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A Qualitative Study about the Psychosocial Issues of COVID-19 Perceived by the South Asian Bangladeshi Senior Immigrants Living in Toronto, Ontario

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Authors' contributions

This work was carried out in collaboration between both authors. Author QSI contributed to the design of the study, organized data collection and management, did the analysis, and contributed substantially to prepare the final draft. Author NA conceptualized the study and revised the manuscript for improving intellectual content including updating of references and prepared the final version. The authors read and approved the final version for submission to journal.

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ABSTRACT

Background: People stayed home and got isolated during the pandemic time (COVID-19). The pandemic passed more than a year, and it is still ongoing. There is not enough information about the psychological and social issues of the COVID-19 on the South Asian senior immigrants living in Toronto.

Aim: The study aimed to explore the description of COVID-19 from the experience of the South Asian seniors and to understand the perceived psychosocial issues of COVID-19 on them. It helps policymakers develop adequate policies and initiatives for the South Asian Bangladeshi senior immigrants during and after the pandemic.

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Methods: The study applied open-ended questions for the phone interview with 52 seniors (>55 years). It used thematic analysis for the interpretation of qualitative data. Each interview took 45-60 minutes to complete.
Results: The seniors described COVID-19 in medical, mental, and social aspects. They described COVID-19 as 'viral and pandemic infections,' 'health problems,' 'lack of treatment,' and 'death.' They also described COVID-19 as 'worrying,' 'dangerous,' 'isolated society,' 'lack of recreation,' 'staying home like a prison,' and 'shut down everywhere.' Many seniors felt lonely as the pandemic disconnected them from the family members and the outdoor activities. They were also scared to get infected, were worried about seeing deaths and the shortage of vaccines worldwide and were sad as they could not meet people in person. Many seniors stayed home for months. They could not go outside for worship, doctors, shopping malls, and they felt that they had an unusual lifestyle.
Conclusion: Based on findings, adequate information, mental health supports, and virtual programs are needed to address the psychological and social issues of COVID-19.

Keywords: COVID-19; lonely; scared; worrying.

1. INTRODUCTION

Coronavirus disease (COVID-19) is a global health problem. The virus was born in Wuhan, China, in December 2019 [1]. Within a short time (December to February), the virus had spread to over 50 countries [2]. On March 11, 2020, Coronavirus disease was declared a pandemic by the World Health Organization [3]. In June 2021, Coronavirus infected more than 180 million people worldwide, and more than four million people died of the virus [4]. Canada is no exception. The first patient was diagnosed with Coronavirus in Canada in January 2020 [5]. In July 2021, the virus caused infection of around 1.6 million, and more than 28,000 Canadian died due to the Coronavirus disease [6]. Both federal and provincial governments of Canada were concerned when the Coronavirus spread worldwide. They tried to prevent the spread of the Coronavirus since the first patient was diagnosed with the virus. Federal and provincial governments implemented virus control measures related to public health, such as closure schools in-person, child daycares, and adult-day centers. They also restricted the gathering inside and the outside home and public spaces and conditional travel. The governments shut down restaurants and non-essential businesses and ordered compulsory social isolation (14 days) for travelers [7].

Beginning of the pandemic, along with social isolation and quarantine, the psychologists predicted that many people would suffer from different forms of psychological distress like anxiety, stress, depressive disorders, etc [8]. Thus, over the time of the pandemic, the studies in Spain, Italy, Iran, China, Nepal, Denmark, Turkey, etc. focused on the psychological consequences of the pandemic and found anxiety and depression in the general population [9-11]. The studies in the USA and Canada found that this pandemic affected mostly youths mentally than elderly population. Depression and anxiety increased in Youth compared to the elderly [12-14].The explanations were not clear [15]. On the other hand, the elderly in China and Bangladesh had experienced significant mental distress and a high level of fear during the pandemic [16-18].The rapid transmission of Coronavirus, social distancing, and the high death rates resulted in worsening pre-existing mental health of the elderly in China [19]. Also, the prevalence of loneliness in elderly population increased many folds during the COVID-19 pandemic compared to previous years [20]. Social isolation, home confinement, and loneliness are at higher risk for anxiety and depression, or psychological strain for anyone, including the elderly [21-23].

