COVID-19 isn't just a danger to older people's physical health

As the world grapples with COVID-19, psychologists are pointing to a major new report that underscores the prevalence — and risks — of loneliness in older people and urges health-care providers to take action to help.

By Rebecca A. Clay March 18, 2020

Because the risk of death from COVID-19 increases with age, family members and friends are limiting their visits to older people, whether they're in nursing homes, assisted living facilities or just their own homes. But that new practice of social distancing — or reducing close physical proximity with others — may contribute to another deadly epidemic among older adults: social isolation and loneliness.

Even before the pandemic began, an alarming number of older Americans were so socially isolated and lonely that their health — and even their lives — are at risk, according to a new report released by the National Academies of Sciences, Engineering and Medicine in February. The AARP Foundation sponsored the study.

Social isolation and loneliness aren't the same thing, the report emphasizes. Isolation is an objective lack of social contact, while loneliness is the subjective feeling of being lonely; you can be alone without feeling lonely. But both isolation and loneliness are associated with increases in heart disease, dementia and other health problems, the report finds. In fact, social isolation increases mortality risk on a par with such risk factors as smoking, obesity and lack of physical activity, according to a review by Julianne Holt-Lunstad, PhD, a psychology professor at Brigham Young University, and colleagues (*American Psychologist*, Vol. 72, No. 6, 2017).

And yet the connection between social relationships and health is often overlooked, says Holt-Lunstad, one of the three psychologists on the 15-person committee that wrote the "Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System" report.

“We have good evidence that the effect sizes of these social factors — lack of connection, social isolation and loneliness — are comparable to many of these other risk factors we take quite seriously,” she says. “But that surprises people.”

COVID-19 could make matters worse, says psychologist James S. House, PhD, a co-author of the report and a professor emeritus of survey research, public policy and sociology at the University of Michigan. “On one hand, you have to protect older people from the virus,” he says. “On the other, we’re cutting them off from one of the things that’s very important to their well-being.”

Psychologists can help mitigate the impact of social distancing, closures and other pandemic-related factors putting older people at even greater risk, say House and other experts:

- Stay in touch with patients. Reach out to patients during this crisis, says Brian Carpenter, PhD, a psychology professor at Washington University in St. Louis and president of the Society of Clinical Geropsychology, a section of APA’s Div. 12 (Society of Clinical Psychology). Let them know what your plans are for upcoming visits and how you plan to keep in touch. If your office is still open, you’ll need to make sure patients understand the risks of coming in.
- Consider telemental health options. “I wouldn’t assume that older adults are less savvy or connected, but ask about it,” says Carpenter. “If that turns out to be the case, relying on the telephone is another viable option.” Keep in mind that they’ll need to sign the appropriate consent form and that the reimbursement landscape is changing rapidly.
- Encourage older patients to keep in touch with family and friends. “I don’t like the term ‘social distancing,’” says Karen Fingerman, PhD, who co-directs the Aging and Longevity Center at the University of Texas in Austin. Psychologists should encourage older patients to ramp up other ways to stay in touch, whether through video chat apps, the telephone or even old-fashioned letters or postcards.
- Promote intergenerational connection. Encourage younger patients to check in with grandparents and other older people in their lives, whether that means running errands or just checking in, say Carpenter and Fingerman.
- Help families keep older relatives safe. Psychologists can help families come up with more effective ways to keep older adults at home. “Messages that focus on ‘We’re afraid for you’ get resistance,” says Fingerman. “Give them something important to stay home for.” That might mean encouraging older people to stay in to protect younger people with serious illnesses or to spend time writing the story of their lives for their grandchildren.

Those most at risk

Even in the best of times, almost a quarter of noninstitutionalized Americans age 65 and older are socially isolated, meaning they have few social relationships and infrequent social contact, says the report. An even larger percentage of older people confess to feeling lonely, with 35% of people age 45 and older and 43% of those age 60 and older suffering from subjective feelings of isolation.

While anyone can feel lonely or isolated, the report emphasizes, older adults are at higher risk because of such precipitating factors as chronic illness, hearing loss and other sensory impairments, a higher likelihood of living alone and the death of friends and family members. Older people with hearing loss may be less eager to join in social events, for instance.

And certain subpopulations of older people are even more vulnerable to being isolated and lonely, the report says. Older women may face higher risks, for example. Older people with depression and anxiety are more likely to be socially isolated and lonely than their peers. Older people within the gay, lesbian and bisexual community are more likely than their heterosexual counterparts to be lonely, perhaps because of stressors such as lifetimes of discrimination. And immigrant elders are also more likely to experience both loneliness and social isolation, due to language barriers and the loss of deep relationships.

