



# Mental Health and Wellbeing in Aging

## COVID Impact Isolation, Loneliness and Connectivity



Developed by: Tyler Corson, PhD  
Gerontologist

Updated by Toy E. Newcomb, LPC, CCTP



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Gain	Understand	Examine	Explore	Link
basic knowledge of mental illness in the aging, focusing on depression, anxiety and grief.	difference between social isolation and loneliness and their role in health and well-being.	mental health impact of COVID-19 restrictions on older adults.	connectivity strategies to prevent/reduce the harmful effects of loneliness and social isolation.	individuals and families to necessary and appropriate community mental health resources.

Objectives

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Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

—Preamble to the World Health Organization Constitution, 1946

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Mental health has serious impacts on:



...how people think.



...how people feel.



...how people behave.

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Some people living in your community have poor mental health.



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Many factors impact mental health and wellbeing in aging.



*A person's life pathways*



*Family history, genes, body/brain chemistry*

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Being aware of common mental health problems in aging can help you identify them.



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## PERSONALITY DISORDERS

Cluster A: Paranoid, Schizoid, Schizotypal

Cluster B: Antisocial, Borderline, Histrionic, Narcissistic

Cluster C: Avoidant, Dependent, Obsessive-Compulsive

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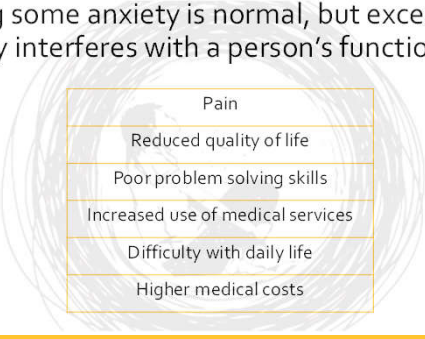
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Having some anxiety is normal, but excessive anxiety interferes with a person's functioning.



Pain
Reduced quality of life
Poor problem solving skills
Increased use of medical services
Difficulty with daily life
Higher medical costs

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### Types of thought distortions

No.	Forms of Distortion	Description
1	All-or-nothing thinking	You think things in absolute, black-and-white categories.
2	Overgeneralization	You look at a negative event as a never-ending pattern of defeat.
3	Mental filter	You dwell on the negatives.
4	Discounting the positives	You insist that your accomplishments or positive qualities don't count.
5	Jumping to conclusions:	
	Mind-reading	You regard the others' response as negative to you but there is no exact evidence;
	Fortune-telling	You arbitrarily predict the things will turn out badly.
6	Magnification or minimization	You blow things way out of proportion or you shrink their importance.
7	Emotional reasoning	You reason from how you feel: "I feel like an idiot, so I really must be one."
8	Should statement	You criticize yourself (or other people) with "should," "ought," "must" and "have to."
9	Labeling	Instead of saying "I made a mistake," you tell yourself, "I'm a jerk," or "a fool," or "a loser."
10	Personalization and blame	You blame yourself for something you weren't entirely responsible for, or you blame other

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Anxiety may be overlooked because symptoms resemble other ailments.



Psychological



Physical



Behavioral

Mental Health Association of Maryland, Missouri Department of Health, & National Council for Behavioral Health. (2003). Mental Health First Aid USA, Revised First Edition.

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## Depression

According to the American Psychiatric Association:

- "Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act."
- Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed.
- It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home.

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## Depression

Symptoms must last at least two weeks for a diagnosis of depression.

- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities once enjoyed
- Changes in appetite — weight loss or gain unrelated to dieting
- Trouble sleeping or sleeping too much
- Loss of energy or increased fatigue
- Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)
- Feeling worthless or guilty
- Difficulty thinking, concentrating or making decisions
- Thoughts of death or suicide

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## Depression has far-reaching impacts for adults (of any age)

- Most prevalent mental health problem in aging
- More than just a passing mood
- Complicates treatment of other diseases
- Not normal aging
- Very treatable!

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Older adults experience loss on several levels, which can lead to grief.

Grief is a psychobiological reaction

Mourning processes may vary by culture

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Some residents may experience **complicated grief**.

TYPICAL GRIEF	COMPLICATED GRIEF
"Pangs of grief"	Yearnings and despair
Diminish over time	Low self-worth
Interspersed with happy memories and good thoughts	Guilt, self-criticism
	Avoiding people or being "clingy"
	Detachment

Shear (2005)

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**Loneliness**  
vs  
**social isolation**

Loneliness is the subjective feeling of being isolated.

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Social isolation is the objective state of having low or no social network/supports/relationships (quantity) or infrequent social contact with others.

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**DIMENSIONS OF LONELINESS**

Personal  
1 person

Sympathy Group  
15-50 people

Active Network Group  
150-1500 people



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**HEALTH**  
From immunity to inflammation, cognitive impairment to stroke, our social connections play a role in disease: risk and preventive.

