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Assessment and Person-Centered Strategies For Reducing Impacts of Social Isolation and Loneliness in Nursing Homes

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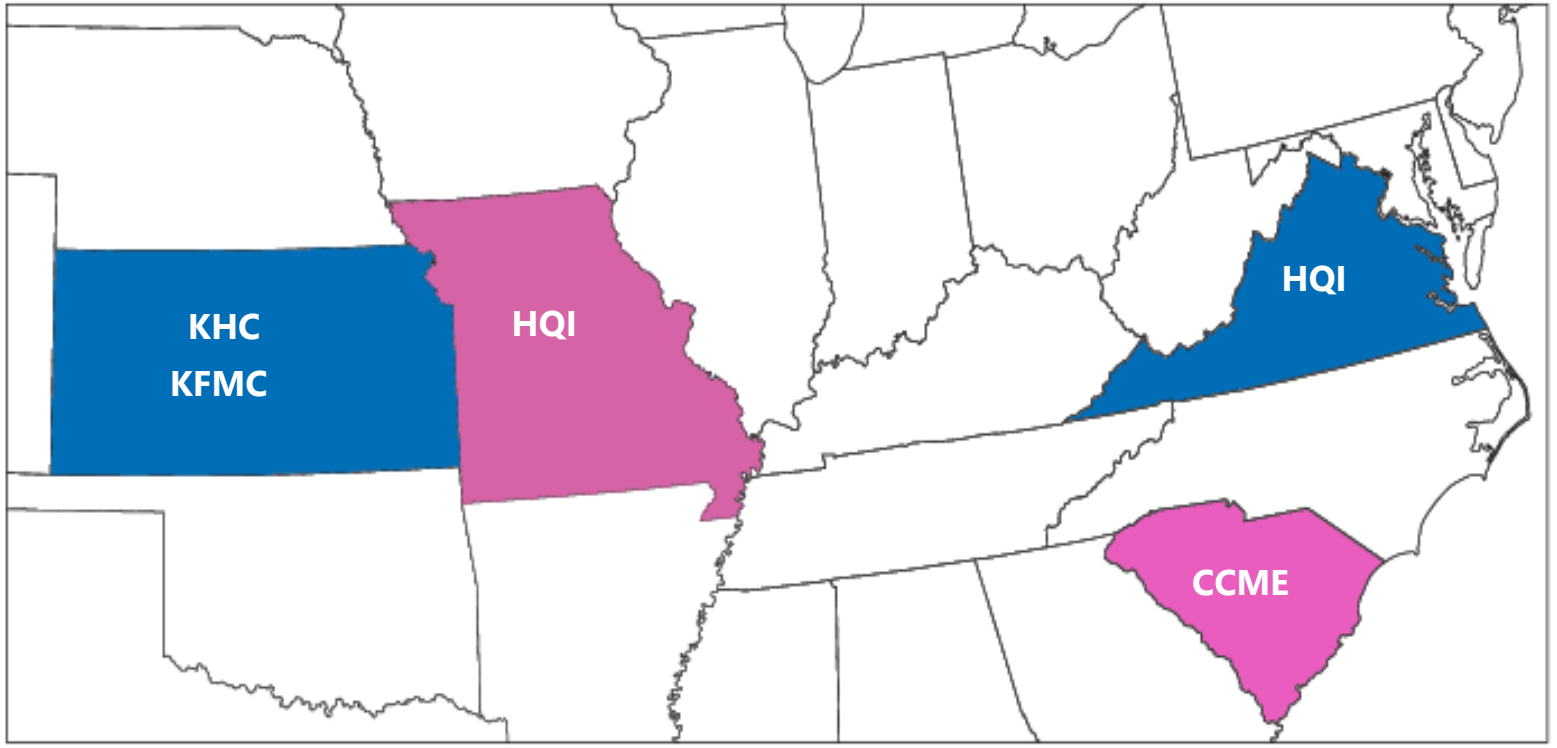

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Going Forward as a Community: Assessment and Person-Centered Strategies For Reducing Impacts of Social Isolation and Loneliness in Nursing Homes

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DEER OAKS

THE BEHAVIORAL HEALTH SOLUTION

Learning Objectives

Describe	Describe	List	Provide
Describe evidence of prevalence and impacts to health outcomes associated with social isolation and loneliness.	Describe evidence-based assessment tools for person centered care coordination.	List supportive environmental and psychosocial strategies for older adults experiencing social isolation and loneliness.	Provide guidance for person - centered care planning and coordination of care.

