IMPROVING

SOCIAL ISOLATION

And

LONELINESS

In

OLDER ADULTS

ECHO
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Recovery has no age limit.

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OVERVIEW

- Loneliness and social isolation among older individuals a major public health concern - some calling them the next "vital signs" for older adults
Suicide Prevention Resource Center (SPRC)

- Loneliness and social isolation rarely considered or addressed in health and mental health care settings - yet they are among the most modifiable risk factors for mortality and morbidity   *SPRC*

- Release of *Our Epidemic of Loneliness and Isolation 2023: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community*

- Surgeon General : "Social connection is a fundamental human need, as essential to survival as food, water, and shelter."

- Disconnection generally follows a U-shaped curve across the lifespan, with high rates of loneliness during young adulthood and later in life *National Council on Aging*

Suicide Prevention Resource Center – Reducing Loneliness and Social Isolation Among Older Adults

Know the Facts

Older adults are especially vulnerable to social isolation and loneliness due to declining health and mobility, loss of significant loved ones, and the smaller size of their social support network.

1 in 2	1 in 3	2X
1 in 2 over the age of 60 are at risk of social isolation.[7]	As many as **1 in 3 community-dwelling** older adults experience loneliness.[8]	Rates of loneliness among older adults are **two times higher** in **long-term care** settings than in community settings.[9]

🔑 **Key Fact:**

Despite its frequency in late life, older individuals do not experience loneliness in the same way, reflecting the great diversity among older adults in terms of age, physical status, preferences, sociocultural differences, and other factors.

- A lack of belongingness, which includes loneliness, is key factor related to suicide
- Social support is main protective factor for suicide and depression
- Loneliness also a risk factor for nursing home admission
- Loneliness frequently difficult to spot

DEFINITIONS:
ISOLATION / LONELINESS
ARE NOT THE SAME THING

ISOLATION

- Physically alone – living alone, loss of family or friends, illness, hearing loss, etc.

- Not synonymous with being lonely

- Objective lack of (or limited) contact with others

LONELINESS

- Feeling of being alone, regardless of amount of social contact

- Defined by level of satisfaction with your connectedness

- Perception of social isolation

- Subjective feeling of being lonely

Understanding the Biology of Loneliness

- Losing a sense of connection and community changes a person's perception of the world

- Someone experiencing chronic loneliness feels threatened and mistrustful of others, which activates a biological defense mechanism

"Loneliness acts as a fertilizer for other diseases"

Steve Cole, Ph.D., Director of the Social Genomics Core Laboratory at the University of California, Los Angeles

IMPACT OF LONELINESS OR SOCIAL ISOLATION

- **Health risk similar to obesity, smoking, lack of access to care and physical inactivity**

- **Depression, poor sleep quality, accelerated cognitive decline, poor cardiovascular function, impaired executive function and impaired immunity**

