INTERNATIONAL JOURNAL OF ADVANCE RESEARCH, IDEAS AND INNOVATIONS IN TECHNOLOGY

ISSN: 2454-132X
Impact Factor: 6.078
(Volume 9, Issue 6 - V9I6-1136)
Available online at: https://www.ijariit.com

Assessing the effects of social isolation on elderly individuals

Lakshita Popli
yashi@yashishukla.com
Delhi Public School, New Delhi, Delhi

ABSTRACT

Loneliness and social isolation, prevalent among older adults, have profound and often interconnected effects on physical and mental health, leading to increased mortality, depression, and cognitive decline. This paper reviews the literature on social isolation and loneliness in seniors. Key factors contributing to social isolation include the death of a spouse, physical relocation, retirement, changes in family structures, changes in mobility, chronic health problems, household income, race, ethnicity, gender, and sexual orientation. These factors have varying impacts on the social well-being of older adults. Research suggests that subjective social isolation has a stronger link to mental health, while objective social isolation is more strongly related to physical health. Both social isolation and loneliness are associated with higher rates of depression and psychological distress among seniors. Understanding social isolation and loneliness in seniors is crucial for developing targeted interventions and support systems to enhance the well-being of this growing demographic.

Keywords: *Mental Health, Older Adults, Loneliness, Social Isolation*

INTRODUCTION

Today, roughly 10% of the population is aged 65 and over. The proportion of seniors in society has increased in recent decades, and it is estimated that approximately 25% of the population will be aged 60 or above within the next 20 to 40 years. Previous studies indicate up to 55% of US older adults aged 65 years or older report some level of loneliness (Musich et al., 2015; Perissinotto et al., 2012). Meanwhile, social isolation is estimated to impact up to 40% of older adults aged 60 and older (Cudjoe et al., 2020; MacLeod et al., 2018).

While these two constructs are interrelated and many times go hand in hand, it is important to note that independently as well as jointly they can have severe effects on the physical well-being, mental health, and overall QOL (quality of life) of the person including higher rates of mortality, depression, and cognitive decline (Beutel et al., 2017; Drageset et al., 2013; Holt- Lunstad et al., 2010; 2015; 2017; Kelly et al., 2017; Kuiper et al., 2015; Luo & Waite, 2014; Musich et al., 2015; Ong et al., 2016; Perissinotto et al., 2012).

© 2023, www.IJARIIT.com All Rights Reserved

Loneliness and social isolation are specifically problematic in old age because of declining economic and social resources, functional limitations, the passing of family members and spouses, changes in family structures, and changes in mobility (Courtin & Knapp, 2017). It has been suggested that the health risks associated with loneliness and social isolation are equivalent to the well-established harmful effects of smoking and obesity (Holt-Lunstad et al., 2010). When they threaten so many lives, we must take all measures to analyze, evaluate, and eradicate the harmful effects of loneliness and social isolation on the overall well-being of older adults.

Purpose and significance of the review

In recent years, especially during the COVID-19 pandemic, quite a few research papers and reviews have emerged about the impact of social isolation and lockdown on seniors. These have contributed significantly to a better understanding of associated phenomena. After careful examination of various research conducted, this review paper aims to explain social isolation and loneliness in seniors through different perspectives: covariates and discrete social network events.

The covariates studied in this review are age, gender, household income, race and ethnicity, and sexual orientation.
The discrete social network events studied in this review are the death of a spouse, physical relocation, retirement, changes in family structures, changes in mobility, and chronic health problems.

Definition:

SOCIAL ISOLATION

Nicholson defined social isolation as "a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships". Simply put, social isolation is an objective count of relationships, social interactions, and social contacts, determined by their quantity and sometimes quality (Cudjoe et al., 2020; MacLeod et al., 2018). It has been broadly categorized into objective social isolation and subjective social isolation.

Objective social isolation focuses on the quantity of relationships. It refers to the lack of connectedness and lack of a social network. The objective dimension is linked more strongly to physical health because it may hinder healthy behaviors leading to better health outcomes (Kinney et al., 2016; Rook & Ituarte, 1999; Umberson, 1987). Objective social isolation is usually measured by the social disconnectedness scale (Cronbach's Alpha = .73) which includes the social network size, social network range, frequency of contact, number of friends, and socializing with family members and friends (Cornwell & Waite, 2009).

Subjective social isolation focuses on the quality of relationships. It is the perceived lack of closeness between an individual and members of their social network. The subjective dimension is found to be linked more strongly to mental health and depression.
Subjective social isolation is usually measured by the perceived isolation scale (Cronbach's Alpha = .70) that assesses how frequently the respondents:

(1) confide to family members
(2) confide to friends
(3) confide to spouse
(4) rely on family members
(5) rely on friends
(6) rely on the spouse
(7) feel a lack of companionship
(8) feel left out
(9) feel isolated from others

© 2023, www.IJARIIT.com All Rights Reserved

LONELINESS

The dominant view in the gerontological literature remains the cognitive approach that views loneliness as resulting 'from unfavorable comparisons between social relations and social standards'(Perlman & Peplau, 1981). This approach usefully recognizes the role cultural expectations, at both individual and collective levels, play in shaping older people's such social standards and views on socially desirable interactions (de Jong Gierveld & Tesch-Römer, 2012; Ng & Northcott, 2015; Victor & Bowling, 2012; Clair et al., 2017c).

Social loneliness refers to negative feelings resulting from the absence of meaningful relationships and social integration, whereas emotional loneliness refers to the perceived lack of an attachment figure or confidant (Weiss, 1975).

Loneliness is a major health concern facing older people, particularly because they are exposed to risk factors such as living alone, being widowed, and experiencing chronic illness (Holt-Lunstad, 2017). Strong evidence has linked loneliness with increased rates of mental health and cardiovascular issues, strokes (Leigh-Hunt et al., 2017), and mortality (Holt-Lunstad et al., 2015).

Three interconnected ways were identified in which older people conceptualized and experienced loneliness:

(1) feeling disconnected, which is related to a lack of emotional closeness to another and is frequently brought on by being physically apart from others and unable to touch;

(2) feeling imprisoned, which is related to being cut off from preferred identities and activities and is frequently associated with boredom and frustration; and

(3) feeling neglected, which is frequently related to feeling let down by forms of support that are oversimplified and idealized, like one's neighborhood and healthcare system (Morgan et al., 2023b).

