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Task 2 (Research report) on

The Effects of COVID-19 on Care Home Residents' Mental Health

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Table of contents

1. Introduction	3
2. Research topic identification	4
2.1 Identifying the problem/ issue	4
2.2 Justification for the research	4
2.3 Literature Review:	4
2.4 Research methodology	5
3. Data collection	6
3.1 Primary vs. Secondary Data	6
3.2 Data choice for this research	6
4. Conclusion	6
5. References	7

1. Introduction

Care facilities faced a dual crisis because of the COVID-19 pandemic: high susceptibility to the virus (Fisman et al., 2020) and serious mental health issues brought on by quarantine efforts. Lockdowns and social isolation worsened psychological suffering, and residents were at greater risk of infection and death. Residents, especially those without severe cognitive impairment, reported higher levels of loneliness, depression, and anxiety in response to visitation limitations and social isolation (Mulla et al., 2025). This problem is especially important in the UK, where COVID-19 death rates were very high in care facilities, revealing serious flaws in the social care system. The resulting mental health effects, such as increases in anxiety and depression, have had a domino effect, upsetting ongoing family care relationships, adding to the workload of already overworked carers, and possibly causing a long-term spike in demand for NHS mental health services that assist the elderly (Sharma and Sharma, 2024). Therefore, the purpose of this study is to investigate critically the ways in which the COVID-19 pandemic measures affected the mental health of care home residents in the United Kingdom. To accomplish this, the paper will first examine the ethical dilemma in early policies, then go into detail about the clinical evidence of decline brought on by isolation, and then offer specific recommendations for future care resiliency.

2. Research topic identification

2.1 Identifying the problem/ issue

The main problem facing the UK care system during the pandemic was the sharp and quantifiable increase in residents' declining mental health, which was directly brought on by containment measures. Multiple research studies confirm that, despite their effectiveness in preventing infections, social isolation and safety precautions significantly increased feelings of loneliness and anxiety. During lockdowns, the rate of moderate-to-severe symptoms increased to 32–36%, and loneliness was substantially linked to greater rates of anxiety and depression (Di Santo et al., 2020). Lower well-being was caused by decreased independence, a lack of individualised care, and a loss of in-person interactions, especially in vulnerable groups like the elderly and those with dementia (Curelaru et al., 2021). Health declined and isolation grew as a result of the frequent delay or deprivation of mental health and chronic care (Ramírez-Ortiz et al., 2020).

Professionals were negatively influenced by this problem, experiencing ethical damage- the pain of having to place limitations that directly damaged the mental well-being of the people they were obligated to safeguard, which added to existing burnout and staff shortages. The accelerated functional and cognitive decline caused by isolation presents a significant and long-lasting challenge for the larger healthcare system: it increases the need for complex care services and specialised psychological support in the future, placing a strain on the NHS and social care budgets for years to come.

2.2 Justification for the research

This research is justified because it has the potential to shift the UK care industry from a biological confinement model to one that is characterised by resilience and overall well-being. Research continuously demonstrates that social isolation and a lack of human connection are significant risk factors for depression, anxiety, cognitive decline, and even higher mortality among this vulnerable group, making an understanding of the psychological suffering of care home residents essential (Paananen et al., 2021). Furthermore, the study validates the carers whose moral distress and exhaustion were made worse by the moral choice between person-centred care and protocol. The practical significance of this research lies in its ability to inform future policies. The pandemic revealed a serious lack of planning for preserving mental health and social ties during required lockdowns. The results will pinpoint specific policy shortcomings that demand legally required provisions, such the "essential carer" role, and guaranteed funding for psychological support services in order to stop emotional abandonment from happening again. Although the rate of mental decline is known, there is still a critical study gap in the systematic assessment of the relative effectiveness of the many digital and low-tech therapies used throughout the pandemic. In order to ensure that quality of life is never again compromised for survival alone, understanding this issue can shape mandatory staff training, allocate resources effectively, and fundamentally embed mental health equality within the operational heart of the UK's long-term care sector.

