

Impact of Social Isolation and Loneliness on Mental Health in Long-Term Care Setting

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Abstract

Social isolation and loneliness and associated risks among older adults in the community setting are extensively covered in existing literature. Studies highlight the prevalence of social isolation and factors such as physical limitation, loss of social network, and changes in the living arrangements in the older population, leaving them more vulnerable to social isolation in community settings in the United States. However, there is limited research on older adults residing in the Long-Term Care (LTC). It is evident in recent years how the COVID-19 pandemic impacted the people living in long-term care (LTC) facilities more than any other community, which led to significant adverse healthcare outcomes. This article highlights the relation of social isolation in the LTC facility with dementia and depression and the need for necessary actions to be taken to safeguard people at the LTC facility.

Keywords: Isolation, Loneliness, Long-term care, Dementia, Depression, COVID-19

Introduction

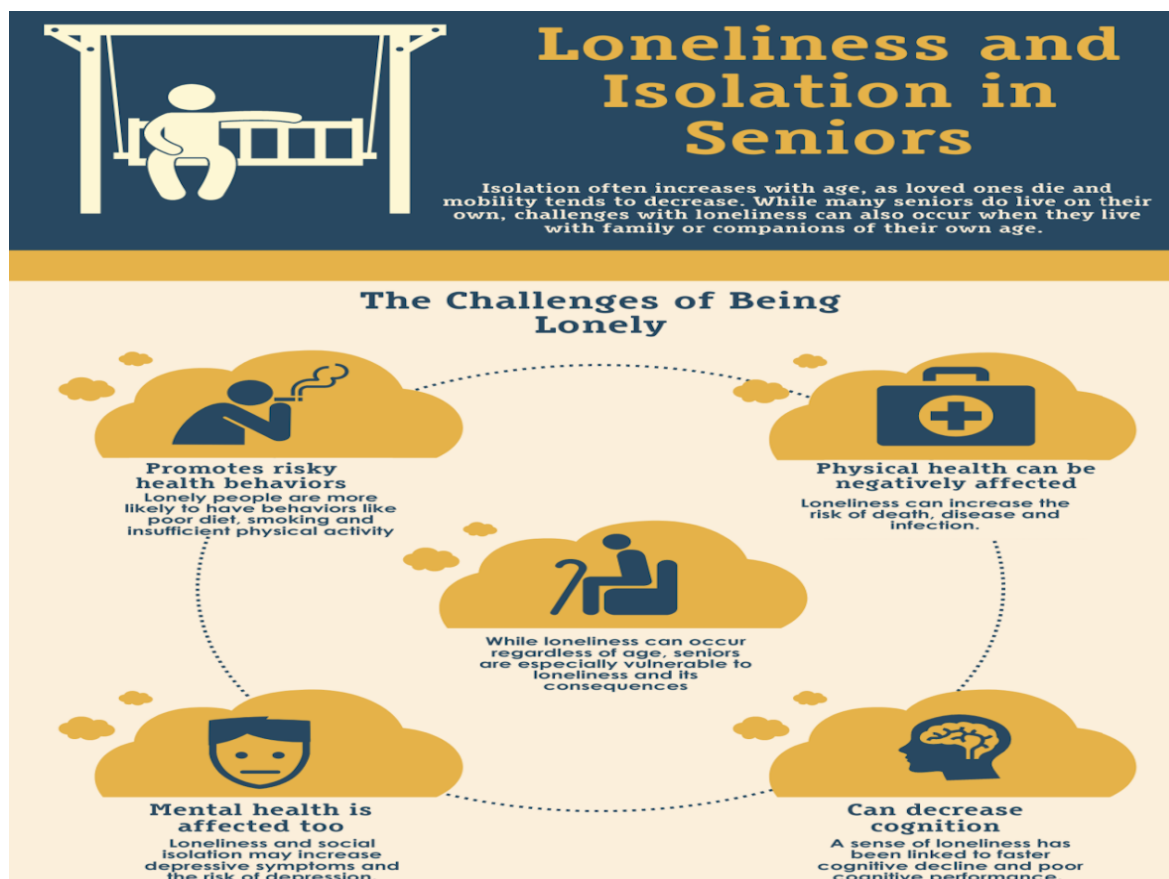


Image source: Kapok Multicultural Senior Care Services. Retrieved from [BCPHR Blog](#).

