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Research Article

The mental health of institutionalized older adults

Saúde mental do idoso institucionalizado

Salud mental de los ancianos institucionalizados

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Abstract

Introduction: The process of welcoming long-lived individuals in Long-term Care Facilities (LTCFs) for older adults has become a constant on the part of families, especially when observing the current panorama of ageism. Thus, either due to the lack of emotional conditions or to the practicality of providing outsourced care, countless older people are forced to adapt to a new environment, routine, and peers. It is evident the perception of countless difficulties on the part of these individuals in dealing with the obstacles inherent in the physiological process of aging, along with the storm of emotions arising from abandonment and incapacity. Moreover, as this is a vulnerable portion of the population, it is worth bringing to light the vision of older adults about their perception of health and how they feel about the interaction in this space and with their families. **Objective:** To understand the influence of family contact and interpersonal relationships on the mental health of older adults residents of a LTCF in northwestern Paraná. **Methods:** A descriptive exploratory study with a qualitative approach was carried out by applying a questionnaire, associated with a semi-structured interview, to older adults residents of a LTCF in the year 2021. Among the addressed information are the self-assessment of mental state, the way of admission to the institution, family contact, and the relationship within the institution. The interviews were recorded, transcribed, and analyzed, according to similarity of content. **Results:** According to the collected data, the process of admission of most of the interviewees was consented and established by agreement between the older adult, their family, and social workers. Even with the adversities of the COVID-19 pandemic, the family members sought to be present through video calls, following the protocols of prevention to the disease. Another investigated aspect was the relationship between the residents and the professionals of the institution, which was established as nonconflicting, being mostly considered impersonal, with few reports that considered it as familiar. Finally, by the reports, we verified a good status of mental health, maintained through good coexistence and the implementation of collective and individual leisure activities by the institution. **Conclusions:** The interviewed older adults considered their stay, coexistence, and routine at the LTCF of great quality. Contrary to what was expected, most of the residents presented a good mental health status, as verified during the interviews. Few older adults residents in the institution presented a diagnosis of depression in their medical records.

Keywords: Emotional state; Elderly population; Long-stay institution.

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Resumo

Introdução: O processo de acolhimento dos longevos em instituições de longa permanência de idosos (ILPI) tem se tornado uma constante por parte das famílias, principalmente ao observar-se o panorama de ageísmo atual. Dessa forma, seja pela falta de condições emocionais, seja pela praticidade em fornecer o cuidado por meio terceirizado, inúmeros idosos são obrigados a se adaptar a um novo ambiente, rotina e conviventes. Assim, faz-se clara a percepção de inúmeras dificuldades por parte desses indivíduos em lidar com os obstáculos inerentes ao processo fisiológico do envelhecimento, somada à tempestade de sentimentos advindos do abandono e da incapacidade. Além disso, por se tratar de uma porção vulnerável da população, torna-se importante trazer à tona a visão dos idosos a respeito de sua percepção de saúde e da forma como se sentem quanto à convivência nesse espaço e com suas famílias. **Objetivo:** Compreender a influência do contato familiar e das relações interpessoais na saúde mental de idosos residentes em ILPI no noroeste do Paraná. **Métodos:** Estudo descritivo exploratório, de abordagem qualitativa, realizado por meio da aplicação de um questionário associado a uma entrevista semiestruturada com idosos residentes em uma ILPI, no ano de 2021. Entre as informações abordadas estão a autoavaliação do estado mental, a forma de ingresso na instituição, o contato familiar e o relacionamento dentro da instituição. As entrevistas foram gravadas, transcritas e analisadas, segundo semelhança de conteúdos. **Resultados:** Por meio dos dados coletados, observou-se que o processo de ingresso da maioria dos entrevistados foi consentida e estabelecida por concordância entre idoso, família e assistente social. Também se viu que, mesmo com as adversidades da pandemia de COVID-19, os familiares buscaram estar presentes por intermédio de chamadas de vídeo, seguindo os protocolos de prevenção à doença. Outro ponto investigado foi o relacionamento entre os residentes e os profissionais da instituição, a qual foi estabelecida como não conflituosa, sendo considerada impessoal pela maioria, obtendo-se poucos relatos que a considerassem como familiar. Por fim, constatou-se pelos relatos uma boa condição cognitiva (bom estado de saúde mental), mantida por meio da boa convivência e da implementação de atividades coletivas e individuais de lazer por parte da instituição. **Conclusões:** Os idosos entrevistados consideraram sua estadia, convivência e rotina na ILPI de ótima qualidade. Ao contrário do esperado, a maioria dos internos apresentou boa condição cognitiva (bom estado de saúde mental), constatada no decorrer das entrevistas. Há poucos idosos residentes na instituição, e o diagnóstico de depressão é apresentado nos prontuários.

Palavras-chave: Estado emocional; População idosa; Instituição de longa permanência.