Older Adults and Loneliness prior to COVID-19

- Approximately one quarter (24 percent) of community-dwelling Americans aged 65 and older are considered to be **socially isolated.**
- Many adults report feeling **lonely** (35 percent of adults aged 45 and older, 43 percent of adults aged 60 and older)
- One study found loneliness even more common in long-term care facilities at least double of that of community dwelling populations (Simard, 2020)

Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. National Academies Press (US). https://doi.org/10.17226/25663

Loneliness Continued

- Loneliness is a fluid experience: it can come and go over a short time or persist in the longer term. Recent research found that over 8 years, 7% of older people in England said they were always lonely, 10% of people moved out of loneliness, 9% moved into loneliness and 9% fluctuated in and out of loneliness.
- Loneliness is a common emotion and it is likely that, at some point in our lives and whatever our age, we may experience it. Various studies estimating the levels of loneliness in Great Britain show that 5 – 16% of people aged 65 or over report feeling lonely all or most of the time and up to a further 30% say they feel lonely “sometimes”.
- As our population ages, there may be an increase in the real numbers of older people experiencing loneliness. You can learn more about the triggers for loneliness in the Campaign’s recent report: *Hidden Citizens: how can we identify the most lonely adults.*

https://www.campaigntoendloneliness.org/

Social Isolation and Loneliness Defined

Social Isolation

There is a general agreement that loneliness is distinct from social isolation.

Social isolation is an objective state that only measures the number and/or frequency of social contact.

Social isolation is a risk factor for the development of loneliness

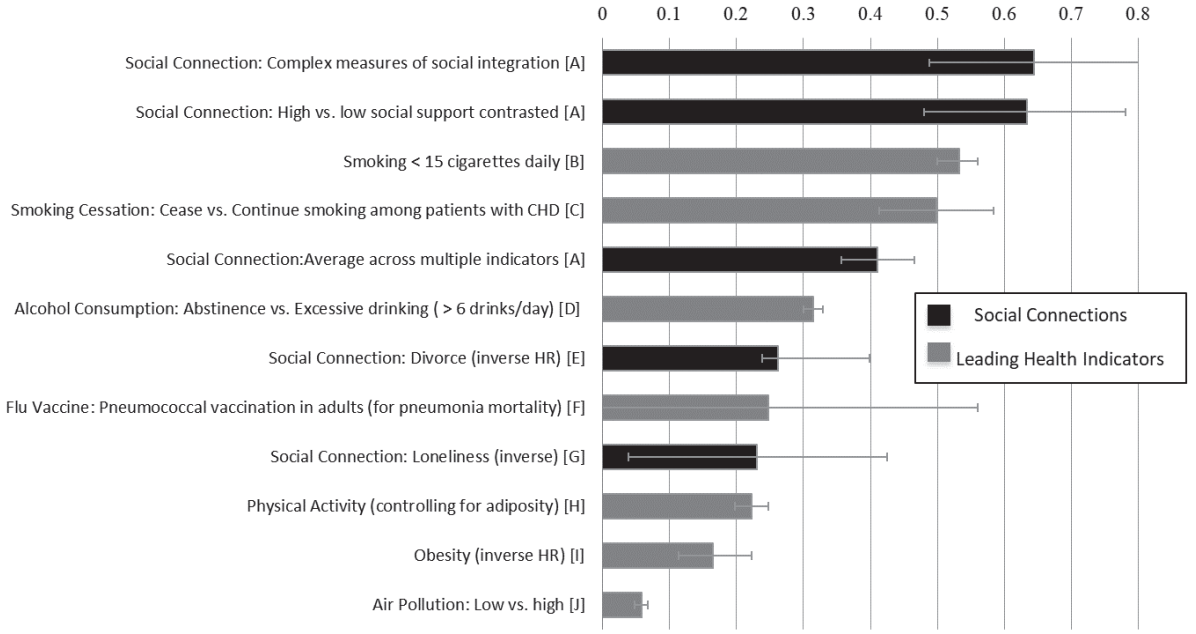
Loneliness

It may surprise you to learn that there is no agreed definition of “loneliness” in research. One explanation of loneliness is that it is a painful feeling that occurs when there is a gap, or a mismatch, between the number, quality of social relationships and connections that we have, and those we would like.

