

# 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

Research has consistently shown that loneliness and social isolation have profound negative effects on health, mental health, and mortality, particularly for older adults.

# Significance of Loneliness and Social Isolation among Older Adults

Loneliness and social isolation among older individuals are major public health concerns, leading some to refer to them as the next "vital signs" for older adults.<sup>1</sup> Research has consistently shown that loneliness and social isolation have profound negative effects on health, mental health, and mortality, particularly for older adults.<sup>2</sup> In fact, the mortality risk of loneliness is comparable to smoking 15 cigarettes per day.<sup>3,4</sup> Lonely people are 50% more likely to die prematurely.<sup>5</sup>

Loneliness and social isolation are rarely considered or addressed in health and mental health care settings. Yet they are among the most modifiable risk factors for mortality and morbidity.<sup>6</sup>

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

#### **A** 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.

Social isolation and loneliness are separate concepts.

# What Are Loneliness and Social Isolation?

Social isolation and loneliness are separate concepts even though they are often used interchangeably.

- » Social isolation refers to having few social contacts and relationships (objective measure).
- » Loneliness is the sense of being alone that includes distress or unpleasant feelings associated with having fewer-than-desired social relationships (subjective concept).

## Social Isolation ≠ Loneliness

One can be socially isolated but not feel alone. In fact, older adults often have fewer social relationships than their younger counterparts but derive more from each relationship, and some individuals seek solitude. Further, one may not be socially isolated (have others around them) but still feel lonely. For these reasons, it is important to assess loneliness. (See "How to Identify Loneliness in Older Adults" below.)

#### **Risk Factors for Loneliness and Social Isolation in Older Adults**<sup>10, 11, 12</sup>

- Social: Living alone, loss of significant other, family separation, few friends, being a caregiver for spouse
- Psychological: Depression, anxiety, dementia
- Physical: Poor health, serious illness, decreased mobility, loss of independence
- Economic: Limited financial resources
- **Description** Logistical: Loss of driver's license, lack of transportation

# **Effects of Loneliness and Social Isolation**

Prolonged loneliness and social isolation are associated with a wide range of physical, cognitive, and psychological health consequences,<sup>13, 14</sup> including the following:

- » Cardiovascular disease
- » Hypertension
- » Obesity
- » Depression
- » Substance use

- » Suicidal ideation and suicide attempts
- » Cognitive decline
- » Progression of dementia
- » Stroke
- » Premature death

Health effects occur through direct and indirect means, including direct physiological changes (e.g., increased inflammation, heightened stress response, impaired immune system functioning) and indirectly from negative health behaviors (e.g., lack of physical activity, poor nutrition, impaired sleep).<sup>15</sup>

A lack of belongingness, which includes loneliness, is a key factor often related to suicide.<sup>16</sup> On the other hand, social support is a main protective factor for suicide and depression.

Loneliness is also a risk factor for nursing home admission.<sup>17</sup>

#### How to Identify Loneliness in Older Adults

Loneliness is frequently difficult to spot. And older adults themselves are often unaware they are lonely or may be reluctant to disclose that they are.

Simple to use, scientifically validated questionnaires are available to help identify loneliness:

The Revised UCLA Loneliness Scale is the gold standard and most widely used measure of loneliness with older adults. A brief, three-item version is available for routine use: UCLA 3-Item Loneliness Scale.<sup>18</sup> It includes items related to companionship, belongingness, and isolation. When administered at different points in time, the three-item scale may be used to determine changes in loneliness.

Another well-established questionnaire is the six-item <u>De Jong Gierveld</u> <u>Loneliness Scale</u>.<sup>19</sup> It includes items for assessing causes of loneliness, such as lacking close intimate relationships or emotional connections (emotional loneliness) and having limited broader social connectedness (social loneliness). Although longer and designed for self-administration, it can be useful when additional information on factors contributing to loneliness is needed.

(Additional information and copies of <u>loneliness questionnaires</u> are available from the <u>UK Campaign to End Loneliness</u>.)

# Loneliness is frequently difficult to spot.

# Loneliness has different causes in different individuals.

# Interventions and Approaches for Reducing Loneliness and Social Isolation

Many different interventions and approaches have been developed for reducing social isolation and loneliness. However, research over the past two decades has generally not yielded consistent findings, and it has provided limited evidence for the effectiveness of most of the approaches. This is due, in part, to the limited use of well-controlled research designs and other limitations in research studies.

An important factor related to interventions and approaches for reducing loneliness is that loneliness has different causes in different individuals. Examples include:

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

Therefore, it is important to match the approach to the personal situation and preferences of the individual. Although tailoring interventions and supports to individual needs is now recommended as a key theme in the literature, it has not often been done in research and practice.

## 🔦 Key Fact:

Many interventions focus on increasing social contacts even though that is more likely to help with reducing social isolation than with decreasing loneliness. Helping people access and enhance their current relationships may be more appropriate in some instances.

