

ANALYSIS AND TYPOLOGY OF CRISIS SITUATIONS OF SENIORS AND INTERVENTIONS OF TELEPHONE CRISIS SUPPORT WORKERS IN THE CZECH REPUBLIC

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Abstract

The aim of this paper is to present the results of research aimed at analyzing and describing the crisis situations of seniors and interventions of telephone crisis support workers in the first (April 2020) and the second wave (October 2020) of the COVID-19 pandemic. The theoretical basis is the crisis and theory of social support. Qualitative content analysis was used in the research. The result of the analysis is a typology of crisis situations of seniors and a typology of interventions of telephone crisis support workers. Records of selected social services, telephone crisis support for seniors (N = 1000) and expert interviews (N = 6) were selected for the research. For the analysis of the records of telephone crisis support for seniors, every second record in a given month (April and October) was selected until the number of 500 records for each selected month was reached. The results show that the most common area of social support in the first and second waves of the COVID-19 pandemic was emotional support and information support. The most frequent topics of telephone crisis support for seniors during the COVID-19 pandemic were existential, social and relationship issues. The most frequently provided interventions by telephone crisis support workers in the monitored periods were abreaction and supportive conversation.

Keywords: telephone crisis support, Covid-19 pandemic, crisis, social support, intervention of telephone crisis support workers, intervention hotline for seniors

1. INTRODUCTION

According to the Act on Social Services, telephone crisis support in the Czech Republic is a field social service provided temporarily not only to seniors who are in a situation endangering health or life or in another difficult life situation which they temporarily cannot solve on their own (Act, 2006). According to the Register of Social Services Providers (2021), there are a total of 34 providers of telephone crisis support in the Czech Republic, regardless of the target group. About a third (12) of all providers are providers of telephone crisis support whose target group are seniors. According to the Statistical Yearbook of Labor and Social Affairs (MoLSA, 2017), in 2017 the total number of clients of telephone crisis support was 93,133 (41,002 men and 52,131 women). In 2019 (MoLSA, 2019) there was an increase of 35,377, with a total of 128,510 (61,637 men and 66,873 women) clients of telephone crisis support. In 2019, telephone crisis support service for seniors, whose records were analyzed, received 7,199 calls. In 2020, due to the COVID-19 pandemic, there was an increase to 12,809 calls (Gramppová Janečková, Bohatá, Drazdíková, Kotrlová, 2019).

According to the data of the Statistical Yearbook in the field of labor and social affairs, the telephone crisis support service is not available at full capacity. In 2017, 11,819 unsatisfied requests for telephone crisis support service were registered (MoLSA, 2017). Based on the data of the Statistical Yearbook in the field of labor and social affairs, it is not possible to find out data on telephone crisis support for the target group of seniors (only for the group of adults, i.e., from the age of 18). The Statistical Yearbook does not list the number of clients and unsatisfied requests for the target group of seniors, but it is still an interesting finding regarding the capacity shortfall of this service.

The Czech Republic lacks research to analyze telephone crisis support services for seniors. Only annual reports informing about the service's activities and the assistance provided can be found on the websites of telephone crisis support providers. Also, Conference Proceedings (Proceedings, 2012) can be found,

which serve mainly for social service providers as an exchange of experiences and for sharing examples of good practice. One of the first research dealing with telephone crisis support for seniors in the Czech Republic is from the authors Bohatá, Gramppová Janečková and Kotrlová (2019), which draw attention to the phenomenon of long-term repeat callers. According to the authors, there is no specialized form of support for long-term repeat callers, despite the fact that these clients are experiencing crises in everyday life. Long-term repeat callers need support of themselves. For long-term repeat callers, it is not primarily a matter of finding or resolving a crisis situation, as is often the case with first-time contacts (telephone crisis support clients who call once in the event of a crisis or an urgent need for help). Long-term repeat callers need to stabilize their life situation, which leads to the need to develop methodologies for telephone crisis support with a so-called crisis stabilization approach.