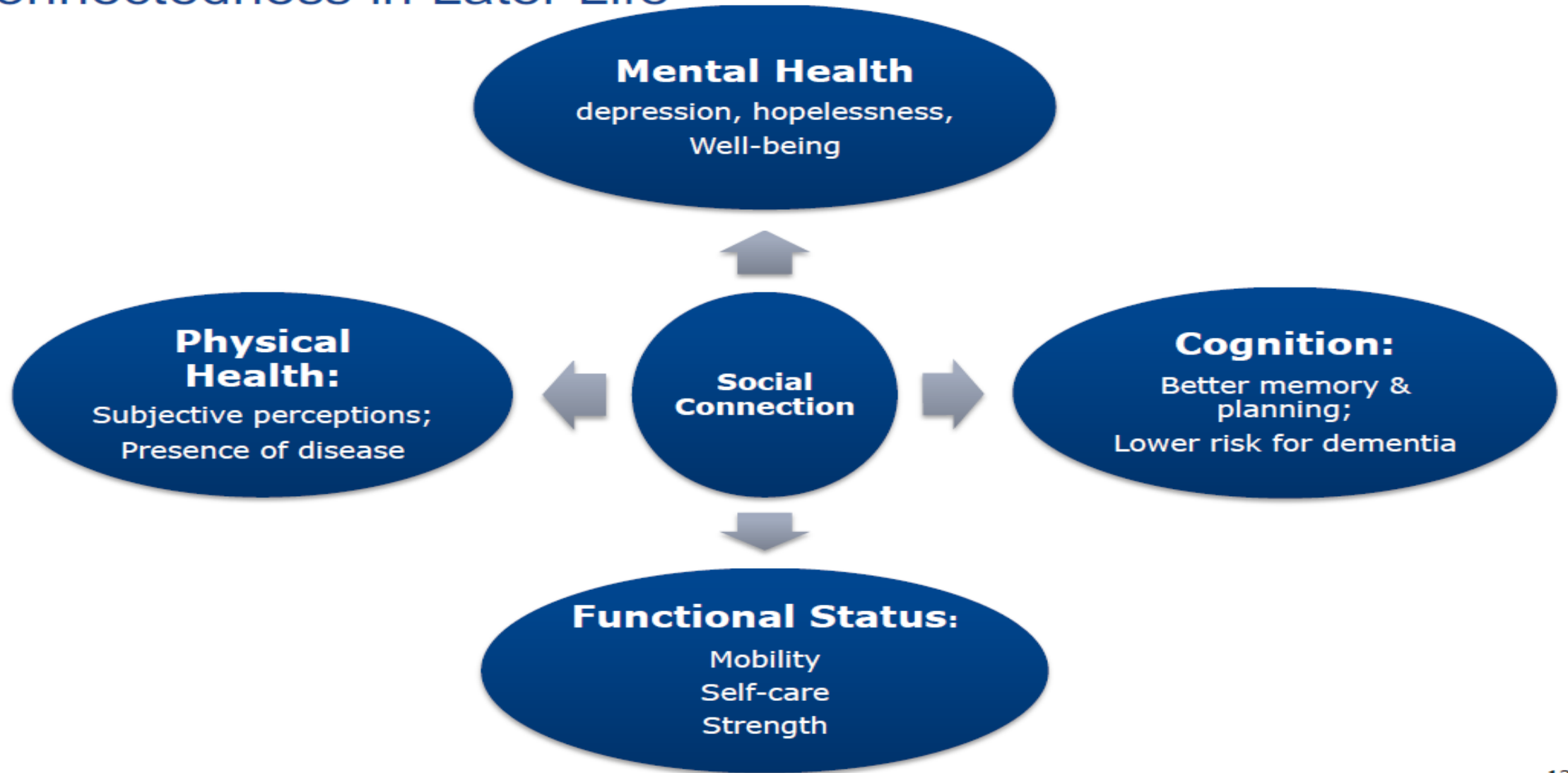- **Changes in physical function and cognitive sharpness**

- **50% increase in developing dementia**

- **59% increased risk of functional decline**

- **45% increased risk of death**

- **Increased risk of heart disease and stroke**

- **Loneliness among heart failure can quadruple risk of death and increase risk of hospitalization by68%**

A problem of social disconnectedness

- ## Indices of social disconnection in later life:

  - **Loss of a spouse**
    (Conwell et al, 1990; Erlangsen et al, 2004)

  - **Loneliness**
    (Rubenowitz et al, 2001)

  - **Interpersonal discord**
    (Harwood et al, 2006; Beautrais, 2002; Duberstein et al, 2004)

  - **Low social support**
    (Turvey et al, 2002)

  - **Fewer people in whom to confide**
    (Miller, 1978)

  - **Less community engagement**
    (Duberstein et al, 2004)

  - **Living alone**
    (Waern et al, 2002; Barraclough, 1971)