The most common metric used to measure loneliness is the UCLA-3 Loneliness Scale. It comprises 3 questions that cease to cover the three dimensions of loneliness: relational connectedness, social connectedness, and self-perceived isolation. The questions are:

(1) How often do you feel that you lack companionship?
(2) How often do you feel left out?
(3) How often do you feel isolated from others?

The three responses were: Hardly ever / Some of the time / Often. The score for each response was as follows:

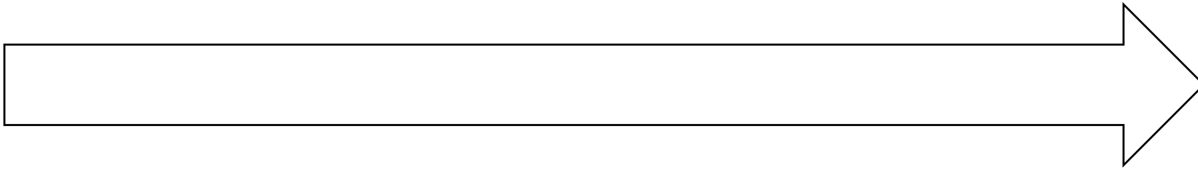
RESPONSE	**SCORE**
Hardly ever	1
Some of the time	2
Often	3

The lowest score is 3 and the maximum is 9. The greater the score, the lonelier the person is considered

LEAST LONELY 3 4 5 6 7 8 9 MOST LONELY

DATA SURROUNDING THE EFFECTS OF SOCIAL ISOLATION ON THE OLDER ADULTS

© 2023, www.IJARIIT.com All Rights Reserved



Statistics and trends on social isolation among older adults:

Social wellbeing for older adults involves certain external and internal criteria, such as an observable presence of connections or exchanges, as well as satisfaction with their quality (Sen and Prybutok, 2020; Hudson & Doogan, 2019). In addition, Carstensen and colleagues' (1999) socioemotional selectivity theory states that older adults assign greater importance to having small social networks that are composed of family members and long-term friends. Socioemotional selectivity theory further posits that these social network changes represent purposeful strategies that older adults employ to maximize positive emotions and minimize negative social interactions (Carstensen et al., 1999). Finally, Snowden (2001) used the National Medical Expenditures Study to examine and find that lacking a confidant to share personal feelings and emotions with was the strongest factor responsible for psychological distress.

This could be a prime reason why in the context of studying social isolation and loneliness in seniors it is important to not neglect subjective social isolation. Before the analysis, it is important to note that those who are objectively isolated may or may not be subjectively isolated and vice versa. Taylor et al. (2016) studied The National Survey of American Life to conclude that objective social isolation was not related to both depressive symptoms and psychological distress. But subjective social isolation from both family and friends and from friends only was associated with more depressive symptoms and subjective social isolation from friends only was also associated with higher levels of psychological distress.

An estimated 40% of people in this age group are said to experience loneliness (Savikko et al., 2005; Steed et al., 2007).

However interrelated, it is crucial to be aware that social isolation and loneliness are two different constructs. They have many of the same harmful effects independently. When studied in joint analyses, researchers have found that decreased QOL, heightened healthcare utilization, and overall greater medical expenditure can be associated with loneliness and social isolation together (Gerst-Emerson & Jayawardhana, 2015; Greysen et al., 2013; Hawker & Romero-Ortuno, 2016; Jakobsson et al., 2011; Shaw et al., 2017; Valtorta et al., 2018).

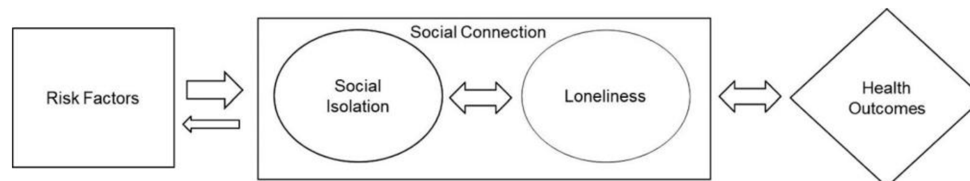


Figure 1. Theoretical framework of loneliness, social isolation, and associated health outcomes. *Note*. Adaptation of guiding framework developed by the Committee on the Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults 2020 (nASeM 2020).

The above figure explains the relationship between social isolation and loneliness. Risk factors such as retirement, mobility issues, and the death of a spouse/family member have a dual relationship with social isolation and loneliness, under the umbrella of social connection. This in turn leads to adverse health outcomes discussed such as cognitive decline, depression, and higher rates of mortality. Exploring the effects of social isolation and loneliness through different perspectives (covariates):

AGE

Taylor et al. (2016b) concluded from their study that participants who were both lonely as well as socially isolated were older as compared to other groups, though all ranges were targeted towards senior citizens. Furthermore, a higher proportion of participants who were both lonely and socially isolated in the oldest age category (≥ 85 years).

GENDER

© 2023, www.IJARIIT.com All Rights Reserved

Within domains, significant trends and gender associations in exclusion were found on several indicators, with indicators showing opposing trends. Living conditions in later life differ between women and men. For instance, health issues and mobility limitations are more common in older women than older men (Dahlberg, Agahi, & Lennartsson, 2018; Lennartsson & Lundberg, 2007; Schön & Parker, 2009), despite the fact that women typically outlive men and marry men who are older than they are, such that women are more likely than men to become widows at a younger age (Lennartsson & Lundberg, 2007). While both an English national study (Becker & Boreham, 2009) and a European study (Ogg, 2005) found that women were more likely than men to experience social exclusion, there is conflicting evidence as an Australian study and an English community study found no association between gender and social exclusion (Miranti & Yu, 2015; Scharf, Phillipson, & Smith, 2005). (Dahlberg et al., 2020) Finally, it was found that women were more likely to be both lonely and socially isolated as compared to men (Taylor et al., 2016c). Thompson and Heller's study (1990) looked at the relationship between objective social isolation, perceived social support, and psychological well-being in 271 older community-dwelling women. They discovered that older women who reported feeling more objective social isolation were significantly more likely to report feeling less psychological well-being.

