



CCSMH

Canadian Coalition for Seniors' Mental Health

Talking About Social Isolation and Loneliness Conversation Starter

A Guide for Health Care Professionals

Social isolation and loneliness are both potential issues that may negatively affect the mental and physical health of older adults — but they are not an inevitable part of aging. **Health care and social service professionals (HCSSPs) are in a unique position to recognize the signs and help initiate meaningful conversations to support the social health of older adult patients or clients.**

Understanding the Difference

Although often linked, **Social Isolation and Loneliness** are distinct:



Social isolation refers to having few social connections or interactions.



Loneliness is the subjective feeling of being alone, regardless of actual social contact.

Why it Matters

In Canada, up to **41%** of adults aged 50 and older are at risk of social isolation, and as many as **58%** report experiencing loneliness. These issues are more than just emotional — they are linked to serious health outcomes, including:

- A 32% increased risk of **stroke**
- A 25% increased risk of **cancer-related death**
- A 50% increased risk of **developing dementia**
- A 45% increased risk of **early mortality**
- Bidirectional association with **depression**

*For full citation please visit ccsmh.ca

1. Determining When to Have the Conversation

It is important for professionals to understand the **risk factors*** associated with social isolation and loneliness, to recognize at-risk individuals and anticipate life changes that may increase vulnerability.

The use of **screening tools** provides a consistent, evidence-based method for assessing risk and informing appropriate interventions. The use of **screening tools** is recommended to provide a consistent, evidence-based method for assessing risk and informing appropriate interventions.

Check out the Collaborative C.A.R.E. Tool on ccsmh.ca

An interactive resource designed to guide support for social isolation and loneliness, from the first conversation to meaningful solutions.

Risk Factors*

- 2SLGBTQIA+
- Racialized Older Adults
- Widowhood
- Living alone
- Low income
- Poor health behaviours



2. Starting the Conversation: Normalizing the Experience of Loneliness

To introduce the topic gently, normalize the experience of loneliness, and assess the patient/client's willingness to engage in the conversation.

Sample Questions

- As we get older, people may experience changes in their social lives. Wondering about how you are feeling about your social connections?
- How often do you feel disconnected from others?
- How would you describe your relationships and/or social activities these days? How does it make you feel?



3. Having the Conversation:

Understanding the Depth of Isolation

Explore the patient / client's feelings in more detail and determine the degree of social isolation or loneliness by conducting an **Assessment**.

Focus on identifying the **risk factors** contributing to their feelings (e.g., loss of a spouse, retirement) and explore small interventions or adjustments to improve social engagement.

Sample Questions

- What has helped you feel more connected in the past? What kind of things are you doing to feel less lonely?
- What has changed for you recently that has you feeling more lonely?
- What is the first step we can take together today?
- Sometimes, even small changes like joining a weekly activity or reaching out to old friends can help. What are your thoughts about joining a new activity?
- It sounds like it might be harder for you to get out or see friends. What are your thoughts about getting information on local programs or services that could help make it easier for you to connect with others?
- It sounds like you're struggling with feelings of social isolation. What are your thoughts about exploring programs or services that could offer emotional support and help you build connections?

4.

Concluding the Conversation:

Ensuring Continued Support and Follow-Up

Conclude the conversation by validating the patient's experiences, highlighting their strengths, and offering encouragement while collaboratively planning next steps. Ensure continued support through follow-up assessments to reinforce progress and adjust care as needed.

Sample Questions

- Thank you for sharing all of that with me today. I appreciate this is not always an easy topic to talk about. What are you taking from our conversation today?
- How would you feel about checking in next time we meet to see how you're doing? Would that be helpful for you?

HCSSPs can refer patients to **211 by phone or at www.211.ca** to help them access programs and services in their community. **211 is a free, confidential service available 24/7** that connects people to community and government resources in over 150 languages.



Online Resources
Scan QR code with a mobile phone camera to visit link.

For more information about addressing Social Isolation and Loneliness, or 'starting the conversation,' please visit our website.

Canadian Coalition for Seniors' Mental Health (CCSMH)

www.ccsmh.ca



CCSMH
Canadian Coalition for Seniors' Mental Health
Connecting People, Ideas and Resources

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Coalition canadienne pour la santé mentale des personnes âgées
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