racial discrimination on the news.

- I would hear stories on the news all the time about people that were turned away from the hospital because they didn't have money; they couldn't leave because of the county or something. When all over the nation, they were people being admitted to the hospital because they didn't turn anyone away. But some places were turning people away. I did not like that. Because it totally, totally affected everybody, not just certain ethnicities… I felt really bad. Because it's, you know… it's just not a good scenario to have. I thought even today, even as we were speaking right now, I don't like people to get discriminated against for any reason.
- For our age, I think there was discrimination… It seemed like because people were old that were dying, it didn't matter… Well, they died of other conditions, and then they just happened to have COVID. That became a talking thing, you know, a thing that they said that my conservative friends would say, even ones that are 80 would say that stuff. Um, and I read the obituaries, and it's amazing, you know, the amazing lives that people have had that are dying more and sooner because of COVID. And I think it matters. And it just, I felt like we know that there was discrimination that way… There was not great concern about us, the

teachers, the educators, who were mostly older. A lot of educators now are older. I think they felt the threat, and I know they felt the disregard for their lives… But [I] definitely felt like if I got it and died, I'd just be a statistic that mattered less because I was 60-ish, you know. So, there was great discrimination against the elderly with COVID, and still is.

- I think so in terms of being part of the boomer group, right? That there seemed to be, I'm not sure if it was, it's a millennial perspective or whatever, but there seemed to be not a whole lot of empathy for those older folks that were going through this experience and having worse outcomes than younger, you know, than younger adults. And so you would see that on the news, you would hear about it from other folks. Unfortunately, none of my kids expressed that, or at least not to me. But I don't think there was a whole lot of empathy during that time frame for individuals.

Unexpected Findings

Before the formal interview process began, many participants discussed their religious affiliation or the reason they no longer have a religious affiliation. The couple that identified as Catholic remained affiliated with the Catholic faith during and after the pandemic. The remaining participants revealed that for various reasons, they discontinued their affiliation with the LDS church later in their adulthood or during the pandemic. Other unexpected findings were that, during the pandemic lockdown, the couples who had adult children who moved back in with them turned to their children for social

support and to participate in leisure activities, and the current political environment is distressing for many participants. Another unexpected finding was that independent of their political affiliation; the participants expressed feeling distressed by the politicization of the pandemic.

Summary of Findings

As the participants answered the interview questions and described the effect that the COVID-19 pandemic and the subsequent lockdown had on their mental health and well-being in different aspects of their lives, their answers revealed more insights into how a man's experience differed from a woman's experience relative to mental health and challenges to their well-being. The results confirmed that the COVID-19 pandemic has affected people's mental health and overall well-being in diverse areas of their lives. However, the degree of the impact depended upon the participant's gender.

Section 4 will continue the discussion of the purpose of the study and why it was conducted, how the findings will inform social work practice, describe how the findings extend knowledge in social work, provide a preview of some recommended solutions for people in this demographic that may have mental health challenges after COVID-19 pandemic, how this study is applicable for professional ethics in social work practice, provide at least two action steps recommendations for social work practice, discuss implications for social change and summarize of the study.

Summary

This study focused on the perceptions of people aged 60 and above living in Salt Lake City, Utah, and the surrounding areas and their perceptions of how the COVID-19

pandemic affected their mental health and well-being. Recruiting participants was difficult. This study had seven participants. One participant was a single male without children. The remaining six participants were married with adult children. The small number of volunteers may be a result of this demographic population growing up with a stigma about mental health. Another possible explanation may be that the pandemic was extremely difficult for some people, and they were unwilling to discuss how the pandemic affected their mental health and sense of well-being.

The results of the study found that men's experiences of how the pandemic affected their mental health differed from the women participants. Female participants were more likely to express feelings of sadness, anxiety, loneliness, and depression with their social and support networks, physical and mental health, and well-being. Except for one male, all of the married couples reported that their intimate/sexual relationships were not affected by COVID-19. The participants who did not get COVID during or after the pandemic did not report changes to their physical health. The few participants who had COVID during or after the lockdown ended reported having challenges with their physical health. Except for one of the participants, participants reported that their social and economic status remained unchanged because they had a steady income from their retirement. The exception was due to being chronically unemployed before and unemployed during the pandemic.

Most participants were unable to identify if the pandemic affected their cognitive abilities. All participants reported being resilient during the pandemic. Most of the male participants did not report that their mental health and well-being were affected by the

pandemic. Women were more likely than men to report seeking or already having mental health support from a therapist. All participants reported changing what they did and where they had leisure activities.