Resumen

Introducción: El proceso de acogida de los ancianos en las instituciones de larga permanencia de ancianos (ILPIs), se ha convertido en una constante por parte de las familias, principalmente al observar el panorama actual de discriminación por edad. Así, ya sea por la falta de condiciones emocionales o por la practicidad de la atención externalizada, muchos ancianos se ven obligados a adaptarse a un nuevo entorno, rutina y convivencia. Así, es evidente la percepción de numerosas dificultades por parte de estos individuos para afrontar los obstáculos inherentes al proceso fisiológico del envejecimiento, junto con la tormenta de sentimientos derivados del abandono y la discapacidad. Además, al tratarse de una parte vulnerable de la población, es importante llevar a cabo la visión de los niños respecto a su percepción de la salud y la forma en que se sienten respecto a la convivencia en este espacio y con sus familias. **Objetivos:** Comprender la influencia del contacto familiar y de las relaciones interpersonales en la salud mental de los individuos residentes en los ILPIs en el noroeste de Paraná. **Métodos:** Estudio descriptivo exploratorio, de abordaje cualitativo realizado mediante la aplicación de un cuestionario asociado a una entrevista semi-estructurada junto a los individuos residentes en un ILPIs, en el año 2021. Entre las informaciones abordadas están la autoevaluación del estado mental, la forma de ingreso en la institución, el contacto familiar y la relación dentro de la institución. Las entrevistas se grabaron, se transcribieron y se analizaron, según la similitud del contenido. **Resultados:** A través de los datos recogidos, se observó que el proceso de ingreso de la mayoría de los entrevistados fue consentido y establecido por acuerdo entre el anciano, la familia y el trabajador social. También se analizó que, al igual que las adversidades de la pandemia de COVID-19, los familiares buscan estar presentes a través de las cámaras de video, siguiendo los protocolos de prevención de la enfermedad. Otro punto investigado fue la relación entre los residentes y los profesionales de la institución, que se estableció como no conflictiva, siendo considerada impersonal por la mayoría, obteniendo pocos informes que la consideraban como una familia. Por último, se constató a través de los relatos, un buen estado de salud mental, mantenido por medio de la buena convivencia y la implementación de actividades colectivas e individuales de ocio, por parte de la institución. **Conclusiones:** Los ancianos entrevistados consideran de gran calidad su estancia, convivencia y rutina en el ILP. Al contrario de lo esperado, la mayoría de los internos presentaban un buen estado de salud mental, constatado en el decurso de las entrevistas. Pocos ancianos residentes en la institución presentaban un diagnóstico de depresión en sus historias clínicas.

Palabras clave: Estado emocional; Población anciana; Institución de larga estancia.

INTRODUCTION

Over the past few decades, the progressive growth of the older adult population in both developed and developing countries has become undisputed. Older people are defined by the World Health Organization (1994) as individuals in the age group over 60 years. Especially in Brazil, the anthropological concept of the “longevity revolution” has been growing. It concerns the broad impact of population aging on the areas of health, economy, and quality of life, which require new government guidelines.[1]

Conversely, in the conception defended by Leandro-França and Murta,[1] a regrettable panorama has gradually become more debated: ageism.[2] Popularly known as "age prejudice," this reality can be observed in various spheres of our society, such as the stereotypes or presumptions perceptible in everyday life or on social media, such as movies and television programs, in which the caricature of the older adult is based on slowed reasoning, the absence of a social filter, or hearing impairments.[3] Such representations can reach levels of discrimination by themselves, through biased and often impatient, negligent, or abusive treatment of the long-lived individuals, especially by younger people.[4]

One of the consequences of this scenario is the change in the health profile, which was previously marked by communicable diseases. Nowadays, chronic noncommunicable diseases (NCDs) prevail. Apart from the better known NCDs, such as diabetes and systemic arterial hypertension (SAH), neuropsychological pathologies and mental disorders are included in this classification. These are very relevant, as they also result in different degrees of disability of the affected population and the impairment of their quality of life.[5]

According to Cordeiro et al.,[6] as the years go by, the greater the possibility of the onset of psychological and mental impairment disorders, with the female population emphasized by the authors. Furthermore, the older adults' search for the level of Primary Health Care is highlighted, considering that complaints of "malaise" and symptoms of distress related to mood changes constitute the third main cause of follow-up of these users by the Family Health Team (FHT) and the Expanded Family Health Center (*Núcleo Ampliado de Saúde da Família* – NASF), when they have the least family support.

Thus, when focusing on social and care relationships between the family nucleus and the older adult, the subjection of this individual to hospitalization in Long-term Care Facilities (LTCFs) is not unusual, considering that, according to Dantas et al.,[7] approximately 15% of the Brazilian older adult population is institutionalized. This datum can be attributed to characteristics such as: changes in the family structure; the time spent caring for the older adult, as a result of other activities; and especially the occurrence of pathologies that require more specific care.[7]

Taking into account the study of Figueiredo et al.,[8], we can state that the institutionalization process is, in short, harmful to the proper maintenance of the mental health of this population. After all, the overwhelming majority of institutionalized older people ultimately lose the close social contact they had with family members, becoming dependent on sporadic visits. Another noteworthy point is the massive loss of their autonomy due to the fact that this environment is focused on outsourced and, for the most part, salaried care.[9]

These professionals are now responsible for the health and well-being of the older adults, assuming the role of care and zeal previously represented by family members. In most institutions, whether of public and community management or private management, multidisciplinary teams range from physical aspects, such as the work performed by physiotherapists and nutritionists, to psychological, emotional, and cognitive aspects.[8] According to Rosa et al.,[10] we can highlight that the latter is still inefficient and underexplored, especially in relation to the development of stimulating activities and the maintenance of cognitive capacity and emotional stability of this population.