Others suggest that there are two dimensions to loneliness: social and emotional. Social loneliness occurs when someone is missing a wider social network and emotional loneliness is caused when you miss an “intimate relationship”.

On the whole, loneliness is described as an unwelcome, painful and unpleasant feeling.

Impacts of Social Isolation



Social Isolation and Loneliness Considered Together

Evidence indicates there is a synergistic effect of social isolation and loneliness.

The greater the social isolation, the larger the effect of loneliness on mortality and that the greater loneliness, the larger the effect of loneliness on mortality (Beller & Wagner, 2018).

Findings about Comorbidities influencing Loneliness

- Substantial evidence shows that social isolation and loneliness are strongly associated with a greater incidence of major psychological, cognitive, and physical morbidities and lower perceived well-being or quality of life.
- Strong evidence indicates that social isolation and loneliness have effects on the risk of cardiovascular and cerebrovascular morbidities. A smaller amount of evidence indicates that social connection has effects on the course of other chronic health conditions, such as type 2 diabetes mellitus, or on health characteristics, such as mobility and functioning in the activities of daily living affect the quality of life of older adults. However, the existing empirical
- Substantial evidence links social isolation and loneliness with accelerated cognitive decline in older adults and an increased risk of incident dementia.
- Social connection is strongly linked to depression and anxiety. Temporal associations suggest that social isolation and loneliness likely cause or worsen depression and anxiety. Complementary research suggests that depression and anxiety increase the likelihood of low social connections.
- While some research shows no relationship specifically between loneliness and certain health-related behaviors, other studies have found associations of loneliness with lower physical activity, being overweight, higher levels of smoking, and greater alcohol consumption.
- Emerging evidence suggests that social isolation and loneliness negatively literature on this relationship is relatively small, and interpretations are limited by variability in the measures and definitions of social isolation and loneliness used.
- Reports of elder abuse, including financial exploitation, physical abuse, psychological (or verbal) abuse, sexual abuse, or outright neglect, are disturbingly common. In the United States there is a lack of infrastructure for reliably measuring this problem.

Physical Health Risk Factors for social isolation and loneliness

- Heart disease, stroke and cancer
- Functional status measure by factors such as gait speed or difficulties in the activities of daily living is bi-directionally related.
- Evidence links sensory impairment to communication difficulty to reduced social participation, social isolation and higher rates of loneliness.
- Hearing loss contributes to both social isolation and loneliness, and remediation of hearing loss has been found to reduce loneliness and improve social functioning.

Psychological, Psychiatric, and Cognitive Factors

- Psychiatric disorders such as major depression (30%), generalized anxiety disorder (15-20%) and social anxiety disorder (3%) have been shown to increase the risk of developing loneliness.
- Social isolation and loneliness are more common in older adults with depression and anxiety disorders than in their non-depressed and non-anxious peers.
- The relationship between depression and loneliness is bi-directional, and these constructs are closely associated. Yet depression and loneliness are not the same.
- The impairments related to dementia predispose an individual to feelings of loneliness, and caregivers are also at risk for loneliness.