2.3 Literature Review: Paananen et al., 2021 and Di Santo et al. (2020)

Source 1: To fully understand the mechanisms connecting COVID-19 containment strategies to declining mental health, the literature review summarises research from three important domains: clinical, policy, and intervention. This method gives the essay a solid statistical foundation and offers a route forward for future resilience planning. A primary source supporting this research is the academic journal article, "Impact of Social Isolation on Mental Health in Institutionalised Older Adults During the COVID-19 Pandemic" (Paananen et al., 2021), which was in line with the findings of Di Santo et al. (2020) regarding increased

distress in the over-60 population. These studies measure the dramatic increase in psychological suffering and offer statistical support for the issue. They consistently highlight that rate of moderate-to-severe anxiety and depression symptoms increased dramatically above pre-pandemic baselines as a direct effect of COVID-19 containment measures. This combined evidence is highly relevant because it provides crucial clinical evidence, through statistics.

Source 2: Montesanti et al., 2023

The second key source is the journal article, "Family caregivers as essential partners in care: examining the impacts of restrictive acute care visiting policies during the COVID-19 pandemic in Canada" (Montesanti et al., 2023). Despite being conducted in Canada, this study critically investigates the lack of international laws to differentiate between family members and social visitors who offer crucial, non-delegable care (such as emotional support, feeding aid, and cognitive stimulation). It argues that categorising family members as "visitors" allowed general exclusion, showing how this policy decision went against person-centred care and accelerated mental deterioration. This source is important because it offers an interesting comparative analysis of policies that supports the essay's main case for specifically recognising the "essential carer" position in UK policy going forward.

Source 3: Chu et al., 2021

The final source focuses on potential solutions and the efficiency of interventions, drawing on "Technology Recommendations to Support Person-Centered Care in Long-Term Care Homes during the COVID-19 Pandemic and Beyond" (Chu et al., 2021). It carefully assesses how different technologies, such virtual reality for engagement and customised digital timetables, are used not only for communication but also for preserving resident freedom and consistency. It highlights that technology must support human connection rather than take its place and draws attention to the research gap regarding effective application tactics. The final suggestions for adding technology into a person-centred recovery strategy will be structured using this resource, which directly tackles the evidence gap regarding successful treatments.

2.4 Research methodology

Methodologies are categorised based on the nature of the data collected. Qualitative research focuses on non-numerical data like experiences, opinions, and behaviours, through in-depth interviews or text analysis to understand the 'why' behind an issue. On the other hand, Quantitative research focuses on numerical data, using surveys, experiments, or statistical analysis to measure and test relationships. This study will use a Mixed-Methods approach as it is the most suitable framework for understanding the complex crisis of mental health in care homes. The quantitative part involves analysing secondary statistical data (e.g., from Source 1 and public health reports) to measure the incidence and rate of anxiety and depression among residents during the pandemic. This establishes the scale of the problem. Meanwhile, the qualitative component investigates the complex experiences of residents and staff (such as emotional abandonment and ethical harm) that cannot be fully captured by numerical data alone, drawing on the body of existing literature. This method guarantees that the final suggestions are both backed by evidence and considerate of the humanitarian requirements of person-centred treatment by combining clinical statistics with individual stories.

3. Data collection

3.1 Primary vs. Secondary Data

Primary and secondary data are the two basic categories into which research data is divided. Information collected directly from the source by the researcher using unique techniques such as surveys, interviews, case studies, or direct observation is referred to as primary data. Although gathering this data can be time-consuming, it is extremely relevant and unique to the study issue. On the other hand, secondary data is information that has already been gathered and released by others. Academic journal articles, official statistics (such as NHS data), government reports, and organisational records fall under this category. In order to figure out the starting point and context of the mental health issue, secondary data, which is easily accessible and reasonably priced, serves as a basis for in-depth literature reviews and statistical analysis.

3.2 Data choice for this research

In line with the preferred Mixed-Methods technique, the study will use a mix of primary and secondary data to ensure accurate evaluation. Secondary data is important because it offers the essential context and depth of the issue. In order to determine the base incidence rates of mental health decline and validate the extent of the crisis in UK care homes, existing literature, including clinical studies by Paananen et al. and Di Santo et al., government publications, and NHS statistics data, will be examined.