Over Twenty-four percent of Americans over 65 living in the United States community feel alone or socially isolated (the objective state of being alone). The studies highlight that around 50% of the population over 60 years old are feeling isolated globally, and social isolation is becoming a significant concern due to its substantial consequences, especially for the elderly population (Boamah et al., 2021). Further, the problem is even worse in long-term care settings where the prevalence of severe social isolation rates is double in older populations living in LTC compared to community dwellings (Simard & Volicer, 2020). Social isolation in the older age group can stem from various factors such as losing loved ones, a decline in physical or mental health, retirement, and family dispersion (Boamah et al., 2021). At the same time, some individuals may choose isolation and lead meaningful and engaging lives, while others experience it as an imposed condition. When isolation is not by choice, it may cause adverse outcomes such as physical illness, psychosocial issues, neglect, and even abuse, which is particularly concerning in populations that live in LTC as it has prominent effects that cause a threat to overall well-being (Simard & Volicer, 2020).

On the other hand, even people feel lonely despite social relationships and under the best circumstances; therefore, the relationships must be meaningful (Simard J & Volicer L, 2020). Social isolation is explained as limited to no social interactions, relationships, and social support, which is high in LTC due to a lack of autonomy, dependency, and not having a deep relationship when in need. Social isolation has the potential to increase the risk of early death, 50% amplified risk of dementia, 29% amplified risk of heart disease, and 32% higher risk of stroke among older adults. Further, it is associated with behavioral and psychological problems (Manjunath, Manoj, & Alchalabi, 2021). Therefore, the author would like to explore the interventions to address social isolation in the Long-term care setting.

The COVID-19 pandemic and infection control measures from the federal and state level agencies to prevent infection have worsened the situation, significantly increasing social isolation in nursing homes. Further restrictions on communal activities, dining, and visitations with families and friends drastically decreased the opportunities for social interaction. They led to a lack of connection and engagement, profoundly impacting nursing home residents' physical and mental well-being (Simard & Volicer, 2020).

Interventions to Reduce Social Isolation & Loneliness In LTC

Successful interventions to reduce social isolation and loneliness among nursing home residents require strategies to promote social engagement and meaningful interactions. The studies indicated that nursing homes utilizing interventions such as enhancing communication, promoting group activities, and adopting technology to improve social connections with family and friends are more successful in combating social isolation in their residents (Manjunath, Manoj, & Alchalabi, 2021).

Further, having Programs like volunteer-driven social support, organized group activities, and video or phone calls to connect residents with families and friends proved to have better outcomes in mitigating isolation in Long-term care settings. Finally, Personalized approaches that consider individual preferences and needs are shown as an effective intervention in combating social isolation in nursing homes (Manjunath, Manoj, & Alchalabi, 2021).

Additionally, multicomponent strategies such as music therapy, cognitive behavioral therapy (CBT), and counseling combined with social engagement programs and technology effectively reduce loneliness and social isolation in older adults in nursing homes, further improving mental well-being and, therefore, physical well-being (Hoang et al., 2022).

Further, laughter therapy, reminiscence therapy, horticulture, gardening, and skill development interventions significantly reduced social isolation in long-term care settings. Finally, community-based interventions are more effective in reducing loneliness (Quan et al., 2019).

In conclusion, person-centered and group activities are highly effective long-term care interventions and valuable psychosocial therapies that reduce the need for pharmacological therapy in older adults and increase

social connection. Therefore, this will improve the mental and physical well-being of the residents in institutionalized settings. However, further research is needed to compare the effectiveness of different interventions in reducing loneliness, specifically within nursing home settings, to optimize care strategies.

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