



Social Isolation and Loneliness in Older Adults: What Health Care and Social Service Professionals Should Know

Health care and social service professionals (HCSSPs) have an important role to play in addressing social isolation and loneliness among older adults. The information presented here draws on the Canadian Coalition for Seniors' Mental Health *Canadian Clinical Guidelines on Social Isolation and Loneliness in Older Adults*.

Social Isolation & Loneliness Are Distinct but Related Terms:

- Social isolation can be understood as a measurable lack in the number of relationships a person has.
- Loneliness is more subjective and can be understood as the feeling we get when our social relationships are lacking in terms of quality or quantity compared with what we expect them to be.

Social Isolation & Loneliness Can Impact Physical & Mental Health:

For older adults, social isolation and loneliness can increase the risk of heart disease and stroke, as well as dementia, depression and functional decline. Research shows that a reduced number of social contacts may contribute to a poorer quality of life as we age.

There Are Risk Factors Associated with Social Isolation & Loneliness:

HCSSPs should have knowledge of major risk factors for social isolation and loneliness.

This will help them identify older adults who may be socially isolated or lonely, and anticipate with their patients or clients any possible changes in their life circumstances that could put them at risk of social isolation and loneliness.

Risk factors and groups associated with greater risk of social isolation & loneliness among older adults include:

- Advanced age
- Living alone
- Widowhood or divorce
- Episodic or lifelong health issues
- Poor health behaviours
- Small/shrinking social networks
- Living with low income or poverty
- Women
- Racialized people
- 2SLGBTQIA+ people (Two-Spirit, lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual and other ways people choose to self-identify)

When and How to Screen for Social Isolation & Loneliness:

HCSSPs should use targeted screening for older adults who have risk factors for social isolation and loneliness.

When screening, HCSSPs should use evidence-based screening tools to identify patients or clients who are socially isolated and/or lonely. Possible screening tools include:

- Single-Item Loneliness Tool
- UCLA Loneliness Scale
- UK Campaign to End Loneliness Scale
- De Jong-Gierveld Loneliness Scale
- CARED Social Isolation and Loneliness Referral Tool
- Lubben Social Isolation Scale
- Structural Social Isolation Scale

What to Look for When Assessing for Social Isolation & Loneliness

A thorough clinical assessment with a patient or client who is socially isolated and/or lonely should explore possible causes and identify any underlying health conditions that may be contributing. Other causes that may be contributing should also be identified by adopting a biopsychosocial approach. Components in the assessment may include:

- Medical history
- Social history
- Mental health
- Cognition
- Screening for substance use
- Environment and finances
- Recent life events
- Lifestyle factors
- Insight and motivation for change

How to Intervene:

HCSSPs should apply several principles to help older patients or clients who are socially isolated and/or lonely including:

- Ensure initially or concurrently that treatment is provided for any underlying medical conditions identified in their assessment;
- Take an individualized approach, with shared decision-making;
- Identify individuals' interests to determine interventions that may be the best fit, while appraising the individual and environmental resources available; and
- Recognize the diversity within older adult populations and together with their patient/client considering the incorporation of their culture and lived experience.

Specific interventions for social isolation and loneliness include:

- Social prescribing
- Social activity
- Physical activity
- Psychological therapies
- Animal-assisted therapies
- Leisure-skill development and leisure activities

How to Talk About the Issue

- Ensure the older adult is able to see you and can read any printed material you are sharing
- Ensure the older adult can hear you (speak slowly and clearly, reduce background noise, etc.)
- Use plain language and avoid jargon
- Determine if translation or interpretation is required
- Provide opportunities to ask questions or whether clarification is needed
- Provide a written summary, or allow recording of the discussion