Opportunities for promoting behavioral health in older adults by addressing social isolation and loneliness

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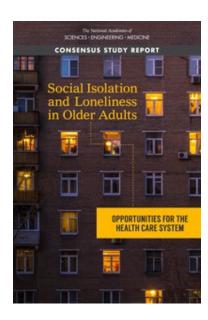
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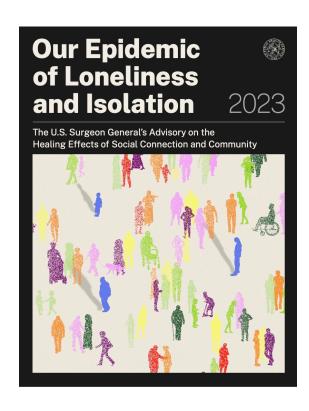
What can health care systems do to identify social isolation and loneliness.

How to help build a larger infrastructure to reduce SI/L in older adults

National Academies Committee on the Health and Medical Implications of Social Isolation and Loneliness in Older Adults.

Opportunities for the Health Care System (2020)

Opportunities for promoting behavioral health in older adults by addressing social isolation and loneliness



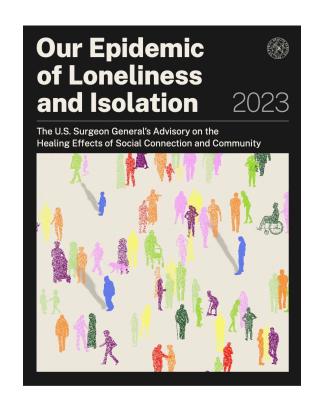
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A National Strategy to Advance Social Connection

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Surgeon General's Advisory on the Healing Effects of Social Connection and Community (2023)

Opportunities for promoting behavioral health in older adults by addressing social isolation and loneliness

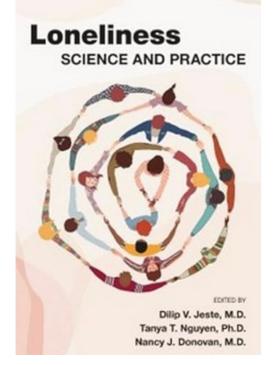












Surgeon General's Advisory on the Healing Effects of Social Connection and Community (2023)

Opportunities for promoting behavioral health in older adults by addressing social isolation and loneliness

Social isolation, Loneliness and Social Connection

- Definitions
- Prevalence
- Mechanisms
- Interventions
- Key findings and recommendations of the 2020 NASEM report,

Opportunities for promoting behavioral health in older adults by addressing social isolation and loneliness

Social connection is an overarching construct that encompasses other commonly used terms describing human relationships and interactions- their structure, function and quality.

Social isolation is the <u>objective</u> lack or limited extent of social relationships or interactions -marital/partnership relationship, friend and family relationships, group participation

Loneliness is the perception of social isolation or the <u>subjective</u> feeling of being alone

Social Isolation and Loneliness are related yet different constructs.

-one can be lonely without being socially isolated ("lonely in a crowd") or one can be isolated without being lonely.

Measured by self-report scales

Loneliness is conceptually distinct from depression

3-Item UCLA Loneliness Scale

- 1- How often do you feel you lack companionship: hardly ever (1), some of the time (2), often (3)
- 2- How often do you feel left out; hardly ever (1), some of the time (2), often (3)
- 3- How often do you feel isolated from others; hardly ever (1), some of the time (2), often (3)

Note: A continuous measure of loneliness. Total score is calculated as the sum of the three item scores; higher score indicates greater loneliness

Reference: Hughes et al., 2004; reproduced with permission.

