Loneliness & Isolation in LTC during the COVID Pandemic

Canadians of all ages are carrying out COVID-related risk assessments on their usual activities of living, but the stakes are greater as people age. The virus is more deadly among the elderly: those in their 90s have a 25 per cent risk of mortality if infected with the virus. For those in their 80s, it's 15 per cent, and eight per cent for people in their 70s, according to Dr. Samir Sinha, director of geriatrics at the Sinai Health System and the University Health Network in Toronto.

At highest risk in Canada are those living in long-term care, where the mortality rate among people infected with COVID was about 35 per cent by May, according to figures from the Canadian Institute for Health Information. By June, four out of five known COVID deaths in Canada were among residents of long-term care homes, although they only accounted for 18 per cent of total cases.

But physical isolation, the mainstay of defence against the virus, comes with its own terrible list of side effects. Older adults who are socially isolated are more likely to become inactive, grow frail, become depressed, and experience advancing dementia or eat poorly. These health consequences are interrelated, with one worsening the other, and can be irreversible or even fatal.

Social isolation (the objective state of having few social relationships or infrequent social contact with others) and loneliness (a subjective feeling of being isolated) are serious yet underappreciated public health risks that affect a significant portion of the adult population.

Approximately one-quarter (24%) of community-dwellers aged 65 and older are considered to be socially isolated, and a significant proportion of adults report feeling lonely (35% of adults aged 45 and older and 43% of adults aged 60 and older).

Loneliness is even more common in long-term care institutions. The prevalence of severe loneliness among older people living in care homes is at least double that of community-dwelling populations: 22% to 42%. Feeling of loneliness has increased risk of depression, alcoholism, suicidal thoughts, aggressive behaviors,

anxiety, and impulsivity. Some studies found that loneliness is also a risk factor for cognitive decline and progression of Alzheimer's disease, recurrent stroke, obesity, elevated blood pressure, and mortality. Lonely older people may be burdened by more symptoms before death and may be exposed to more intense end-of-life care compared with non-lonely people.

Loneliness has three dimensions. The first is personal loneliness, which is often related to the absence of a significant person like a spouse or partner who provides emotional support and is someone who affirms one's value as a person. The significant someone could be a pet, because pet ownership decreases loneliness. The second dimension of loneliness is absence of a sympathy group, which can include 15 to 50 people who are seen regularly. This may be a card group, bridge or canasta, or another popular game, Bingo, which many retired seniors enjoy. The third dimension is a lack of an active network group, consisting of from 150 to 1500 people, who provide support just by being together in a group. Church services, Rotary meetings, and the Lions Club are good examples of these larger groups.

Geriatricians across the country are seeing the effects of months-long restrictions. In Prince Edward Island, where 56 cases of COVID were identified between March and mid-September, falls among seniors living independently rose substantially, says Dr. Martha Carmichael, the province's only geriatrician. "911 calls for falls are up dramatically, and probably just because of isolation and deconditioning that goes along with it," she says. On the other side of the country in Vancouver, where many of Dr. Nishi Varshney's patients live independently, the geriatrician is helping them manage mental and physical health concerns born of isolation. Patients postponed regular home care services when their support workers couldn't get sufficient personal protective equipment or cancelled the services outright for fear of infection from outsiders. Their visits with family and friends became less frequent, as did trips into their communities. Their health destabilized and deteriorated, she says: "You can't just quarantine an older person. It's definitely not healthy for the older person and the concept is not conducive to a healthy society."

In all countries affected by COVID-19, the message that is being sent by government officials and medical experts is "stay at home" and "isolate in place." The isolation is especially difficult for people living in nursing homes and assisted

living communities. Most facilities have asked that no one enter the facilities unless they work there because there is a high risk that COVID-19 would spread rapidly once it is introduced. Group activities have been cancelled and, in many facilities, residents are eating in their rooms, as all communal dining has been stopped. Although prohibiting group activities will decrease the risk of spreading the COVID-19 infection in nursing homes, it significantly increases the isolation and resulting loneliness of residents.

Long-term care facilities also prohibit visits from outside, including visits by family members. This is especially burdensome for residents with cognitive impairment and dementia. Many family members of these residents visit often, sometimes every day, bring food, and help the residents with eating and drinking. If they cannot visit, they may be afraid that the resident will no longer recognize them. For years, seniors' advocacy groups have called for better supports for Canada's seniors. They want more affordable housing options and better access to care as close to home as possible. They want more acknowledgement of caregivers, many of whom provide life-sustaining acts like feeding, bathing and transporting seniors. They want to see policies that produce truly age-friendly communities that promote the inclusion of older people as productive and engaged citizens. They want an end to the kind of ageism that deprives seniors of their rights to make informed decisions about their lives.

The National Institute on Aging is tracking COVID-19 and the toll it is taking on retirement homes across the country. Seniors need to be in the home to get the care they need, but for many it may not be worth the sacrifice of giving up contact with loved ones and caregivers. Health-care providers noted increasing numbers of depression. We're seeing increasing rates of depression, loneliness, social isolation, and that actually can be even more dangerous than never having gotten the virus in the first place. Some people are saying, "Look, I know that I could get the virus and die, but I might rather have that, frankly, than not being able to be with my loved ones for the next six months". "I think we have to remember that residents have rights," Sinha said. "Their families have rights as well."

