



Supporting Older Adults: Strategies for Community Outreach, Emergency Care, and Combating Isolation

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Social Isolation and Loneliness

Senior Citizens Commission
May 1, 2024
Item: II.D.1

Loneliness is the difference between an individual's desired and actual social relationships

Social isolation is a state where an individual have few interactions with others

The World Health Organization (WHO) has named social isolation and loneliness as social determinants of health

United States Surgeon General Advisory declared loneliness an urgent public health issue in 2023



Social Isolation and Loneliness

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1 in 4 older adults experience social isolation or loneliness

5-10% of older adult experience loneliness constantly

Unable to appropriately access resources and coping skills to alleviate loneliness



Social Isolation and Loneliness Impact

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Contributor to mortality comparable to smoking, obesity, and physical inactivity

Linked to chronic diseases including cardiovascular disease, stroke, hypertension, all-cause mortality

Worsen outcomes related to Alzheimer's disease and depression

Often not detected

No pharmacologic treatments



Loneliness

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Contributors: retirement, partner loss, mobility

Strong correlate to quality of life (QoL)

Williams-Ferrel et al 2024:

- 603 participants, mean age 73.5 years
- 5-item loneliness scale from Loneliness Fixed Ages 18+ from NIH Toolbox Emotional Battery; score range 5-25, QoL, depression, anxiety
- Average loneliness score 7.2
- 47.1% reporting never feeling lonely (<6), 52.9% reported feeling lonely
- Mental Health QoL is negatively associated with loneliness
- Positive association with depression



Quality of Life

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Positive physical quality of life associated with: post-graduate degree, comfortable income, relative lack of active co-morbidities

Socioeconomic status (SES) may have direct and indirect effects on quality of life and socialization

- Lower SES less able to take advantage of commercial opportunities for socialization
- Less likely to be able to reciprocate social support



Barriers to addressing loneliness

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Identifying and tracking patients

Provider efficacy in screening for loneliness

Associated stigma

Unclear interventions



Approaches to addressing loneliness

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Increasing contacts and reducing perceived discrepancy between actual and desired relationships

Decreasing relationship standards to meet realities

Reducing the effect of discrepancy by accepting and coping with feelings of loneliness



Social Prescription

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Adopted by several European countries such as UK, Brussels, and Denmark

Physicians "prescribe" cultural or natural experiences

Helps build community, reduces loneliness, and improves well-being

i.e. ticket to a local art museum, botanical gardens, dance class



Afternoon at the Museum

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Community dwelling LGBTQ-identifying older adults



UCSF volunteers (staff, faculty, trainee)



Older adult and volunteer pairs
(n=20)