Conversely, when investigating the structural context of these LTCFs, some of these places depend on government funds and donations, and their income is insufficient to cover the necessary expenses. This ends up creating a difficult environment for the care of these older adults, either because of deficiencies in their physical structure, such as the lack of differentiated environments focused on specific rehabilitation activities; or because of the obstacle to hiring trained and specialized professionals to serve this public.[11]

Based on the report by Mauro et al.,[12] LTCFs can be analyzed as places with delimited activities, largely controlling the time and interests of the individuals governed by it. Overall, these are activities that seek

physical well-being and social interaction among the older adults such as physical therapy sessions and joint gymkhanas. However, there is a tendency for these "nursing homes" not to grant them adequate autonomy of care and freedom, which would enable them to achieve greater intellectual and social improvement.

Thus, as Santos[13] points out, it is the social responsibility of the academic and scientific community to analyze this dynamic in a broad way, seeking to bring the vision of those individuals who are often considered senile regarding their emotional and relational reality in the environment to which they are subject. Regardless of whether their insertion in this environment was of their own free will or forced by family abandonment, this experience can still be traumatic and increase the development of some emotionally biased pathologies. Hence, we raise the following question: how is the relational status and mental health of older adults residents in LTCFs regarding the interaction with their family members, caregivers, and other residents of the institution?

Currently, there are few studies in the scientific community on the importance of the psychological and social status of older adults and the associated pathologies and clinical conditions. This situation becomes clear when comparing the number of studies conducted on mental health at the expense of the clinical condition and epidemiology of NCDs (chronic noncommunicable diseases) in older adults, a fact that may be linked to the behavioral and personality stereotype associated with these individuals.[14,15]

Combining this issue with the growing discussion regarding the mental health of older adults, we emphasize the responsibility of this project to survey and present the main complaints and situations of propensity of this public living in LTCFs to pathological mental health conditions, considering that these may be directly related to the feeling of abandonment and the distance from the family nucleus. Thus, we seek to report this reality and enable the development of new health strategies and actions that improve the quality of life of the attended individuals. In the present study we analyze emotional and relational aspects of older adults residents of a LTCF in northwestern Paraná, Brazil.

METHODS

This is a descriptive, exploratory qualitative study, whose participants consisted of older adults residents of three LTCFs in the city of Maringá, state of Paraná, Brazil. Complying with ethical criteria, the present study was approved by the Research Ethics Committee of Universidade Cesumar (CEP), in addition to being granted with external funding by the Instituto Cesumar de Ciência, Tecnologia e Inovação [Cesumar Institute for Science, Technology and Innovation] (ICETI-Unicesumar) to cover expenses on the researchers' travel, documentation and frequent reverse transcription polymerase chain reaction (RT-PCR) tests for COVID-19, which enabled positive negotiations with the professionals responsible for the Long-term Care Facilities.

For the development of the research, the older adults were selected using information obtained from their medical records and recommendations from the institutions' professionals, based on their cognitive status, responsiveness, lack of history of stroke and a long-term diagnosis, greater than two years, of dementia or neurodegenerative pathologies such as Parkinson's disease and Alzheimer's disease. In addition to this information, another determining factor for participating in the study was the score obtained in the Mini-Mental State Examination (MEEM), requiring at least 13 points for illiterate people and 18 points for those having a moderate to high level of education.[16]

Based on the aforementioned information, the research included individuals aged over 60 years, without discrimination based on sex, ethnicity, or sexual orientation. To this end, the number of participants was determined and data collection ended as the responses became repetitive, an event called data

saturation. The involved professionals also collaborated impersonally, with essential information that was not included in the medical records.

For using the physical space and contacting the residents, the authors obtained authorization from the participating institutions, in addition to the prior consent of the interviewed older adults, through the two-copy completion of the informed consent form, prepared by the research advisor using the Unicesumar Research Ethics Committee (CEP).

Subsequently, once the study population was delimited, the older adults were individually directed to a reserved and quiet environment within the institution itself, where information was collected through the application of the instrument in the form of a questionnaire, and the interviews were recorded by a digital recorder.

Data collection took place from September 2021 to March 2022, using an instrument developed by the researchers. The questionnaire initially addressed the identification of the participant regarding name, age, marital status, and presence of comorbidities, identifying each of them when present. Starting with the guiding questions of the research, the older adults were asked about topics related to their institutionalization situation and length of stay at the institution, contact with their families, relationship with other older adults residents and professionals of the location, the quality of specialized care provided, and the way they feel about their own mental health status.

Important information, in addition to those included in the instrument, was obtained through verbal questions to the interviewees, access to the individual medical records, and information collected from the institution's professionals, impersonally.

The interviews were transcribed in their entirety and then submitted to thematic content analysis, in which similar excerpts were grouped into four thematic units, which sought to better explain the studied event, from the perspective of the respondent. This approach provided greater expertise and a more accurate analysis of the findings, enabling the researchers to immerse themselves in the universe of the investigated event. The participants were named in the study according to their initials, followed by their age.