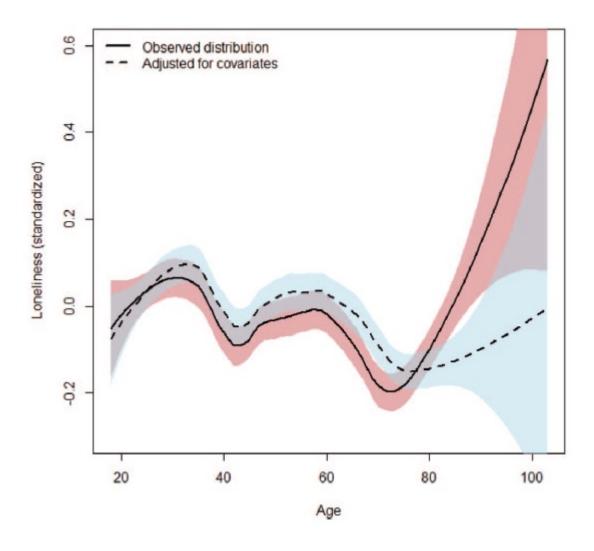
Steptoe Social Isolation Index

Five item scale with one point being assigned for each of the following items

- 1- Being unmarried or not cohabitating
- 2- Less than monthly contact with children (face-to-face, by telephone or writing/email)
- 3- Less than monthly contact with other family (face-to-face, by telephone or writing/email)
- 4- Less than monthly contact with friends (face-to-face, by telephone or writing/email)
- 5- No participation in social clubs, resident groups, religious groups, or committees

A score of 2 or more is defined as socially isolated Reference: Steptoe et. al, 2013; reproduced with permission

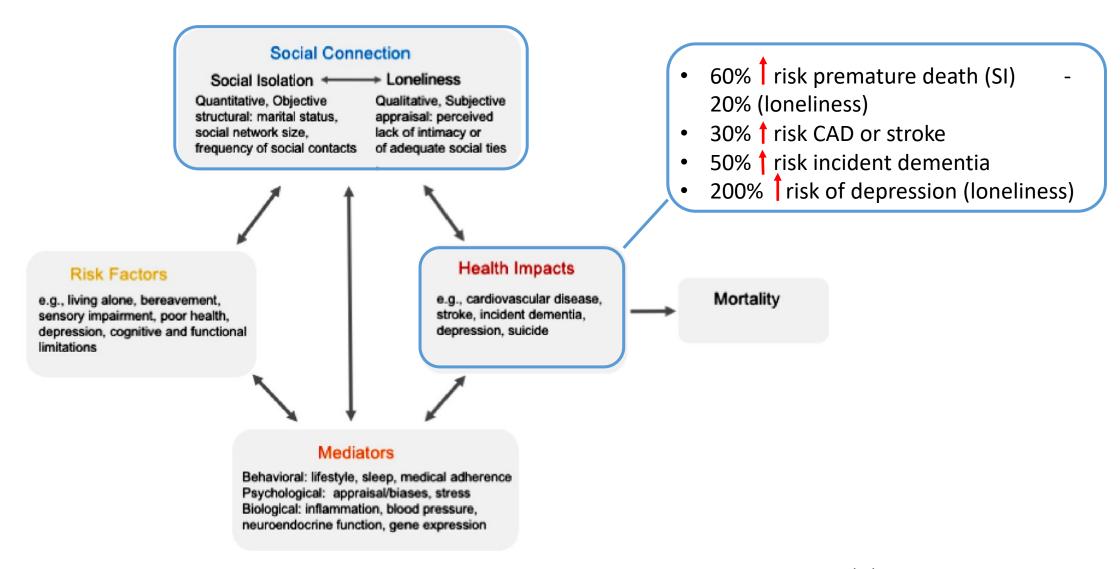
Loneliness from late adolescence to very old age



