

Assessment

Recommendation #7

HCSSPs should conduct a thorough clinical assessment with a patient/client who is socially isolated and/or lonely that aims to explore the possible causes and identify any underlying health conditions that may be contributing factors. Other causes that may be contributing should also be identified adopting a biopsychosocial approach. A comprehensive assessment can guide the development of an appropriate management plan. The assessment may vary according to the health care and social service professional's scope of practice.

Key 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

Assessment Component	Identified Conditions	Intervention Approach
Medical history	Sensory or communication impairment	Visual and hearing assessment by a registered health care provider as required (i.e., optometrist, ophthalmologist, audiologist, etc.) <ul style="list-style-type: none">• Voice amplifying devices (i.e., hearing aid or Pocket Talker)• Visual interventions (eyeglasses, surgery, etc) Speech and language assessment to identify different communication strategies
	Chronic health conditions or mobility impairment	Management of chronic medical conditions Mobility devices (i.e., referral to OT or PT for gait aid)
	Cognitive impairment	Referral to local resources as indicated
Social history and lifestyle	Social networks and hobbies	Social prescribing Leisure skill development Interventions based on interest
	Income/food security	Free and/or low-cost local resources Tax and/or government benefits
	Physical activity/exercise	Encourage physical activity
	Transportation and environmental barriers	Affordable transportation options Environmental accessibility (e.g., situations of handicap)
Mental Health	Psychiatric condition (e.g., mood disorder)	Treat underlying psychiatric condition Cognitive behavioural interventions or other psychological therapy as indicated
	Recent significant life events	Managment of bereavement, grief, and adjustment disorder Cognitive behavioural interventions as indicated

Interventions

Recommendation #8

Overall Principles

HCSSPs should apply several principles to help older patients/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 consider the incorporation of their culture and lived experience.

Social Prescribing

Recommendation #9

- Social prescribing should be considered to manage or alleviate social isolation and loneliness. This can include, for instance, connecting individual patients/clients with suitable organizations, programming or community resources that provide opportunities for social interaction and/or self-care. Social prescribing may also address the social determinants of health which are often key to improving health outcomes that may be impacted by social isolation or loneliness.

- HCSSPs should consider a stepped-care approach to social prescribing, starting with the least intensive interventions, like other mental health interventions. Regular review through a stepped-care approach can help determine whether other interventions are necessary, or whether recipients have been able to build or expand their capacity.
- Link workers or system navigators can play an important role in assessing an individual's needs and connecting them with suitable organizations to build or foster greater social connection and reduce loneliness. In this way, they may support clinicians who may not have the same knowledge of resources.
- Health and social service organizations should consider developing social prescribing strategies or teams, including designating a core team

Interventions

Recommendations #10, 11, 12, 13, 14, 16, 17

Social activity

- Support, encourage and empower individuals to engage at their optimal level of social activity.

Physical activity

- Encourage participation in group and/or individual physical activity as a means to reduce social isolation and loneliness and to improve their overall health.
- Have conversations with their patients/clients regarding opportunities for physical activity and active lifestyles.

Psychological therapies

- Psychological therapies should be considered and include, but are not limited to:
 - » cognitive behavioural therapy
 - » social cognitive therapy
 - » reminiscence therapy
 - » mindfulness-based stress reduction.

Animal-assisted therapies and animal ownership

- Animal-assisted interventions and pet ownership may be helpful to some individuals although the evidence for this intervention is limited.

Leisure skill development and leisure activities

- Discuss leisure-skill development and activities as an opportunity for older adults to learn new skills and engage in the local community.
- These activities and skills may include:
 - » leisure education
 - » art therapy
 - » bibliotherapy
 - » horticulture
 - » nature-related interventions
 - » music therapy

Technology

- Assess access to technology and opportunities for using it. Consider interest of the individual, digital literacy, sensory limitations and financial capacity.

Pocket card on
Social Isolation and Loneliness in Older Adults

Based on:
Canadian Clinical Guidelines on Social Isolation and Loneliness in Older Adults (2024)

For more information visit
www.ccsmh.ca.

This clinical resource is intended for information purposes only and is not intended to be interpreted or used as a standard of medical practice.

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Prevention

Recommendation #1 & 2

Health Care and Social Service Professionals (HCSSPs) should have knowledge of major risk factors for social isolation and loneliness to identify older adults who may be socially isolated or lonely, and to anticipate with their patients/clients any possible changes in their life circumstances that could put them at risk of social isolation and loneliness.

Educate patients/clients about the association between social isolation and loneliness and poor mental and physical health and to promote social connection.

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- A decorative graphic in the bottom right corner featuring several outlined geometric shapes: a teal circle, a teal diamond, a yellow diamond, a small grey diamond, and a purple diamond, all arranged in a scattered pattern.

Recommendation #1

- ## Protective Factors

- ## Screening

Recommendation #4 & 5

- Single-Item Loneliness (Radloff, 1977)
- UCLA Loneliness Scale (Hughes et al., 2004)
- UK Campaign to End Loneliness Scale (UK Campaign to End Loneliness, 2015)
- De Jong-Gierveld Loneliness Scale (De Jong Gierveld and Van Tilburg, 2006)
- CARED Social Isolation and Loneliness Referral Tool (Newall & Menec, 2023)
- Lubben Social Isolation Scale (Lubben et al., 2006)
- Structural Social Isolation Scale (Menec et al., 2019; Newall and Menec 2019b; Steptoe et al., 2013)

Two Brief Loneliness Tools

Scale	Question(s)	Response Options	Scoring
Single-Item Loneliness (Radloff, 1977)	During the <u>past week</u> , how often have you felt lonely?	<i>Rarely or none of the time (e.g., less than 1 day)</i> <i>Sometimes or a little of the time (e.g., 1-2 days)</i> <i>Often or a moderate amount of time (e.g., 3-4 days)</i> <i>Almost all of the time (e.g., 5-7 days)</i>	Not lonely = rarely/none Lonely = sometimes or greater
UCLA Loneliness Scale (Hughes et al., 2004)	How often do you feel that you lack companionship? How often do you feel left out? How often do you feel isolated from others?	<i>Hardly ever = 1</i> <i>Some of the time = 2</i> <i>Often = 3</i>	Total scores can range from 1-9. Higher scores = higher loneliness. Scores between 6-9 typically classified as lonely.

Documentation

Recommendation #6

CCSMH wants to hear from you!

Share your thoughts about the
Clinical Guidelines on Social Isolation
and Loneliness in Older Adults

Scan the QR code to complete the survey and provide your feedback.