It's the emotional, mental health of these residents that I think has declined. The limits on physical touch have affected all aspects of life for residents — from tables in the dining room being pushed further apart, to the staff wearing plastic

shields, to the end of weekly visits from a hands-on hairdresser. Dementia has increased. Incidents of residents who stop eating while no one is monitoring them have increased.

Family members play a critical role in patient care. Particularly in the ICU, where we're dealing with people who are seriously ill, the person themself isn't able to engage with us, so we rely heavily on family caregivers, family members to participate with us in decision making. Excluding family caregivers from that role in acute care causes a lot of problems and distress and sometimes medical errors. The medical system must take a broad view of health to include the emotional, the spiritual and the mental well-being of patients.

Social connection is an important health issue for LTC homes. Social connection is key to quality of life in LTC homes. Social connection has specific considerations for LTC homes, e.g.,

- Residents: mostly older adults, many with vision/hearing loss, cognitive impairment, and mobility impairment which can impact social connection;
- Families: many provide vital social support (e.g., daily, ongoing care);
- Staff: provide daily support to residents;
- Homes: communal setting (e.g., meals, group activities);
- Communities: community organizations and care professionals participate in the life of the home.

What mental health outcomes are associated with social connection for people living in LTC homes?

- Depression 29 (of 35 studies)
- Responsive behaviours 6 (of 9 studies)
- Mood, affect and emotions 8 (of 8 studies)
- Anxiety 2 (of 3 studies)
- Cognitive decline 2 (of 2 studies)
- Medication use 0 (of 3 studies)
- Death anxiety 2 (of 2 studies)
- Suicidal ideation 2 (of 2 studies)
- Boredom 2 (of 2 studies)
- Daily crying 1 (of 1 study)
- Psychiatric morbidity 1 (of 1 study)

The following ideas are easy to implement, with little or no cost or hiring additional staff, and can decrease the loneliness of residents in nursing homes or assisted living communities:

- Have residents and staff wear a plain easily-readable name tag. Wearing a name tag that can easily be read helps to make a connection between the staff and residents.
- Ask family members of residents who could operate a personal computer or iPad to purchase one to help them stay connected with each other. When the resident has a computer or iPad in his or her room, a Skype or Zoom meeting can be arranged. These meetings can be coordinated with the activity staff, so they can help set up the computer or iPad. iN2L technology may facilitate online connections.
- Families may not be allowed to come into the facility; however, they can stay connected in several ways. Ask families to have at least 1 family member call a resident in the morning to say, “good morning,” and another to call late in the afternoon or early evening to say, “good night.” This is assuming that residents have a phone in their rooms and can answer it. If you have residents with no active family members, you may be able to recruit volunteers to call residents.
- Families can come to the window in the resident's room and sing to the resident or hold signs sending love to the resident. If the resident's room is not on the ground floor, the family can arrange a time convenient for the staff to take the resident to the first floor where the resident can look out a window and see his or her family.
- Urge families to send cards and letters. Residents also love to receive “art work” from their grandchildren or great grandchildren. Letters can include copies of pictures from the past that residents may enjoy seeing again.
- Group religious services have been discontinued; however, many are now on the Internet or television. The activity staff will have a social history of each resident and will know the resident's religion. If it would be comforting for the resident, staff can make sure the mass or other religious service is on the resident's television or iPad.
- Some residents with dementia are comforted with realistic toy dogs, cats, or life-like–looking dolls. If a resident develops a fondness for any of them, the family might agree to purchase one. It seems that men particularly like dogs. They can be purchased for less than $20. Stuffed animals or dolls cannot be shared because of infection-control issues. There is also some evidence that

robotic animals (robopets) may be effective in decreasing loneliness of older adults in a residential care setting.

- Simulated Presence Therapy is another way by which families can keep in touch with a resident. It involves the family member making a recording in which questions are asked, such as, "I remember when you lived in Williams Lake, do you remember what you did with your Girl Scout troop?" Then the recording is silent, so the resident can say something. The recording could be similar to a phone call, in which the family member can ask about pleasant experiences in the past and leave a space for the resident's answers. If the resident has dementia, the recording could be played repeatedly, because the resident will forget that she or he already listened to it. A study found that Simulated Presence Therapy enhanced well-being of residents with dementia and decreased behavioral symptoms of dementia.
- The Activity Department might be encouraged to have items that can be sorted, like buttons or small pieces of fabric. Residents can be asked to help sort items and put them into small bowls. The resident sorting buttons must be a person who would not try to eat one, as this would be quite dangerous. Take 3 packs of cards and mix them up and ask a resident to sort them. Make sure the packs are very distinctive, so it will be easy to decide what pack each card belongs in and thank the resident when the task is completed. Nursing home residents often feel hopeless, as rarely does anyone thank them for doing something. This is a great opportunity to have a resident feel as if he or she is needed.