The findings of this study indicate women are more likely than men to report changes to their mental health and well-being and seek mental health resources such as mental health therapists or prescribers for mental health medications as a result of the pandemic. Mental health therapists may see an increase in older women entering into therapy for the treatment of anxiety, depression, and feelings of loneliness that are related to the pandemic. Section four will provide more details about the significance of the study and its impact on social work practice. Two years after the lockdown ended, all participants reported feeling anxious about getting COVID-19 if they were standing too close to people in a line or a public space or if the person was coughing.

Section 4: Application to Professional Practice and Implications for Social Change

This study aimed to answer the research question about the perceptions of people aged 60 and above living in Salt Lake City and the surrounding areas about how the COVID-19 pandemic may have affected their mental health and well-being. The purpose of the study was to identify possible mental health issues for this age group so that mental health providers and policymakers can be aware of how to treat mental health issues and, if needed, create new policies or resources. I used basic/generic qualitative research methods for this research project to reveal the participants' perceptions of how the COVID-19 pandemic has affected their mental health and overall well-being. The study had seven volunteer participants who were asked 20 open-ended interview questions.

The finding of this project indicates that women were more likely than men to report feelings of anxiety and depression during the pandemic and the lockdown. However, two female participants reported having a positive experience during the lockdown because their adult children moved back home and provided social support. Many of the participants were impacted by the pandemic's politicization, but the men did not report this affecting their mental health and well-being. In addition, the participants continue to report feeling anxious when gathering with a group or in public settings. The results of this study indicate that women in this age group are more likely to experience mental health challenges and seek mental health therapy. This is important to social work practice because clinical social workers may see an increase in people in this demographic seeking mental health treatment. Clinical social workers would benefit this population by becoming informed about this unique population so the clinician can

effectively help this demographic by providing the appropriate resources. Resources may include emotional support and psychological education regarding the effects of social isolation on mental health.

This capstone project adds knowledge to the social work discipline because, historically, most research has overlooked this demographic's response to the pandemic. Indeed, previous scholars have focused their research on younger populations. Furthermore, social workers from various practice fields may see an increase in this population in medical, outpatient facilities, and mental health offices. If the social worker is not familiar with the uniqueness of this population, the social worker may not be able to help the person effectively.

To expand on how this project contributes knowledge, Section 4 will contain at least two recommendations from the principles or values of the NASW code of ethics for social work practice and how they are relevant to this study. In addition, Section 4 will describe how these findings will impact social work practice, specifically professional ethics, discuss the transferability of the project's findings to social work practice, discuss the limitations such as trustworthiness and reliability that may affect the usefulness of this study, discuss recommendations for further research that use the strengths and limitations of the current study as a reference, and recommend at least two ways to disseminate the information contained in this project.

Application to Professional Ethics in Social Work Practice

Few studies discussed in the previous sections of this project focused on this population's mental health and well-being. The NASW's primary mission is to enhance

human well-being and help meet basic human needs by promoting and advocating the empowerment of vulnerable, oppressed, and impoverished people and ensuring everyone is treated equally and fairly (NASW, 2021a). Moreover, the NASW core values and ethical standards emphasize that social workers are expected to advocate for people, treat every person with dignity, care, and respect, be aware of individual differences in cultural and ethnic diversity, and strive to end discrimination and other forms of social injustice regardless of economic, social, political, ethnic, racial, and cultural status (NASW, 2021a, 2021b). The NASW code of ethics and standards expects social workers to increase their professional knowledge and skills and apply them in their practice (NASW, 2021a, 2021b).

The NASW Code of Ethics and Standards addresses six aspects of social work practice. Section 1 focuses on the ethical responsibilities of social workers to clients. Subsection 1.05, Cultural Competence, discusses the need for social workers to demonstrate knowledge about diversity and diverse cultural factors and the need to continually obtain education and understanding of the nature of social diversity when treating anybody who comes to them for assistance. Section 6.01, Social Welfare, requires social workers to promote the welfare of society by advocating social, economic, political, and cultural values and institutions compatible with the realization of social justice (NASW, 2021a, 2021b). The demographics, which were the focus of this study, are diverse and have different cultural factors from those of today's generations (Kanji, M., 2008; Sirias et al., 2007; Smola & Sutton, 2002). Section 6 of the ethical code discusses social workers' ethical responsibilities to the broader society. Subsection 6.04

Social and Political Action states, “Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions to meet basic human needs and promote social justice.” (NASW, 2021a, 2021b). Today’s population is experiencing a political division that has never been experienced in living memory. Many of the volunteers had lengthy comments and concerns regarding the politicization of the pandemic. This knowledge will help the social worker understand when a person comes and discusses the current political environment and its effects on them.

