



**CCSMH**  
Canadian Coalition for  
Seniors' Mental Health



Canadian Coalition for Seniors' Mental Health

# Collaborative C.A.R.E Tool

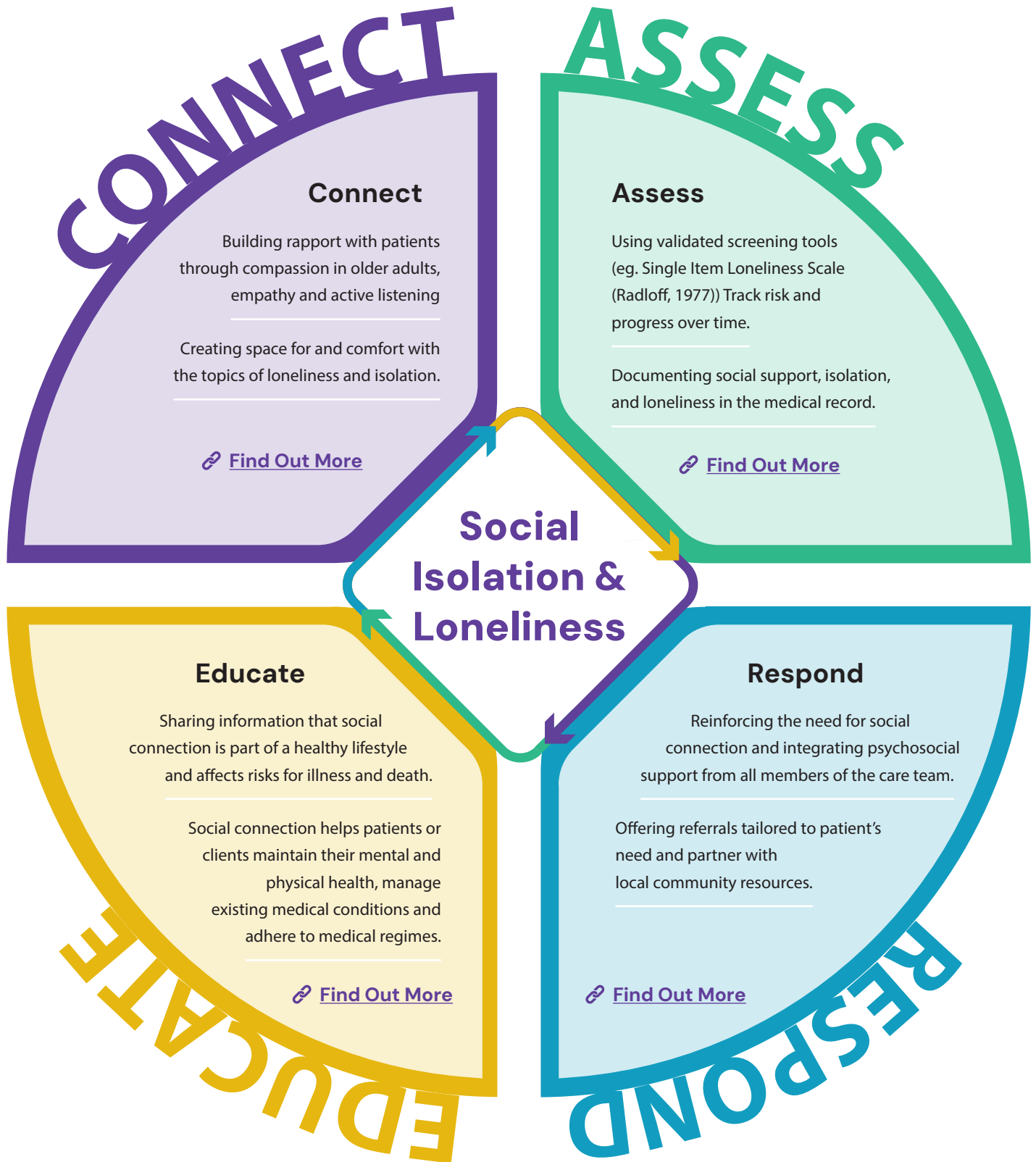
**This interactive tool provides an effective, evidence-based clinical pathway from initial interaction through treatment and resolution.**

Adapted from the E.A.R. framework created by Dr. J. Holt-Lunstad and Dr. A. Persinotto. To learn more about E.A.R. click [here](#).

Utilizing the C.A.R.E. framework, this tool is flexible to meet the individual needs of each patient/client, and gives you the information, skills, and resources you need.

Based on our first-of-their-kind clinical guidelines on social isolation and loneliness ([found here](#)), the tool will expand your clinical knowledge for both new and experienced providers.

# C.A.R.E Model



# Connect

## Rapport Building Quick Tips

### Empathy / Compassion

Active listening communicates empathy and compassion through body language, asking questions, reflecting content & feelings, avoiding judgment, being mindful of when to give advice, and eliciting feedback.