RESULTS

A total of 12 older adults residents of three LTCFs in the city of Maringá, Paraná, participated in this study. The age of the interviewees ranged between 67 and 88 years, with the majority in their 80s (7), with a predominance of women (8). None of the participating residents had a neurodegenerative disease at a stage that caused mental confusion and cognitive impairment. Regarding chronic diseases, we observed in the medical records the following conditions: diabetes mellitus (5), SAH (8), and newly-diagnosed Parkinson's disease (4), for less than six months.

With regard to the reports, we observed several units of meaning, and the analysis of these testimonies gave rise to four thematic categories: understanding how the older adults were admitted to the institution; the older adults' perspective of contact with the family; the dynamics of interpersonal coexistence and the perception of care in the institution; and how the residents perceive the relationship between leisure activities and mental health.

Understanding how the older adults were admitted to the Long-Term Care Facility

Through the interviews, we observed that the admission of some of the older adults to the LTCF was associated with the evolution of certain diseases, whose morbidity became a decisive factor in the decrease

in functional capacity of these individuals. The mentioned morbidities require more specialized care, which sometimes could not be offered by family members or, also, for those who lived alone, it became very difficult to be performed. Thus, the admission of these individuals to the LTCF became essential so that they could receive a more specialized and constant care plan, as demonstrated by the reports:

> *"I've been living here for 3 years. I used to live alone, but as I have Parkinson's disease, I would take the medication late. I used to forget it a lot, I was having trouble moving about, so I couldn't do it anymore. [...] I had to go to sleep, and then when I woke up in the middle of the night, I would try to get out of bed and I couldn't, because of this disease." (CM, 73 years old)*
> *"Then, after about six months of having this leg problem [referring to the hemiplegia and hemiparesis condition in both legs] I came here, my brothers brought me here by van to Maringá. 'Cause I had already caught this infection, you know [referring to pressure ulcer], precisely in the worst part of all, where I can't reach it." (MA, 67 years old)*
> *"It's just that I developed a very serious diabetes, a diabetes that I had no control of anything. One day it was 500, the next day it was about 50, 60, then 300 on the next. One day I even ended up in the hospital, I felt really ill." (AF, 76 years old)*

In the analysis of the responses given by the interviewees, it seems that individuals living in LTCFs show a reduction in their functional capacity, which is directly reflected in their health status. However, it is worth stressing that institutionalization does not always improve the physical limitations of the older adults, considering that, as some studies have shown, this can lead to an even greater reduction in their functional capacity and autonomy.[7,17,18]

Another relevant aspect is that the older adults' families often lack financial, psychological, and time resources to provide the necessary care and, therefore, take them to live in these institutions so that they receive adequate care for their needs.

This reality was demonstrated in the study by Carvalho and Dias,[19] who found that these institutions are sought after by family members with the objective of providing better physical, psychological, and social balance for the older adults. Moreover, Alves-Silva et al.[20] explain that family members seek LTCFs because they believe that they offer care, companionship, and coexistence with other older people, making it possible to improve social life.

Nonetheless, confirming the findings of the present study, Watanabe and Giovanni[21] emphasize that LTCFs are sought after because they are an option to provide care for older individuals who have lost part of their functional capacity, who are in conditions of social vulnerability, or due to family conditions that prevent relatives from providing the necessary care.

As individuals age, the onset or worsening of diseases makes the older adult population more in need of medications and precautions for their control and prevention. However, even with the preparation of individual health plans, many are unable to implement the received guidelines. Family reasons include the lack of technical knowledge, combined with the obstacle of reconciling the care of the older adult with the household routine.[22]

In the study by Reis et al.,[23] the authors verified that families are unprepared to deal with the individual during the aging phase and with the changes in their functional capacity as well as with the transformations that occur in the relationships due to this new reality. The difficulties that arise from this adaptation may lead to the institutionalization of older people in a LTCF.

As for the older adults, there are difficulties in understanding, deficits in cognition and memory as causative agents. The monthly income is also a limiting factor both for those who live alone and for those who rely on the family nucleus' assistance.[22]

The study conducted by Ottoni[24] corroborates this statement, not only by demonstrating the so-called "gray tsunami" in Brazil, but also by exposing the increase in the morbidity and mortality of this population between the years 2000 and 2019. For this study, the author based his research on the causes and annual rates related to the hospitalization of older adults in all Brazilian macroregions, making it possible to state the highest consumption of health services by the long-lived individuals due to NCDs complications, with the prevalence of circulatory system diseases.

Another point frequently reported by residents was the feeling of loneliness before entering the institution. In this regard, Azeredo and Afonso[25] highlight in their research that this feeling has become increasingly common in contemporary society. However, in the older adult population, it can be aggravated by family conflicts or by the absence of intergenerational coexistence, which play an important emotional role, and may have negative implications for the physical, mental, and social health of these people and their worsening at the time of institutionalization.

In our study, we verified that, although coexisting in the community, most of the interviewees reported feeling alone and even abandoned in the period before institutionalization, either because they lived alone or because they spent long hours of solitude at home, while family members carried out daily activities such as working and studying.