HOUSEHOLD INCOME

A study conducted during the COVID-19 pandemic shows evidence that older adults with less economic resources are at a higher risk of loneliness (McCallum et al., 2021; O'Sullivan et al., 2021).

A UK study found that although fewer older adults lived under the poverty line, there had been an increase in older adults living in severe and persistent poverty, that is, an increasing inequality within the older age group (McKee, 2010).

RACE AND ETHNICITY

Thorpe et al. (2011b) found in their study that even though all participants were free of mobility limitation, blacks had slower walking speeds than their white counterparts, which was not explained by poverty, education, reading level, or income adequacy. After 5 years, accounting for age, site, and baseline mobility, blacks were more likely to develop mobility limitations than whites.

Ornstein et al. (2015) suggests that the baseline homebound status risk for black seniors is greater than for white seniors. According to earlier research, racial differences are inextricably linked to other macrosocial variables like socioeconomic status and environmental variables (such as subpar housing conditions). However, Thorpe et al. (2011) found that socially isolated black and white adults had a similar risk of becoming homebound.

Additionally, during a study conducted in New Zealand during the COVID-19 pandemic, Chinese and Korean participants' fear arose from linguistic barriers that limited their ability to access information about the pandemic rules. In some cases, this meant they did not join bubbles with other family members despite feeling acutely distressed (Morgan et al., 2023a).

SEXUAL ORIENTATION

Given decades of discrimination, lesbian, gay, bisexual, and transgender (LGBTQ +) older adults face increased risks of social isolation; however, research suggests that LGBTQ + older adults may actually benefit from telephone buddy programs and in ways that are distinctively different from other groups (Perone et al., 2019).

Telephone Buddies are volunteers who make regular phone calls to older adults to check on them, listen to their stories, and make sure their needs are being met.

LGBT older adults of color especially benefited from program referrals and matches with/from LGBT adults of color, regardless of age. (Perone et al., 2019)

Factors contributing to social isolation in older populations:

DEATH OF A SPOUSE (MARITAL STATUS)

Both women and men who had lost their spouses reported feeling more lonely and engaging with friends and family who did not live with them more frequently. Male financial resources, including a wealth in assets and income, provide some insurance against loneliness. Changes in social support or engagement in community activities were not linked to spouse death (Freak-Poli et al., 2022).

© 2023, www.IJARIIT.com All Rights Reserved

In a study conducted during the COVID-19 pandemic, some, most notably widows, saw loneliness as resulting from perceptions that they were less connected than other older people. For example, a participant living in a rest home described feeling:
Very envious of others who have their husband or wife to spend each day with. My husband passed away 4 years ago, and I miss him so much. I wish he was here to be part of my bubble (P0027, 84, female).

Similarly, another widower who lived in a rural area explained how regulations restricting his ability to meet friends during the pandemic meant he spent most of his time reminiscing about his late wife (Morgan et al., 2023a)

We establish that the main issue of widowhood is loneliness, not social isolation or the absence of social support. Alternative approaches, like assisting the bereaved in developing a new sense of self and having healthcare professionals check for loneliness related to widowhood, could be effective (Freak-Poli et al., 2022).

PHYSICAL RELOCATION

Physical relocation can be and has proven to be a major cause of social isolation in older adults. In fact, the statistics are alarming. The prevalence of social isolation among older relocators was 85.9%; a mediation model demonstrated that loneliness had a direct negative impact on social isolation. Particularly, elderly relocators in areas with reduced poverty reported high degrees of social isolation. The detrimental effects of loneliness and social isolation may be lessened by perceived social support. Researchers propose that interventions be developed to improve this vulnerable population's perception of social support and lessen social isolation. (Jia & Yue, 2023)

Finally, it is important to note that there isn't sufficient research to analyze the detrimental effects of physical relocation on the well-being of older adults.

RETIREMENT AND USE OF TECHNOLOGY

A dynamic probit model by Cotten et al. (2014) indicates that for retired older adults in the United States, Internet use was found to reduce the probability of a depressed state by about 33%; Although the number of people in the household partially mediated this relationship, with the reduction in depression largest for people living alone. This provides some evidence that the mechanism linking Internet use to depression is the remediation of social isolation and loneliness. Encouraging older adults to use the Internet may help decrease isolation and depression (Cotten et al., 2014).

However, it has also been suggested by Morgan et al. (2023a) that technology could form a disconnect within households.

A participant in their study described how his grandchildren used their phones and computers as a 'drawbridge' protecting them 'against having to relate too closely with those they are stuck with' (E0158, Male) (Morgan et al., 2023a).

CHANGES IN FAMILY STRUCTURE

Today, there is considerable debate about the effects of the modern family structures on support arrangements for older people. Stuifbergen et al. (2008) revealed in their study that single mothers were more likely to receive support than mothers with partners, irrespective of whether their situation followed divorce or widowhood. Similarly, widowed fathers also received more support, but only with housework. They concluded that a good parent-child relationship was the most important motivator for giving support. (Stuifbergen et al., 2008)

We conclude that better communication with parents, better planning, and more flexible job demands may lead to more effective help to parents (Cicirelli, 1983).

CHANGES IN MOBILITY

Mobility is defined as the capacity to move around in the environment efficiently and/or autonomously in order to carry out tasks or achieve goals. Mobility is crucial for sustaining independence and quality of life (Barberger & Fabrigoule, 1997; Stalvey, Owsley, Sloane, & Ball, 1999). Driving and living space are two mobility indicators with a high correlation to cognition (Anstey, Windsor, Luszcz, & Andrews, 2006; Baker, Bodner, & Allman, 2003; Vance et al., 2006).

© 2023, www.IJARIIT.com All Rights Reserved

Compared to other adults their age, some older persons have more memory or cognitive issues. Mild cognitive impairment, or MCI, is the name given to this condition.