DISCONNECTEDNESS: Importance of Social Connectedness in Later Life

Mental Health
depression, hopelessness,
Well-being

Physical Health:
Subjective perceptions;
Presence of disease

Social Connection

Cognition:
Better memory &
planning;
Lower risk for dementia

Functional Status:
Mobility
Self-care
Strength

5 D's of Older Adult Suicide

Yeates Conwell, MD, Dept. Psychiatry, URMC

American Journal of Preventive Medicine

DEPRESSION

DISEASE

DISABILITY

DISCONNECTEDNESS

DEADLY MEANS

LONELINESS

SOCIAL ISOLATION

Risk Factors for Loneliness and Social Isolation in Older Adults

- Lives alone
- Can't leave their home
- Has transportation issues-loss of license
- In poverty
- Had a major loss or life change - death of a spouse or partner, retirement
- Struggles with money
- Is a caregiver
- Has psychological or cognitive challenges, or depression

- Has limited social support
- Vision problems; hearing issues
- Functioning/disability issues
- Lives in a rural, unsafe, and/or hard-to-reach neighborhood
- Has language barriers
- Experiences age, racial, ethnic, sexual orientation, and/or gender identity discrimination
- Is not meaningfully engaged in activities
- Feels a lack of purpose

RISK CONTEXT
social determinants of health

Sensory – impairment	Cognitive – function	Co-Morbidities
Mobility and Transportation	Healthcare Access and Utilization	Technology Access and Literacy

Suicide Prevention Resource Center

Reducing Loneliness and Social Isolation among Older Adults

Key Steps to Reduce Loneliness and Social Isolation

UNDERSTAND loneliness and social isolation and their effects on older adults

IDENTIFY AND ASSESS loneliness and its risk factors in older adults

CONNECT lonely or socially isolated older adults to services or resources *matched* to their personal needs and preferences

SCREENING TOOLS

Scientifically validated questionnaires to identify loneliness

- ***UCLA Loneliness Scale-*** gold standard – brief 3 item version also available

- ***De Jong Gierveld Loneliness Scale*** – well established, longer, self-administrated

- UCLA Loneliness Scale

- De Jong Gierveld Loneliness Scale

- **Campaign to End Loneliness Measurement Tool**

- **Upstream Social Interaction Risk Screener (U-SIRS)**

- Duke Social Support Index (DSSI)

- Berkman-Syme Social Network Index

- Patient Health Questionnaire (PHQ)

People are asked to respond to the following questions:

1. I am content with my friendships and relationships.
2. I have enough people I feel comfortable asking for help at any time.
3. My relationships are satisfying as I would want them to be.

Scoring:

The score is a total of responses to the above statements, based on scored responses of strongly disagree (4) / disagree (3) / neutral (2) / agree (1) / strongly agree (0). The higher the score, the greater the degree of loneliness.

SOURCE: Campaign to End Loneliness, 2019a.
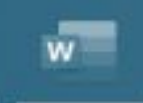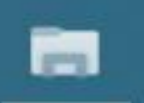
U-SIRS (13 core items)

- I feel isolated from others
- I lack companionship
- I feel no one really knows me well
- I can find companionship when I want it
- Attend social clubs, residents' groups, or committees
- Attend religious groups
- I avoid socializing because it is hard to understand conversations, especially when there is background noise
- I am satisfied with the relationships I have with my family
- I am satisfied with the relationships I have with my friends
- I have as much contact as I would like with people I feel close to and who I can trust and confide
- There are enough people I feel close to and could call for help
- I am content with my friendships and relationships
- I miss having people around me