> *"[...] when I separated from my wife, I started living alone, but I'd feel desperate of being alone too. I didn't like it, I hate being alone." (AF, 76 years old)*
> *"I had already been feeling quite alone, ever since my husband died. My daughter was out working all day and taking my grandson here and there. So I even went out from time to time, but I spent almost the whole day at home alone, just me and my dog." (MH, 83 years old)*
> *"I've always been to church a lot, I was part of all the groups, I helped a lot. Then the church people saw that I was very lonely, they talked to my daughter and I ended up moving to the parish house, and then I came here." (MP, 82 years old)*

According to Iankevicz,[26] loneliness is not necessarily a lack of company, but rather the state of "feeling alone," which often causes a feeling of emptiness or that something is missing. For Azeredo and Afonso,[25] loneliness generates an unpleasant feeling of emptiness, as it is not caused by being alone, but by not having a certain relationship that the person needs.

From the perspective of Nascimento[27] (p. 5, free translation), loneliness can be defined as "the feeling of being alone, accompanied by the observation of emotional separation from the other. It is the lack of emotional interaction and communication between one individual and another."

Regarding the presence of this feeling, the studies conducted by Kawakami et al.[28] and Santos[29] corroborate the presented reports when analyzing older people living alone and with family members, respectively. For the authors, the absence of dialogue and exchange of affection is a factor that greatly influences the development of depressive symptoms and the increase in the vulnerability of this population.

For Dantas et al.,[30] among older adult individuals, the main causes of loneliness are related to the absence or nonexistence of a family, lack of resources, mobility problems, sociability, geographical, personal, and behavioral factors.

Regarding the bureaucratic issues of the institutionalized older adults' admission to the institution, the assistance from the social assistance service was verified as a standard in all analyzed cases. Residents who previously lived under the care of their family members stated that there was a consensus regarding the institutionalization, while those who previously lived alone reported autonomy when seeking these professionals, with the majority being encouraged by friends and neighbors. Thus, we can state that social work is an indispensable area in the process of entering the institution, both in terms of obtaining a vacancy and in the strategy of persuading the older adult.

> *"My children started to talk [about it], let's go to this place, because you can't stay here like that, you can't. I didn't want to go, I didn't [...] Then one day the social assistance woman came to talk to me too, she told me: 'Go on, if you don't like it, you'll come back. Nobody's going to trap you there. You go and spend a few days, if you don't like it, then you leave it.'" (AF, 76 years old)*
> *"Then these neighbors of mine helped take the social worker there to see me from time to time, after talking to her so much, she started to tell me that I couldn't stay that way. I believed in this woman, you know, then she managed to put me here." (MA, 67 years old)*
> *"I slept on the street, there was nothing left. [...] Recently, I stayed at the hostel for a few days, and then out of nowhere a young lady came and talked to me. She asked me how old was I and told me about here, if I wanted to come here. I didn't even think twice." (CS, 70 years old)*

Professionals committed to Social Work must act critically and in an intervening way, having as their main objective to meet the priority demands not only of the older adults, but of all vulnerable portions of the population, guaranteeing their rights and citizenship.[31] Accordingly, it is the basic responsibility of the social worker to identify, notify, and act on the most diverse situations in which older people find themselves, whether they are seeking the service, with the notion of consent, to those in which there is vulnerability such as the absence of housing, financial deprivation, and cases of violence.[32]

In the study conducted by Nascimento et al.,[27] the authors demonstrated that multidisciplinary teams are very important in the LTCF, considering that they play the role of providing the older adults in the institution with expanded care and assistance aimed at meeting social, cognitive, cultural, physical, and mental demands to ensure comprehensive health care for this population.

Older adults' perception of contact with the family

Most of the interviewees who have close family members alive, such as children, grandchildren, and nephews, reported that they always try to maintain a relationship of constant affection and care. In the study by Rodrigues and Silva,[33] the authors found that older people who are living in homes interact with their families; and that institutionalized older people, for the most part, receive support from friends.

In the pre-COVID-19-pandemic period, it was verified that the time stipulated by the institutions for visits was Sunday afternoon, but there were older adults who reported receiving weekly visits, others monthly, and few just every six months.

> *"My brother, who lives in this city, comes here from time to time, or takes me to spend the day with him and [make me] some roast beef at his house. Apart from him, I have two brothers there (Guarapuava), but it's kind of difficult, they come here only twice a year to see me." (MA, 67 years old)*

"He (nephew) visits me, but he hasn't visited me for a couple of months. [...] I already called my niece, but she said it's because he's been working a lot." (MA, 84 years old)
"My daughter used to come here every three months, she lives in the state of São Paulo, because my son-in-law is a university professor. There's also my daughter-in-law who always comes here, if my daughter-in-law could she would come every Sunday." (AF, 76 years old)

We also heard reports of older people whose close family is already deceased. Some of them keep minimal and sporadic contact with more distant family members, who have ended up becoming their legal guardians. Others, on the other hand, have no family interaction.

"My grandnephew is responsible for me. He used to come and see me from time to time, but he hadn't come for about six months. I know he lives nearby. But I really don't think he likes coming here, I've never been very close to him. I think he comes only out of obligation. But what can we do, after my son died, I only had him to take care of my things." (MR, 79 years old)
"So, since I don't have any family anymore, I don't get visitors. I'd never married or had children. My brother died when we were still children, and I was the one who cared for my parents all my life. When they died, I stayed." (PR, 76 years old)

In this sense, the study carried out by Rodrigues and Silva[33] shows that the support network for the institutionalized older adults becomes fragile and scarce as a result of the distancing of family members. This situation, according to the authors, prevents the older adult from having psychological and social well-being.

