catholic healthcare

Improving wellbeing for seniors through social connection

White Paper

Dr Julie Bajic Smith, September 2021

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WHAT IS WELLBEING?

The Centers for Disease Control and Prevention (2016) describes good mental health as:

"A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, has a sense of belonging and engages in a community where they feel valued and loved."

There are three non-physical types of wellbeing. These are: emotional wellbeing, psychological wellbeing and social wellbeing.

Emotional wellbeing refers to life satisfaction, happiness, cheerfulness and peacefulness.

Psychological wellbeing refers to self-acceptance and personal growth, including openness to new experiences, optimism, hopefulness, purpose in life, control of one's environment, spirituality, self-direction and positive relationships.

Social wellbeing refers to social acceptance, belief in the purpose of people and society as a whole, personal self-worth and usefulness to society and a sense of community.

BENEFITS OF SOCIAL CONNECTION

- Improves physical health as well as mental and emotional wellbeing.
- A lack of social connection is a greater detriment to health than obesity, smoking and high blood pressure.
- Leads to a 50% increased chance of longevity.
- Strengthens the immune system.
- Speeds up recovery from disease.

Sources: House, Landis and Umberson (1988), George et al (2015)

BUILDING CONNECTIONS

Every elder has a strength which can assist them to remain socially connected and engaged.

Simple interventions to help can include:

- Encouraging regular contact with friends and loved ones, including digital communication, in-person catch-ups and writing letters.
- Having family assist with healthcare appointments.
- Encouraging physical activity, such as a short walk.
- Encouraging mindfulness meditation.
- Booking beauty treatments such as a manicure or hair appointment.
- Maintaining hobbies and interests or swapping new activities for old favourites that may no longer be practical.

It's a troubling paradox that the people who care for older people sometimes focus so closely on physical health that they miss the signs of social isolation and the potential impact this may have on the individual. There's strong evidence, however, that a lack of social connection is a greater detriment to health than obesity, smoking and high blood pressure.[1]

COVID-19 social distancing has given us all a practical insight into our inherent human need for social connection. This is crucial for everyone, but more so for older people.

Even before the pandemic, studies were showing isolation is a significant risk factor for declining mental wellbeing and seeking psychological support. Older people, particularly those with declining physical health, often report not wanting to feel like a burden or that they are inconveniencing others. They may grieve the loss of loved ones, independence, health and lifestyle rather than seek support.

The fact is that strong social connection leads to a 50 per cent increased chance of longevity, strengthens people's immune system and helps in recovery from disease.[1,2] In addition, connection helps people live independently for longer.

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QUALITY CONNECTIONS

Social connectedness can be defined as the experience of belonging to a social relationship or network.[3] It is a person's feeling of being connected to others and having strong bonds. It's not about how many friends an older person has. It's more about the quality of connection they feel.

People who lack connection are at increased risk of anxiety and depression. But another paradox is that older people are the least likely age group to access psychological support. One of the reasons is that they may feel embarrassed to ask for help.

As a result, too few mental health professionals specialise in working with older people because there are not enough referrals.

Older people respond equally well as younger people to cognitive behavioural therapy. There are Medicare rebates for over-the-phone counselling, face-to-face consultations or even home visits. Something we can get better at is normalising and destigmatising mental health support and offering it early when there is a mental health issue. Just as no one would hesitate to refer an older person to a physiotherapist following a physical setback.

LIVING INDEPENDENTLY

Social connection is a crucial factor in enabling older Australians to live independently. We want to help people who live in their own homes remain engaged with the community, so they maintain their health and remain independent in their own home for as long as possible. With the right supports in place they can continue to live good quality lives.

One way to support that goal is to support mental health in older people. Let's start by busting a few myths:

MYTH 1: Depression is a normal part of ageing.

It is not normal and can be treated when it occurs. Older people respond to counselling just as well as younger people. However, depression is often masked by other health conditions, and it is poorly detected by busy GPs who may focus on other conditions. In addition, older people are more comfortable reporting pain and physical symptoms than mental health symptoms. However, physical symptoms can in fact be signs of depression. Signs to look for include changes in eating patterns, sleep and even pain. Crucially, older adults may not necessarily have a history of depression in earlier life.

MYTH 2: Mental health is less important than physical health.

Mental illnesses are the third leading cause of disability in Australia.[4]

> *Social connection is a powerful mitigator of suicide risk factors.*

MYTH 3: Suicide isn't a risk among older adults.