### Trust

Building a trusting relationship through the application of empathy, compassion, honesty, and openness.

### Time

Allocating sufficient time to answer questions, provide clarifications, and to give space for the individual & their loved ones to absorb the information is critical.

### Honesty / Openness

Providing all relevant information with sufficient clarity and detail, as well as ensuring the person has understood. Providing written materials (digital and print) can be an important component.

### Person Focus

Recognizing the unique needs of each older adult by soliciting feedback and adjusting your approach accordingly.

### Self-Reflection

Observing internal thoughts, beliefs & behaviours, considering their internal & external impacts, and evaluating opportunities for change and growth.

### CCSMH Conversation Starter

Use the CCSMH conversation starter to effectively talk about isolation and loneliness with your patients.

[View Online](#)

*Reflective Question:*

**How do you connect with your clients/patients?**

# Assess

## Short Screeners

### Single Item Loneliness Scale

(Radloff, 1977)

During the past week how often have you felt lonely?

- o Rarely or none of the time (e.g. less than 1 day)
- o Sometimes or a little of the time (e.g. 1-2 days)
- o Often or a moderate amount of time (e.g. 3-4 days)
- o Almost all of the time (e.g. 5-7 days)

#### Scoring:

Not lonely = rarely/none

Lonely = sometimes or greater

### UCLA 3-Item 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?

- o Hardly ever = 1
- o Some of the time = 2
- o Often = 3

#### Scoring:

Total scores can range from 1 - 9.

Higher scores = higher loneliness.

Scores between 6-9 typically classified as lonely.

### Know The Risk Factors

These include: advanced age, living alone, widowhood/divorce, small/shrinking social networks, low income, physical health issues, caregiving, women, 2SLGBTQIA+, racialized older adults, and lack of affordable housing.

[↓ Download Our Info Sheet](#)

### See Our Assessment Recommendations

[↓ Download Our Info Sheet](#)

*Reflective Question:*

**What assumptions do you have about social isolation and loneliness in older adults?**

# Assess

## Ask The Questions

1. How often do you find yourself feeling alone or like you don't have someone to talk to?
2. Who have you connected with recently? (past week, past month)
3. What has helped you feel more connected in the past?
4. Are there things you're currently doing to try to feel less lonely?

## Set The Stage

1. **Normalize the issue.**  
Begin by framing loneliness and social isolation as natural and experiences that can affect people at different points in their lives.
2. **Offer an invitation to share.**  
Provide the patient / client with an opportunity to discuss their feelings and experiences, setting the tone for an open dialogue.
3. **Explore specific feelings.**  
Ask about the frequency, duration, and impact of the loneliness or isolation to gauge how it affects their daily life.

### Other Considerations

- Time of day
- Seasons
- Holidays and life anniversaries

### Learn More

For information on additional evidence-based screening tools, see pages 14 - 15 of the Canadian Clinical Guidelines on Social Isolation and Loneliness.

[View Guidelines](#)

### Get More Tools

Targeting Isolation has additional tools resources to address social isolation and loneliness. Use the CARED and HELPS tools to support your assessment and interventions.

[Visit Targeting Isolation](#)

# Respond

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

## How Do I Respond?

- Ask what has helped them feel less lonely in the past
- Document in health record
- Ensure concurrent treatments for underlying health conditions
- Explore life transitions
- Identify individual interests
- Keep the conversation going