Recommendations for Social Work Practice

The results of this study indicate that the pandemic and political climate have affected this population in different ways. As such, three recommended steps that may help people and social workers who experienced the pandemic and politicization of the pandemic are (a) have social workers in different practice areas seek continuing education about the political and social impact of the pandemic, especially with people in this study’s demographic, (b) encourage graduate schools to offer courses focused on the different challenges and helping people in this demographic manage or overcome those challenges, and (c) have more research focused on this demographic around the globe.

These findings have impacted my social work practice because I have had an increased number of clients who are distressed by the political and social division in this country and are experiencing mental health and marital problems and challenges with family and social relationships.

Transferability

Transferability indicates an accurate representation of reality within the study, and the results may be applied to other populations (Burchett et al., 2013; Slevin & Sines, 1999). Transferability may be possible with participants aged 60 and above living in other towns and cities and with younger adults who experienced the pandemic and the politics that encompassed the pandemic. Transferability may be possible with participants aged 60 and above living in other cities.

Usefulness to Broader Social Work Practice

Many of the volunteers had lengthy comments and concerns regarding the politicization of the pandemic. Research has shown that exposure to environments that create feelings of anxiety, depression, and stress harm physical and mental health (Kang et al., 2017; Rawson et al., 1994; Shen et al., 2019; Strine et al., 2004). This knowledge will help the social worker understand when a person comes to their practice with physical or mental health challenges, that discussing the impact of the pandemic, the current political environment, and its effects on their physical and mental health, well-being, marriage, family, and social relationships is warranted.

Limitations

The transferability of this study is limited because the interviews conducted in this study involved a single male without children and three married couples with adult children. This small population may not reflect the experiences of single males who have young or adult children, single females with or without children, people who were divorced with or without children, LGBTQ+ populations with or without children, ethnic

minority people who are single or married and have young or adult children, and people in a committed relationship that may or may not have had children and did not live with their partners. In addition, the results of this study may not reflect the experiences of people living in rural areas of Utah, people from a lower educational and economic status, or people in other states.

Reliability

In qualitative research, reliability refers to the extent to which the findings can be replicated based on the processes and the results (Leung, 2015; Rose & Johnson, 2020). The reliability of this study may be limited due to the small number of volunteers and the participants' educational and economic demographics.

This project identified the different areas of daily life in which the pandemic has impacted the "baby boomer" generation and what challenges the social work practice may face. This study also discovered that the politicization of the pandemic caused distress for this demographic. To overcome the limitations of this study, further qualitative research that involves this age group but has a broader sample will indicate the transferability and reliability of this project.

Recommendations

There are several recommendations as a result of this research project. One recommendation is to duplicate this study in other states, cities, and towns with diverse educational, economic, and family makeup to see if the results of other research studies reflect the findings of this study. Another recommendation is to research the political impact to determine whether the current climate impacts this population's physical and

mental health over time. Additionally, graduate programs should offer some courses for social work graduate students to educate them on the uniqueness of this population and methods to help them with their various mental health challenges effectively. Lastly, social workers may have more of this population seek help. To be educated and effectively help this population, social workers should seek educational training to help this population specifically.

Dissemination of Findings

Dissemination of this study's findings will help the broader social work practice. The results can be disseminated in a couple of ways. The first is to present the research findings at the National Social Work Conference. Another way is having this study published in different journals, which will help reach and inform a diverse spectrum of educators and professionals.

Implications for Social Change

This study has the possibility of educating social workers, educators, and other professionals in a variety of settings, which may result in a positive social change in the micro, mezzo, and macro levels of practice. The micro level refers to a licensed clinical social worker (LCSW) providing one-on-one counseling to individuals, families, groups, and assessments in various therapeutic settings, including healthcare, mental health, and school facilities. These social workers also offer interventions and support to the different populations they serve. Often, this group has adult children or grandchildren who may experience vicarious stress, anxiety, or other mental health problems as they interact with

this population. The results of this study will help micro-level practitioners provide effective services for people aged 60 and above.