Based on the findings of the absence of research from the field of telephone crisis support for seniors, the capacity shortage of this social service and the increase in calls during the COVID-19 pandemic to one of the telephone crisis support services by almost an additional half, we decided to conduct research to analyze and describe crisis situations of seniors and interventions of telephone crisis support workers in the first and second waves of the COVID-19 pandemic.

2. THEORETICAL BACKGROUND

The theoretical basis of our research is the crisis theory of social support. Vodáčková (2020) defines a crisis as a normal universal event that takes place in various contexts. A crisis has three components: a trigger event or situation, a perception of the situation as threatening, and the failure of the usual manner of dealing with the event or situation. According to the nature of the trigger of the crisis, it is then possible to distinguish crises arising from expected life changes, situational crises, traumatic crises and chronic crises (Špaténková, 2017). Vodáčková (2020) further complements the crisis typology in the context of specific vulnerabilities and urgent crisis situations. Crisis intervention then represents a time-limited but intensive intervention in a crisis. In the case of telephone crisis intervention, it is a remote form of support that takes place "at a distance". Crisis intervention is a process of interaction between a worker and a client, which includes examining the client's social support during the intervention. Social support is understood as one of the factors that influences the development of adverse life events on the mental well-being and health of a person. Social support can be understood as a system that works against the harmful effects of crisis events.

According to Mareš (2001), social support is a multidimensional construct, and therefore it is not easy to state one definition and categorization that would express all its dimensions. The construct of social support is rooted in sociology, psychology, medicine and is also emerging into other disciplines. It is a construct that changes over time and changes depending on the situations, life events, age and social inclusion of the individual. At the same time, social support has an interactive form, and therefore it can be perceived differently by the provider, the recipient and the independent observer, and it can have both positive and negative effects. The theoretical basis of our research is the definition of social support by Schaefer, Coyne and Lazarus (1981 in Mattson, Hall, 2011), who described five types of social support in terms of its content:

- Emotional support: includes the emotional and affective needs of an individual related to his difficult situation (for example, encouraging a senior in case of depressed mood)
- Support in ensuring self-esteem: encourages individuals to take action to solve a problem or difficult situation (for example, strengthening self-awareness and personal strengths of a senior)
- Social support: confirms to the individual the fact that he / she is part of a network of social relations (for example, the senior's awareness of the existence of friendly relations in the neighborhood)
- Information support: provides the individual with the necessary information in the decision-making process when solving a difficult situation (for example, providing advice or information about the offer of social services)

- Tangible support: takes the form of specific assistance provided to an individual by another person (for example, domestic help)

3. MATERIALS AND METHODS

In the Czech Republic, a state of emergency was declared at the beginning of March 2020 due to a threat to public health from the Coronavirus disease (COVID-19), (Act, 1998), and several preventive measures and recommendations were issued to reduce meeting people and prevent the possible spread of the disease. The Czech Republic reached the peak of the first wave of the COVID-19 pandemic in mid-April 2020. During May and June 2020, the situation largely stabilized, and the Czech government gradually relaxed the measures. According to Ministry of Health of the Czech Republic (2021), the first wave of the COVID-19 pandemic peaked in mid-April 2020. The second wave of the COVID-19 pandemic can be indicated from mid-September 2020.

The presented research results are based on the data analysis of telephone crisis support service – intervention hotline for seniors (Elpida, 2021). Intervention hotline for seniors (Elpida, 2021) is a social service that provides telephone crisis support to seniors, people in crisis and caregivers free of charge and anonymously. It offers callers a confidential space to share their feelings, accompanies them through difficult life situations, and provides them with meaningful contacts to other services and institutions.

The research was focused on the analysis and description of crisis situations of seniors and the interventions of telephone crisis support workers for seniors during the first and second waves of the COVID-19 pandemic. Data (N = 1000) from the Linkař system (2020) were systematically selected for analysis. For the period of the first wave, 500 data for the month of April were systematically included in the analysis. For the second wave period, 500 data for the month of October were systematically selected. In 2021 (June), expert interviews (N = 6) were conducted with telephone crisis support workers for seniors. We worked with data of quantitative and qualitative nature. Using the method of qualitative content analysis (Schreier, 2012), we identified and subsequently compared the types of crisis situations of seniors and the types of intervention provided during the first wave (April 2020) and the second wave (October 2020) of the COVID-19 pandemic.

