



LONG TERM CARE: COVID-19 SERIES

Session 12: Loneliness and Isolation – Question & Answer

Disclaimer: All information is provided by healthcare providers working in long-term care facilities across Ontario including those at Baycrest. All identifying information including names of individuals, organizations, or locations have been removed for privacy. **The answers below are amalgamated responses from our Hub team members and Learning Partners.**

Please note that ECHO Care of the Elderly Q&A information do not create or otherwise establish provider-patient relationship between any ECHO Care of the Elderly Hub team members, presenters and any situation or patient case presented in the ECHO® setting.

Table of Contents

- [Question 1:](#) How can we better identify residents who may be feeling lonely and isolated but are hesitant to admit feeling that way due to stigmatization?
- [Question 2:](#) Conversely, when reintroducing safe visitations through either window visits or other types of social stimulation, it can sometimes result in negative behaviours with the fear of coping with exposure. How can we manage residents and older adults who haven't been coping well with isolation and then also aren't coping well with the reintroduction of social activities?
- [Question 3:](#) Are other people experiencing the same phenomenon that now that places are opening up again that this is overwhelming the amount of stimulation with their social connections?
- [Question 4:](#) How are LTC homes using pet therapy during COVID? Are you still using physical pets or virtual pet therapy?
- [Question 5:](#) Has anyone else experienced or noticed their residents showing signs of loneliness or isolation during COVID?
- [Question 6:](#) Is there evidence that strategies that target loneliness can actually prevent clinical depression or reduce depressive symptoms?
- [Question 7:](#) I am wondering if anyone can share what they have been doing to combat isolation and loneliness in their LTC home, what has worked well, and how we can do more of it.
- [Question 8:](#) How can we better support caregivers who may also be feeling lonely and isolated? Not only those who care caring for those in LTC but caregivers caring for older adults in the community.



Question 1: How can we better identify residents who may be feeling lonely and isolated but are hesitant to admit feeling that way due to stigmatization?

Answer: Your comment about stigma is very on point. Nobody likes to admit they are isolated or lonely. The reality is that almost all of us will experience some form or degree of loneliness or isolation in our lifetimes. The UCLA 3-Item Loneliness Scale asks three questions around loneliness and isolation without directly asking “Do you feel lonely?” Instead it frames the question around whether you feel left out, if you have enough companionship, and if you felt isolated from others. So it’s asking someone without putting them on the spot of whether they feel lonely as it can be a threatening question to some. So for those that may hesitate to answer “Do you feel lonely?” this UCLA 3-item questionnaire is a good way to get around the stigma and ask these important questions in a non-threatening way.

Question 2: Conversely, when reintroducing safe visitations through either window visits or other types of social stimulation, it can sometimes result in negative behaviours with the fear of coping with exposure. How can we manage residents and older adults who haven’t been coping well with isolation and then also aren’t coping well with the reintroduction of social activities?

Answer: For older adults in the community who are feeling bored, it is very difficult because all their usual places to socialize and complete group activities are closed. These include older adult centers, senior activity centers and libraries that are closed. Even if they were to start to reopen, it may not be necessarily safe for older adults to go to public spaces with hundreds of other people passing through them every day. One thing that I have heard has been very successful is senior centers without walls, which is the senior active living centers transitioning to virtual programming and this is something that existed before COVID. The senior centers without walls is designed to reach seniors who don’t feel comfortable or confident leaving their home or don’t have the capacity to leave their home either because they don’t drive, have no alternative transportation, or live in the country. So this allows seniors access to recreation and social programming virtually over the telephone. It does have its limitations because you have to be able to participate over the phone, but it is a great source for those who used to seeing friends and thrive on social connections. It is also a great way to gain that connection with others virtually that are more interactive than say virtual museum tours.

Question 3: Are other people experiencing the same phenomenon that now that places are opening up again that this is overwhelming the amount of stimulation with their social connections?

Answers: I personally find it interesting to try to maintain our boundaries when we have small groups together. I often ask myself, how close is too close? So even though I’ve been interacting with others through running or cycling groups, I still can’t go to the gym right now due to potentially being too close to other people. So this anxiety around being able to increase our social circles, it’s not unique to older adults.



It is really hard to have to navigate these new social norms of maintaining distances with other. It is hard because we are social people and social touch is a big part of our relationships. This includes hugging and shaking hands with new people we meet. I know there was a time when we were replacing the hand shake with the elbow tap, but even that may be getting too close to other people. I think it is a lot for us to readjust and it can make you feel even more isolated and lonely because it is interfering with our usual ways to connect with others. Just like many others, I myself have been struggling with these new social norms.

Question 4: How are LTC homes using pet therapy during COVID? Are you still using physical pets or virtual pet therapy?

Answers: There are a lot of benefits of pet therapy, but a lot of it is being able to hold and interact with the pet. That may not be possible during COVID, but I have seen video pet therapy as an adaptation. I am not entirely sure if this is filling the same itch though.

At our LTC home, we use robotic pets such as the robotic dogs and cats and it is really quite incredible if you do have a resident that connects with animals. They really do work for some residents, but not everyone responds or feels the same connections as others. For the ones that do respond well it can be very soothing for them so if you haven't explored pet therapy, even the robotic ones, I really encourage you to look at that option. Also, they don't have to be the expensive \$7000 pets either, we got ours online for about \$100-120 as an affordable option.