Santos et al.,[29] in line with the aforementioned study, also report the constant attempt of family members not only to preserve, but to intensify the bonds of affection and care with these older people, even in the face of the difficult decision to institutionalize them. The authors also highlight that the maintenance of family life in the LTCF environment, in many cases, is due to the feeling of guilt and failure, combined with a moralistic bias experienced by family members. Apparently, this is due to the recognition that they are unable to provide the necessary care for the older adult due to lack of financial, physical, or emotional conditions, in addition to having to deal with the common-sense prejudgment that refers to this situation as "getting rid of the problem".[34]

For Kawakami et al.,[28] the families of the older adults are essential to strengthen the support and healthcare network of these individuals, enabling to expand socialization actions, as it translates into social support for the older adults.

The panorama experienced during the expansion of the new coronavirus (COVID-19) as of March 2020 was also observed, when great discouragement was observed on the part of the institution's residents and professionals, as the long-awaited visits had to be restricted for almost two years due to the risk of contamination of the residents.

As explained by Nascimento et al.,[35] with the spread of coronavirus (SARS-CoV-2), social distancing and social isolation were necessary to prevent the contamination of the older adults, considering that they are a group at high risk for the infection. In the LTCFs, the adopted protocols were to prohibit visits and going out for tours, to reduce the time spent interacting with others and activities in groups.

Barbosa et al.[36] reported in their study that the LTCFs are considered places at high risk for the aggravation of respiratory diseases such as influenza and COVID-19. According to these authors, these risks are intensified by the presence of chronic diseases in this population.

Regarding this new reality caused by the pandemic, the interviewees reported feeling sad because they were unable to maintain an affectionate physical and face-to-face relationship with their family members, but they also showed a certain degree of understanding with such a panorama experienced not only by them, but by the entire general population during this period.

> *"[...] the last time he came here, I couldn't go, because of that flu. If I had gone, I would have to be isolated for ten days, so I thought I'd better leave it alone." (MA, 67 years old)*
> *"One of my friends came to visit me every month. One day she arrived without a mask, but the boys (employees) wouldn't let her in. I called her, and she told me she wouldn't be able to come anymore, not anymore. All because of this illness, you know." (MA, 84 years old)*
> *"She (daughter) came to see me every week, but with this pandemic she's resuming the visits now, although less frequently." (MH, 82 years old)*

Since the beginning of 2019, it can be said that all spheres of the world's population have suffered from the spread of the coronavirus. The literature review by Silva et al.[37] emphasized the impact of feelings of anxiety, frustration, and insecurity caused not only by the distance from coexisting, but also by the grief and loss of loved ones, on the functionality, emotional and cognitive health of the long-lived individuals, residents of LTCFs or not.

Even with this scenario, the mortality rates from SARS-CoV-2 in the first year of the pandemic in Brazil, 2020, must be considered, when 69.3% of the 23,473 deaths occurred in people over 60 years of age.[36] This information helps to understand the reasons behind the implementation of protocols and measures to protect this portion of the population, especially when analyzing the risk of infection and the various clinical repercussions inherent in the action of the virus in the organism of these individuals.[38]

However, the aid of technology allowed families to reinvent themselves through the use of video calls and affectionate messages, as a way to keep in touch with their loved ones. According to Costa et al.,[39] the use of technologies by institutionalized older people during the pandemic was a positive factor that allowed them to get closer to family members, helping to reduce the feeling of isolation and loneliness.

Thus, residents emphasized the importance of the institution's employees as intermediaries for the inclusion of these older people in the digitalization wave experienced during the period.

> *"As my daughter lives in São Paulo, in the capital, it's always been kind of hard for her to come see me, you know. Then, with this pandemic, it got worse. Until one day he (employee) came with a cell phone in his hand all gracefully and said that he was going to show me a thing. I thought he was playing with me, you know, he's very playful. Then, when I looked, my daughter and my little grandson were there. I was so happy, I didn't even know how to hold that thing properly in my hand." (MP, 88 years old)*
> *"It had been a few months since my son had given me a cell phone, but I didn't use it much. I've never liked those things. But when this pandemic started, the boys (employees) showed me how to use it, just the basics. I got a taste for it. Today I even talk to my grandchildren through 'Zap-Zap'[1]." (EC, 74 years old)*

1 "Zap-Zap" – the affectionate way many Brazilians refer to WhatsApp.

The study by Costa et al.,[39] corroborating the reports, addressed the use of the Internet and technologies during social distancing as indispensable tools for maintaining social contact, in addition to allowing active aging through a greater sense of security and independence. In order not to forget the various barriers experienced in this interaction, the researchers describe the technical operation of the devices and the insecurity and physical limitations of this public.

In the research conducted by Nabuco et al.,[40] a relevant fact was pointed out about the use of technologies by the older adults during the COVID-19 pandemic, demonstrating that such use can be a protective factor against suicide among these individuals. For Rosa et al.,[41] technologies helped to improve the older adults' quality of mental health and also to reduce the feeling of loneliness, as they increased social contact during the pandemic.

The dynamics of interpersonal coexistence and the perception of care in the institution

When asked about interpersonal coexistence, there was a predominance of residents who consider other older people living in the institution as a family. They reported that their relationship is based on friendship, respect, and understanding and that they are companions for difficult times.