4. RESULTS

As Table 1 shows, in terms of call frequency, first-time contacts in the first wave of the COVID-19 pandemic were more frequent (295) than during the second wave (140). Conversely, in the second wave, repeated contacts (330) were more frequent than in the first wave (168). According to senior intervention hotline workers, there was a significant increase in information calls with first-time clients during the first wave, which was related to the state of emergency and the measures issued. Even though the operation of the intervention hotline for seniors was expanded in the first wave of the COVID-19 pandemic, callers mentioned in the calls, *“that it was a problem to get through and that it was busy for a long time (CP2).”*

From the point of view of gender, the more frequent clients of the intervention hotline for seniors were women in both waves. By comparing age groups, it was found that the most frequent clients were seniors of younger age (in the age category 65-79 years and seniors 50-64). In the first wave of the COVID-19 pandemic, the intervention hotline for seniors was most often contacted by seniors in the 65-79 age group. In the second wave, the intervention hotline for seniors was most often contacted by the youngest age group of seniors 50-64.

In both waves of the COVID-19 pandemic, a significant proportion of calling seniors were classified as old-age pensioners (548). Another significant proportion of calling seniors were not included in any of these categories (208). This is because the workers of the intervention hotline for seniors only record the information provided by the caller into the Linkař system. Another part of the callers was classified in the category of full disability pension (197) and employed (47). The intervention hotline for seniors

was most often called by seniors (897), followed by those caring for the elderly (65) and people in crisis (36).

		1 st wave (Apr 2020)	2 nd wave (Oct 2020)	Total
Frequency	First-time contact	295	140	435
	Repeat contact	168	330	498
	Unknown	37	30	67
Gender	Female	343	378	721
	Male	157	122	279
Age group	Seniors 65-79	252	196	448
	Seniors 50-64	167	239	406
	Older Seniors over 80	41	14	55
	Unknown	40	51	91
Employment	Old-age pension	324	224	548
	Unknown	98	110	208
	Full disability pension	60	137	197
	Employed	18	29	47
Target group	Seniors	448	449	897
	Caregivers	34	31	65
	Person in crisis	18	18	36
	Other	14	16	30

Table 1. Characteristics of contacts in the first wave (April 2020) and the second wave (October 2020) of the COVID-19 pandemic

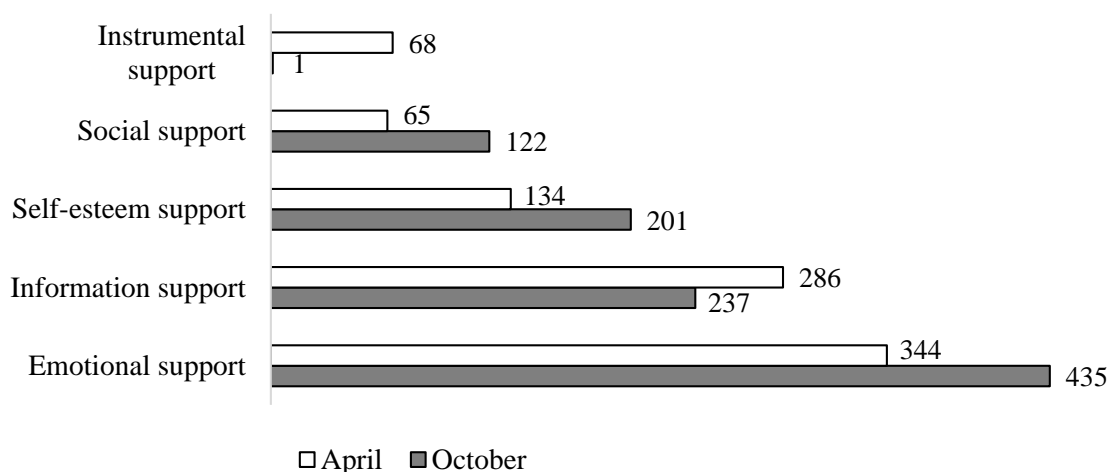
Source: Linkař (2020), edited by the authors