Social, Cultural, and Environmental Factors

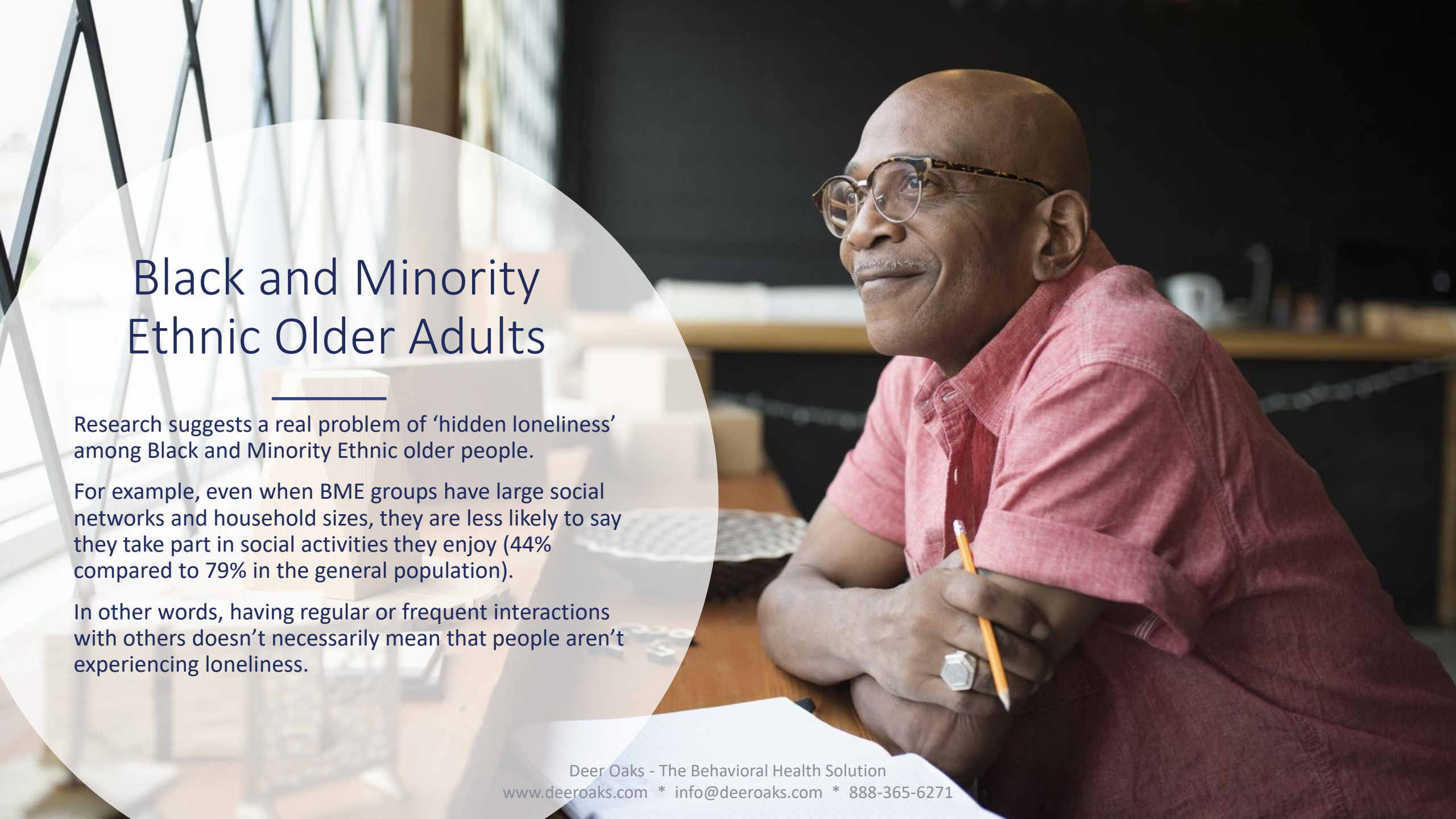
- Supportive relationships– especially those with family, friends, and caregivers—can decrease self-reported loneliness, while difficult and unfulfilling relationships can increase feelings of loneliness.
- Losing a spouse is a frequent disruptive event for older adults, particularly women. Loneliness is the primary symptom of bereavement.
- At younger ages men and women experience similar rates of loneliness, but women may be at higher risk as they get older.
- Gay, lesbian, bisexual, individuals tend to experience more loneliness than their heterosexual peers.
- Immigrants appear more likely to experience social isolation and loneliness than nonimmigrants.

Black and Minority Ethnic Older Adults

Research suggests a real problem of ‘hidden loneliness’ among Black and Minority Ethnic older people.

For example, even when BME groups have large social networks and household sizes, they are less likely to say they take part in social activities they enjoy (44% compared to 79% in the general population).

In other words, having regular or frequent interactions with others doesn’t necessarily mean that people aren’t experiencing loneliness.