I have heard of LTC homes who invested in the very expensive robotic pets and there's a lot of policies and rules around how they can be handled and I think it takes away from the value of it being therapeutic in how you can connect and engage with the pet. I think the cheaper options are a better way to go, as less rigid policies would be necessary to prevent damage to something that is very expensive. I have seen some residents make do with stuffed animals that look more life-like and can be very helpful for them. For those that are animal lovers, even watching animal training videos and dog performance videos can be very helpful for them. I know there's something called [Super Dogs](#) that offers these kinds of videos.

At our LTC home, we bought therapy cats and dogs. Some families have even bought their loved ones a robotic pet for around \$125. Residents really love them, especially those with dementia.

Question 5: Has anyone else experienced or noticed their residents showing signs of loneliness or isolation during COVID?

Answers: I am already thinking of some residents who may be experiencing loneliness and depression. Especially with residents who do not have cognitive impairment, I see them feeling lonely and sad. They engage in many activities, especially spiritual activities, I often hear from the facilitators that residents talk about sadness and loneliness in their life. The residents feel that they don't have a meaningful role to perform or meaningful engagements; even if they are doing group activities they are not engaging



meaningfully. One of the ideas we thought about was maybe a book club to read some light books, nothing heavy, even romance novels are okay. Recreation staff and social workers suggested that idea, but it wasn't picked up because it required extra staff and it wasn't possible to implement. When I visit various LTC homes in my work, I see that people with dementia are another category where there is a lot of activity and focus going on because we are trained to look at dementia in a different way. But I think it's important to notice that even those who are not cognitively impaired are experiencing a tremendous amount of loneliness and social isolation.

So for older adult centers and in LTC where you have people with diverse capacities around physical, cognitive, and skill-based capacities, there is a diverse set of interests and it can be difficult to figure out how to create a program calendar that will be meaningful for everyone. One of the complaints I hear a lot is that the activities provided aren't for them because either its boring, not engaging, or it doesn't match their interests or skill level. I think when planning these activities it is similar to individual-based care planning and talking to people about what would be meaningful social activity for them. Framing it that way, saying no wouldn't be reasonable, but instead ask: How can I provide this much needed social stimulation for this resident in our home? It may not be the exact way they want, but there should be some way to provide some form of activity for that person so that they can feel less lonely. Remember, loneliness is about that discrepancy. There's something in their social environment that is not aligning with what they are asking for or what they want in their social life and that can be very apparent in LTC environments. So I think it's about finding ways to shift that environment for them so that residents can create meaning.

For myself as a physician who works in LTC, when you talk about shifting a resident's environment to meet their social needs, I think it links back to the [PIECES algorithm](#) we use in caring for residents with responsive behaviours. The "E" in PIECES is for emotional and I think loneliness is probably very common and can help to explain the responsive behavior. So we may not see expressions of loneliness specifically with our residents who have dementia, but I think it's something to think about if we have individuals with responsive behaviours and loneliness could be one of the drivers, in addition to boredom and fear.

Question 6: So we know there is a strong link between loneliness and social isolation and depression. I'm wondering if our interventions or strategies to reduce loneliness, such as the United Kingdom has implemented, if there is any evidence that we can actually reduce the prevalence of clinical depression or reduce depressive symptoms, through these interventions or through these strategies? Or is that really hard to study?

Answer: I think it's really important to acknowledge that people can be lonely without being clinically depressed. They might correlate, but there are many people who experience loneliness without actually being depressed. So even just social interventions that combat loneliness would help with that, but therapy to combat depression might not necessarily have any impact on your experiences of loneliness. They are related, but are still very different. Mental health issues might also impede on one's ability to have meaningful relationships with other people, so perhaps addressing the mental health problem such



as anxiety or depression may help foster healthier relationships. But, there might be other reasons why they feel their social network may not be meeting their needs. People who are lonely tend to have higher rates of depression as it is a risk factor. At the same time, people who are depressed can end up being more withdrawn and become lonely that way. So they are related, but it is hard to say whether interventions to combat loneliness can effectively reduce the prevalence of clinical depression.

Question 7: I am wondering if anyone can share what they have been doing to combat isolation and loneliness in their LTC home, what has worked well, and how we can do more of it.

Answer: Since COVID, our LTC home started a writing program through the [Writer's Collective at Ryerson](#) that helps family members deal with their emotions and channel how they are feeling. It's a weekly writing session that goes for 10 weeks and it's a group activity to help families express their feelings and their thoughts. It's our hope that after this program, families who have learned this skill can act as peer mentors and facilitate this activity in their own smaller communities. So that in future, if they have things they are going through, they can rely on each other for peer support and use writing as a way to structure that peer support.

Question 8: How can we better support caregivers who may also be feeling lonely and isolated? Not only those who care caring for those in LTC but caregivers caring for older adults in the community.

Answer: At the Family Councils of Ontario we are doing Zoom supports for families. We offered it twice a week in English and once a week in French, and eventually it tapered down as I suppose things have normalized over time.

For Caregivers the Ontario Caregiver Organization has a great program - the SCALE program <https://ontariocaregiver.ca/scale-program/>.

With some of our volunteers, we actually teach them to be simulated participants and they were very active people and COVID has hit them very hard where they feel very lonely, sad, and isolated. So we have been doing weekly Zoom sessions with them where we do activities to help keep their skills up as simulation participants, but we are also doing research on their perceptions of it and what that has meant towards isolation and loneliness.