Three-hour intergenerational event at local art museum

Afternoon at the Museum

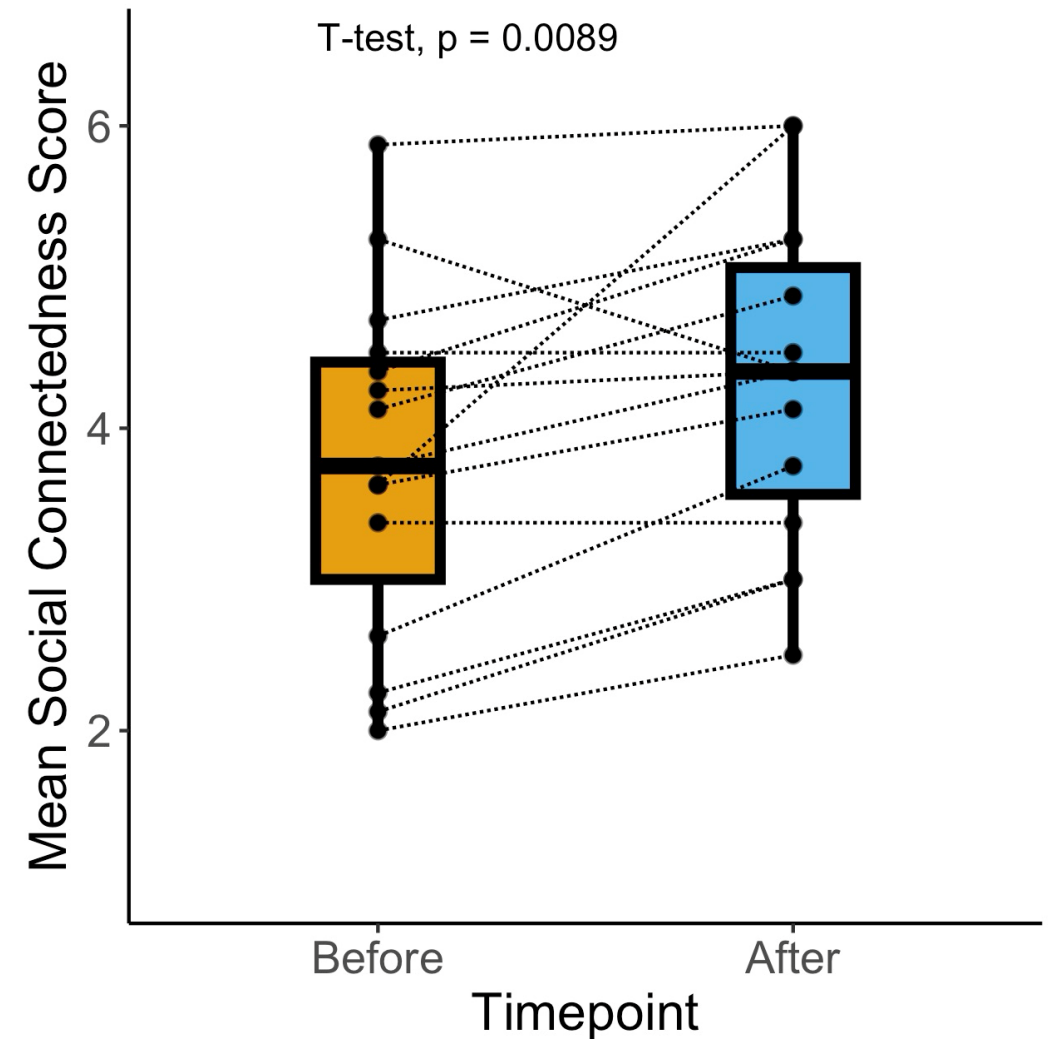
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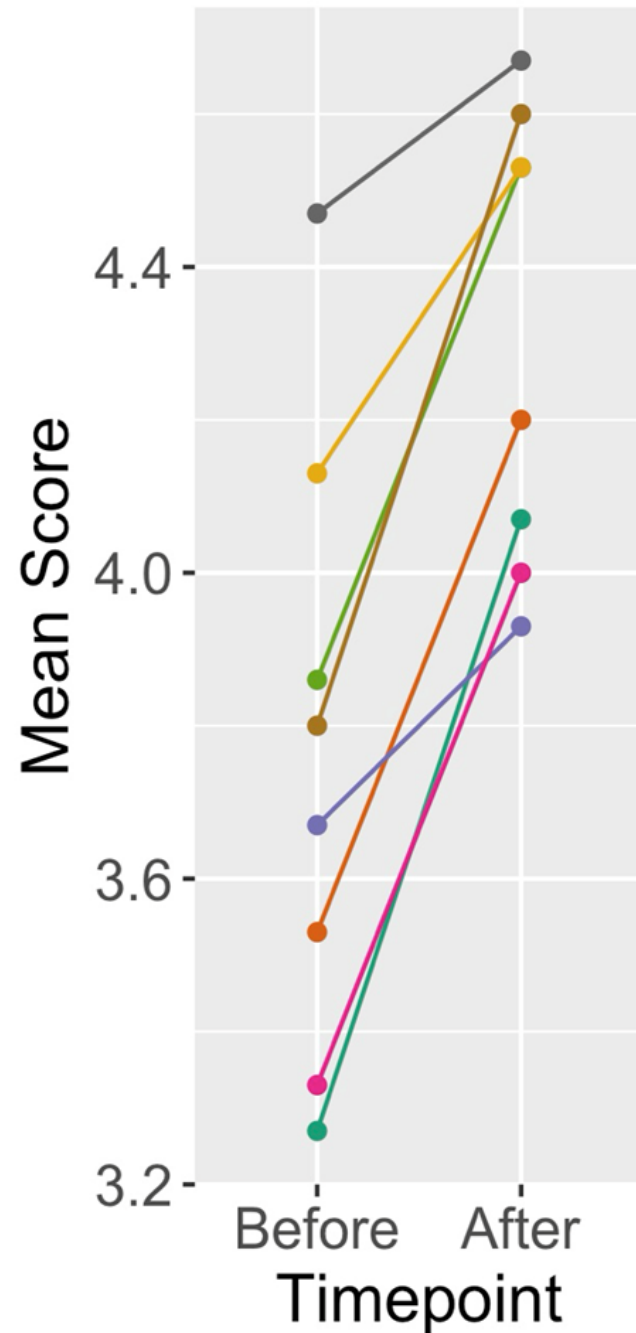
LGBTQ+ older adults were recruited from a community agency in San Francisco