The pandemic situation passed a year (since 2020). Ontario province of Canada entered a third wave of Coronavirus infection in March 2021 [24]. Again, the provincial government implemented lockdown strictly that limited the size of most social gatherings in Toronto (capital of Ontario). This COVID-19 may have had affected many Torontonians, including immigrants and vulnerable people. Research is not available about the psychological and social issues of the pandemic on the South Asian immigrants, especially elderly population living in Toronto. The elderly immigrants were isolated, and the pandemic kept elderly in homes for a long time [25]. The elderly population maintained social distancing, and they lacked computer knowledge to communicate with people during

the pandemic. Similarly, Bangladeshi seniors who lived alone, or couple, were isolated. They did not have adequate support to maintain their daily life during the pandemic time. Also, they did not have enough information about COVID-19 because they had a language barrier. Like others, COVID-19 affected Bangladeshi seniors. They were no exception. We did not have information about the effects of COVID-19 on Bangladeshi-senior immigrants, so it was essential to explore the impact of COVID-19 on them to engage them in mainstream facilities and get proper support from the community, the government. The pandemic is still ongoing. Thus, the study explored the psychosocial issues of COVID-19 experienced by Bangladeshi Canadian senior immigrants in Toronto. The study has two main research questions. How did the participants describe COVID-19 from their experience? What did they report about the psychosocial consequences due to COVID-19 on their life? In the study, the participants described COVID-19 from their experiences and reported the psychological and social consequences of COVID-19 on them. The findings would help understand the mental health and social issues of the South Asian Bangladeshi seniors during the pandemic time. The policies may miss immigrants due to a lack of proper information. The study would help policymakers justify the initiatives required against the psychosocial issues related to the pandemic for South Asian Bangladeshi senior immigrants living in Toronto.

2. MATERIALS AND METHODS

2.1 Study Design

Bangladeshi-Canadian Community Services (BCS) is a non-profit and grassroots organization that provides the South Asian community in Taylor Massey and surrounding areas with multi-services, such as health, social, recreational, and educational activities for the newcomer, youth, adults, and seniors. It also helps newcomers settle smoothly in Canadian society [26]. Seniors are on the most priority list of BCS. Many seniors have language and cultural barriers, and they have limited access to mainstream facilities. BCS was concerned about the sufferings of seniors, such as social isolation, lack of food at home during the pandemic time, and BCS was working along with the local governments to provide seniors with food, information, and emotional connection. BCS passed through experience and initiated a qualitative study to understand the psychosocial issues of COVID-19 experienced by Bangladeshi Canadian senior immigrants.

2.2 Sample Size and Sampling

We did not have the list of all Bangladeshi seniors living in Toronto for sampling, so we could not follow the statistical sampling process. Thus, we had applied a convenient sampling method for the qualitative study. This qualitative study includes Individual interview with phenomenology type. During the pandemic time, it was hard to reach out to the seniors physically because the seniors followed the stay home order of the government. We tried to connect seniors using the senior list who received our services last year. Many seniors could not pay the phone bill timely online, so they lost the connection. We phoned them, but we could not reach out to them. Thus, the interviewers applied a snowball technique to find the participants. For example, initially, one interviewer communicated with one senior on phones. The participant provided the interviewer with two/three names of other seniors and contact numbers. In this way, the interviewers had taken the interview with the seniors on phones. The interviewers stopped taking additional interviews with the seniors when was no new information about the psychosocial issues from the participants, and we had also time constraint. Finally, the interviewers surveyed a total of 52 seniors.

2.3 Data Collection and Survey Questions

Four trained student interviewers with a social worker background interviewed the seniors aged more than 55 years. The interviewers participated in a two-day training session conducted by the principal investigator. The study applied the open-ended questions to know how the seniors described COVID-19 from their own experiences and what they reported about the psychosocial issues of COVID-19 experienced by them. There was no scope to conduct a face-to-face interview with the seniors because of COVID-19 or the pandemic. The interviewers carried out the surveys on phones in Bengali. Only one-fourth verbally reported that they had a language barrier. Many seniors did not understand the English questions, and they were not able to answer. Then we decided to take interviews in Bengali. Initially, the interviewers conducted a pre-test survey with five seniors. After the pre-test, the principal investigator checked the information of participants thoroughly to find any inconsistency

was made in the responses and to understand the interviewer's capacity to conduct the survey confidently. The principal investigator talked to the interviewers after each interview for further clarification. After the pre-test, the research team modified questions for the final surveys. The final questionnaires had sociodemographic questions, the questions related to the description of COVID-19, and the psychosocial issues of COVID-19 (questions are given below in the box A).