## Share Our Resource List

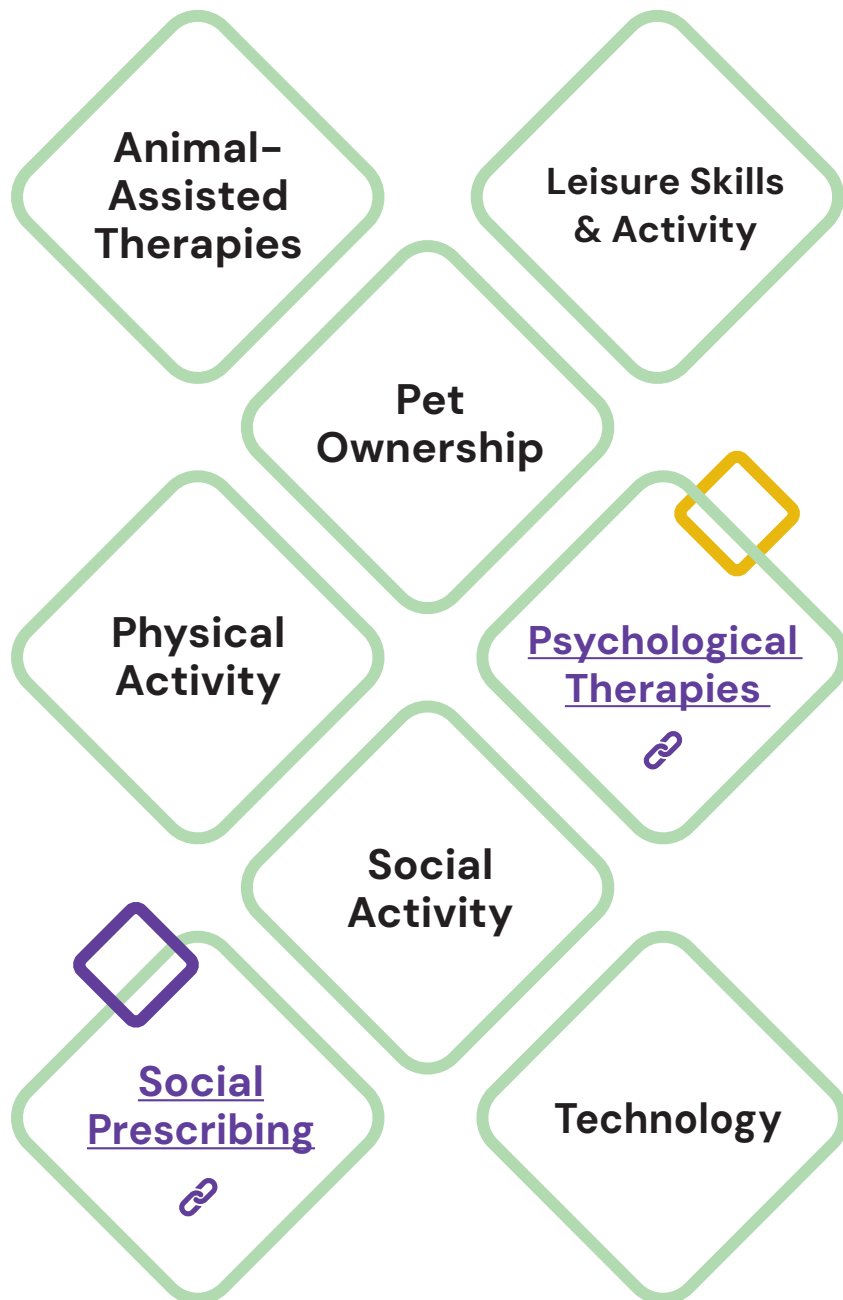
[↓ SILOA Resource Sheet](#)

## Identify Life Transitions:

- Retirement
- Widowhood
- Moving into retirement home or long term care
- Loss of hearing/eye sight
- Family moving away

# Respond

## CCSMH Recommended Interventions



Want to go deeper into our recommendations?

Download or order our Pocket Card on Social Isolation and Loneliness in Older Adults

[↓ Download Online](#)

[🔗 Order From Our Store](#)

**211** is Canada's primary source of information for government and community-based, non-clinical health and social services.

[🔗 Call, chat, or text](#)

*Reflective Question:*

**How do you talk to your clients/patients about their preferences and what helps?**

# Educate

As agents of change, health care and social service professionals should pursue ongoing education about prevention, risk factors, screening, assessment and interventions, as well as educating their patients/clients, care partners and the community.

## Social isolation vs. loneliness

**Social Isolation:** A measurable deficiency in the number of social relationships that a person has. An “objective” deficit in connections to family, friends or the community.

**Loneliness:** An internal subjective experience; it is an unpleasant sensation felt when a person’s social relationships are lacking in quality or quantity compared to what they desire. A “subjective” assessment that social relationships are lacking.

## Health Effects

Loneliness & social isolation are associated with higher rates of depression, dementia, stroke, coronary artery disease, disability from chronic diseases, reduced quality of life, and an increased number of falls.

Loneliness & social isolation are associated with an increased risk of death (26% and 29%, respectively).

## Mental Health Effects

Depression and anxiety can both be caused by and increase social isolation and loneliness.

It is important to assess for co-morbid mental health issues and treat as appropriate.

## Get our Patient Brochure!

[↓ Download Online](#)

[🔗 Order From Our Store](#)

## Solitude Is Important

Emphasize that time by yourself can be beneficial.

Spending time alone can build mental strength, spark creativity, improve productivity, provide an opportunity to know yourself better, and help you recharge. Being alone doesn’t mean you have to be lonely!

*Reflective Question:*

**How can you use these key facts to help your clients/patients take action?**



**Canadian Coalition for  
Seniors' Mental Health (CCSMH)**

---

[info@ccsmh.ca](mailto:info@ccsmh.ca)

---

[www.ccsmh.ca](http://www.ccsmh.ca)



**CCSMH**

Canadian Coalition for  
Seniors' Mental Health

**CCSMPA**

Coalition canadienne pour la  
santé mentale des personnes âgées