The most common content of social support in the first wave of the COVID-19 pandemic was emotional support (344) and information support (286) - see Table 1. In the first wave, we saw a significant increase in tangible social support (68). The need for tangible support was given by the state of emergency and the preventive measures and recommendations issued, not only for seniors. The intervention hotline for seniors reacted to this situation very quickly and made it possible to extraordinarily (meaning is that it is not typical for them to provide this type of service) provide also practical assistance to seniors in households with the help of the voluntary involvement of scouts Junák-Český skaut z.s. *“It started with scouts picking up face masks and carrying them to seniors, then helping with shopping, or going to the post office. The scouts’ aid continued for over a year throughout the Czech Republic. Sometimes it was one-time help, but sometimes it was a long-term cooperation between a scout and a senior (CP3).”*

Due to the fact that during the COVID-19 pandemic, a ban on visits to residential social services facilities (for example, in nursing homes) was issued and a recommendation was issued to restrict the movement of people (especially the elderly and those with deteriorating health), there has been an increase in calls from seniors living in nursing homes: *“they called for information and support on how to cope with the strict rules in nursing homes, how to meet with family members, or how to manage loneliness... or seniors’ relatives also called and discussed how to actually take care of their loved ones and that they do not want them to be there alone for such a long time... (CP2).”*

In the second wave of the COVID-19 pandemic, the content of social support changed slightly. Clients often no longer needed the practical help of scouts. The most frequent types of social support in the second wave were still emotional support (435) and information support (237). During the second wave, the need for social support and self-esteem increased.

How the COVID-19 pandemic changed the contents of the intervention hotline for seniors is illustrated by the communication partner's statement: *"With the onset of the pandemic, information calls began to predominate because the information was poorly available and mostly on the internet, to which many seniors do not have access. Then the number of calls from seniors dealing with the inheritance began to increase, there were a lot of calls from mourning people, there were also calls from seniors, whose family fell apart (CP4)."* A number of topics can be identified during the development of the COVID-19 pandemic, which have changed over time. Based on expert interviews conducted in June 2021 with workers of the intervention hotline for seniors, we monitored the further development of conversation topics. According to one communication partner, the COVID-19 pandemic and the problems associated with it are not the main topic of calls (CP2): *"for a long time I have not seen a call when Covid would be the main topic."* Another communication partner said: *"Now it is slowly returning to normal in terms of number of callers, there are not so many calls regarding Covid, but there are more topics about the impacts of Covid... bereaved family members of those victims of Covid call who could not say goodbye to a loved one, could not be at the funeral... also people who haven't objectively experienced anything bad during the time of Covid call, because they developed a psychiatric illness, anxiety, have reactions to stress and actually find it difficult to find out why it happened..., then the families fell apart, so we deal with things we have dealt with before, but are in greater numbers and more serious (CP3)."*