UPSTREAM SOCIAL INTERACTION RISK SCREENER

Social Isolation Risk

Physical Opportunity

Emotional Fulfillment
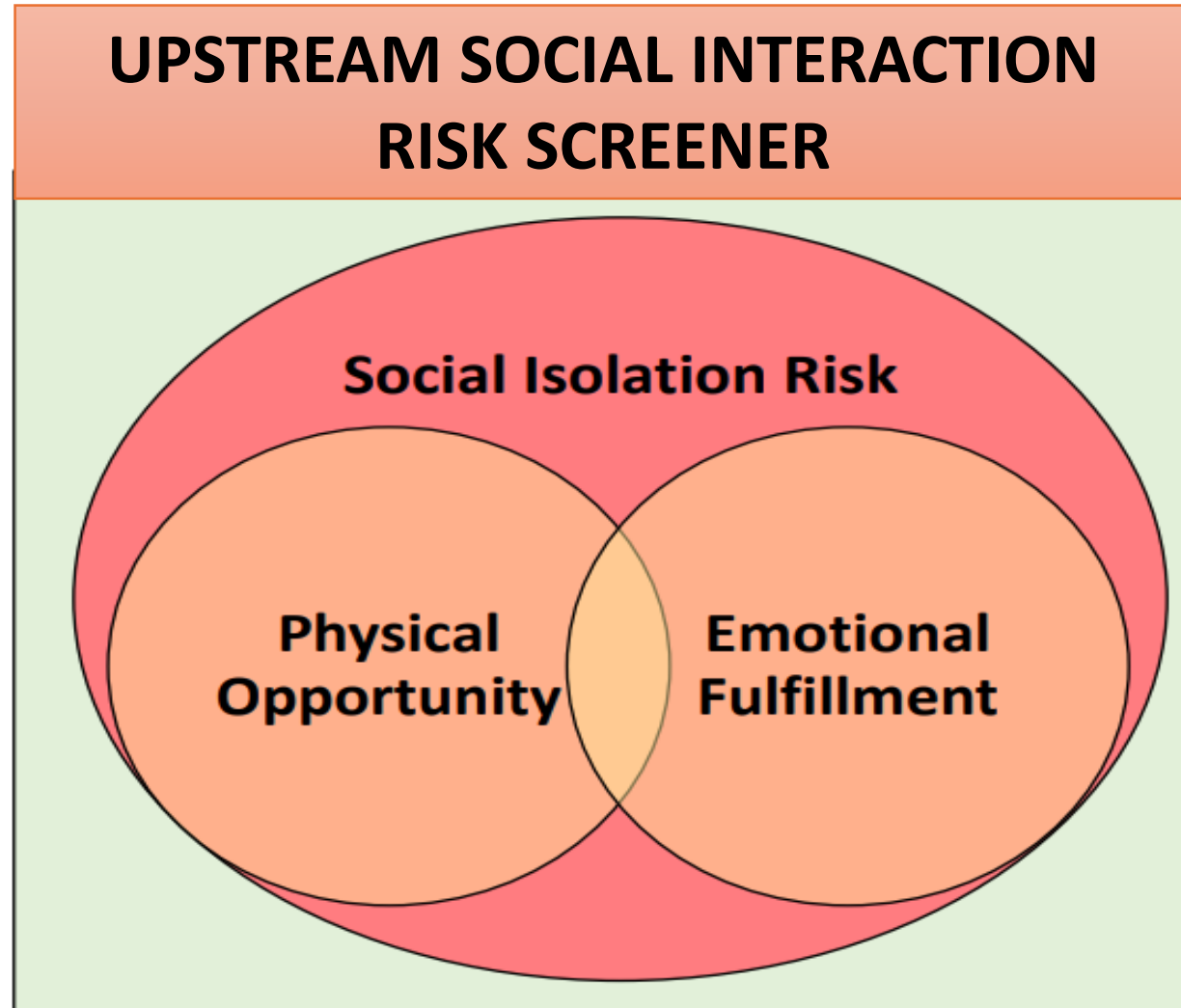
Interventions and Approaches

Loneliness has different causes in different people

Examples:

- **Limited social skills**
- **Low social support**
- **Limited access to social interactions**
- **Unhelpful thoughts about social situations**

Important to match the approach to the personal situation and preferences

Key Fact – most interventions that focus on increasing social contacts more likely to reduce social isolation that decreasing loneliness

Accessing and enhancing current relationships may be more appropriate in some instances

Suicide Prevention Resource Center Web: http://www.sprc.org

TYPES OF INTERVENTIONS AND RESOURCES

Suicide Prevention Resource Center Web: *http://www.sprc.org*

Approaches can be grouped into 4 categories based on the underlying cause they address

❑ Improve social skills – increase verbal and non-verbal communication skills

❑ Increase social support – visitors, in-home help, meal delivery

❑ Increase access to social interactions

❑ Change unhelpful thoughts about social situations –negative thoughts about others, untrusting, negative social perceptions, negative social behaviors