O'Connor et al. (2010) demonstrates that aspects of mobility, namely driving difficulty and driving frequency, may decline over time in older adults with possible MCI. These findings support the idea that functional loss may occur on a continuum in MCI, with complex abilities declining first. Mobility declines may be a feature of MCI and/or may reflect appropriate self-regulation of driving behaviors. Changes in mobility may be particularly important for researchers and clinicians to monitor in the MCI population. (O'Connor et al., 2010)

In a study conducted during the COVID-19 pandemic, some participants with limited mobility described how they had come to terms with their loss of independence already. Moreover, participants who had restricted social interactions or mobility problems before the lockdown described the precautions as an element of daily life rather than an unusual imprisonment. (Morgan et al., 2023a)

CHRONIC HEALTH PROBLEMS:

Taylor et al. (2016a) concluded those considered both lonely and socially isolated were more likely to be less healthy, and depressed, with lower quality of life and greater medical costs in bivariate analyses. In adjusted results, participants who were both lonely and socially isolated had significantly higher rates of ER visits and marginally higher medical costs.

During the COVID-19 pandemic, older residents with serious health conditions were subjected to the strictest isolation measures to safeguard against the virus, which increased their fear during times of medical distress: My worst time was after I went for a regular treatment at the hospital. The manager took me to the back of the 10-seat van – he was masked and gloved as was I. When I got home 4 hrs later I was in full isolation for 2 weeks. I didn't get to talk to anyone and I could see people walking on the drive but they didn't see me on the 4th floor (Q0218, 72, European, female). (Morgan et al., 2023a)

There is also evidence from the pandemic that older people with poorer physical health were at a higher risk of loneliness (McCallum et al., 2021; O'Sullivan et al., 2021). Some participants with limited mobility, visual and hearing impairments, and/or terminal illness described how they had come to terms with their loss of independence (Morgan et al., 2023a).

Relationship between social isolation and mental health effects:

While strong social ties are linked to a number of favorable health outcomes, weak social ties are strongly linked to a wide range of negative health consequences (Ryan & Willits, 2007; Teo et al., 2013; Uchino, 2006), including depression.

The results from a study conducted about social isolation and mental health outcomes show that poorer social connectedness with friends and with relatives is associated with elevated depressive symptoms, even after controlling for socio-demographic factors, current smoking status, alcohol consumption, previous diagnosis of depression, and number of chronic conditions. Furthermore, the data indicates that the effect of social connectedness with friends on depressive symptoms is more predominant than that of social connectedness with relatives. (Ge et al., 2017)

It has been established that loneliness and social isolation often occur together along with depression (Cacioppo & Hawkley, 2009; Luanaigh & Lawlor, 2008).

Older people with depression or anxiety perceived themselves as more isolated and lonely than those without depression or anxiety, despite having an equivalent level of social contact with friends and family. This might be because people with depression tend to recall more negative than positive facts about social interactions than people without depression (Beck, 2008; Lewis et al., 2017). People with depression tend to hold more negative social expectations, which may heighten feelings of loneliness and exclusion, in spite of having opportunities to engage socially (Cacioppo & Hawkley, 2009; Granerud & Severinsson, 2006). (Evans et al., 2018)

LITERATURE REVIEW

In this section, we aim to review previous research conducted that links mental health outcomes such as depressive symptoms, anxiety, and psychological distress with social isolation and loneliness in seniors. The study by Taylor et al. (2016), examines objective and subjective social isolation from family and friends in relation to depressive symptoms and psychological distress among a national sample of older adults.

© 2023, www.IJARIIT.com All Rights Reserved

The identified subgroups are:
(1) Objective social isolation from friends only
(2) Objective social isolation from family only
(3) Objective social isolation from both friends and family
(4) Subjective social isolation from friends only
(5) Subjective social isolation from family only
(6) Subjective social isolation from both friends and family
(7) Neither

The metrics used were:
Center for Epidemiologic Studies Depression Scale (CES-D Scale) for measuring depressive symptoms;
and the Kessler 6 (K6) Scale for measuring psychological distress.

The majority of respondents were not socially isolated from family or friends; 5% were objectively isolated from family and friends and less than 1% were subjectively isolated from family and friends.

Regression analyses using both social isolation measures (Social Disconnectedness Scale for objective social isolation and Perceived Isolation Scale for subjective social isolation) indicated that objective social isolation was unrelated to depressive symptoms and psychological distress. However, subjective social isolation from both family and friends and from friends only was associated with more depressive symptoms, and subjective social isolation from friends only was associated with higher levels of psychological distress.

The research hypothesized that:
(1) objective social isolation from friends and family members will be associated with higher levels of depressive symptoms and psychological distress,
(2) subjective social isolation from family members and friends will be associated with higher levels of depressive symptoms and psychological distress, and
(3) the effects of objective social isolation will be attenuated when analyzed with subjective social isolation from family and friends.

The limitations of this study may be:

(1) Self-rated mental health scales were used, so recall bias may be involved, despite the fact that the metrics used are highly established.
(2) Despite a relatively large sample size, very few respondents indicated being socially isolated from family and friends.
(3) Cross-sectional data, so the effect or direction of results can't really be assessed.
(4) Study findings are not generalizable to older adults who are homeless or institutionalized who may have a higher prevalence of social isolation from family members and friends, as well as higher rates of depressive symptoms and/or psychological distress.

Ways through which social isolation affects mental health:

Lack of social support

In terms of social support, decreased social interaction, and instrumental social support predict the decline in cognitive performance (Dickinson et al., 2011).

The level of social support is usually measured by a metric called the Duke Social Support Index.

A study conducted in 2008 about the lack of social support in seniors concluded that subjects who lived alone and lacked social support were 60% more likely to visit the Emergency Department than those who lived solely with their spouse. Neither type nor level of social support as measured by the Duke Social Support Index predicted Emergency Department use. Indicators of poor physical health (prior hospitalization, poorer self-rated health, and functional disability) were predictors of emergency visits that resulted in hospitalization; however, these were not significantly associated with outpatient emergency visits. (Hastings et al., 2008)

Increased stress:

Stress, particularly chronic stress, can be harmful distinctively for seniors with or without cognitive impairment.

