SOCIAL ISOLATION AND MENTAL HEALTH IN OLDER PEOPLE

Enis Jusufspahic, Community Care Development
Officer, Inner Sydney Social Development Council

Enis Jusufspahic, Community Care Development
Officer, Inner Sydney Social Development Council

Inner Sydney Regional Council

MASLOW'S HIERARCHY OF NEEDS

Maslow posited a hierarchy of human needs based on two groupings: deficiency needs and growth needs.

An individual is ready to act upon the growth needs if and only if the deficiency needs are met.

Deficiency Needs
1. Physiological: hunger, thirst, bodily comforts, etc.;
2. Safety/security: out of danger;
3. Belongingness and Love: affiliate with others, be accepted; and
4. Esteem: to achieve, be competent, gain approval and recognition.

Growth Needs
1. Cognitive: to know, to understand, and explore;
2. Aesthetic: symmetry, order, and beauty;
3. Self-actualization: to find self-fulfillment and realize one's potential; and
4. Self-transcendence: to connect to something beyond the ego or to help others find self-fulfillment and realize their potential.

W Huitt, (). Maslow's hierarchy of needs, *Educational Psychology Interactive, Valdosta* State University, 2007
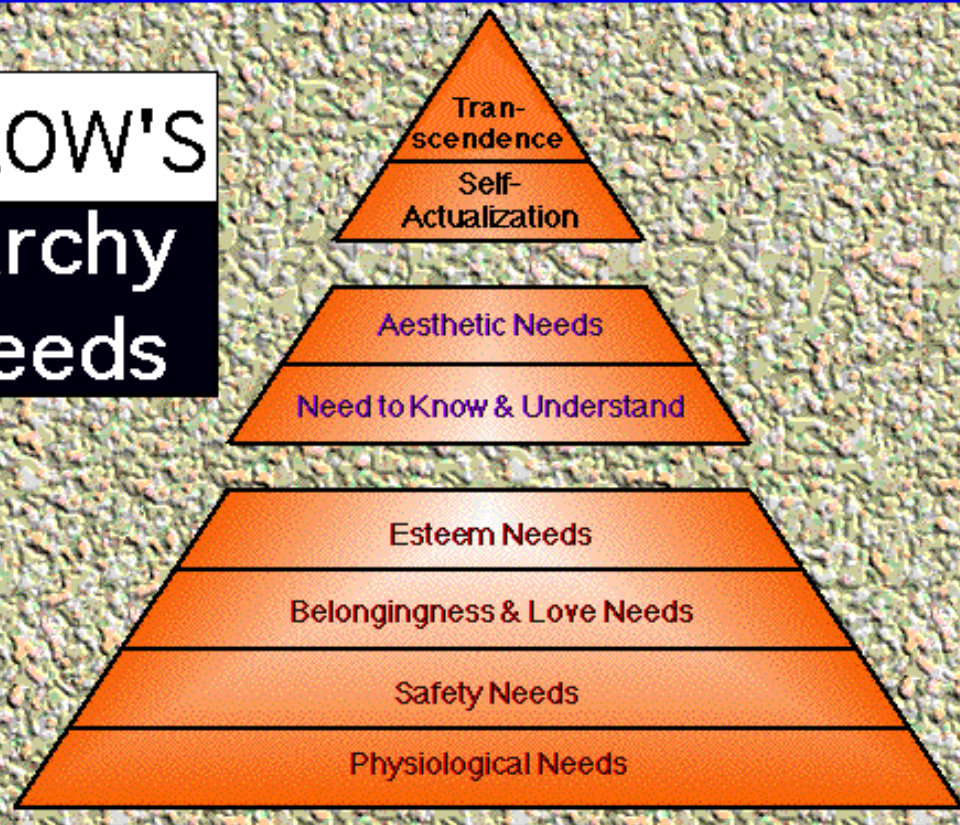
W Huitt, (). Maslow's hierarchy of needs, *Educational Psychology Interactive, Valdosta* State University, 2007

SOCIAL ISOLATION

Policy direction to support older people to live at home for as long as possible may have had unintended consequences; social isolation of older people.

The ABS expects an increase of between 52% and 113% of people living alone in Australia.

Who'll be Home Alone in 2021?, ABS, 2006

Social isolation is best understood as absence of relationships with friends and family on an individual level, and with society on a broader level.

The Lonely Society?, Mental Health Foundation, 2010

SOCIAL ISOLATION

Two most important elements of social isolation are:

1. Perceived levels of social support
   - The extent to which people feel that they are able to rely on their social network for support including ongoing support and support during a crisis

2. Subjective experience of alone-ness and loneliness
   - Impact of loneliness depends not on the quantity of social interactions but on the satiation of a person's need for social connection.
   - It is persistent loneliness rather than situational or passing loneliness which impacts on mental wellbeing.
   - **Chronic loneliness can create a persistent, self-reinforcing loop of negative thoughts, sensations and behaviours.**
   - Social isolation may be continuation of previous experience; a new experience triggered by a key life event or transition in later life.

A Pate, Social Isolation, COTA Victoria, 2014

WHY ARE OLDER PERSONS MORE AT RISK OF SOCIAL ISOLATION?