A Multifaceted Intervention Model
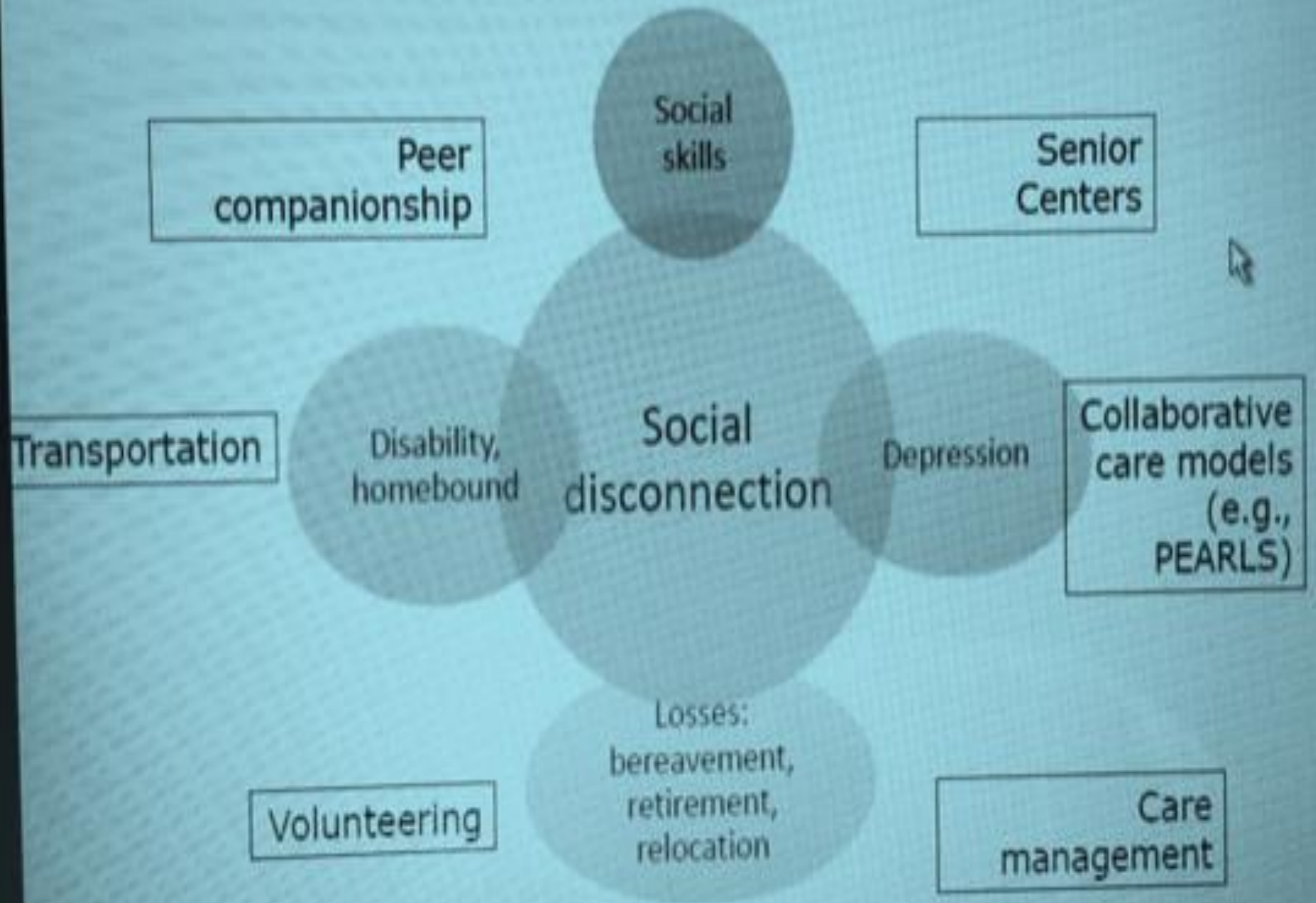
Actions/ Strategies/ Recommendations

