

Social Isolation & Loneliness:

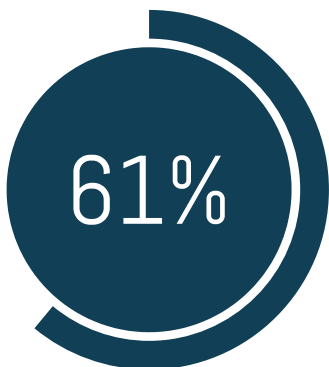
What we learned from our survey of health & social service providers

In early 2023, the Canadian Coalition for Seniors' Mental Health conducted a nationwide survey of health and social service providers (HSSPs), asking them about their knowledge and attitudes towards social isolation & loneliness among older adults. More than 300 responded.

Here are some of the key insights we learned through the survey:

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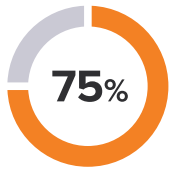
The absence of practice guidelines impacts the ability of providers to address social isolation & loneliness



Sixty-one percent of respondents agreed the absence of guidelines **impacts their ability to address social isolation & loneliness in older adults** (very much: 6%, extremely: 18%, somewhat: 37%).



Providers say they are knowledgeable about social isolation & loneliness



Three quarters of respondents considered social isolation & loneliness to be two **distinct concepts**, while 14% percent did not consider them distinct, and 11% were unsure.



Ninety-five percent of respondents agreed or strongly agreed they are knowledgeable about the **physical health issues** that contribute to social isolation & loneliness in older adults



Ninety-five percent of respondents agreed or strongly agreed they are knowledgeable about the **mental health issues** that contribute to social isolation & loneliness in older adults



Ninety-six percent of respondents agreed or strongly agreed they are knowledgeable about the **social issues** that contribute to social isolation & loneliness in older adults



Providers see a role for themselves in addressing social isolation & loneliness



70%

Seventy percent of respondents agreed or strongly agreed that it is within the scope of their professional role to **address issues** faced by older adults experiencing social isolation & loneliness

69%

Sixty-nine percent of respondents agreed or strongly agreed that it is within the scope of their professional role to try to **prevent social isolation & loneliness** in older adults who are at risk

But not everyone sees **intervening or managing** as their professional role

Asked to pick from a list of choices, respondents identified **supporting, observing, discussing, referring** and **advocating** with/for older adults as top choices to describe their professional role - with **intervening or managing** being the least popular option.

Providers have mixed views about their ability to address issues related to social isolation & loneliness

- 45%** Forty-five percent of respondents agreed or strongly agreed they are able to address the **physical health issues** that result from social isolation & loneliness in older adults
- 55%** Fifty-five percent of respondents agreed or strongly agreed they are able to address the **mental health issues** that result from social isolation & loneliness in older adults
- 44%** Forty-four percent of respondents agreed or strongly agreed they are able to address the **social issues** that result from social isolation & loneliness in older adults



Providers identified a number of barriers that impact their ability to address social isolation & loneliness

- 75%** Three-quarters of respondents agreed that a **lack of community resources** very much (32%) or extremely (43%) impacts their ability to address social isolation & loneliness in older adults
- 85%** Eighty-five percent of respondents agreed that **insufficient system/organizational funding** to put appropriate interventions in place very much (32%) or extremely (43%) impacts their ability to address social isolation & loneliness in older adults
- 52%** More than half of respondents agreed that **lack of organizational/administrative support** very much (26%) or extremely (26%) impacts their ability to address social isolation & loneliness in older adults

Providers use a range of strategies to mitigate social isolation & loneliness

From a list of strategies, respondents identified the following as their preferred approaches:

- **Befriending interventions** (e.g., older adult peer volunteers, peer groups, neighbourhood helping initiatives)
- **Physical activity interventions** (e.g., group-based physical activity, physical and social interaction activity)
- **Age-friendly health care** (e.g., allot extra time for appointments, flexible appointment modalities [telephone, internet], integrated team approach)



Who responded to the survey?

Profession	# of Respondents
Nurse - RN	40
Social Worker	40
Community Service Organization	29
Pharmacist	17
Other Social Service Professional	16
Psychiatrist	25
Other Health Care Professional	15
Family Practice Physician	12
Occupational Therapist	12
Geriatrician	11
Public Health Professional	10
Nurse - LPN	9
Nurse - NP	8
Other Specialist Physician	7
Personal Care Worker	7
Dentist	6
Nurse - RPN	6
Health Promoter	5
Counsellor	4
Physiotherapist	4
Psychologist	2
Nutritionist/Dietician	2

NOTE: The number of respondents varied by question, with the highest number for one question at 358. Demographic questions indicate approximately 300 respondents.

About the Project

The social isolation & loneliness in Older Adults project is meant to lead in the development and distribution of Canadian clinical guidelines that can be used by health and social service providers to support their patients and clients. These guidelines will help providers recognize, assess and treat isolation and loneliness among older adults.

The project will also create a variety of tools and resources to support action across health and social professional fields. We look forward to engaging the diversity of experiences, knowledge and wisdom of older adults and health and social service professionals throughout the project.

For more information about the project, contact socialconnections@ccshm.ca or visit our web site at ccsmh.ca.