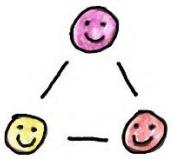
Conclusions

Preventing loneliness in institutionalized persons is at least as important as helping them with personal hygiene. This is especially important during the COVID-19 pandemic when residents are not allowed contact with other individuals to reduce the risk of infection. Implementation of some of the strategies listed in this article requires education of staff members and supply of required items; however, this effort can significantly improve the quality of life of residents affected by pandemic restrictions.

Results: What interventions/strategies might support social connection for people living in LTC homes in the context of infectious disease outbreaks like COVID-19?

Social Relationships are Important for the Mental Health of People Living in Long-Term Care Homes

What do we mean by social relationships?



Social Network
The people we have relationships with, like family, friends and other people in the home.

Social Support
The help we get from people in our social network, including with emotional and physical needs.

Social Engagement
When we take part in activities with others, like having lunch or going for a walk together.

Why are social relationships important for the mental health of people living in long-term care homes?

Social relationships are good for our physical health and quality of life.
Not having enough quality or quantity of social relationships have also been linked to:

- Depression
- Cognitive decline
- Loneliness
- Boredom
- Sadness
- Negative mood
- Anxiety
- Responsive behaviours

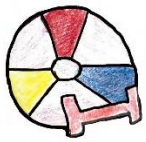
Our social networks, the time we spend together and the support we give and get from others, are all important in our lives. Some things that might help build and maintain social relationships for people living in long-term care homes include:

Manage Pain

Address Vision and Hearing Loss

Sleep at Night, Not During the Day

Find Opportunities for Creative Expression, like Art, Music and Storytelling



Exercise

Maintain Religious and Cultural Practices

Garden, Either Indoors or Outside

Visit with Pets

Use Technology to Communicate

Laugh Together

Reminisce About Events, People and Places

Communicate Non-verbally

Interventions/strategies to support social connection for people living in LTC homes in the context of COVID-19

- **Opportunities for creative expression, like art, music or storytelling:**
  COVID-19 Context:
  • Individualized creative activities based on the resident's personhood; including music & art.
  • Individualized Activity Kits (14-day isolation period); using information from completed personhood tools to put together while person remains in hospital/community.
  • **Challenges**: inability to share products; needing to dedicate limited supplies to one resident; architecture of some LTC homes; staffing.

- **Exercise:**
  COVID-19 Context:
  • Using pre-recorded, freely available online videos to assist with instructing residents in one-on-one exercise (with supervision).
  • Building "activity circuits" inside residents' rooms, incorporating multiple tasks (e.g., bean bag toss, light exercises, folding laundry, etc.).

- **Maintain religious and cultural practices:**
  COVID-19 Context:
  • Using telephone or videoconference to connect with religious community.
  • Offering residents online or pre-recorded videos of religious observances.
  • In Indigenous LTC homes, incorporating traditional wellness practices, such as residents making cedar tea as an individualized activity.

- **Garden, either indoors or outside**
  COVID-19 Context:
  • In-Room gardening; use of real and artificial plants
  • Outdoor vegetable gardening (individual activity instead of group.

- **Visit with pets:**

COVID-19 Context:

• Encouraging families to bring pets to window visits.

• Continuing community-based pet therapy programs through window visits; visits from some larger animals, like goats and horses.

• Alternative solutions to incorporate animals: robotic pets

- **Use technology to communicate:**

  COVID-19 Context:

  • Facilitating videocalls between residents and their families and friends, mostly using tablets; weekly videoconference schedules, with allocated time (e.g., 45-minutes) for each resident.

  • Creating specific email addresses for families and friends to send emails, photos and videos to residents during times where they could not visit. Email messages were printed from inside the LTC Home and delivered to the resident and, in some cases, read aloud by LTC Team Members to the resident. Photos and videos were shared via tablets. Initiating ways for residents to use tablets to respond to emails with short voice and/or video messages.

  • Using projectors and projection systems to engage in interactive virtual activities.

- **Laugh together:**

  COVID-19 Context:

  • Adding joy and humour to window visits, such as with a 'kissing booth', games (e.g., tic tac toe with dry erase markers) and parades from local organisations.

  • Using the spaces and activities within homes for fun and enjoyment, such as makeshift ice cream trucks, hallway 'Happy Hours' and decorated 'Tuck Shops on Wheels'.

- **Reminisce about people, places and events**

  COVID-19 Context:

  • Involving community-based programs providing virtual programming via videoconference or telephone, such as reminiscence programs on specific topics (e.g., travel, hobbies, etc.)

  • Creating personalized tools for residents; one LTC home developed a 'Talking Points Key Ring' for a resident, with laminated cards

containing favorite photos, art works, sayings and conversation topics and that could spark conversations.

- **Communicate non-verbally:**

  COVID-19 Context:

  • Facilitating pen pal programs whereby residents to write to one another.

  • Encouraging letter mail exchange between residents and family and friends.

  • Supporting 'Friendly Letter' programs, whereby individuals outside the LTC home would exchange letter with residents, sometimes in collaboration with organizations (e.g., local Alzheimer Society).

References:

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