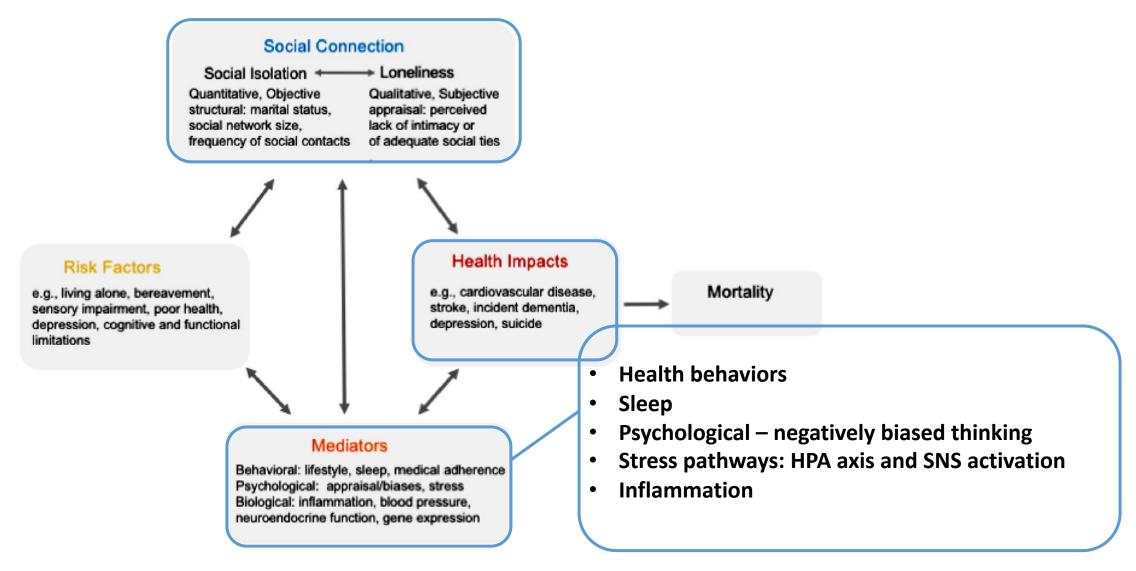
Risk factors

- Sex women
- Socioeconomic status (income, education)
- Work status
- Living arrangements (household size, children living in the household)
- Unmarried/unpartnered
- <u>Functional limitations</u> (medical morbidities) sensory, cognitive, mobility
- <u>Group participation</u> (political engagement, volunteering, religious engagement)
- Number of friends, and contact frequency (face-to-face contact with friends, face-to-face-contact with relatives, contact with people abroad, contact through social online networks).

Both Social Isolation and Loneliness are related to poor health outcomes.



Both Social Isolation and Loneliness are related to poor health outcomes - mediators.



Social Isolation and Loneliness are bidirectionally related to major depression and generalized anxiety disorder

Social Connection

Social Isolation ← Loneliness

Quantitative, Objective structural: marital status, social network size, frequency of social contacts Qualitative, subjective appraisal: perceived lack of intimacy or of adequate social ties

Mental Health Disorders

← Major Depression

Generalized Anxiety Disorder

suicidal ideation, self-harm

X sectional PTSD

X sectional Schizophrenia

There is a limited but growing evidence-base for the treatment of social isolation and loneliness

Assessment

Regular Established scale



Interventions

Addressing Modifiable Risk Factors Increasing social engagement Social Skills Training

- *CBT
- *Behavioral Activation
- *Mindfulness
- *Nature

Arts Therapies

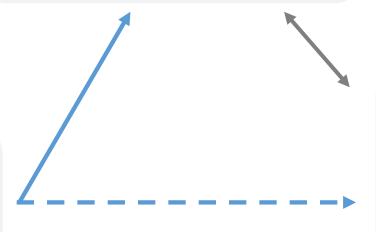
Friendly Visit Programs
Intergenerational Programs

Volunteering

Social Connection

Social Isolation ← Loneliness

Quantitative, Objective structural: marital status, social network size, frequency of social contacts Qualitative, subjective appraisal: perceived lack of intimacy or of adequate social ties



Mental Health Disorders

← Major Depression

Generalized Anxiety Disorder

→ suicidal ideation, self-harm

X sectional PTSD

X sectional Schizophrenia

National Academies of Sciences E, and Medicine: Social Isolation and Loneliness in Older Adults: Opportunities for the

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National Academies Committee on the Health and Medical Implications of Social Isolation and Loneliness in Older Adults Key Goals (2020)

BOX S-1

Goals for Enhancing the Role of the Health Care Sector in Addressing the Impacts of Social Isolation and Loneliness in Older Adults

- Develop a more robust evidence base for effective assessment, prevention, and intervention strategies for social isolation and loneliness;
- Translate current research into health care practices in order to reduce the negative health impacts of social isolation and loneliness;
- Improve awareness of the health and medical impacts of social isolation and loneliness across the health care workforce and among members of the public;
- Strengthen ongoing education and training related to social isolation and loneliness in older adults for the health care workforce; and
- Strengthen ties between the health care system and community-based networks and resources that address social isolation and loneliness in older adults.

National Academies Committee on the Health and Medical Implications of Social Isolation and Loneliness in Older Adults.

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