Graph 1. Content of social support

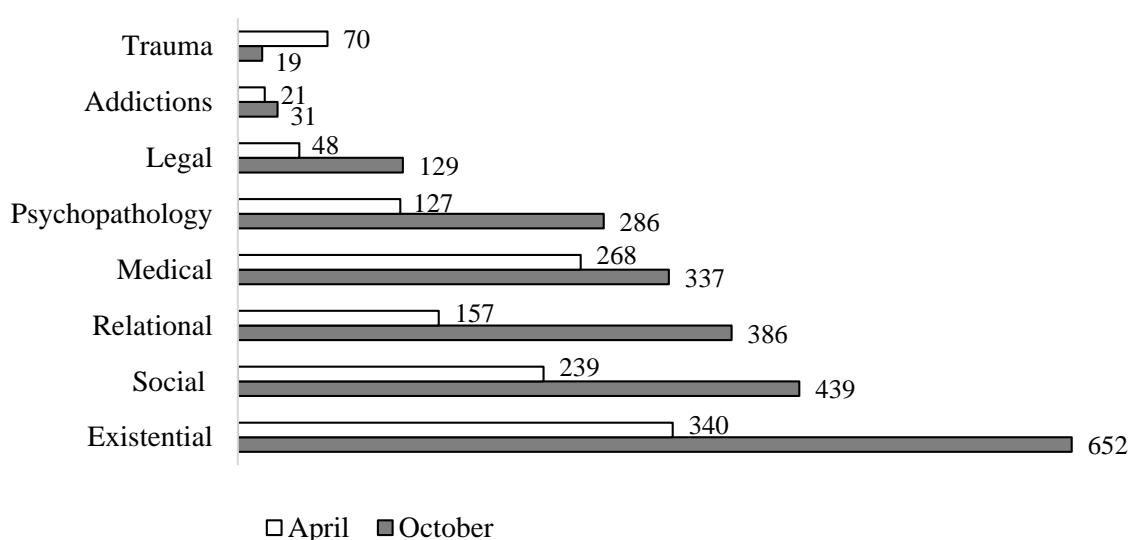
Source: Linkař (2020), edited by the authors

In the first and second waves of the COVID-19 pandemic, existential issues were the most common topic of senior intervention hotline conversations (see Graph 2). Nevertheless, in the second wave there was a sharp increase in existential topics (652), connected mainly with the feeling of loneliness of seniors, the death of a loved one and the loss of meaning in life. Research from the Netherlands showed that during the COVID-19 pandemic, social loneliness among seniors (absence of social contacts) increased only slightly, but emotional loneliness (absence of close emotional attachment to the other person) increased significantly. Loss of personal relationships, fears of a pandemic, and a decline in trust in social institutions have been associated with an increased incidence of emotional loneliness among seniors (Tilburg et al., 2020). Authors MacLeod et al. (2018) provide an overview of intervention options for alleviating the loneliness and social isolation of seniors. Interventions for loneliness should focus on approaches of (1) telephone support, (2) community development as a source of support, (3)

online support and digital solutions to provide support, (4) resilience training. Telephone support can provide seniors with the opportunity to develop and maintain social contacts. The community as a source of support should help to develop volunteering, with the purpose of providing seniors with regular social contact and at the same time to monitor their health and safety, enabling them to age in a natural social environment. Online support can offer approaches to alleviate loneliness and social isolation. Resilience training is focused on strengthening skills and abilities in social relationships.

Workers of intervention hotline for seniors reported that: *“people who, despite the pandemic, were experiencing a transitional crisis and discomfort in their relationships were calling (CP4)”*. The transitional crisis, which stems from the expected changes in life, has intensified due to the COVID-19 pandemic. During the second wave of the COVID-19 pandemic, there was also a significant increase in social issues (439), which most often concerned care for the seniors, financial distress and housing problems. In the area of relationships (386), in the second wave of the COVID-19 pandemic, the conversation topics most often concerned family problems, partnership problems, the relationship between parents and children, but also neighborhood relations.

If we compare the first (April 2020) and the second (October 2020) wave of the COVID-19 pandemic, there has been a significant increase in calls in three topics. These are existential problems (from 340 to 652 calls), social problems (from 239 to 439 calls) and relationship issues (from 157 to 386 calls). In the first wave of the COVID-19 pandemic, calls focused more often on traumas and their expression. As evidenced by the statement of one communication partner: *“At the beginning of the spring wave, clients were scared, stressed out, dealing with government measures, what and how should be done, when they can go shopping and whether they can go out... Then topics such as stress, people called with anxiety problems, exhaustion... and now they did not want to follow any measures (CPI).”* In the second wave of the COVID-19 pandemic, calls focused more on health issues and the incidence of psychopathology increased. The issue of health was a very common topic in both monitored months. The first wave (April 2020) involved 268 calls, the second wave (October 2020) involved 337 calls. Seniors very often shared their difficulties associated with physical illnesses or mental problems. Regarding the legal issues, the frequency of telephone calls increased in the second wave. The calls often concerned topics such as housing, debts and civil law. In both monitored months, the topics of addiction and social pathology (domestic violence, alcohol) were not so frequent.