> *"It's like that's really a family. As we share the room with four roommates, we end up becoming more intimate with those who are there. Then you know, right, we share everything, from good to bad." (CM, 73 years old)*
> *"I'm happy living here, with all of us together. [...] Here we know everything about the church or the parish house. Here everyone knows about each other's lives, so no one is left alone. We see each other every day and we know when one of us isn't well. We help each other a lot." (MP, 88 years old)*

From the perspective of Santos et al.,[29] many institutionalized older people weaken their family ties and seek to recover affection through the relationships they establish in the group of older people within the institution. In this sense, the study by Barbosa et al.[36] emphasizes that social integration with other members of the LTCF is a factor that contributes to creating a sense of belonging to the group and provides a space where they can experience new projects and objectives for this stage of life.

For Gonçalves and Truccolo,[42] socialization is essential to stimulate the cognition (memory and reasoning) of the older adults and to enable quality of life and the gain of self-esteem within institutions. Thus, resuming the bonds of friendship between LTCF residents is indispensable in maintaining quality of life, as friends provide the older adults with emotional help and companionship, while helping to form a sense of belonging to a social sphere.[43]

Rodrigues and Silva[33] corroborate this concept by analyzing the consolidation of support networks among 30 older adults residents of a LTCF in a small city of the State of Minas Gerais, Brazil. The authors state that this interaction between people in the same situation helps the older adults to feel loved in that group and, consequently, it becomes one of the most desired axes during the adaptation process of the new resident.

Conversely, some residents reported having little contact with their peers because they considered themselves more shy and reclusive when it comes to social contact. However, they stressed that their relationship is not conflicting, just a little more distant.

> *"It's a good relationship, I have few friends because I'm quieter. I don't talk much, you know. I mind my own business. I know more about the men who share the room with me, I talk more with Antônio*

and the other man who also shares the room [with us]. But I'm not much of a talker, you know." (PR, 76 years old)
"So, I don't talk to everyone, but I don't have a problem. I'm more friendly with my roommates. I've never argued with anyone. Nobody has ever glared at each other, our relationship is ok. It's just that I like to be quiet, minding my own business [...]." (AF, 76 years old)

Often, more antisocial and reclusive personality traits can be mistaken for difficulties in living together when it comes to institutionalized individuals.[44] Machado et al.[45] explain that these behaviors may be related to the manifestation of psychological conditions, such as depression and anxiety, and may also be linked to the relative loss of autonomy, individuality, and privacy experienced by the older adults when having to respect a new routine, housing situation, and relationship with the world outside the institution.

For Alves-Silva et al.,[20] another noteworthy factor that becomes an obstacle to socialization within the institution is that, upon being admitted to the LTCF, the individual may have a sense of rupture with the previous status, and this may lead them to become shy and reclusive, moving away from social relations.

Bentes et al.[46] demonstrate in their research that, although LTCFs are appropriate places to provide assistance to the older adult population, often, upon arriving at these places, these individuals may develop feelings of isolation because they are unable to have external social contact, experiencing social confinement.

In addition, there was unanimity in positive comments regarding the quality of care and assistance provided in the analyzed institutions. The interviewees highlighted the physical aspects of routine cleaning and maintenance as indispensable. Regarding human resources, about half of the users consider the treatment they receive from the institution's employees to be respectful and impersonal.

"For me, the service here is 100%; here, we sleep well, we eat well, everything is clean, the beds, the rooms, the towels, the kitchen. You just look and can see everything shining, everything clean. The people do the job properly." (AF, 76 years old)
"They take good care [of us]. They do their part, they respect us. They give us the medicines on time, because otherwise we'd forget. They help to tidy up the rooms, prepare the dish for lunch. Everything is normal." (PR, 76 years old)

According to the Collegiate Board Resolution (*Resolução da Diretoria Colegiada* – RDC) No. 283 of 2005, defined by the Brazilian Health Regulatory Agency,[47] LTCFs are characterized as governmental institutions or not that are focused on permanent or temporary housing for individuals over 60 years of age, dependent or independent, with or without family support. In these places, multidisciplinary care has a residential and everyday-care nature, but it does not include medical services. Therefore, any professional with higher education can be the technical manager of a LTCF.[48]

Taking this concept into consideration and seeking to provide a lighter and more carefree routine for the residents, decent care must be provided, either through the nursing service or by maintaining the physical structure of the unit.[49] Other than that, it is vital for professionals who deal with residents on a daily basis to be aware of the behavior patterns of this population, knowing how to highlight them at certain times, always considering the importance of patience and attention for these individuals, who already have such limited social interaction.[50]

Regarding the care that the older adults should receive at the LTCF, Alves-Silva et al.[11] emphasize that they must contemplate assistance to carry out their activities of daily living, providing moments of

playfulness, recreation, and culture. Furthermore, there must be government investments in assistance so that the professional caregivers of the LTCFs can carry out their activities with dignity.

For Sampaio et al.,[51] LTCF professionals must have knowledge in various areas of health and work in a multidisciplinary team in order to share knowledge and provide an adequate environment to provide care to the older adults, seeking to meet their needs, as expressed in the National Health Policy for the Older Adult (*Política Nacional de Saúde do Idoso* – PNSI).