The mezzo level of practice focuses on organizations such as schools, social service agencies, and small communities, such as at-risk youth in an inner-city neighborhood, to identify factors that affect the well-being of multiple clients within the organizations and help problem-solve on behalf of groups of clients or various organizations. The mezzo level also focuses on theory, research, administration, and policy analysis. This level of practice requires extensive training in theory, research, administration, and policy analysis. This study's results can inform practitioners at this level to intervene at the organizational services level to help this population.

The macro level of practice confronts issues at the systems level. At this level, the social worker addresses the challenge of alleviating societal problems and improving the quality of life locally, nationally, and internationally. At this level, the social worker generally creates a system to address the challenges within the local, national, and international systems. The results of this study can help practitioners develop policies, procedures, and resources that address the historical marginalization and discrimination of older adults.

Summary

The project findings revealed that women were more likely to experience challenges to their mental health and well-being in various aspects of their lives. In contrast, men were less likely to report experiencing mental health or challenges to their overall well-being. This study also found that when women were confronted with having

to isolate from social interactions, adult children who moved back home decreased social anxiety and depression.

This study used the framework of the theory of gerotranscendence developed by Lars Tornstam (1997). The gerotranscendence theory of aging was based on psychological development, which evolved from conversations and research with older individuals who found calm acceptance during the final stages of the aging process (Tornstam, 2006). The project results indicated a conflict with this framework. Many of the participants experienced anxiety, depression, and loneliness and sought out mental health medications and therapy rather than a calm acceptance of the pandemic. Indeed, many of the participants continue to experience feelings of anxiety when in social or public settings. As one participant explained,

> I don't know if I mentioned we've had nine vaccinations. I think that indicates may indicate that we have a fear or an anxiety that we're going to get it, and we're careful. We went to a concert Saturday night, I believe it was, and there was, I don't know, maybe four or five hundred people in the auditorium, and I'm looking around wondering, you know, should I put a mask on? You know, and I'm listening, are people coughing? You know, so even today, you know, four years later, there's still a level of concern, anxiety in public somebody's going to cough or give us the COVID again. So, I would suppose that indicates anxiety.

Another participant stated,

> Because I was worried about getting it, then I think it made me almost like paranoid. Wearing a mask all the time, everywhere, not doing some things, you

> know, if I couldn't do it safely, like eating out. Knowing that COVID is still there, we still have to wear a mask. I was so fraught with the concerns about getting it, and giving it. Bringing it home was my … I was really concerned. Now, we don't want to get COVID.

This study also highlighted that both male and female participants, regardless of their political affiliation, expressed being more distressed with the politicization of the pandemic. The participants eventually adapted to the pandemic and engaged in reading more, watching more TV, increased communication and time with their spouses, using technology to communicate with family members and grandchildren who were not living in the same household, exercising more outdoors by walking and hiking, and talking with their neighbors at a distance. This population reported that they could adapt to the pandemic due to earlier life experiences that required or developed resiliency.

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Appendix A: Participant Interview Questions

1. During the pandemic, did you become a caretaker for someone ill during COVID-19?
    a. If so, how has that affected your mental health?
2. How has the COVID-19 pandemic affected your social network, if at all?
3. How has the COVID-19 pandemic affected your support network, if at all?
4. What are your perceptions of how COVID-19 has affected your intimate/sexual relationship, if at all?
5. How has the pandemic affected your physical health, if at all?
6. What are your perceptions of how your social and economic status affected you during COVID-19?
7. What are your experiences of psychological distress during COVID-19, if any?
8. What are your perceptions of how isolating yourself from others during COVID-19 has impacted your mental health?
9. What are your perceptions of how isolating yourself from others during COVID-19 has affected your well-being?
10. What are your perceptions of how COVID-19 has affected your mental health?
11. Before the COVID-19 pandemic, had you experienced any mental health issues? If so, what were the issues?
12. How did you receive mental health treatment for the issues before COVID-19, if at all?

13. During the pandemic, did you access mental health interventions to help reduce distress, burnout, or other mental health issues?
14. What are your perceptions of how the uncertainty of ending the lockdown and the COVID-19 pandemic impacted your mental health?
15. How do you perceive COVID-19 has affected your leisure activity and spaces?
16. What are your perceptions of how COVID-19 has affected your cognitive abilities compared to before COVID-19?
17. What are your perceptions of how COVID-19 affected your resiliency, if at all?
18. What are your perceptions about what helped develop resiliency during COVID-19?
19. What are your perceptions of how the pandemic affected your overall sense of well-being, if at all?
20. During COVID-19, did you experience discrimination?
    a. If so, how?