Disruptive Life Events

- Effects of COVID 19 safety quarantine
- Bereavement
- Illness and poor health
- Functional impairment or disability
- Employment and retirement
- Housing or geographic location
- Adjustment to moving to nursing home
- Modifiers are Religious and Spiritual organizations, long term care and retirement communities

Triggers to Loneliness

- Change/Loss of Social Network
- Death of a spouse or loved one
- Change/Loss of Role
- Loss of employment –retirement or unplanned loss of job; moving to a new place
- Change/Loss of Physical Health
- Abrupt or gradual health decline
- Change/Loss of Mental Health
- Affective states or loss of cognitive function (dementia)
- Change/Loss of Resources
- Limited or no access to transportation; financial situation limits ability to travel or participate in activities
- Location
- Rural/inaccessible or unsafe community setting
- Language and Cultural Barriers
- Relocation to live with/near children; marginalized group

AARP and Loneliness

Scales to Measure Loneliness

UCLA Loneliness Scale

- Various versions of this scale from 20 items to 3 item scales
- Measures subjective isolation

De Jong Gierveld Loneliness Scale

- 11 item scale; There is a 6 item version
- Measures both subjective and objective isolation

Berkman Syme Social Network Index

- 4 item scale
- Measures objective isolation

Lubben Social Network Scale

- 10 item scale
- Measures objective isolation

Adding a Loneliness screen to your resident care analysis

Planning involves asking yourself:

1. What are your desired outcomes
2. What services or mechanism is delivering these outcomes
3. How they will be measured
4. Who will measure them – and when
5. How long will the evaluation will run for (how long will you screen for loneliness?)
6. How will the information be used

Person Centered Interventions to Consider to Decrease Resident Loneliness

- Factual education about COVID-19
- Screen for loneliness (Not everyone feels lonely due to social isolation)
- Interpersonal, Cognitive Behavioral and Mindfulness Therapy
- Palliative Care
- Adaptive one 1:1 or group activities that are related resident interests (at a distance)
- Social Prescribing and Use of Technology for Family/Social Connections
- Staff engagement with resident primary family members
- Continue multidisciplinary departmental care planning and include goals to reduce loneliness

Mann et. al. (2017) Four Groups of direct interventions

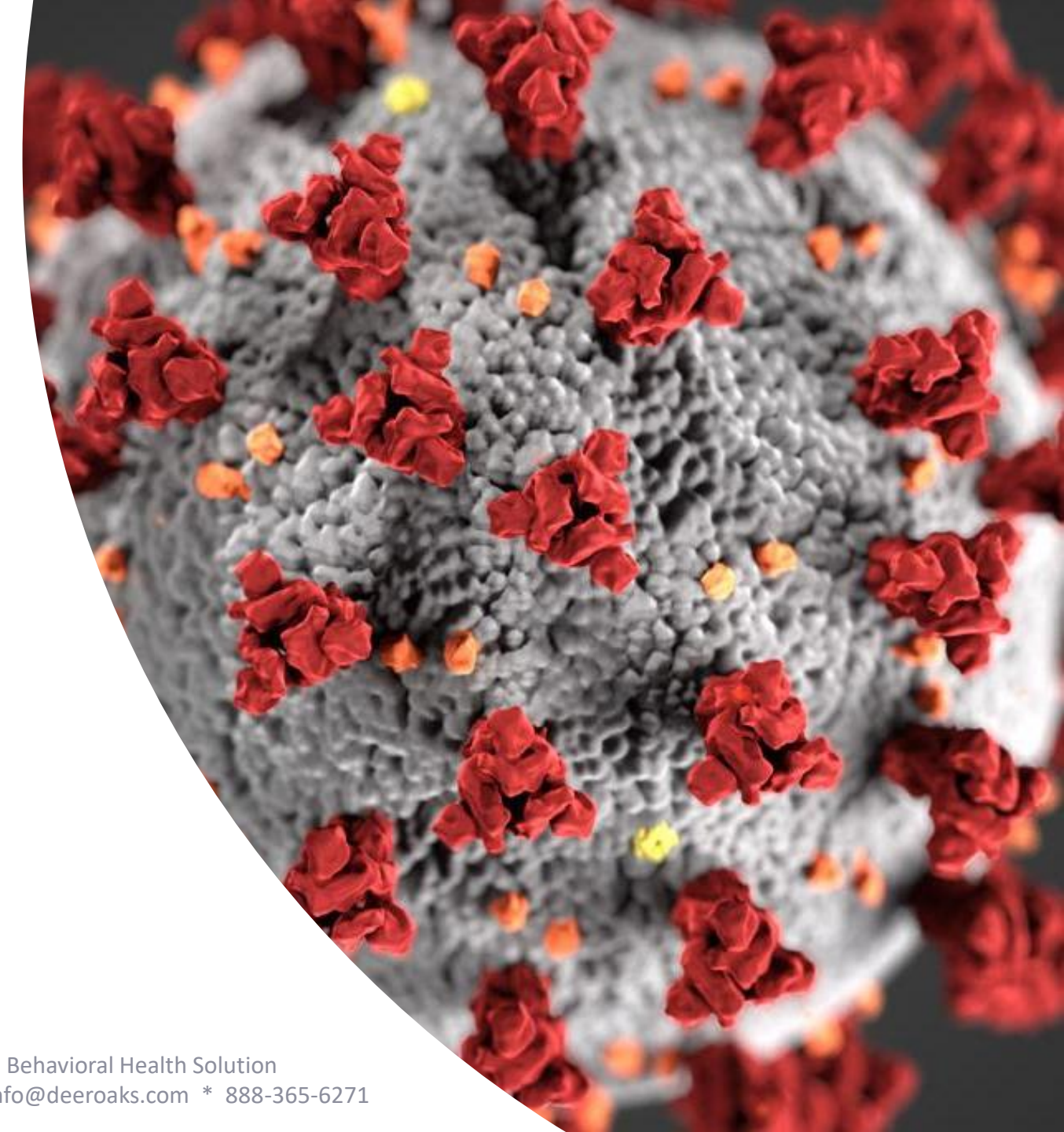
Studies identify psychological therapies as having the most robust evidence to date including CBT, Behavioral Activation and MI.