Social isolation can be triggered by a key life event or transition in later life including:

- An increase in physical health problems or chronic conditions e.g. heart disease, stroke,
- Chronic pain
- Side-effects from medications
- Losses – e.g. relationships, independence, work and income, mobility (lack of stability in older persons' social network) Significant change in living arrangements
- Admission to hospital

Depression and anxiety disorders in older people Fact Sheet 17, Beyond Blue

Other transition points include:

- Retirement
- Loss of drivers licence
- Relocating to a new community
- Sudden loss of functional ability

A Pate, Social Isolation, COTA Victoria, 2014

IMPACT OF SOCIAL ISOLATION ON OLDER PEOPLE

Limited social networks impact health through three pathways:

1. Behavioural
   - those with an extended social network are supported to adhere to medical advice and refrain from risk taking behaviour such as heavy drinking.
   - More likely to be at nutritional risk

2. Psychological
   - Increased risk of cognitive decline due to lack of social connections
   - Similarly people who are experiencing mental distress are at greater risk of social isolation due to difficulty in everyday functioning.
   - Social Support programs which target socially isolated older people are far more effective if the person's physical health and mental needs are addressed too.

IMPACT OF SOCIAL ISOLATION ON OLDER PEOPLE

3. Physiological - Overabundance of evidence demonstrating negative health outcomes and increased risk factors for socially isolated older people including:

- Increased risk for all-cause mortality
- Increased number of falls
- Dementia
- Social isolation is a precursor to coronary heart disease and stroke
- Social isolation is predictor of institutionalisation
- Increased risk for rehospitalisation – 4 to 5 time more likely to be rehospitalised
- Older people with multiple chronic health conditions are at greater risk of depression and anxiety.

N Nicholson, A Review of Social Isolation, The Journal of Primary Prevention, 2012

PHYSICAL HEALTH AND SOCIAL ISOLATION

It flows back the other way too. Physical ill health leads to social isolation, specifically for:

- Older adults who have four or more chronic health conditions
- Older adults with sensory loss which impacts their ability to communicate
- Older adults who have incontinent
- Older adults with sleep complaints or insomnia

N Nicholson, A Review of Social Isolation, The Journal of Primary Prevention, 2012

GROUPS AT RISK OF SOCIAL ISOLATION

- Older people over the age of 85

- Older people with limited English language skills

- LGBTI older people – stigma, discrimination

- Carers

- Older people living in rural areas

- Older people in residential care

- Older people on low incomes who are in the private rental market are a high risk group as private housing:

  - Offers limited tenure

  - Does not have to meet minimum housing standards

  - Difficult to gain permission to modify premises to suite the person's needs

- Older men

  - Peak age for women living alone is 65 to 80, and the peak age for men is 35 to 65.
    Who'll be Home Alone in 2021?, ABS, 2006

  - Tend to have less social contact

  - Less socially connected men are at grater risk of suicide

A Pate, Social Isolation, COTA Victoria, 2014

WELLBEING AND THE LOCAL COMMUNITY

Health is not just about an individual's wellbeing; a holistic understanding of health includes the social, emotional, spiritual and cultural well-being of the whole community. Üstün & Jakob, Re-defining 'Health', Bulletin of the World Health Organization, 2005

According to Maslow individuals can only realise their growth as member of a community.

Neighbourhoods are key source of security, identity and support for older people whose daily activities are often concentrated in a few <u>fixed locations</u>.

Public spaces needs to be age friendly in order to facilitate meaningful participation in work, family and community life and provide opportunities for lifelong learning.

A person's perception of their community is very important to their sense of overall wellbeing. It is measured as:

- A feeling that the people in the area are trustworthy, as well as
- A feeling of belonging to the area.

Accessible transport as an enabler to build and maintain social connections.

ACTIVE AGEING, WELLNESS, ENABLEMENT

• Numerous studies have demonstrated that increased levels of social support lead to increased quality of life.

• Several studies found that social engagement prevents decline and facilitates recovery.

• 148 studies looked at the influence of social relationships on mortality and found a 50% increased likelihood of survival for people who had stronger social relationships.

• Active Ageing - A process of optimising opportunities for health, participation and security in order to enhance quality of life for people as they age.

What is "active ageing"?, World Health Organisation (WHO)

• WHO defines health as "a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity".

Üstün & Jakob, Re-defining 'Health', Bulletin of the World Health Organization, 2005

• Move away from the medical model which emphasises dependency and care to a rights-based approach founded on optimising possibilities in later life.

GOOD PRACTICE

Holistic approach which takes into account the person's mental, social and physical wellbeing.

Enablement
- Approach which works on the principle that people can make gains at any stage of life.
- Focuses on breaking down tasks and *doing with the person* instead of *doing for them*.
- This includes learning about the person and involving them in design and implementation of support services.

Multipronged approach – reconnecting older people to their social networks and assisting them to develop new connections as well as providing support services.

Community development approach – the most effective interventions were group based with an educational component that target a specific population.

Targeted interventions after a critical event or life transition were found to be highly effective.

A Pate, Social Isolation, COTA Victoria, 2014

Exercise - A study in a residential care found that chair-based exercise helps reduce anxiety and depression in people with dementia.

What works to promote emotional wellbeing in older people, Beyond Blue, 2015

OLDER PERSONS' MENTAL HEALTH POLICY DIRECTION

The Australian mental health system is overwhelmingly skewed towards providing acute and continuing psychiatric care to people aged between 12 and 64.

 Mental Health Council of Australia, Priorities outside the NHHN reforms, Position Paper, 2011

Acknowledgment that older people require more coordination, specialised in-home mental health services as well in-patient services.

Fourth National Mental Health Plan, Commonwealth of Australia, 2009

Life stage approach to mental health service provision - Increase the availability of prevention and intervention activities appropriate to each person's life-stage and circumstances, including for children, young people, new parents and older people.

The Roadmap for National Mental Health Reform 2012–22