© 2023, www.IJARIIT.com All Rights Reserved

Researchers have found that chronic stress affects cognitive functioning differently in cognitively normal subjects and those with mild cognitive impairment. Cortisol, while likely to have neurotoxic effects over time, may enhance cognitive functioning in older adults compromised by existing cognitive deficits. (Peavy et al., 2009)

Suicidal thoughts:

Older adults are particularly vulnerable to health problems due to several factors reported in this review: mental and neurocognitive disorders, social isolation, feelings of disconnectedness and loss of relatives, neurocognitive impairment and altered decision-making, chronic physical illnesses, and physical and psychological pain. These factors increase the complexity of the classical stress–diathesis model for suicidal behavior. Hence, they should be included in the study models of suicide and taken into account in suicide prevention plans. General medical practitioners should be better involved in the prevention of suicidal behavior in older adults. In fact, they are the first to have contact with older suicidal people because (1) of the higher prevalence of physical illness in older adults and its link with suicidal behavior, and (2) a consistent proportion of older adults had contact with the general practitioner more than with the psychiatric services prior to suicide. (Cheung et al., 2015)

(Conejero et al., 2018)

Other ways through which social isolation affects mental health include less restful sleep, inability to regulate eating, etc.

REVIEW PROGRAMS AND INTERVENTIONS

Identification of factors that can mitigate the impact of social isolation on the mental health of seniors:

Some of these factors include

(1) An elder's social network can be enhanced, by getting to know neighbors, or reconnecting with relatives and old friends.
(2) Participation in local activities conducted can keep elders engrossed and also help them develop relations with others.
(3) Transport and communication services can be improved and made age-friendly so seniors have a chance to visit their relatives and friends who might live far away.
(4) Finding a hobby is essential to leading a quality life; whether it is cooking, singing or knitting, hobbies can give seniors a newfound purpose.
(5) Nurturing a plant or adopting a pet; This can inspire hope in their lives by offering a companion.
(6) Incorporating technology and social media; in this ever-connected generation, it is only fair if seniors get to imbibe modern technology too, such as calling a friend, connecting on social media, or engrossing themselves in various TV shows.

The types of interventions and programs aimed at addressing social isolation and promoting mental well-being in older adults:

Common procedures have focused on enhancing social abilities, social support, and social engagement possibilities (MacLeod et al., 2018). Additionally, programs encouraging older persons to volunteer, get active, and interact in their communities, and other initiatives with multifaceted components have demonstrated potential efficacy and viability (MacLeod et al., 2018; Musich et al., 2015). The most effective interventions have combined a number of essential elements, including participant engagement, integration of education and/or skill-building, and group interaction (NASEM 2020).(Barnes et al., 2021)

Regarding intervention type, 86% of those providing activities and 80% of those providing support resulted in improved participant outcomes in the three domains of social, mental and physical well-being, compared with 60% of home visiting and 25% of internet training interventions. While interventions targeting social isolation include some of the beneficial characteristics, none appear to include all of them. We suggest that developing interventions with this in mind may optimize their likelihood of success. (Dickens et al., 2011)

DISCUSSION

This review aimed to analyze social isolation, loneliness, and their individual as well as cumulative effects on the mental health of older adults. Social isolation, lacking a social sense of belonging and engagement, can further be divided into two types: objective social isolation and subjective social isolation. Objective social isolation simply refers to the lack of any contact with family, friends, and others. Subjective social isolation is a more complicated view of this construct and refers to the feeling of not being emotionally close to any of the people you have contact with Anyone who is subjectively isolated may or may not be objectively isolated to some extent as well. For a more intensive

© 2023, www.IJARIIT.com All Rights Reserved

viewpoint, we looked at both subjective and objective isolation from either family only, friends only, or both family and friends. Loneliness can be either Social, Emotional, or even both. Social loneliness refers to the absence of social integration and emotional loneliness means the perceived lack of an attachment figure. It is important to note that social isolation is more often seen as a cause of loneliness, but if a person is socially isolated it isn't necessary that they are lonely too. A lot of past research has studied the effects of social isolation and loneliness simultaneously, but it is also important to pay attention to their effects individually. Often, the cumulative and individual effects tend to overlap. The mental health effects can be depression, cognitive decline, lack of social support, increased stress and even suicidal thoughts. Finally, all older adults cannot be blindly grouped under the same category. We need to keep in mind past instances, identities and relationships. This has been kept in mind and many covariates have been discussed.

Future Research Directions:

With a rapidly growing percentage of the elderly population, understanding and comprehensive studies of the topic are required in order to really make a difference. There is a lot of scope for further research on social isolation, loneliness, and their mental as well as physical outcomes in seniors.

We found that there isn't a lot of material on social isolation in educated seniors as compared to those who are not. This seems to be an important territory to explore in order to see the amount of impact that education has on the QOL later on in life. Similarly, the household income of older adults and its impact on social isolation and loneliness requires more research. Future studies should focus on education, household income, race, ethnicity, and sexual orientation to see if any extreme in these respects exacerbates these conditions.

Ultimately, while there are many kinds of interventions and programs that have proven to be quite helpful in reducing loneliness, none of them incorporate all ideals. As we have discussed, volunteering, getting active, interacting in their communities, and other initiatives with multifaceted components providing support resulted in improved participant outcomes in the three domains of social, mental, and physical well-being

CONCLUSION

Summary of Key Findings

With this paper, we focused on analyzing and reviewing important publications based on the themes of loneliness and social isolation, specifically in the case of older adults. We found that this has a plurality of causes, such as having very few or no relationships and/or assigning little value to the quality of existing relationships- the death of a spouse, physical relocation, retirement, changes in mobility, changes in family structure, chronic health problems, etc. Some factors that further affect these conditions are education, household income, race, ethnicity, and sexual orientation. Long-term loneliness can exacerbate mental health by initiating increased stress, lack of social support, anxiety, depression and even suicidal thoughts. We are social beings and require love and care to truly evolve, mentally and physically. Various interventions and programs have been successful in bettering the QOL of these abandoned seniors. Several crucial components, such as individual engagement, incorporation of knowledge and skill-building, and collaboration have been combined in the most effective interventions (NASEM 2020).

Final Remarks:

We hope this review on the mental health of older adults inspires people all over the globe to take up further research and analysis, implement effective interventions and programs, and make a real impact in their society - big or small.