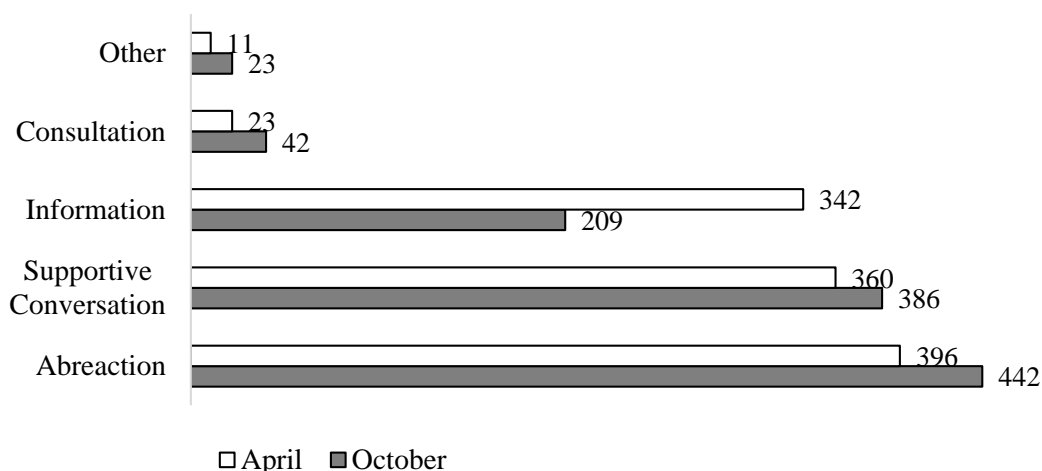


Graph 2. Topics of telephone crisis support in the first (April 2020) and the second (October 2020) wave of the COVID-19 pandemic

Source: Linkař (2020), edited by the authors

The most frequently provided intervention in the first and second waves of the COVID-19 pandemic were abreaction and supportive conversation, which is evident from Graph 3. Emotional abreaction helped to reduce internal tension in a crisis situation. Supportive conversation can be understood as a form of treatment of released emotions. Through a supportive conversation, the mental state was stabilized, the difficult life situation and sources of social support were mapped, it helped with creating a constructive view of one's own difficult life situation and with supporting the use of one's own sources of social support and adaptive ways of solving difficult life situations.

In the first wave of the COVID-19 pandemic, information intervention (342) was reported more often than in the second wave (209), which was related to the state of emergency and frequent changes in issued government measures and recommendations. As one communication partner stated: *“when the situation worsened, people started calling more... seniors reacted a lot to information from the media. They did not understand them and often called us with additional questions (CP2).*



Graph 3. Telephone crisis support interventions in the first (April 2020) and the second (October 2020) wave of the COVID-19 pandemic

Source: Linkař (2020), edited by the authors

5. DISCUSSION

In the interviews, workers of the intervention hotline for seniors reported that during the COVID-19 pandemic, they extraordinarily provided tangible support with the voluntary involvement of scouts, despite the fact that telephone crisis support was not intended to replace other forms of assistance or social services. In the interviews, workers of the intervention hotline for seniors reflected that in the calls they noticed an increased incidence of seniors who needed tangible social support, regardless of whether a state of emergency is declared or not. One communication partner (CP4) stated: *“there are seniors who need to buy groceries, walk a dog, talk to somebody... it is not a signal of crisis, but these topics are also the content of calls... it would help if in each city or town there was a contact for a volunteer center that would arrange this assistance (as the scouts did during the pandemic).”* This practice is not established in the Czech Republic. In some regions of the Czech Republic, Senior Points are established, which are contact places where seniors can look for information to solve their situation. According to the German authors Henzler and Späth (2013), the development of volunteering among seniors, which is based on helping senior citizens among themselves to manage the activities of everyday life, can have the potential to provide tangible social support for seniors. Another possibility, according to the authors, is a time bank, where for every hour of tangible social support that (not only) senior provides to someone else, an hour will be credited to his/her time account in case he/she ever needs help.