How psychologists can help

One of the report's key points is that health-care providers are ideally positioned to identify problems and offer help since almost all older people interact with the health-care system.

Once the COVID-19 crisis has passed, that might mean psychologists making sure the older adults they come in contact with understand the importance of having a social network, says psychologist Jeanne Miranda, PhD, another one of the report's authors and a professor of psychiatry and biobehavioral sciences at the University of California Los Angeles.

"Often, we're the people they confide in and feel close to, so we should be helping them find the support that's so essential to their health," Miranda says. The report calls on APA and other organizations representing the health-care workforce to alert their members to the health impact of isolation and loneliness through their publications.

More specifically, psychologists and other health-care providers should periodically use validated tools to assess whether older patients are experiencing isolation or loneliness, the report recommends. If that assessment reveals heightened risk — perhaps the patient has lost a spouse or moved—the psychologist should start interventions designed to prevent isolation and loneliness. For both patients at risk and those who are currently isolated or lonely, psychologists should discuss the associated health risks, connect these patients with the social care they need and use evidence-based practices to address underlying causes. The report also suggests that social isolation be included as an element in electronic health records.

To be ready for such patients, the report adds, psychologists and other health-care providers should form partnerships with social service providers that serve this vulnerable population. These might include transportation providers, housing support and other community-based services that can help address isolation.

In addition to raising awareness among both health-care professionals and the public, recommendations include:

- Conducting more research to identify effective ways to assess, prevent and intervene when it comes to social isolation and loneliness among older adults.

- Translating the research that already exists into practice.
- Strengthening education and training in issues related to social isolation and loneliness in older people among the health-care workforce.
- Strengthening connections between the health-care system and community-based resources that could help with older people's isolation and loneliness.

For Miranda, the research side is just as important as the clinical. "We do not have much science to guide us in the area of interventions for social isolation and loneliness," she says. "We need to learn how best to intervene to prevent and treat them."

APA has already been taking action on the issue.

For example, APA is a member of the Coalition to End Social Isolation and Loneliness, which brings together health-care providers, patient advocates, consumer groups, health plans and other national groups.

As part of that coalition, APA helped push for the inclusion of provisions related to older adults' loneliness and social isolation in the Supporting Older Americans Act of 2020, which reauthorizes the Older Americans Act.

Passed unanimously by both the House and Senate in March, the reauthorization establishes screening for social isolation and the coordination of supportive services and health care to address social isolation and loneliness within the act's description of health promotion services that aging agencies can provide. The legislation also tasks the assistant secretary for aging within the U.S. Department of Health and Human Services with developing a plan to support state and local efforts to respond to social isolation, with input from aging network stakeholders and caregivers.

Keeping Your Distance to Stay Safe

With the number of COVID-19 cases increasing every day, psychologists offer insights on how to separate yourself from others, while still getting the social support you need.

Around the world, public officials are asking people who have contracted or been exposed to the new coronavirus to practice social distancing, quarantine or isolation measures in an effort to slow disease's spread.

Social distancing means keeping a safe distance (approximately 6 feet) from others and avoiding gathering spaces such as schools, churches, concert halls and public transportation.

Quarantine involves avoiding contact with others if a person has been exposed to coronavirus to see if they become ill.

Isolation involves separating an individual who has contracted COVID-19 to prevent them from spreading it to others.

Spending days or weeks at home with limited resources, stimulation and social contact can take a toll on mental health. Though controlled studies on interventions to reduce the psychological risks of quarantine and isolation are lacking, psychologists have established best practices for handling these challenging circumstances.

Here is a summary of research on social distancing, quarantine and isolation, as well as recommendations on how people can cope if asked to take such measures.

What to Expect

People asked to stay home due to illness, exposure or active community spread of COVID-19 will likely be cut off from their regular routines for at least two weeks, the estimated incubation period for the virus.

Common sources of stress during this period include a drop in meaningful activities, sensory stimuli and social engagement; financial strain from being unable to work; and a lack of access to typical coping strategies such as going to the gym or attending religious services.

Psychologists' research has found that during a period of social distancing, quarantine or isolation, you may experience:

Fear and anxiety

You may feel anxious or worried about yourself or your family members contracting COVID-19 or spreading it to others. It's also normal to have concerns about obtaining food and personal supplies, taking time off work or fulfilling family care obligations. Some people may have trouble sleeping or focusing on daily tasks.

