Current situation of COVID-19 pandemic and its impact on geriatric mental health in Japan and Tokyo

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Japan is an island country located in the East Asia. The population is currently 126,000,000 and highly aged. More than 28% are aged 65 years and older.

As of May 8, 2020, the cumulative number of persons infected with COVID-19 is around 16,000 and the number of deaths is arriving at 600 soon. In Tokyo, where the infection is the most prevalent, the former is around 5,000 and the latter is about 160. The cumulative infection rates are estimated to be 13 per 100,000 in Japan and 36 in Tokyo. The cumulative death rates are 0.5 per 100,000 in Japan and 1.1 per 100,000 in Tokyo. These figures are surely increasing day by day because new cases are emerging every day.

Since January 16, 2020, when the government reported the first case, the number of cases has gradually increased. However, since around mid-March, the number has begun to sharply increase. In response to that situation, the Governor of Tokyo, Yuriko Koike, requested all citizens to avoid nonessential outings and stay home in order to prevent explosive spread of infection on March 25. The Prime Minister, Shinzo Abe, declared the state of emergency on April 7, which enabled national and local governments to implement a series of measures against COVID-19 with legal basis.

Broadly speaking, these measures are classified into two policies: social distancing and healthcare re-building. The aim of the former is to prevent infection spread. The concrete measures include self-restraint of going out; suspension of unessential businesses and school; promoting Telework. The aim of latter is to prevent collapse of medical services. The concrete measures include reassignment of hospital functions; securing beds at hospital, hotel and other facilities for quarantine; strengthening virus inspection systems.

By virtue of these efforts, the momentum of increase seems to be slowed down since the end of April. However, the risk of overshoot and collapse of medical services are continuing, because considerable number of new cases are emerging every day. So, a series of measures should be implemented continuously for the time being, but the risk for mental health problems is increasing, especially in those vulnerable to social isolation.

First, social distancing policies lead to social isolation, especially in older people living alone with cognitive decline. They usually tend to have difficulties in getting information and access to social services. In peacetime, community activities, including home visit by families, friends and care staff, and community activities such as café and daycare services are functioning to overcome these disadvantages. However, such activities are suspended. It makes a serious problem for people with dementia to continue independent living in a community.

Second, social isolation, as well as worry about infection, increase the risk for anxiety disorder, depressive disorder, and suicide in older people. An older woman repeatedly calls a public health nurse and talks about her various worries. An older man, who lost his job, worries about decrease in income and feels hopeless and depressed. An older woman, her husband is a person with dementia, feels distress and burden, because daycare services are suspended and the couple are always together in a house. Probably her husband also feels distress.

Third, long-term care and community services face a conflicting problem: If they try to scale down or close

the services, users' activities decrease and caregivers' burden increase. If they try to continue providing services, the infection risk increases in both users and staff. Strategies and resources for infection control in long-term care and community services are generally insufficient compared to those in medical facilities. In fact, some long-term care facilities have suffered from cluster infection.

Finally, geriatric medical services also face serious issues. There are so many older patients with multiple chronic illnesses. It is well-known fact that, once such patients suffer from infection, the risk for rapid aggravation and death are getting higher. When comorbid with dementia, it might be more difficult to control infection because of memory, comprehension, and communication impairments.

Today many professionals in a variety of sectors are thinking out of box in each field through sharing information each other. For example, Tele-clinic, long-term prescription, liaison virus test centers, and regular community supports using Telephone or Internet which can give advice to mental health issues, instruction about frailty prevention, and information regarding infection control. We cannot describe complete pictures at this time. But, I believe these efforts lead to valuable innovation of meaningful social support.