REFERENCES

[1] Taylor, H. O., Taylor, R. J., Nguyen, A. W., & Chatters, L. M. (2016b). Social isolation, depression, and psychological distress among older adults. *Journal of Aging and Health*, *30*(2), 229–246. https://doi.org/10.1177/0898264316673511

[2] Sen, K., Prybutok, G., & Prybutok, V. R. (2022). The use of digital technology for social wellbeing reduces social isolation in older adults: A systematic review. *SSM-Population Health*, *17*, 101020. https://doi.org/10.1016/j.ssmph.2021.101020

[3] Dickens, A., Richards, S. H., Greaves, C., & Campbell, J. (2011). Interventions targeting social isolation in older people: a systematic review. *BMC Public Health*, *11*(1). https://doi.org/10.1186/1471-2458-11-647

© 2023, www.IJARIIT.com All Rights Reserved

[4] Morgan, T., Wiles, J., Morgan, K. P., Williams, L., Black, S., Koh, A., Fanueli, E., Moeke-Maxwell, T., Xu, J., Robinson, J., & Gott, M. (2023). Older people's views on loneliness during COVID-19 lockdowns. *Aging & Mental Health*, 1–9. https://doi.org/10.1080/13607863.2023.2211549

[5] Barnes, T. L., MacLeod, S., Tkatch, R., Ahuja, M., Albright, L., Schaeffer, J., & Yeh, C. S. (2021). Cumulative effect of loneliness and social isolation on health outcomes among older adults. *Aging & Mental Health*, *26*(7), 1327–1334. https://doi.org/10.1080/13607863.2021.1940096

[6] Fiordelli, M., Sak, G., Guggiari, B., Schulz, P., & Petrocchi, S. (2020). Differentiating objective and subjective dimensions of social isolation and apprasing their relations with physical and mental health in italian older adults. *BMC Geriatrics*, *20*(1). https://doi.org/10.1186/s12877-020-01864-6

[7] Nguyen, A. W., Taylor, R. J., Taylor, H. O., & Chatters, L. M. (2019). Objective and subjective social isolation and psychiatric disorders among African Americans. *Clinical Social Work Journal*, *48*(1), 87–98. https://doi.org/10.1007/s10615-019-00725-z

[8] Dahlberg, L., McKee, K., Fritzell, J., Heap, J., & Lennartsson, C. (2020). Trends and gender associations in social exclusion in older adults in Sweden over two decades. *Archives of Gerontology and Geriatrics*, *89*, 104032. https://doi.org/10.1016/j.archger.2020.104032

[9] Thorpe, R. J., Koster, A., Kritchevsky, S. B., Newman, A. B., Harris, T. B., Ayonayon, H. N., Perry, S., Rooks, R. N., & Simonsick, E. M. (2011). Race, Socioeconomic Resources, and Late-Life Mobility and Decline: Findings from the Health, Aging, and Body Composition Study. *The Journals of Gerontology*. https://doi.org/10.1093/gerona/glr102

[10] Perone, A. K., Ingersoll-Dayton, B., & Watkins-Dukhie, K. (2019). Social Isolation Loneliness Among LGBT Older Adults: Lessons Learned from a Pilot Friendly Caller Program. *Clinical Social Work Journal*, *48*(1), 126–139. https://doi.org/10.1007/s10615-019-00738-8

[11] Freak-Poli, R., Kung, C. S., Ryan, J., & Shields, M. A. (2022). Social isolation, social support, and loneliness profiles before and after spousal death and the buffering role of financial resources. *The Journals of Gerontology: Series B*, *77*(5), 956–971. https://doi.org/10.1093/geronb/gbac039

[12] Jia, Y., & Yue, Y. (2023). Perceived social support mediates loneliness and social isolation: A cross-sectional study of Chinese older adults relocated for poverty relief. *International Journal of Geriatric Psychiatry*, *38*(5). https://doi.org/10.1002/gps.5940

[13] Stuifbergen, M. C., Van Delden, J. J. M., & Dykstra, P. A. (2008). The implications of today's family structures for support giving to older parents. *Ageing & Society*, *28*(3), 413–434. https://doi.org/10.1017/s0144686x07006666

[14] Cicirelli, V. G. (1983). A Comparison of Helping Behavior to Elderly Parents of Adult Children with Intact and Disrupted Marriages. *Gerontologist*, *23*(6), 619–625. https://doi.org/10.1093/geront/23.6.619

[15] Ge, L., Yap, C. W., Ong, R., & Heng, B. H. (2017). Social isolation, loneliness and their relationships with depressive symptoms: A population-based study. *PLOS ONE*, *12*(8), e0182145. https://doi.org/10.1371/journal.pone.0182145

[16] Evans, I. E., Llewellyn, D. J., Matthews, F. E., Woods, B., Brayne, C., & Clare, L. (2018). Social isolation, cognitive reserve, and cognition in older people with depression and anxiety. *Aging & Mental Health*, *23*(12), 1691–1700. https://doi.org/10.1080/13607863.2018.1506742

[17] Hastings, S. N., George, L. K., Fillenbaum, G. G., Park, R. S., Burchett, B. M., & Schmader, K. E. (2008). Does lack of social support lead to more ED visits for older adults? *American Journal of Emergency Medicine*, *26*(4), 454–461. https://doi.org/10.1016/j.ajem.2007.07.005

[18] Dickinson, W. J., Potter, G. G., Hybels, C. F., McQuoid, D. R., & Steffens, D. C. (2011). Change in stress and social support as predictors of cognitive decline in older adults with and without depression. *International Journal of Geriatric Psychiatry*, *26*(12), 1267–1274. https://doi.org/10.1002/gps.2676

[19] Peavy, G. M., Salmon, D. P., Jacobson, M. W., Hervey, A. S., Gamst, A., Wolfson, T., Patterson, T. L., Goldman, S., Mills, P. J., Khandrika, S., & Galasko, D. (2009). Effects of chronic stress on memory decline in cognitively normal and mildly impaired older adults. *American Journal of Psychiatry*, *166*(12), 1384–1391. https://doi.org/10.1176/appi.ajp.2009.09040461

[20] Conejero, I., Olié, E., Courtet, P., & Calati, R. (2018). Suicide in older adults: current perspectives. *Clinical Interventions in Aging*, *Volume 13*, 691–699. https://doi.org/10.2147/cia.s130670