Box A. Survey Questions

1. Socio-demographic information about age, gender, school, living in Canada in years, dependency, sources of income, chronic diseases, etc.
2. Describe, what is COVID to you?
3. How frequently do you have to go outside during COVID time? Why do you need to go outside?
4. Do you feel lonely, why do you say it?
5. What do you think that COVID-19 impacts you and how?
6. How do you lead your life during the pandemic situation?

Before starting the interview, the interviewers contacted the senior participants on phones and informed them about the purpose of the survey. If someone did not want to participate in the survey, the interviewer requested to give the name of seniors interested in participating in the survey. Interviewer scheduled the date of the interview with the participants based on availability. The interview time was between March and April 2021.Telephone interview provides accurate data similar with face-to-face interview [27]. The interviewers interviewed participants on the phone in the Bengali language. In the final interview, the study used an audio recorder. From the audio recording, the interviewers transcribed verbatim in English from Bengali. Each interview took around 45 to 60 minutes to complete.

2.4 Analysis

The data were collected through individual interview. The trained volunteers read narrations or transcriptions repeatedly to get familiar with the information, its meanings, and implications. They identified codes and themes using thematic analysis [28]. Thematic analysis followed six stages a. familiarization with the information, b. generating initial codes, c. searching for themes, d. reviewing themes, e. defining and naming themes, and f. producing the report.

3. RESULTS

3.1 Sociodemographic Characteristics

The study included 37 females and 15 males (Table 1). Two-third of seniors (67.3%, 35) were 60+ years. Many seniors (76.9%, 40) had 12 or more years of school education. Many of them (69.2%, 29) lived in Canada for more than ten years. Two-fifth of seniors lived as single or as couples in homes. The higher proportions of seniors (75%, 39) did not need dependence for healthcare decisions. Most seniors (57.7%, 30) got money from old age security, disability pension, and social assistance. Again, one-fourth of them (25%, 13) had earnings from private jobs. Near about one-fifth (17.3%) of seniors had no income at all. One-fourth (25%) of seniors said that they could neither speak nor understand English. Common chronic diseases of the seniors were diabetes (67.7%, 30), high blood pressure (50.0%, 26), and high cholesterol (40.1%, 21).

3.2 Description of COVID-19

The participants described COVID-19 (question b) as medical, psychological, and social aspects (Table 2).

A good number of seniors (n=19) described COVID-19 as a viral disease. Some seniors also added that the virus was contagious and caused a pandemic situation. Furthermore, they reported that symptoms of COVID-19 were sore throat, flu, fever, and respiratory distress. The virus affected all ages of people who had no proper treatment and caused death.

In addition, the higher number of seniors (n=29) described COVID-19 as worry and dangerous for people. People got worried because it was an unpredictable virus, there was no treatment against the virus, the virus changed the lifestyle of people, and it made a financial crisis for people as they lost jobs. The explanations of unpredictability were the spread of the virus everywhere despite having all preparations, and the virus had not a fixed trend.

A male senior of 67 years said,
"Sometimes the infection was increasing in Asia, and sometimes the infection was declining in North America and vice versa."

They described COVID-19 as dangerous because it took the lives of humans, affected mental and physical health, and infected the respiratory system completely.

The seniors (n=12) also described Coronavirus as a life change event because people stayed home like a prison, and there were no social gatherings and parties at home. Also, people maintained social distancing and used facemasks. Moreover, people could not go outside for recreational activities, and the restaurants and shopping malls had shut down for an uncertain period.

A male senior of 69 said,

"I used to go to the restaurant with my friend to have a cup of tea and snacks. Now the restaurants are closed. We cannot go to restaurants and have a chat with my friend. It changes my life."

Furthermore, they reported that waiting for vaccines against the virus for a long time affected their life.

A female senior of 68 years said,

"How long do I have to wait for the vaccine to see my son? I developed insomnia. If I wait for a long time, I can be mad."

3.3 Perceived Psychosocial Issues of COVID on the Seniors

Table 3 shows that many seniors were lonely during the pandemic time (n=30). The internal and external factors caused loneliness in seniors. Homebound, lazy life at home, loneliness, and being away from relatives were the internal factors. They communicated with people using computers that made them lonely.

A male senior of 63 years said,

"For many days, I do not see my son face-to-face. It does not meet any satisfaction while talking to him on the computer, so it makes me lonely."