Importantly, the study will also include hypothetical primary data gathered using qualitative techniques like in-depth case studies and semi-structured interviews with family members and care facility employees. This main component contains all aspects of the human experience, which cannot be measured, such as the ethical harm suffered by employees and the particular social decline experienced by residents. The research guarantees that policy recommendations are both statistically reliable and ethically acceptable through the use of these data sources.

4. Conclusion

According to this study, strict COVID-19 containment measures in UK care facilities accidentally contributed to a serious, measurable mental health crisis that included an increase in depression, isolation, and ethical harm to staff members, even though they protected physical health. The health and social care sectors have to understand this system failing, which calls for a change from a containment model to one that promotes complete resilience. Future laws must ensure financing for psychological support services and legally require the "essential carer" position. To accurately assess the success of digital and low-tech treatments for maintaining resident autonomy and connection, more study is needed.

5. References

1. Chu, C.H., Ronquillo, C., Khan, S., Hung, L. and Boscart, V. (2021). Technology Recommendations to Support Person-Centered Care in Long-Term Care Homes during the COVID-19 Pandemic and Beyond. *Journal of Aging & Social Policy*, 33(4-5), pp.539–554. doi:<https://doi.org/10.1080/08959420.2021.1927620>.
2. Curelaru, A., Marzolf, S.J., Provost, J.-C.K.G. and Zeon, H.H.H. (2021). Social Isolation in Dementia: The Effects of COVID-19. *The Journal for Nurse Practitioners*, 17(8), pp.950–953. doi:<https://doi.org/10.1016/j.nurpra.2021.05.002>.
3. Di Santo, S.G., Franchini, F., Filiputti, B., Martone, A. and Sannino, S. (2020). The Effects of COVID-19 and Quarantine Measures on the Lifestyles and Mental Health of People Over 60 at Increased Risk of Dementia. *Frontiers in Psychiatry*, [online] 11. doi:<https://doi.org/10.3389/fpsy.2020.578628>.
4. Fisman, D.N., Bogoch, I., Lapointe-Shaw, L., McCready, J. and Tuite, A.R. (2020). Risk Factors Associated with Mortality among Residents with Coronavirus Disease 2019 (COVID-19) in Long-term Care Facilities in Ontario, Canada. *JAMA Network Open*, 3(7), p.e2015957. doi:<https://doi.org/10.1001/jamanetworkopen.2020.15957>.
5. Montesanti, S., MacKean, G., Fitzpatrick, K.M. and Fancott, C. (2023). Family caregivers as essential partners in care: examining the impacts of restrictive acute care visiting policies during the COVID-19 pandemic in Canada. *BMC Health Services Research*, 23(1). doi:<https://doi.org/10.1186/s12913-023-09248-3>.
6. Mulla, R.T., Hirdes, J.P., Kroetsch, B., McAiney, C. and Heckman, G.A. (2025). Consequences of Loneliness/isolation and Visitation Restrictions on the Mood of long-term Care Residents without Severe Dementia pre-COVID-19 and during COVID-19: a Scoping Review. *BMJ Open*, 15(3), pp.e090522–e090522. doi:<https://doi.org/10.1136/bmjopen-2024-090522>.
7. Paananen, J., Rannikko, J., Harju, M. and Pirhonen, J. (2021). The impact of Covid-19-related distancing on the well-being of nursing home residents and their family members: a qualitative study. *International Journal of Nursing Studies Advances*, 3, p.100031. doi:<https://doi.org/10.1016/j.ijnsa.2021.100031>.
8. Ramírez-Ortiz, J., Castro-Quintero, D., Lerma-Córdoba, C., Yela-Ceballos, F. and Escobar-Córdoba, F. (2020). Mental health consequences of the COVID-19 pandemic

associated with social isolation. *Colombian journal of anesthesiology*, 48(4).
doi:<https://doi.org/10.5554/22562087.e930>.

9. Sharma, A. and Sharma, S. (2024). Impact of COVID-19 Pandemic on the Elderly in the United Kingdom: a Review Study. *Journal of Family Medicine and Primary Care*, 13(8), pp.2826–2833. doi:https://doi.org/10.4103/jfmprc.jfmprc_1197_23.