Old age is indeed a risk factor for suicide, particularly for men aged 85 and older. Moreover, social connection is a powerful mitigator of suicide risk factors. Risk factors include age-related setbacks such as health changes, changes to social and support networks, grief and loss, moving home and neurological changes such as dementia. Importantly, there may not be suicide warning signs, explicit clues or a history of previous attempts.

MYTH 4: Older people inevitably become unproductive and socially disengaged.

Helping people to maintain their hobbies and interests is a powerful technique for keeping them socially connected. The mantra here is swap, don't stop. Sometimes all it takes is a bit of lateral thinking. For example, someone who may have enjoyed bushwalking when they were younger can be encouraged to join a seniors' walking group that takes care to stick to flat terrain and even surfaces. A former sea kayaker may enjoy a less rigorous paddle on a calm pond.

A former bridge player or chess enthusiast may gain connection and enjoyment from a bingo evening.

SYMPTOMS OF MENTAL ILLNESS

Mental health conditions such as depression or anxiety may cause considerable suffering and result in social isolation, poor quality of life and have negative impacts on families and the wider community.

It is not as simple as either being well or unwell. Rather, it is a continuum with mental wellness at one end and significant mental health issues at the other. In some models the stages are described as Excelling, Thriving, Surviving, Struggling and Crisis.

Achieving and maintaining good mental health requires building protective factors and minimising risk factors. This includes facilitating social connection and breaking down barriers to seeking help. As older people may not feel comfortable talking about their feelings, it may require a significant amount of gentle coaxing to encourage them to see a GP or seek help elsewhere before they reach crisis point.

Importantly, depression is common in people who might have symptoms of dementia. For this reason, it's crucial to know the person or their history before they had dementia. It can be beautiful to ask their loved ones or carer if they have had past episodes of depression.

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Symptoms of depression to be aware of:

- A lack of interest in life and difficulty finding pleasure in activities they once enjoyed.
- Feeling sad and down for more than two weeks.
- Ongoing tiredness or disturbed sleep.
- Ongoing feelings of indecisiveness, irritability or being overwhelmed.
- Social withdrawal, poor concentration, anger or agitation.
- Changes in thinking styles, for example negative thinking patterns.

Anxiety is more than feeling stressed and different to the way a person usually responds to everyday events. It's incorrect to misinterpret anxiety as a personality trait that cannot be resolved. It is also common in dementia. Symptoms include:

- Physical reactions to a trigger, including sweating or difficulty sleeping.
- Sudden, intense panic.
- Avoidance of everyday activities.
- Impaired concentration.
- Constant worrying.

It is important to understand that older people may be more comfortable talking about physical symptoms than mental anguish. For example, they might say they are having trouble with their nerves, that they are tired and not sleeping much or report pain instead of saying they feel anxious or depressed.

This is a challenge because it is easy to misinterpret their symptoms as being related to a previously diagnosed physical condition when in fact it is a treatable yet undiagnosed mental health condition.

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GRIEF AND LOSS

Grief and loss are a usual part of ageing. Grief in and of itself is not an illness, but if prolonged and unresolved, it could lead to other issues. It is crucial to understand that grief and loss in late life are not only about human bereavement. They can also be triggered by loss of independence, declining physical health, loss of one's driver's licence or the death of a close pet.

How a person manages grief is affected by:

- Cultural and religious background.
- Coping skills.
- Mental health history.
- Support systems.
- Social and financial status.

Simple interventions may help with loss; for example, no longer being able to drive. These may include encouraging the person to get out and about by going for a walk, using public transport or engaging a carer to take them shopping. Losing the ability to drive does not mean the older person needs to lose their independence.

TAKE HOME MESSAGES

We need to support our elders by promoting their strengths and abilities. We also have a duty of care to report mental health issues when we see them and to refer older people for help.

There is good evidence that social connection helps build resilience and is protective against mental and physical illness. It also helps people to live independently for longer. Interventions don't need to be complicated, they could be as simple as arranging for someone to attend a regular morning tea or a game of bingo.

FIVE HELPFUL TIPS TO REMEMBER:

1. You can make a difference. Older people need to know that they can talk about how they are feeling with someone they trust.
2. Mental health conditions in late life are treatable. People can experience better mood, improved sleep, improved concentration, improved memory and much more.
3. Medicare subsidises psychological therapy. A good place to start is a visit a GP.
4. Depression, anxiety and other disorders are not a normal part of ageing.
5. Lifeline and Beyond Blue are excellent resources. Call Lifeline on 13 11 14 or triple zero (000) if someone is in immediate danger.

References:

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