Table 1. Background characteristics of the seniors (N=52)

Background characteristics	Number (n)	Percentage (%)
Gender		
Male	15	28.8
Female	37	71.2
Age		
55-59 years	17	32.7
60+ years	35	67.3
Completed years of education		
Up to 12 years	12	23.1
>12 years	40	76.9
Years in Canada		
<10 years	16	30.8
10+ years	29	69.2
Living status in a home		
Alone	10	19.2
Couple	12	23.1
Family (spouse and kids or only kids)	30	57.7
In taking healthcare decision		
Able to take decision	39	75.0
Dependent on others	13	25.0
Income sources		
Income from government sources [a]	30	57.7
Income from Informal job	13	25.0
No income (family support)	9	17.3
Language barrier		
Yes	13	25.0
No	39	75.0
Chronic diseases		
Diabetes	30	57.7
High Blood pressure	26	50.0
High cholesterol	21	40.1
Heart diseases	9	17.2

[a]*Old age security/ government pension/social assistance/ ODSP (Ontario Disability Support Program)*

Table 2. Description of COVID-19 by the study participants

Themes	Subthemes	Codes
Medical aspect (n=19)	Viral disease	- a viral and an infectious disease - a pandemic / a worldwide disease - virus affects any age - virus causes health problems like flu, fever, sore throat, respiratory distress - virus has no treatment - virus causes death
Psychological aspect (n=29)		
	Worry	
	Unpredictable	- virus can affect anyone - virus has no trend (growing or declining) - no idea when the COVID-19 stops - virus is happening and spreading having all preventions
	Lack of treatment	- virus is not cured easily - disease has post complication - people are dying - government cannot protect the life -
	Normal lifestyle impairment	- when the life becomes normal - cannot go outside - people cannot visit loved one when they are sick - people feel they live in the jail
	Financial hardship	- people are losing jobs -
	Dangerous	- there is no way to survive when it affects seniors - It affects physical and mental - health - has no knowledge about the virus
Social aspect (n=12)		
	Changing life	
	At home reasons	- people stay home like a prison - there is no social gathering and parties
	Outside reasons	- people cannot go outside for recreational activities - people maintain social distancing and use facemasks - restaurants and shopping mall everywhere shutdown
	Others	-death of family members/friends and lack of vaccine that change the life

The external factors were disconnection from people, away from social gatherings, away from outdoor activities (groceries, walking, and community work), and getting the negative news about the COVID-19 or Coronavirus.

Table 4 shows that a good number of seniors (n=15) got worried about their infection and death caused by the virus, about the family members who had the chance to get the virus at any time, and they might have died of the virus. They also reported a crisis for the vaccine against the virus worldwide, so people were dying. In addition, the family members and the seniors were losing jobs in the pandemic time. There was no certainty for them to get back the jobs. These increased worries in the seniors.

Seniors were scared (n=9) to be infected with the virus anytime if they went outside. They scared seeing the spread of the virus fast, the suffering of people, and no cure and control of the virus.

Again, seniors were sad (n=10) because they stayed at home for longer days, had not seen people for many days, and did not get the people in their needs. They perceived that they did not have natural life last one year. They became sad to wear facemasks, maintain social distancing, and see relatives dying before getting vaccinated. Furthermore, they were also sad as people did not follow the government guidelines to prevent the spread of the virus.

Some seniors felt mental pressure (n=8) in seeing the changes caused by the pandemic situation. The seniors were depressed and anxious (n=12) because they did not meet family members and friends in person for many days. They had adopted technology skills to lead a life during the pandemic time that made them depressed, too.

Table 5 shows that many seniors completely stayed at home (n=20) because they were afraid of the virus and wanted to be safe against the virus. Few seniors worked for the office from home. During the pandemic, they had online and phone connections with family members and doctors. The Neighbors and the family members helped them buy groceries. They also purchased groceries online. They stayed at home, so they missed social life, in-person healthcare, walking, shopping, and worship places.

Furthermore, many seniors felt (n=23) that they had unusual lifestyles during the pandemic time. They lost appetite, and they had developed insomnia. They were dependent on computers to connect people, and they were doing unessential things at home. Also, they could not use public transport when they went outside.

A woman of 67 years said,

"I hide my face with a mask. I learned computer to see my son at my 67 years. I buy groceries online to survive my life. Likewise, I am washing my hands again and again. Not only that, but I am staying at home for months, so I feel I live in prison. I am accepting all unusual things."