[21] Almklov, E., Drummond, S. P., Orff, H. J., & Alhassoon, O. M. (2014). The effects of sleep deprivation on brain functioning in older adults. *Behavioral Sleep Medicine*, *13*(4), 324–345. https://doi.org/10.1080/15402002.2014.90547

[22] Musich, S., Wang, S. S., Hawkins, K., & Yeh, C. S. (2015). The impact of loneliness on quality of life and patient satisfaction among older, sicker adults. *Gerontology and Geriatric Medicine*, *1*, 233372141558211. https://doi.org/10.1177/2333721415582119

[23] Cudjoe, T., Roth, D. L., Szanton, S. L., Wolff, J. L., Boyd, C. M., & Thorpe, R. J. (2018). The Epidemiology of Social Isolation: National Health and Aging Trends study. *The Journals of Gerontology: Series B*, *75*(1), 107–113. https://doi.org/10.1093/geronb/gby037

© 2023, www.IJARIIT.com All Rights Reserved

[24] MacLeod, S., Musich, S., Parikh, R. B., Hawkins, K., Keown, K., & Yeh, C. S. (2018). Examining Approaches to Address Loneliness and Social Isolation among Older Adults. *Journal of Aging & Geriatric Medicine*, *02*(01). https://doi.org/10.4172/2576-3946.1000115

[25] Beutel, M. E., Klein, E. M., Brähler, E., Reiner, I., Jünger, C., Michal, M., Wiltink, J., Wild, P. S., Münzel, T., Lackner, K. J., & Tibubos, A. N. (2017). Loneliness in the general population: prevalence, determinants and relations to mental health. *BMC Psychiatry*, *17*(1). https://doi.org/10.1186/s12888-017-1262-x

[26] Drageset, J., Eide, G. E., Kirkevold, M., & Ranhoff, A. H. (2012). Emotional loneliness is associated with mortality among mentally intact nursing home residents with and without cancer: a five-year follow-up study. *Journal of Clinical Nursing*, *22*(1–2), 106–114. https://doi.org/10.1111/j.1365-2702.2012.04209.x

[27] Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social Relationships and Mortality Risk: A Meta-analytic review. *PLOS Medicine*, *7*(7), e1000316. https://doi.org/10.1371/journal.pmed.1000316

[28] Holt-Lunstad, J., Smith, T. B., Baker, M. D., Harris, T., & Stephenson, D. (2015b). Loneliness and social isolation as risk factors for mortality. *Perspectives on Psychological Science*, *10*(2), 227–237. https://doi.org/10.1177/1745691614568352

[29] Holt-Lunstad, J. (2017). The potential public Health relevance of social isolation and loneliness: Prevalence, epidemiology, and risk factors. *Public Policy & Aging Report*, *27*(4), 127–130. https://doi.org/10.1093/ppar/prx030

[30] Kelly, M. E., Duff, H., Kelly, S., Power, J. M., Brennan, S., Lawlor, B. A., & Loughrey, D. G. (2017). The impact of social activities, social networks, social support and social relationships on the cognitive functioning of healthy older adults: a systematic review. *Systematic Reviews*, *6*(1). https://doi.org/10.1186/s13643-017-0632-2

[31] Kuiper, J., Zuidersma, M., Voshaar, R. C. O., Zuidema, S. U., Van Den Heuvel, E. R., Stolk, R., & Smidt, N. (2015). Social relationships and risk of dementia: A systematic review and meta-analysis of longitudinal cohort studies. *Ageing Research Reviews*, *22*, 39–57. https://doi.org/10.1016/j.arr.2015.04.006

[32] Luo, Y., & Waite, L. J. (2014). Loneliness and mortality among older adults in China. *The Journals of Gerontology: Series B*, *69*(4), 633–645. https://doi.org/10.1093/geronb/gbu007

[33] Ong, A. D., Uchino, B. N., & Wethington, E. (2015). Loneliness and Health in Older Adults: A Mini-Review and Synthesis. *Gerontology*, *62*(4), 443–449. https://doi.org/10.1159/000441651

[34] Courtin, E., & Knapp, M. (2015). Social isolation, loneliness and health in old age: a scoping review. *Health & Social Care in the Community*, *25*(3), 799–812. https://doi.org/10.1111/hsc.12311

[35] Kukar-Kinney, M., Scheinbaum, A. C., & Schaefers, T. (2016). Compulsive buying in online daily deal settings: An investigation of motivations and contextual elements. *Journal of Business Research*, *69*(2), 691–699. https://doi.org/10.1016/j.jbusres.2015.08.021

[36] Rook, K. S., & Ituarte, P. H. (1999). Social control, social support, and companionship in older adults' family relationships and friendships. *Personal Relationships*, *6*(2), 199–211. https://doi.org/10.1111/j.1475-6811.1999.tb00187.x

[37] Umberson, D. (1987). Family Status and Health Behaviors: Social Control as a dimension of social integration. *Journal of Health and Social Behavior*, *28*(3), 306. https://doi.org/10.2307/2136848

[38] Cornwell, E. Y., & Waite, L. J. (2009). Social Disconnectedness, Perceived Isolation, and Health among Older Adults. *Journal of Health and Social Behavior*, *50*(1), 31–48. https://doi.org/10.1177/002214650905000103

[39] Jose, P. E., & Lim, B. T. (2014). Social Connectedness Predicts Lower Loneliness and Depressive Symptoms over Time in Adolescents. *Open Journal of Depression*, *03*(04), 154–163. https://doi.org/10.4236/ojd.2014.34019

[40] De Jong Gierveld, J., & Tesch-Römer, C. (2012). Loneliness in old age in Eastern and Western European societies: theoretical perspectives. *European Journal of Ageing*, *9*(4), 285–295. https://doi.org/10.1007/s10433-012-0248-2

[41] Ng, C. F., & Northcott, H. C. (2013). Living arrangements and loneliness of South Asian immigrant seniors in Edmonton, Canada. *Ageing & Society*, *35*(3), 552–575. https://doi.org/10.1017/s0144686x13000913

[42] Victor, C., & Bowling, A. (2012). A longitudinal analysis of loneliness among older people in Great Britain. *The Journal of Psychology*, *146*(3), 313–331. https://doi.org/10.1080/00223980.2011.609572