As for the other half of residents, it can be inferred that these participants observe care through a more familiar bias, highlighting characteristics such as affection, concern, and understanding of their limitations on the part of the employees. The consolidation of an emotional relationship between the older adults and the professional caregiver, indispensable not only for the maintenance of physical and emotional health, is evident.

> *"They're very good people. They like us a lot, they help us a lot. The boys themselves are funny all the time, so we can have a good laugh. I don't have anything bad to say about them, no, just good things. They treat us as if we were family." (MH, 82 years old)*
> *"The people who work here are all nice. Nobody fights or argues [...]. So we feel a lot of respect [from them] and we respect them a lot as well. Here, if you have a headache, they give you medicine and if it doesn't get better they'll put you in the car and take you to the hospital in the middle of the night. They're very careful with us, they worry [about us]. Just by looking, they know when we're not well." (MP, 88 years old)*

Still concerning the study by Piexak,[50] it can be stated, by examining the report of LTCF employees working in the state of Rio Grande do Sul, how the relationship with a fraternal bias can be perceived on both sides of this relationship. This reality is made present through the following questioning: "What does caring for the older adults mean to you?", a question to which compassionate answers were obtained from professionals, one of which was the simple sentence: "It means giving love".

Perception of the relationship between leisure activities and mental health

In view of the leisure offer, the implementation of various collective activities that seek to improve fine motor skill, logical reasoning, and interaction between residents was emphasized. According to Camarano and Kanso,[52] the activities carried out with the older adults at the LTCF contribute to the promotion of integration and socialization among residents and help them to play a social role.

Nevertheless, in the interviews with the older adults, we verified that they do not practice physical exercise or physical therapy. Positive mentions of the excursions and short tourist trips implemented by the LTCF during the pre-pandemic period were also frequent.

> *"We do everything here. I like to make these wall paintings, collage [shows the paintings that decorate the dining room]. Now I also take the courses, each month there is a different course for us to take." (AF, 76 years old)*
> *"There's a wide variety of things to do here, no one ever stands idly by and doesn't do anything, no. Not to mention that from time to time they choose a place for us to go out and visit." (CM, 73 years old)*

Silva et al.[53] emphasize that motor skills and logical reasoning are great for stimulating global cognitive level and executive function. However, they explain that recreational practices, such as targeted physical exercises (yoga and tai chi), dances, and tourism, correlate not only with motor coordination and basic cognition, but also stimulate the memory, social practice, semantic recognition, and the language of these long-lived individuals, through pleasurable and leisure practices that respect their limitations.

In the research by Barbosa et al.[18] the authors demonstrated that physical and leisure activities for institutionalized older people contribute to the social integration of these individuals.

With regard to maintaining good mental health, the participants highlighted the importance of carrying out recreational and playful activities in the institutionalization environment, as idleness was linked to the onset of negative feelings.

> *"Those things occupy our mind. While standing still, we only think about what doesn't work, only silly things come up. Nothing good." (AF, 76 years old)*
> *"When there's bingo and stuff, we get carried away and so do they (employees), it becomes a good little gathering. We can't stand idly by, no." (CS, 70 years old)*
> *"In order not to sit still, in this time of isolation, I would pick up the broom. It helped a lot, I swept everything up there by myself. It would do an advance for the cleaning lady. I'd anything not to sit still." (MR, 79 years old)*

The research by Soares et al.[44] confirms that institutionalized older people are more prone to the development of psychiatric pathologies, such as depression and anxiety, and neurological diseases, such as dementia. Furthermore, leisure activities serve as a way to minimize the impacts not only of the limitations and idleness of institutionalization, but also as a distraction from the conflicts, sorrows, and losses experienced by long-lived people during their life trajectory, which may be brought to light during this period.[54]

The studies listed by Ferreira[55] demonstrated unanimity regarding the prevalence of depressive symptoms and impairment of autonomy among institutionalized older people, who participated in the most diverse research modalities throughout the country. In addition, it should be noted that the concept of satisfaction with life can be considered one of the pillars of mental health, regardless of the analyzed age, being directly linked to the establishment of the will to live.[56] Silva[57] reports that this feeling is related to cognitive judgment, based on the comparison between the individual's current situation and the ideal standard of well-being previously established in the subconsciousness.

CONCLUSIONS

We conclude that, contrary to expectations, the older adults living in institutions have factors in their routine that contribute to the good maintenance of their mental and psychological health. For most of the interviewees, the process of being admitted to the institution was consensual; there is a positive and active relationship with family members, employees, and other residents; professional care is perceived as of good quality; activities are carried out that provide leisure and encourage internal interaction.

Thus, it is worth highlighting the importance of integrative and individualized analyses of the emotional health of this population, always seeking to be based on the vision and experience of the residents themselves. Therefore, the aim could be to develop health initiatives and campaigns to update

care services, improving care and bringing quality of life to these individuals. The findings have the potential to provide a change from concepts preestablished in the "common sense," not only for the academic and scientific community, but also for the regular population.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

ACR: Conceptualization, Data Curation, Investigation, Methodology, Visualization and Writing – original draft. ASL: Formal Analysis, Funding acquisition, Project administration, Supervision, Validation and Writing – review & editing. LSMLS: Resources, Software and Visualization.

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