- Changing cognitions– interventions aim to shift “maladaptive” cognitions in people experiencing loneliness.
- Social skills and psychoeducation
- Supported socialization
- Wider community approaches

Factual Information About COVID-19

- Older adults are at higher risk for death and infirmity from COVID-19 than younger and middle-age adults.
- Although there were no age differences in stress levels, anxiety about developing COVID-19 was associated with more COVID-19 stress for older adults relative to younger adults, but proactive coping was associated with less COVID-19 stress for older adults relative to younger adults.

https://news.ncsu.edu/2020/08/knowledge-reduces-covid-stress/

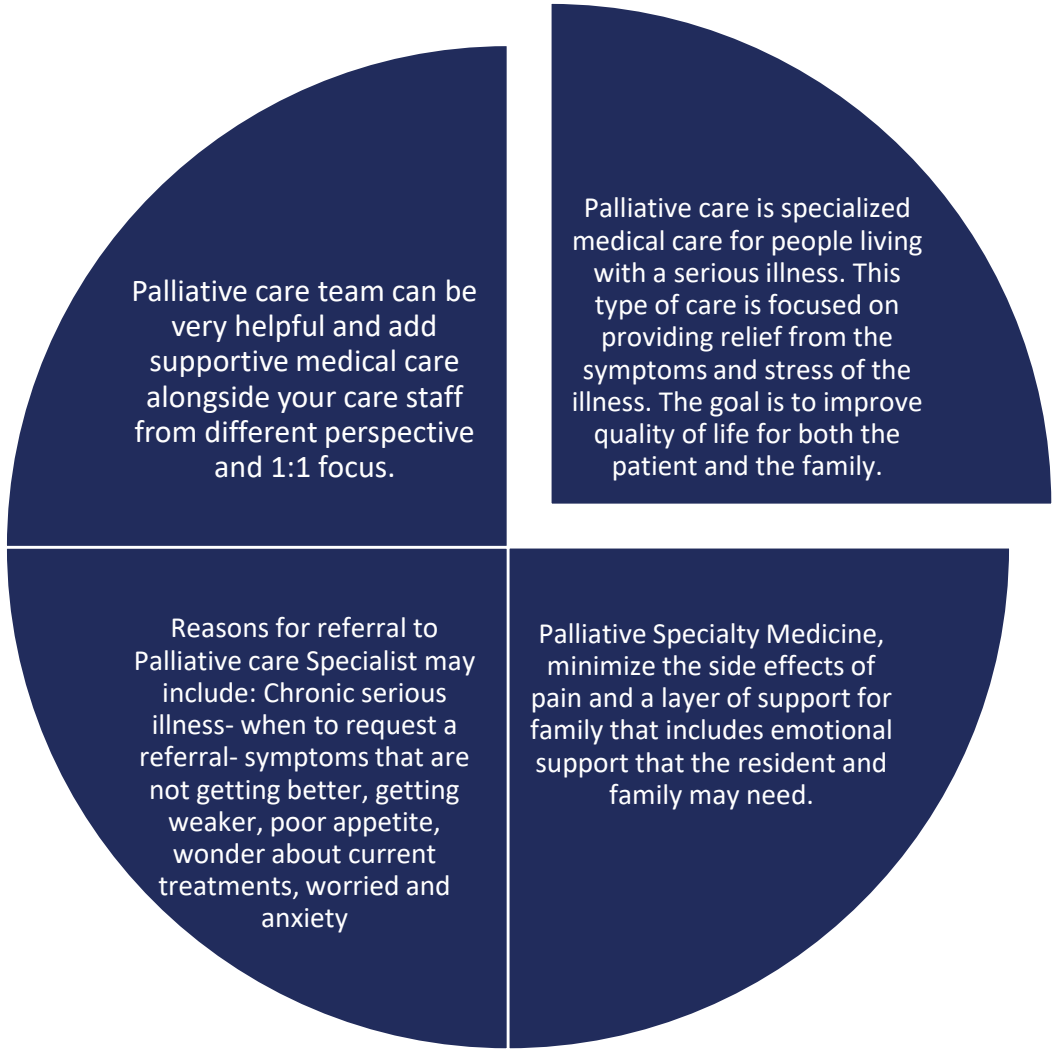


Interpersonal, Cognitive Behavioral and Mindfulness Therapy

Focused on supporting people to change their thinking about their relationships. Experts believed that there was significant potential for growth in this area, and many of the most lonely and isolated older people would be in need of services if their loneliness were to be addressed effectively.

Experts were interested in the findings of a recent meta-analysis of loneliness interventions by Masi et al, which found that the greatest effect on loneliness was seen within interventions that addressed what they called ‘maladaptive social cognition’. In essence these were psychological approaches to loneliness, based on systems such as Cognitive Behavioral therapy (CBT) and Mindfulness provided by a licensed behavioral health specialist.

Palliative Care Approach



Technology

- Banning visitors to residents in SNFs was a short-term solution to a long-term problem which has caused suffering due to family separation. It is important to reconnect residents with families through different kinds of visits whether they be virtual, outdoor, window, or compassionate care.
- One note for technology is if a resident does not understand the technology, he or she may not have the self-efficacy to request or try to learn the technology.

Which interventions are most effective?

Match appropriate intervention with person's circumstances

- What is the cause of the isolation? (COVID-19 or Self?)
- Is the resident experiencing objective (social isolation) or subjective (loneliness), or both?
- Does the dimension of loneliness fit the intervention?