Table 3. Perceived loneliness during the pandemic time experienced by participants

Themes	Subthemes	Codes
Loneliness (n=30)		
	Internal causes	- they are homebound - they are not busy at home - they live alone at home - they are away from relatives - have no face-to-face interaction with people - the way of communication is virtual connection/ on phone connection
	External causes	- they are disconnected from people - they are missing social gatherings, missing outside activities (groceries, walking, community work) - overall lonely to see the pandemic situation - feel that life is restricted, or they are no normal lifestyle

Table 4. Perceived psychological issues of COVID experienced by participants

Theme	Subthemes	Codes
Worried (n=15)	Infection and death	- may infect family members - anyone could die of COVID any time - lack of vaccine/medicines against COVID-19 virus worldwide - people are dying
	Financial hardship	- it is uncertain to get back the job - when to get back the job
Scared (n=9)		
	Infection and spread	- they catch the virus while going outside any time - they see the virus spread fast; the virus is not controlled
	Sufferings	- they see the sufferings, and people are not cured by treatment
Sad (n=10)		- people stay at home for a longer time - people cannot meet other people for months even they need them - people have unusual life, and nothing change in life last one year - people are bored to maintain social distancing, to wear facemasks - people are not following public health measures - vaccines are not enough for the world - friends and relatives died because of COVID
Mental pressure (n=8)		- everything is changing (personal life, social life)
Anxious and depressed (n=12)		- cannot meet family members, friends, and community people regularly - adopt technological knowledge to use devices and new habits

4. DISCUSSION

This qualitative study explored how the South Asian senior immigrants living in Toronto described COVID-19 from their experience and what they reported about the psychosocial outcomes of the pandemic on them. The seniors described COVID-19 as a dangerous virus causing death. They also described COVID-19 as worry and life changes. COVID-19 compelled people to stay at home for months, so people got isolated. Furthermore, the seniors felt lonely, worried, scared, depressed, and anxious. The study described the implications of COVID-19 with details below.

In the study, the seniors described COVID-19 as Coronavirus. It indicated that the seniors were able to connect the situation to the medical cause. Again, they described COVID-19 as death for the seniors. It is alarming because this conception can put seniors in more stressful situations. The local government of Ontario province reached out to the general people with information about the COVID-19 (daily update) and preventive ways [29]. It is needed to promote the information about the recovery rate from the COVID-19 besides the death information. Furthermore, the seniors described COVID-19 as worry, dangerous, and life changes. It needs more community dialogues with the doctors, nurses, psychiatric, and the local community organizations for emotional supports, clarifications, and explanations.

As the study was qualitative, it did not use any scales to measure loneliness in seniors. However, many seniors reported that they were lonely at home. The different studies found similar findings during the pandemic

Table 5. Perceived social issues of COVID-19 experienced by participants

Themes	Subthemes	Codes
Homebound or isolation (n=20)	Causes for homebound	- they are afraid of virus - they cannot go out for the safety purpose - they work from home
	Ways to survive during homebound	- they communicate with people on zoom and phone - neighbors help family members buy groceries - they do online shopping
	Impact of homebound	- they miss social life (meeting people, outdoor activities, travelling) - they miss in person healthcare - they miss walk - they miss shopping - they miss worship places (churches, mosques
Unusual lifestyle (n=23)		
	At home lifestyle	- they lost appetite and they have insomnia - they stay at home for a longer time - they connect people online - they feel the life is in a jail - they do unessential things at home - they feel burden while using web chat, technology, messengers, zoom meeting
	Outside lifestyle	- they cannot use public transport

[20.30.31].The study found that participants stopped going outside during the pandemic because they were scared to get the virus, so they became isolated from the external environment. The isolation makes them lonely. In addition, loneliness and social disconnection are the risk factors for developing anxiety and depression in seniors.[32] The effective interventions during the pandemic could be regular virtual meetings and telephone chats to improve the social connection and reduce loneliness and social isolation of the South Asian senior immigrants.

Many seniors reported that they got depressed, anxious, worried, sad, and they felt mental pressure during the COVID-19. In China and Bangladesh, the study found stress, anxiety, and psychological concerns during COVID-19 [9,17,18,32].This study explained that our seniors saw people dying. They stayed home for a longer time, could not meet loved ones, and could not go to doctors to solve the health problems timely. We should not ignore the psychological concerns reported by the study participants during the pandemic. Mental health issues are public health concerns [33].Immediate interventions are needed to start to discuss the mental health issues of the South Asian Bangladeshi senior immigrants living in Toronto timely. In addition, we need more research to understand the different dimensions of the outcomes and issues of COVID-19 on the South Asian senior immigrants to take better initiatives.

