

What Can You Do?

There are no easy solutions, especially for chronic isolation and loneliness. But there are some things you can try to reduce or prevent these problems:

- Consider innovative ways to identify and reach out to isolated and lonely people, who are often hidden or may not admit their situation
- Educate staff about risk factors, warning signs, and tips to interact with isolated/lonely seniors
- Reduce barriers to social participation (e.g., offer affordable services in multiple languages and help with transportation)
- Audit your practices to see how they facilitate or hinder social connectedness
- Understand how isolation and loneliness can become self-reinforcing by impacting social perception and behaviour
- Go beyond merely providing more social contact; consider seniors' individual needs and expectations and how they can improve the quality of their existing relationships
- Before starting a new program, see what works elsewhere and if it could work in your agency
- Measure isolation and loneliness using valid scales and test programs empirically
- Raise public awareness to reduce stigma and motivate citizens to act



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Resources

- Campaign to End Loneliness: www.campaigntoendloneliness.org
- Age UK: Combating Loneliness: <https://www.ageuk.org.uk/information-advice/health-wellbeing/loneliness/>
- National Seniors Council of Canada: <https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2014/social-isolation-seniors.html>
- Independent Age : <https://www.independentage.org/information/personal-life/loneliness>
- Dutch Coalition Against Loneliness: <https://www.eenzaam.nl> (in Dutch, but can be translated using your browser)

For More Information

For more information about isolation and loneliness, please read our full SILAS report at:

www.seniorsloneliness.ca

Questions or comments? E-mail us: info@seniorsloneliness.ca



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SOCIAL ISOLATION AND LONELINESS AMONG SENIORS

A Factsheet for Service Providers



Seniors' Advisory Committee

Isolation vs. Loneliness

Social isolation: having a small or non-existent social network, or minimal contact with the network. Isolation is objective, measured by number of friends, relationship status, living arrangement, etc.

Loneliness: *subjective* social isolation. A painful emotion resulting from a mismatch between one's actual and *desired* relationships in terms of size and, especially, perceived quality.

- The two are only weakly related: one can have a small network and not feel lonely whereas another can have a large network and feel very lonely.
- There are two types of loneliness: *emotional loneliness* (perceived lack of an intimate confidant) and *social loneliness* (perceived lack of a broader network of friends and family).
- Isolation and loneliness do not affect seniors only; given certain individual predispositions and social circumstances, anyone can become isolated or lonely, including younger people.
- Temporary isolation and loneliness are common and normal, but for some people, they can become chronic and significantly impact mental and physical well-being.



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Risk Factors

Background Risk Factors

- Pre-existing physical and mobility problems
- Vision, hearing, and language impairment
- Pre-existing mental health issues (e.g., social anxiety)
- Early-life experiences (e.g., bullying)
- Genetics and personality traits (e.g., sensitivity to rejection; excessive shyness)
- Insecure attachment history
- Low education and income
- Ethnic and sexual minority status
- Individual needs and unrealistic expectations (e.g., expecting one person to meet all of your emotional needs and to be available all the time)
- Beliefs (e.g., negative beliefs about aging; believing relationships are beyond one's control)

Relationship Risk Factors

- Lack of a close confidant
- Small social network (if a larger one is desired)
- Minimal network diversity (i.e., lacking a mix of both strong and weak ties)
- Transitions: divorce, bereavement, retirement, becoming a caregiver or care recipient, institutionalization
- Critically: poor perceived relationship quality

Societal Risk Factors

- Cultural norms (e.g., valuing privacy over social connection; disapproval of remarriage)
- Ageism: real and perceived
- Increasing geographic mobility; high neighbourhood turnover; gentrification
- The built environment (e.g., unsafe streets; no public toilets; inadequate meeting spots)

Health & Social Effects

Psychological

Isolation and loneliness can affect how we perceive others and how we feel about ourselves:

- Heightened feelings of social threat
- Misperception of social signals
- Increased social withdrawal
- Impulsivity, anger, interpersonal hostility
- Shame and lower self-esteem
- Substance abuse
- Cognitive impairment
- Depression, suicidal ideation

Physical

- High blood pressure, heart disease, stroke
- Poor sleep quality
- Immune suppression and inflammation
- Poor medication adherence and health habits
- Physical disability, loss of independence
- Early mortality

Social

- Increased use of health and social services
- More hospital stays, earlier nursing home entry
- Decreased neighbourhood trust and cohesion
- Absence of social contribution from seniors
- Spread of loneliness within social networks



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