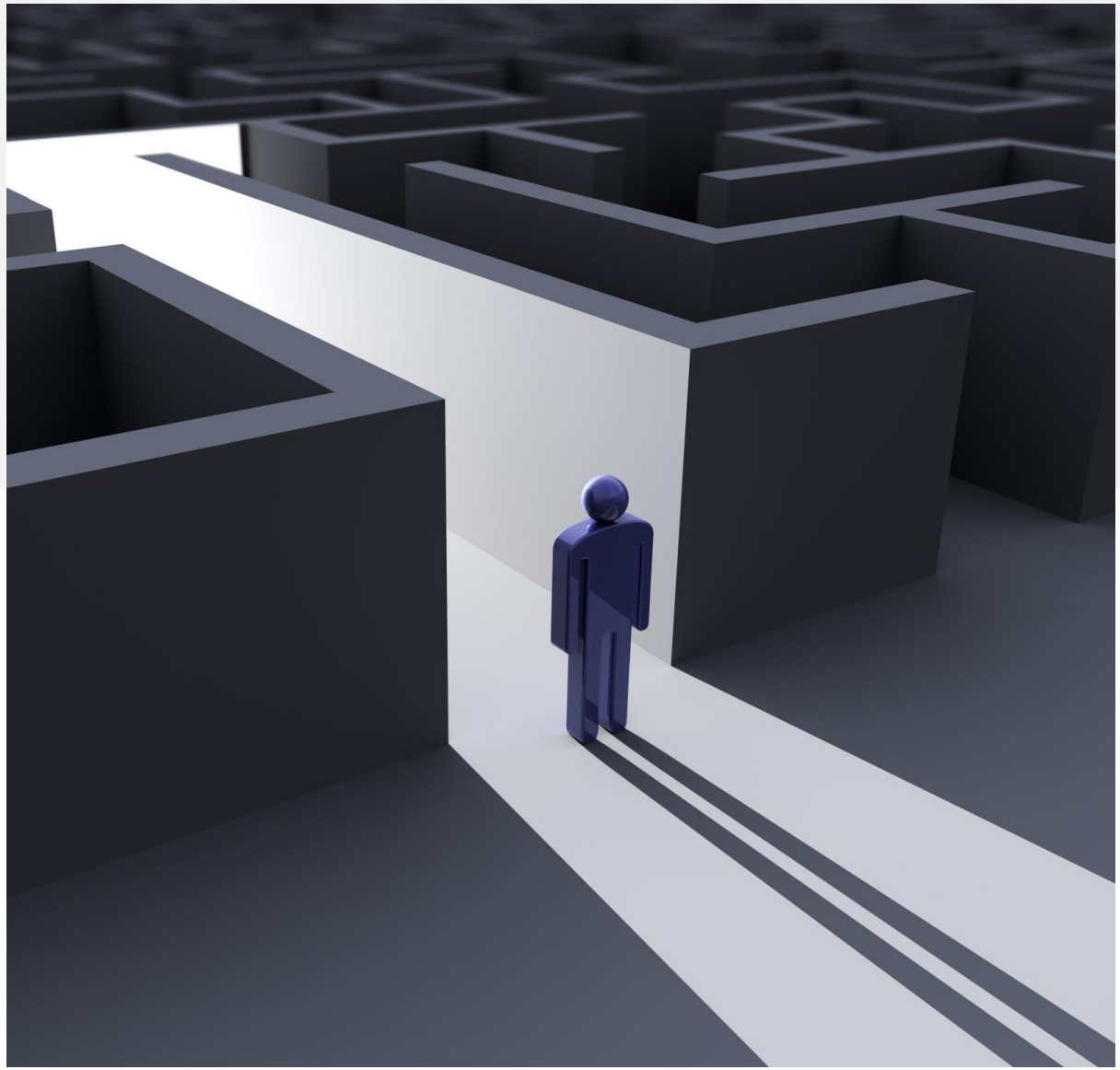
What outcomes are expected from the intervention?

- Will the expected outcomes be able to be attained from the intervention?
- Will the expected outcomes be able to be sustained from the intervention?

Important Considerations

- Participants in the intervention should have control and a voice in planning the intervention.
- Facilitators of any intervention should have adequate training and resources to carry it out (ex. Palliative care or Psychotherapy).

Why screen and use person centered care planning for loneliness?



- This process can help you to demonstrate that you are really helping the people your service has contact with. It can also help you better understand how a particular service or activity works. Anyone can collect and use data, and you needn't be discouraged from evaluating your intervention via regular screening and multidisciplinary/interdepartmental internal nursing home care plan meetings.
- Best practices since loneliness is largely emotional and subjective, but impacts physical, Psychological Cognitive, and Social well being, is to include and rely on a multidisciplinary 1st level stakeholders such as family, palliative care specialists and licensed behavioral health experts.

Final Recommendations

- Assess for social isolation and loneliness using validated tools
- Specifically target socially isolated individuals
- Tailor the intervention based on the results of the assessment
- Request active participation of the older adults and families
- Use a multisystemic approach involving health and social care organizations
- Select evidence -based interventions with sound theoretical base

Upcoming Sessions

Coping with Grief and Loss During COVID-19
October 13, 2020
2:00 – 3:00 pm ET

Caring for Residents Experiencing Symptoms of Depression, Anxiety or Cognitive Decline
October 27, 2020
2:00 – 3:00 pm ET

Registration: http://bit.ly/358XN4W

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