Depression and boredom

A hiatus from work and other meaningful activities interrupts your daily routine and may result in feelings of sadness or low mood. Extended periods of time spent at home can also cause feelings of boredom and loneliness.

Anger, frustration or irritability

The loss of agency and personal freedom associated with isolation and quarantine can often feel frustrating. You may also experience anger or resentment toward those who have issued quarantine or isolation orders or if you feel you were exposed to the virus because of another person's negligence.

Stigmatization

If you are sick or have been exposed to someone who has COVID-19, you may feel stigmatized by others who fear they will contract the illness if they interact with you.

Vulnerable Populations

Older adults, people with pre-existing mental health conditions and health-care workers helping with the response to the coronavirus may have an increased risk of experiencing psychological distress when they engage in social distancing, quarantine or isolation.

People with disabilities who require specialized diets, medical supplies, assistance from caregivers and other accommodations are also at risk for psychological challenges during a pandemic because of the increased difficulties in receiving the care they require.

How to Cope

Fortunately, psychological research also points to ways to manage these difficult conditions. Before social distancing, quarantine or isolation orders are enacted, experts recommend planning ahead by considering how you might spend your time, who you can contact for psychosocial support and how you can address any physical or mental health needs you or your family may have.

Limit news consumption to reliable sources

It's important to obtain accurate and timely public health information regarding COVID-19, but too much exposure to media coverage of the virus can lead to increased feelings of fear and anxiety. Psychologists recommend balancing time spent on news and social media with other activities unrelated to quarantine or isolation, such as reading, listening to music or learning a new language. Trusted organizations — including the U.S. Centers for Disease Control and Prevention, the U.S. Substance Abuse and Mental Health Services Administration and the World Health Organization — are ideal sources of information on the virus.

Create and follow a daily routine

Maintaining a daily routine can help both adults and children preserve a sense of order and purpose in their lives despite the unfamiliarity of isolation and quarantine. Try to include regular daily activities, such as work, exercise or learning, even if they must be executed remotely. Integrate other healthy pastimes as needed.

Stay virtually connected with others

Your face-to-face interactions may be limited, but psychologists suggest using phone calls, text messages, video chat and social media to access social support networks. If you're feeling sad or anxious, use these conversations as an opportunity to discuss your experience and associated emotions. Reach out to those you know who are in a similar situation. Facebook groups have already formed to facilitate communication and support among individuals asked to quarantine.

Relying on pets for emotional support is another way to stay connected. However, the Centers for Disease Control and Prevention recommend restricting contact with pets if you contract COVID-19 until the risks of transmission between humans and animals are better understood.

Maintain a healthy lifestyle

Get enough sleep, eat well and exercise in your home when you are physically capable of doing so. Try to avoid using alcohol or drugs as a way to cope with the stresses of isolation and quarantine. If needed, consider telehealth options for psychotherapy. If you already have a psychologist, contact them ahead of a potential quarantine to see if they can continue your sessions using phone-based or online delivery.

Use psychological strategies to manage stress and stay positive

Examine your worries and aim to be realistic in your assessment of the actual concern as well as your ability to cope. Try not to catastrophize; instead focus on what you can do and accept the things you can't change. One way to do this is to keep a daily gratitude journal. You may also choose to download smartphone applications that deliver mindfulness and relaxation exercises. For example, PTSD Coach is a free application developed by the U.S. Department of Veterans Affairs' National Center for PTSD and the Department of Defense's National Center for Telehealth and Technology. It contains coping and resilience resources such as exercises for deep breathing, positive imagery, muscle relaxation and more.

Focusing on the altruistic reasons for social distancing, quarantine or isolation can also help mitigate psychological distress. Remember that by taking such measures, you are reducing the possibility of transmitting COVID-19 and protecting those who are most vulnerable.

What Happens Next

Following a period of quarantine or isolation, you may feel mixed emotions, including relief and gratitude, frustration or anger towards people who worry you may infect them with the virus, or even feelings of personal growth and increased spirituality. It's also normal to feel anxious, but if you experience symptoms of extreme stress, such as ongoing trouble sleeping, inability to carry out daily routines, or an increase in alcohol or drug use, seek help from a health-care provider.

CE CORNER

The risks of social isolation

Psychologists are studying how to combat loneliness in those most at risk, such as older adults

By Amy Novotney

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Print version: page 32

Overview

CE credits: 1

Learning objectives: After reading this article, CE candidates will be able to:

1. Identify the effects of social isolation and loneliness on physical, mental and cognitive health.
2. Explore how loneliness differs from social isolation.
3. Discuss evidence-based interventions for combating loneliness.