# **Types of Interventions and Resources**

Approaches to reducing loneliness and social isolation can be grouped into four categories based on the underlying cause they address. Some resources for addressing these causes are included in the section "Key Resources" at the end of this information sheet.

- 1. Improve social skills Increase verbal and non-verbal communication skills
  - » Examples: Online social skills training and practice, <u>psychotherapy</u> focused on social skills (e.g., <u>cognitive behavioral therapy</u>, <u>interpersonal psychotherapy</u>)
- 2. Increase social support
  - » Examples: Friendly visitors, virtual connections or groups, in-home support services, meal delivery (see <u>AARP Connect2Affect</u> and other resources in "Key Resources" below for local supports)
- 3. Increase access to social interactions
  - » Examples: Telephone outreach, online chat, hearing aids and assistive devices, social activities and events, transportation assistance (see <u>AARP</u> <u>Connect2Affect</u> and other resources in "Key Resources" below for local services and activities)

Some people who feel lonely have negative thoughts about others and evaluate social situations in extreme or unhelpful ways.

- 4. Change unhelpful thoughts about social situations Some people who feel lonely have negative thoughts (also called *cognitions*) about others and evaluate social situations in extreme or unhelpful ways. Some individuals have limited trust in other people, which may contribute to social isolation and feelings of loneliness. Changing unhelpful social cognitions is among the most effective of the intervention types to treat loneliness, although further research is needed.
  - Examples: Cognitive behavioral therapy (CBT) is an evidence-based psychotherapy (talk therapy) that is effective in helping people change unhelpful social cognitions. There is also initial evidence that increasing nonjudgmental acceptance through mindfulness meditation may assist in developing more helpful social perceptions and behaviors.

#### **Action Steps**

The following action steps are recommended for professionals who work with older adults who may be socially isolated or lonely:

- 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 the UCLA 3-Item Loneliness Questionnaire or another brief tool (see "How to Identify Loneliness in Older Adults" above). 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
- 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

https://connect2affect.org/

Connect2Affect has many resources for reducing loneliness and social isolation among older adults. Its Local Assistance Directory includes:

- » Virtual and in-person social activities (e.g., recreation, exercise classes, meetups, volunteer matching)
- » Ways to get support (e.g., in-home care, support groups, errand assistance)
- » Wellness opportunities (e.g., volunteer caregiving, health and nutrition education)
- Resources for health and mental health needs, transportation, basic needs (e.g., financial assistance, housing, food), and caregiver needs

Searches may be tailored by location and personal factors and preferences. The website also includes articles, videos, and webinars related to social isolation and loneliness in older adults as well as an interactive assessment that classifies level of isolation risk and gives a detailed interpretation and recommendations based on the individual's responses.

#### **Eldercare Locator**

https://eldercare.acl.gov/Public/Index.aspx or 1-800-677-1116

The Eldercare Locator is a service of the U.S. Administration on Aging, which connects older adults and their caregivers with local support services. Services include meals, home care, transportation, caregiver education, and respite care.

# Increased Access to Mental Health Care for Older Adults: Getting Support during COVID-19

http://www.sprc.org/resources-programs/increasedaccess-mental-health-care-older-adults-getting-supportduring-covid-19

This resource includes information on mental health care for older adults, recent changes that have made mental health care easier to obtain during COVID-19, and tools and tips for finding and selecting a provider who is a good fit.

#### **Mindfulness Meditation Apps**

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

This article from AARP provides a review of several of the most popular mindfulness meditation apps. These apps teach nonjudgmental acceptance and may assist some individuals in developing more helpful social perceptions and behaviors. Mindfulness apps that include more visual content to facilitate use may be more user-friendly for some older adults.

#### **Senior Corps**

#### https://www.nationalservice.gov/programs/senior-corps

Senior Corps is a national network of service programs that provide volunteer opportunities for Americans ages 55 and older. The program is designed to help older adults improve their communities and enhance their personal well-being. Opportunities include serving as a senior companion to help older individuals remain independent and socially connected; serving as a foster grandparent through tutoring, teaching, and mentoring children; and volunteering with organizations such as Meals on Wheels, American Red Cross, and Habitat for Humanity.

# TreatmentWorksForVets

## https://www.treatmentworksforvets.org

TreatmentWorksForVets is an information resource that educates the public and professionals about evidencebased psychotherapies, such as cognitive behavioral therapy (CBT), which can be useful for addressing unhelpful thoughts that may contribute to loneliness and social isolation. The website includes treatment locator tools for finding therapists who provide CBT or other evidence-based therapies in specific locations. Although developed for veterans, this website has information about therapies that are also valuable and relevant for non-veterans.

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<sup>11</sup> Fakoya, McCorry, & Donnelly, Loneliness and social isolation interventions

<sup>12</sup> Perissinotto et al., A practical approach

<sup>13</sup> Cacioppo et al., Loneliness: Clinical import and interventions

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