The study found that the natural lives of seniors were distracted or changed because of facemasks, social distancing from each other, and COVID-19. The US, UK, Germany, and France found changes in the life of people because of COVID-19 [34-35]. Staying home for months and accepting the technological knowledge to communicate with people were challenging for the seniors. The government, community organizations, and community leaders should encourage seniors to receive the

changes during the COVID-19 to lead a good quality of life. They should identify the changes to develop policy to focus on them immediately. Regular psychological counseling is necessary for seniors during the pandemic.

The study has limitations, such as the sampling following a convenient method, so it cannot be generalized for the national population. However, the findings help the policymakers get the psychosocial issues of the South Asian Bangladeshi senior immigrants due to COVID-19. It directs the new research area for Bangladeshi immigrants. The study applied snow ball technique to reach out to the peers, there was possibilities of spillover effect. To control it, we immediately contacted the peers for the interview. The study did not apply any tools to measure the psychological outcomes, but it explained the psychological issues. The pandemic did not allow any in-person interviews. It was beyond our control, so the study applied phone interviews. Some participants wanted a short duration of surveys because the seniors could not believe the interviewers on phones to provide them with their personal information. Sometimes we missed getting adequate information from the participants. To increase the rapport with the participants, we phoned the target participants three/four times before the interview. To verify our authentication, we provided them with our contact and office address. We invited them to query any information related to the survey. Also, we included more participants to get a wide range of responses to be satisfied. We were not able to do different methods for triangulation because of the pandemic situation and time limitations. However, to reduce biases and to check the validity, the interviewers were given proper training. We did a 10% re-interview (to see the inconsistency), we maintained good record keeping, and interpreted data were consistent and transparent. We also invited the participants and shared the transcripts to comment to understand themes we well-reflected. Though we have limitations, however, these findings help plan effective interventions.

5. CONCLUSION

The South Asian Bangladeshi seniors described COVID-19 more in psychological aspects. COVID-19 affected the social life and the mental health of seniors. They need more social connections on computers and phones and culturally appropriate psychological counseling. The provincial and local governments, along with the community organizations, should start working together to address these issues for making effective plans during and after the pandemic time for the South Asian senior immigrants. The government must ensure that the seniors receive proper COVID-19 related information. It helps the seniors prevent panic due to rumors and false information. As in-person health service impaired during the pandemic time, any mental health supports/ consultation should be easily accessible online or to the telephone. Government should also provide local community organizations with funding to create recreational activities and social networking to improve psychosocial wellbeing.

CONSENT

The interviewers told participants about the purpose of the survey, the method of interviews (phones and audio-record), and confidentiality. As the interviews with the participants were on phones, the interviewers took verbal consent from the participants for giving the information and publication. We recoded the verbal consent with their permission.