For more information on earning CE credit for this article, go to www.apa.org/ed/ce/resources/ce-corner.aspx.

According to a 2018 national survey by Cigna, loneliness levels have reached an all-time high, with nearly half of 20,000 U.S. adults reporting they sometimes or always feel alone. Forty percent of survey participants also reported they sometimes or always feel that their relationships are not meaningful and that they feel isolated.

Such numbers are alarming because of the health and mental health risks associated with loneliness. According to a meta-analysis co-authored by Julianne Holt-Lunstad, PhD, a professor of psychology and neuroscience at Brigham Young University, lack of social connection heightens health risks as much as smoking 15 cigarettes a day or having alcohol use disorder. She's also found that loneliness and social isolation are twice as harmful to physical and mental health as obesity (*Perspectives on Psychological Science*, Vol. 10, No. 2, 2015).

"There is robust evidence that social isolation and loneliness significantly increase risk for premature mortality, and the magnitude of the risk exceeds that of many leading health indicators," Holt-Lunstad says.

In an effort to stem such health risks, campaigns and coalitions to reduce social isolation and loneliness—an individual's perceived level of social isolation—have been launched in Australia, -Denmark and the United Kingdom. These national programs bring together research experts, nonprofit and government agencies, community groups and skilled volunteers to raise awareness of loneliness and address social isolation through evidence-based interventions and advocacy.

But is loneliness really increasing, or is it a condition that humans have always experienced at various times of life? In other words, are we becoming lonelier or just more inclined to recognize and talk about the problem?

These are tough questions to answer because historical data about loneliness are scant. Still, some research suggests that social isolation is increasing, so loneliness may be, too, says Holt-Lunstad. The most recent U.S. census data, for example, show that more than a quarter of the population lives alone—the highest rate ever recorded. In addition, more than half of the population is unmarried, and marriage rates and the number of children per household have declined since the previous census. Rates of volunteerism have also decreased, according to research by the University of Maryland's Do Good Institute, and an increasing percentage of Americans report no religious affiliation—suggesting declines in the kinds of religious and other institutional connections that can provide community.

"Regardless of whether loneliness is increasing or remaining stable, we have lots of evidence that a significant portion of the population is affected by it," says Holt-Lunstad.

"Being connected to others socially is widely considered a fundamental human need—crucial to both well-being and survival."

As experts in behavior change, psychologists are well-positioned to help the nation combat loneliness. Through their research and public policy work, many psychologists have been providing data and detailed recommendations for advancing social connection as a U.S. public health priority on both the societal and individual levels.

"With an increasing aging population, the effects of loneliness on public health are only anticipated to increase," Holt-Lunstad says. "The challenge we face now is figuring out what can be done about it."

Who is most likely?

Loneliness is an experience that has been around since the beginning of time—and we all deal with it, according to Ami Rokach, PhD, an instructor at York University in Canada and a clinical psychologist. "It's something every single one of us deals with from time to time," he explains, and can occur during life transitions such as the death of a loved one, a divorce or a move to a new place. This kind of loneliness is referred to by researchers as reactive loneliness.

Problems can arise, however, when an experience of loneliness becomes chronic, Rokach notes. "If reactive loneliness is painful, chronic loneliness is torturous," he says. Chronic loneliness is most likely to set in when individuals either don't have the emotional, mental or financial resources to get out and satisfy their social needs or they lack a social circle that can provide these benefits, says psychologist Louise Hawkley, PhD, a senior research scientist at the research organization NORC at the University of Chicago.

"That's when things can become very problematic, and when many of the major negative health consequences of loneliness can set in," she says.

Last year, a Pew Research Center survey of more than 6,000 U.S. adults linked frequent loneliness to dissatisfaction with one's family, social and community life. About 28 percent of those dissatisfied with their family life feel lonely all or most of the time, compared with just 7 percent of those satisfied with their family life. Satisfaction with one's social life follows a similar pattern: 26 percent of those dissatisfied with their social lives are frequently lonely, compared with just 5 percent of those who are satisfied with their social lives. One in five Americans who say they are not satisfied with the quality of life in their local communities feel frequent loneliness, roughly triple the 7 percent of Americans who are satisfied with the quality of life in their communities.

And, of course, loneliness can occur when people are surrounded by others—on the subway, in a classroom, or even with their spouses and children, according to Rokach, who adds that loneliness is not synonymous with chosen isolation or solitude. Rather, loneliness is defined by people's levels of satisfaction with their connectedness, or their perceived social isolation.