- Begin or increase social activities
- Participate in group activities
- Memory games and puzzles
- Visiting with friends and family – virtual option
- Telehealth
- Nutrition – share meals
- Emotional support – friends, family, staff
- Strengthen current relationships

- Communication skills – engage, listen, validate, support
- Help develop purpose
- Vote
- Join neighborhood / community groups /organizations
- Focus on meaningful, positive aspects – positive emotions – positive experiences - thankfulness

Actions / Strategies / Recommendations

- Volunteer
- Try a new hobby
- Move to supportive aging community
- Activity planning – Behavior Activation – meaningful activities
- Develop leadership roles – support groups – find meaning in helping others/ sharing experiences

- Find opportunities to engage in community
- Meet neighbors
- Adopt a pet
- Participate in health promotion programs
- Learn technology – use technology
- Look for multi-generational friendships
- Be a mentor

Recommended **ACTION STEPS** for Professionals *(SPRC)*

1. Consider whether the individual may be lonely or socially isolated based on their life situation and risk factors. Don't wait for them to tell you.

2. If you suspect possible loneliness, assess the individual using a brief tool. In some settings, this assessment can be implemented as a routine screening.

3. If the individual is lonely, try to understand why using an empathic, non-directive, active listening approach. Four possible reasons for loneliness are: » Limited social skills » Low social support » Limited access to social interactions » Unhelpful thoughts about social situations

4. Suggest resources (see "Key Resources") that may be helpful for addressing the cause(s) of the individual's loneliness. Inquire about and acknowledge the individual's preferences.

Key Resources

- AARP Foundation Connect2Affect - self assessment/guide to building individual social skills/confidence
https://connect2affect.org/

- Eldercare Locator
https://eldercare.acl.gov/Public/Index.aspx

- TreatmentWorksForVets
https://www.treatmentworksforvets.org

- Mindfulness Meditation Apps
https://www.aarp.org/health/healthy-living/info-2020/meditation-apps.html

- Senior Corps
https://www.nationalservice.gov/programs/senior-corps

TIPS TO IMPROVE SOCIAL CONNECTEDNESS

- **Take time to listen to older adults.** Even if someone doesn't have a large group of family or friends, it only takes one person to make them feel valued, connected, and supported.
- **Encourage older adults to be open to new activities and new people.** Identifying common interests can form bonds, create purpose, and develop positive relationships.
- **Identify ways to introduce meaningful interactions in different settings.** Consider phone and online services to bring people together.

Utilize:

Foundation for Social Connection (F4SC) **– action guide for building socially connected communities**

Social isolation and loneliness can be reduced through:

Face-to-face or digital contact

Promoting age-friendly environments

Laws and policies that foster social connections

Decade of healthy ageing

World Health Organization

ITU

United Nations | Department of Economic and Social Affairs

AGE FRIENDLY

What can you do if you feel socially isolated or lonely?

1. Get in touch with friends by meeting up or through phone or social media

2. Do the things you enjoy, like a hobby or spending time outdoors

3. Reach out to local services that can connect you with new people, communities, or professional help

Decade of healthy ageing

World Health Organization

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OKLAHOMA Mental Health & Substance Abuse

**Call - Text - Chat
24 Hours a Day
7 Days a Week**

**CALL OR TEXT
988
MENTAL HEALTH LIFELINE**

Feeling, or experiencing, any of these and want to talk, need support, want someone to listen?

- Sad
- Lonely
- Stressed
- Grief
- Mis-understood
- Over-whelmed
- Dread
- Anxiety
- Invisible
- Guilt
- Thoughts of suicide
- Loss
- Other…

**Life Can Be Hard…
988 is Here to Help…**

Collaborative effort developed the ***Oklahoma Multisector Plan on Aging*** **www.Oklahoma.gov/aging**
- to prepare the state for the demographic shift expected within the next 10 years
- to give every older adult confidence to live life on their terms and to provide the resources needed to lead a healthy lifestyle

Goal 10 – Social Connection

Aging in the United States: A Strategic Framework for a National Plan on Aging

https://acl.gov/sites/default/files/ICC-Aging/StrategicFramework-NationalPlanOnAging-2024

OKLAHOMA Human Services