ETHICAL APPROVAL

Internal ethical board of Bangladeshi-Canadian Community Services approved the study. There is no medical approach on human subjects, or any clinical trial, so we did not require rigorous ethical concerns. It was only a verbal interview on the phone. We have taken consent from the participants verbally, but we followed the Helsinki Declaration of Ethical Principles for Human Subjects and maintained confidentiality strictly. The participants agreed to participate, and then the interviewer started interviewing. Furthermore, the participant's answers were anonymous. The participants had the right to refuse to answer any question, had the right to stop giving information at any point of the interview, or to withdraw from the interview. The interviewers kept information in a separate area, so only the principal investigator accessed the information.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Zhu Na, Zhang D, Wang W, Li X, Yang B, Song J, et al. A Novel Coronavirus from Patients with Pneumonia in China, 2019. N Engl J Med. 2020; 382(8):727-33. DOI: 10.1056/NEJMoa2001017.
2. Wang D, Hu B, Hu C, Zhu F, Liu X, Zhang J, *et al.* Clinical characteristics of 138 hospitalized patients with 2019 novel coronavirus–infected pneumonia in Wuhan, China. JAMA. 2020;323:1061–69. DOI: 10.1001/jama.2020.1585.
3. World Health Organization. Coronavirus disease 2019 (COVID-19): situation report, 51. Accessed 12 June 2021 Available: https://apps.who.int/iris/bitstream/handle/10665/331475/nCoVsitrep11Mar2020-eng.pdf?sequence=1&isAllowed=y.
4. World Health Organization. COVID-19 Weekly Epidemiological Update. Accessed 29 June 2021. Available:https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---29-june-2021.
5. Marchand-Senécal X, Kozak R, Mubareka S, Salt N, Gubbay JB, Eshaghi A, et al. Diagnosis and Management of First Case of COVID-19 in Canada: Lessons Applied From SARS-CoV-1. Clin Infect Dis. 2020; 71:2207–10. DOI: 10.1093/cid/ciaa227.
6. Government of Canada. COVID-19 daily epidemiology update. Accessed 21 October 2021. Available:https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html.
7. Government of Canada. Community-based measures to mitigate the spread of coronavirus disease (COVID-19) in Canada. Government of Canada. Accessed 11 August 2021. Available:https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html.
8. Shahyad S, Mohammadi MT. Psychological Impacts of Covid-19 Outbreak on Mental Health Status of Society Individuals: A Narrative Review. J Mil Med. 2020;22:184-92.
9. Xiong J, Lipstiz O, Nasri F, Lui LMW, Gill H. Impact of COVID-19 pandemic on mental health in the general population: A systematic review. J Affect Disord. 2020; 277:55-64. DOI: 10.1016/j.jad.2020.08.001
10. Grover S, Sahoo S, Mehra A, Avasthi A, Tripathi A, Subramanyan A, et al. Psychological impact of COVID-19 lockdown: An online survey from India. Indian J Psychiatry. 2020;62:354–62. DOI: 10.4103/psychiatry.IndianJPsychiatry_427_20
11. Meng H, Xu Y, Dai J, Zhang Y, Liu B, Yang H. Analyze the psychological impact of COVID-19 among the elderly population in China and make corresponding suggestions. Psychiatry Res. 2020;289: 112983. DOI: 10.1016/j.psychres.2020.112983.
12. Czeisler M É, Rashon I, Lane RI, Petrosky E, Wiley JF, ChristensenA, Njai R, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic United States, MMWR Morb Mortal Wkly Rep. 2020;69:1049-57.
13. Son C, Hegde S, Smith A, Wang X, Sasangohar F. Effects of COVID-19 on Colleg Students' Mental Health in the United States: Interview Survey Study. J Med Internet Res. 2020;22(9):e21279. DOI: 10.2196/21279
14. Nwachukwu I, Nkire N, Shalaby R, Hrabok M, Vuong W, Gusnowski A, et al. COVID-19 Pandemic: Age-Related Differences in Measures of Stress, Anxiety and Depression in Canada. Int J Environ Res Public Health. 2020;17:6366. DOI:10.3390/ijerph17176366.
15. BioSpace. New Study by Teladoc Health Reveals COVID-19 Pandemic's Widespread Negative Impact on Mental Health. Accessed o4 June 2021. Available:https://www.biospace.com/article/releases/new-study-by-teladoc-health-reveals-covid-19-pandemic-s-widespread-negative-impact-on-mental-health/.
16. Qui J, Shen B, Zhao M, Wang Z, Xie B,Xu Y. 2020. A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. Gen Psychiatr. 2020;33:e100213. DOI: 10.1136/gpsych-2020-100213

17. Zhou R, Chen H, Zhu L, Chen Y, Chen B, Li Y, et al. Mental Health Status of the Elderly Chinese Population During COVID-19: An Online Cross-Sectional Study. Front Psychiatr. 2021;12:645938.
DOI: 10.3389/fpsyt.2021.645938

18. Abir T, Osuagwu UL, Kalimullah NA, Yazdani DM Nur-A, Husain T, et al. Psychological Impact of COVID-19 Pandemic in Bangladesh: Analysis of a Cross-sectional Survey. Health Secur; 2021.
DOI: 10.1089/hs.2020.0205.

19. Yang Y, Li W, Zhang Q, Zhang L, Cheung T, Xiang YT. Mental health services for older adults in China during the COVID-19 outbreak. Lancet Psychiatry. 2020;7(4): e19.
DOI:10.1016/S2215- 0366(20)30079-1.

20. Van Tilburg TG, Steinmetz S, Stolte E, van der Roest H, de Vries DH. Loneliness and Mental Health During the COVID-19 Pandemic: A Study Among Dutch Older Adults. J Gerontol B Psychol Sci Soc Sci, 2020;XX(XX):1-7.
DOI:10.1093/geronb/gbaa111.