[43] Clair, V. W., Neville, S., Forsyth, V., White, L., & Napier, S. (2017c). Integrative review of older adult loneliness and social isolation in Aotearoa/New Zealand. *Australasian Journal on Ageing*, *36*(2), 114–123. https://doi.org/10.1111/ajag.12379

[44] Birchler, G. R., Weiss, R., & Vincent, J. P. (1975). Multimethod analysis of social reinforcement exchange between maritally distressed and nondistressed spouse and stranger dyads. *Journal of Personality and Social Psychology*, *31*(2), 349–360. https://doi.org/10.1037/h0076280

[45] Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., & Caan, W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health*, *152*, 157–171. https://doi.org/10.1016/j.puhe.2017.07.035

[46] Sen, K., Prybutok, V. R., Prybutok, G., & Senn, W. D. (2022). Mechanisms of social interaction and virtual connections as strong predictors of wellbeing of older adults. *Healthcare*, *10*(3), 553. https://doi.org/10.3390/healthcare10030553

© 2023, www.IJARIIT.com All Rights Reserved

[47] Hudson, C. G., & Doogan, N. J. (2019). The impact of geographic isolation on mental disability in the United States. *SSM-Population Health*, *8*, 100437. https://doi.org/10.1016/j.ssmph.2019.100437

[48] Carstensen, L. L., Isaacowitz, D. M., & Charles, S. T. (1999b). Taking time seriously: A theory of socioemotional selectivity. *American Psychologist*, *54*(3), 165–181. https://doi.org/10.1037/0003-066x.54.3.165

[49] Snowden, L. R. (2001). Barriers to Effective Mental Health Services for African Americans. *Mental Health Services Research*, *3*(4), 181–187. https://doi.org/10.1023/a:1013172913880

[50] Savikko, N., Routasalo, P., Tilvis, R. S., Strandberg, T., & Pitkälä, K. H. (2005). Predictors and subjective causes of loneliness in an aged population. *Archives of Gerontology and Geriatrics*, *41*(3), 223–233. https://doi.org/10.1016/j.archger.2005.03.002

[51] Steed, L. G., Boldy, D., Grenade, L., & Iredell, H. (2007). The demographics of loneliness among older people in Perth, Western Australia. *Australasian Journal on Ageing*, *26*(2), 81–86. https://doi.org/10.1111/j.1741-6612.2007.00221.x

[52] Gerst-Emerson, K., & Jayawardhana, J. (2015). Loneliness as a public health issue: The impact of loneliness on health care utilization among older adults. *American Journal of Public Health*, *105*(5), 1013–1019. https://doi.org/10.2105/ajph.2014.302427

[53] Greysen, S. R., Horwitz, L. I., Covinsky, K. E., Gordon, K. S., Ohl, M., & Justice, A. C. (2013). Does social isolation predict hospitalization and mortality among HIV+ and uninfected older veterans? Journal of the American Geriatrics Society, 61(9), 1456–1463. https://doi.org/10.1111/jgs.12410

[54] Hawker, M., & Romero-Ortuno, R. (2016). SOCIAL DETERMINANTS OF DISCHARGE OUTCOMES IN OLDER PEOPLE ADMITTED TO A GERIATRIC MEDICINE WARD. The Journal of Frailty & Aging, 1–3. https://doi.org/10.14283/jfa.2016.89

[55] Jakobsson, U., Kristensson, J., Hallberg, I. R., & Midlöv, P. (2011). Psychosocial perspectives on health care utilization among frail elderly people: An explorative study. Archives of Gerontology and Geriatrics, 52(3), 290–294. https://doi.org/10.1016/j.archger.2010.04.016

[56] Shaw, J. G., Farid, M., Noel-Miller, C., Joseph, N., Houser, A., Asch, S. M., Bhattacharya, J., & Flowers, L. (2017). Social isolation and Medicare spending: Among older adults, objective isolation increases expenditures while loneliness does not. Journal of Aging and Health, 29(7), 1119–1143. https://doi.org/10.1177/0898264317703559

[57] Valtorta, N., Kanaan, M., Gilbody, S., & Hanratty, B. (2018b). Loneliness, social isolation and risk of cardiovascular disease in the English Longitudinal Study of Ageing. European Journal of Preventive Cardiology, 25(13), 1387–1396. https://doi.org/10.1177/2047487318792696

[58] Dahlberg, L., Agahi, N., & Lennartsson, C. (2018). Lonelier than ever? Loneliness of older people over two decades. *Archives of Gerontology and Geriatrics*, *75*, 96–103. https://doi.org/10.1016/j.archger.2017.11.004

[59] Fors, S., Lennartsson, C., & Lundberg, O. (2007). Health inequalities among older adults in Sweden 1991-2002. *European Journal of Public Health*, *18*(2), 138–143. https://doi.org/10.1093/eurpub/ckm097

[60] Dahlberg, L., Berndt, H., Lennartsson, C., & Schön, P. (2017). Receipt of Formal and Informal Help with Specific Care Tasks among Older People Living in their Own Home. National Trends over Two Decades. *Social Policy & Administration*, *52*(1), 91–110. https://doi.org/10.1111/spol.12295

[61] Dahlberg, L., & McKee, K. (2018). Social exclusion and well-being among older adults in rural and urban areas. *Archives of Gerontology and Geriatrics*, *79*, 176–184. https://doi.org/10.1016/j.archger.2018.08.007

[62] Ogg, J. (2005). Social exclusion and insecurity among older Europeans: the influence of welfare regimes. *Ageing & Society*, *25*(01), 69–90. https://doi.org/10.1017/s0144686x04002788

[63] Miranti, R., & Yu, P. (2015). Why Social Exclusion Persists among Older People in Australia. *Social Inclusion*, *3*(4), 112–126. https://doi.org/10.17645/si.v3i4.214

[64] Scharf, T., Phillipson, C., & Smith, A. E. (2005). Social exclusion of older people in deprived urban communities of England. *European Journal of Ageing*, *2*(2), 76–87. https://doi.org/10.1007/s10433-005-0025-6

© 2023, www.IJARIIT.com All Rights Reserved