Pre- and post-event surveys were adapted from the Social Connectedness Scale (8 items) by the Youthrex Research and Evaluation Exchange and the Museum Wellbeing Measure for Older Adults (6 items) by Chatterjee et al.



- Average was calculated from individual participants' scores (average score of 1-6) on the 8 items in the Social Connectedness survey
- Participants felt a significantly greater sense of social connectedness and are less prone to social isolation after the event





Questions

- 1) I feel disconnected from the world around me (p=0.028).
- 2) Even around people I know, I don't feel that I really belong (p=0.065).
- 3) I feel so distant from people (p=0.041).
- 4) I have no sense of togetherness with my peers (p=0.055).
- 5) I don't feel related to anyone (p=0.23).
- 6) I catch myself losing all sense of connectedness with society (p=0.028).
- 7) Even among my friends, there is no sense of brother/sisterhood (p=0.028).
- 8) I don't feel that I participate with anyone or any group (p=0.189).

The Circle of Friends

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Group intervention specifically designed for lonely older adults

Developed by the Finnish Association for the Welfare of Older People

6-8 participants suffering from loneliness, 2 facilitators

Total of 12 meetings, once weekly, 3 months

New participants are not added, even others drop out

Goals to value active agency, empower to take mastery in their own lives, allow participants to gradually take responsibility of interaction in the group

Confronts loneliness, provide support to others, keep in touch without facilitators



The Circle of Friends Outcomes

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Improvements in health, cognition, wellbeing,
reduced health care utilization

10-year follow up: 9 out of 10 participants continue to
feel that their loneliness was alleviated

60% of participants continued to maintain contact
after the group concluded



Psychiatric Emergencies

The suicide rate among older adults has increased by 28% since 1999

In 2018 California Department of Public Health reported that 20% of completed suicides were among older adults (962 / 4,497)

Risk factors:

- Widowed
- Male (83%)
- Veteran (46%)
- Depression
- Substance use disorders
- Chronic pain, co-morbid illness, disability
- Social isolation
- Access to lethal means (e.g. firearms, medications)



Psychiatric Emergencies

Older adults are more likely to die from suicide attempts:

- Increased frailty
- More violent means
- Increased pre-planning



Prevention Strategies

- Universal Prevention
- Selective Prevention
- Indicated Prevention



Prevention Strategies

Universal prevention: benefits entire population

- Depression screenings
- Education on risk factors
- Education and access to resources (e.g. warm lines)
- Policies to restrict access to lethal means (e.g. firearms)



Prevention Strategies

Selective prevention: targeting those at risk
(experiencing loss, life transitions, chronic illness)

- Enhancing independent living and promoting functioning
- Provider awareness of patient losses (eg driver's license, vision, hearing loss)
- Provider awareness of substance use and mental health needs)
- Systematic tools for screening in medical/non-medical settings and staff trainings
- Address social isolation



Prevention Strategies

Indicated Prevention: targeting older adults who have a history of suicide attempts or high risk for suicide

- Rigorous depression treatment: medication, psychotherapy, intensive outpatient programs target for older adults
- Frequent check-ins
- Ensuring older adult is not left alone
- Referral to mobile crisis or emergency services



Summary

- Current health crisis due to social isolation and loneliness
- Major contributor to morbidity and suicide risk factor
- Suicide is on the rise in older adults
- Preventable condition, but requires thoughtful, multi-layered approaches



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Thank You!

Thank you so much for your attention and supporting older adults in our community. I greatly appreciate you taking the time to learn more about this important effort.