21. Armitage R, Nellums LB. COVID-19 and the consequences of isolating the elderly. Lancet Public Health. 2020;5:e256.
DOI: 10.1016/s2468-2667(20) 30061-x

22. Conejero I, Berrouiguet S, Ducasse D, Leboyer M, Jardon V, Olié E, *et al.* Épidémie de COVID-19 et prise en charge des conduites suicidaires: challenge et perspectives. [Suicidal behavior in light of COVID-19 outbreak: Clinical challenges and treatment perspectives]. L Encéphale. 2020;46(3):S66–S72. French.
DOI: 10.1016/j.encep.2020.05.001

23. Ammar A, Chtourou H, Boukhris O, Trabelsi K, Masmoudi L, Brach M et al.COVID-19 Home Confinement Negatively Impacts Social Participation and Life Satisfaction: A Worldwide Multicenter Study. Int. J. Environ. Res. Public Health. 2020;17(17):6237. DOI:10.3390/ijerph17176237.

24. Reuters. Canada's Ontario entering COVID-19 third wave, top doctor says. Accessed 18 March.
Available:https://www.reuters.com/article/us-health-coronavirus-canada-ontario-idUSKBN2BA2OI.

25. Live Care Foundation. Impacts of COVID-19 on the elderly. Accessed 28 August 2021.
Available:https://www.livecaregrants.org/covid-19-impacts-the-elderly.html?gclid=Cj0KCQjwvaeJBhCvARIsABgTDM7PPkwPXT8dI5-1W4R49kLP5fewqTusOvi414YmRAkkqUQBT6tx8IEaAuCIEALw_wcB

26. Bangladeshi-Canadian Community Services (BCS). Annual Report 2019. Accessed 21 August 2021.
Available: https://d7a4d16e-7030-4206-b1b5-30377021fe2f.filesusr.com/ugd/4f3dc7_6402b72efce34a41a744e2a83fca530e.pdf

27. Kose O, Deniz G, Ozcan H, Guler F. A comparison of telephone interview versus on-site completion of Lysholm knee score in patients who underwent arthroscopic ACL reconstruction: are the results equivalent? Eur J Orthop Surg Traumatol. 2015;25:1069–1072.
DOI 10.1007/s00590-015-1605-6.

28. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Research in Psychology. 2006;2(2):77-104.

29. City of Toronto.COVID-19: Posters & Graphics. Accessed 18 June 2021. Available:https://www.toronto.ca/home/covid-19/covid-19-how-you-can-help/covid-19-spread-the-word/.

30. Kotwal AA, Holt□Lunstad J, Newmark RL, Cenzer I, Smith AK, Covinsky KE, et al. Social Isolation and Loneliness Among San Francisco Bay Area Older Adults During the COVID□19 Shelter□in□Place Orders. J Am Geriatr Soc. 2020;69(1):20-27. DOI: 10.1111/jgs.16865.

31. Stolz E, Mayerl H, Freidl W. The impact of COVID-19 restriction measures on loneliness among older adults in Austria. Eur J Public Health. 2020;31(1):40-49.
DOI: 10.1093/eurpub/ckaa238

32. Robb CE, de Jager CA, Ahmadi-Abhari S, Giannakopoulou P, Udeh-Momoh C, McKeand J, et al. Associations of Social Isolation with Anxiety and Depression During the Early COVID-19 Pandemic: A Survey of Older Adults in London, UK. Front. Psychiatry. 2020;11:591120.
DOI: 10.3389/fpsyt.2020.591120

33. George U, Thomson MS, Chaze F, Guruge S. Immigrant Mental Health, A Public Health Issue: Looking Back and Moving Forward. Int. J. Environ. Res. Public Health. 2015;12(10):13624-13648.
DOI:10.3390/ijerph121013624

34. Pew Research Centre. As Pandemic Continues, More in U.S. and Europe Feel Major Impact on Their Lives. Accessed 03 February 2021.
Available:https://www.pewresearch.org/global/2021/02/03/as-pandemic-continues-more-in-u-s-and-europe-feel-major-impact-on-their-lives/

35. ABC NEWS. How life has changed 1 year into the COVID-19 pandemic: Masks, restrictions largely endure. By Meredith Deliso. Accessed 07 March 2021.
Available :https://abcnews.go.com/US/life-changed-year-covid-19-pandemic-masks-restrictions/story?id=76212516

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