In the Czech Republic, during the COVID-19 pandemic, a number of preventive measures were taken concerning social services. One of them was a ban on visits to residential social services. In the Czech Republic, other social services for seniors were closed during the pandemic, such as day care centers for seniors, Respite care centers for seniors, and social activation services for seniors and people with disabilities. All social services were provided primarily for the purpose of securing the basic needs of clients with an effort to limit personal social contact as much as possible. As a secondary impact of the restriction on the functioning of social services was the social isolation of clients and an increase in their feeling of loneliness (MoLSA, 2021). These measures were reflected in an increase in calls to the intervention hotline for seniors, where caregivers often called that they could not visit their loved ones. In connection with the situation in residential social services for seniors, online communication with clients' families was used, e.g., via Skype. *"However, the rate of use of this option varied significantly between various institutions. It was the pandemic that showed that not all retirement homes for seniors have sufficient technical equipment to offer this service to clients (CPI)."*

Foreign authors Weiskittle, Mlinac (2020) created a manual that was designed for a virtual online or telephone support group for socially isolated seniors during the COVID-19 pandemic. This manual can be an inspiration for the development of virtual online groups similar to those in other countries. The goal of the online group is to increase the social support of isolated seniors and to teach members of the online group to use techniques to alleviate feelings of loneliness, anxiety and depression. Moore, Hancock (2020) discusses the challenges posed by modern technology for seniors during the COVID-19 pandemic. Modern technologies can be used to ensure social interaction even during the necessary restrictions that do not allow personal meeting. The problem, however, is the lack of access of seniors to these modern technologies, or the lack of skills necessary for their effective use.

6. CONCLUSION

The aim of the paper was to analyze and describe the crisis situations of seniors and interventions of telephone crisis support workers in the first (April 2020) and the second wave (October 2020) of the COVID-19 pandemic.

We found out that the most common content of social support during the first and second waves of the COVID-19 pandemic was emotional support and information support. In the first wave, we also saw a significant increase in tangible social support. The most frequent topics of telephone crisis support for seniors during the COVID-19 pandemic were existential, social and relational issues. The most frequently provided intervention by telephone crisis support workers in the monitored periods was abreaction and supportive conversation. In the first wave of the COVID-19 pandemic, there was an increase in providing information.

Based on the results of research from abroad, it turns out that volunteering, which is not widespread among seniors in the Czech Republic, can be a challenge in supporting seniors not only in the field of tangible social support. The research of Petrová Kafková (2012) based on the data analysis of European Value Study (2008) shows that 10–19% of the population in the Czech Republic is involved in volunteering. The level of participation of seniors in volunteer activities does not differ from the rest of the Czech population. Compared to other European countries, the Czech Republic is rather above-average in participating in volunteering. 47% of the Dutch population participates in volunteering, which is the highest number of all European countries. On the contrary, Russia has the lowest participation in volunteering (5%). In the Czech Republic, volunteering is most often carried out in sports and entertainment (11%), in educational or artistic activities (5%) and in youth activities (4%). The Final Report on Volunteering for the European Commission (Volunteering 2010 in Petrová Kafková, 2012) informs that in some European countries the number of seniors who work as volunteers is significantly increasing. However, most seniors who participate as volunteers are people with previous experience of volunteering in the earlier stages of their life. So it is not enough to motivate seniors to act as volunteers after they have retired.

Based on foreign research and examples of good practice (e.g., MacLeod et al., 2018; Weiskittle, Mlinac, 2020), one can be inspired by the possibilities of using modern technologies in the development of social work interventions with seniors.

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