**LONGEVITY**  
People with strong social connections live longer. And without strong relationships, life expectancy shrinks.

**Why is Connectedness Important?**



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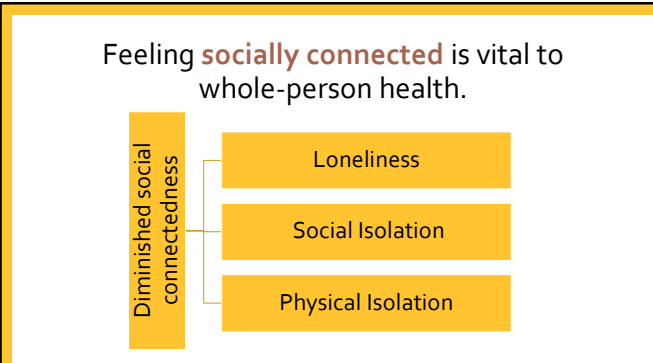
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Feeling **socially connected** is vital to whole-person health.

Diminished social connectedness

- Loneliness
- Social Isolation
- Physical Isolation



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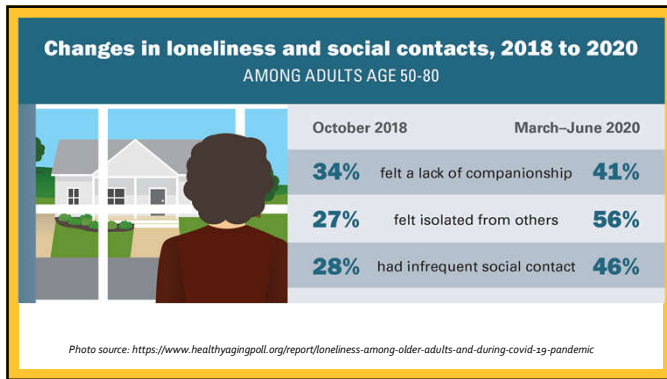
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Feelings of shame and social distance are harmful to social connectedness.

*May result in social isolation or defensive behaviors*

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### Social connectedness contributes to positive mental health outcomes.

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**1. Happiness**  
70% of our happiness comes from relationships

(Murray & Peacock, 1995)

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**2. Self-esteem**  
Positive relationships help us thrive emotionally, increase our self-esteem and self-acceptance

(Pinney, 2015)

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**3. Affinity**  
Singing in groups improves happiness and well-being and sparks rapid social bonding

(Pearce, Lubiano & Neuback)

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## The case of Helen



Photo credit: Loni Evans  
Photo source: <https://www.aarp.org/caregiving/health/info-2020/covid-isolation-killing-nursing-home-residents.html>

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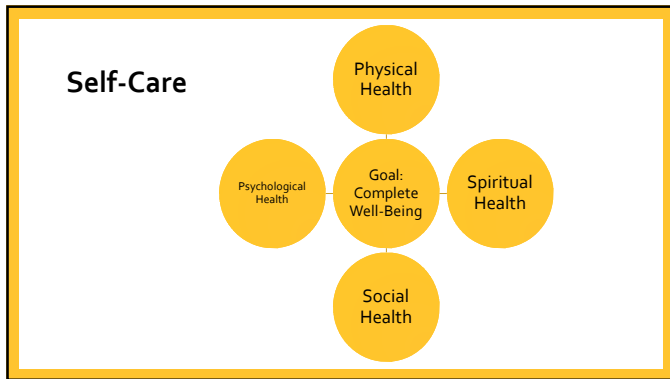
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**YOU** can promote good mental health.

- Provide compassionate support
- Identify and build on strengths
- Treat mental illness like any other illness:
  - Recognize
  - Assess
  - Refer for treatment

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**YOU** can promote good mental health.

- Practice person-centered care
- Recognize care barriers
- Connect with mental health professionals and resources

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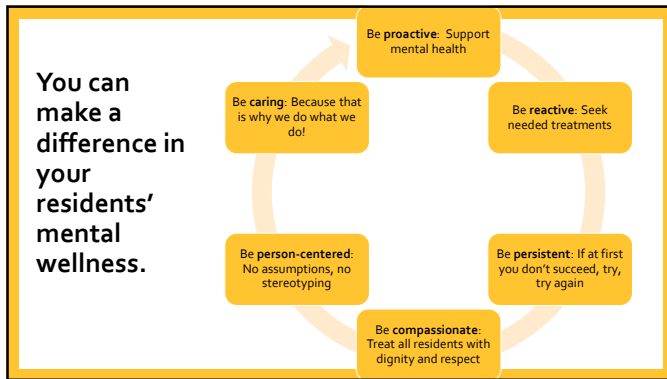
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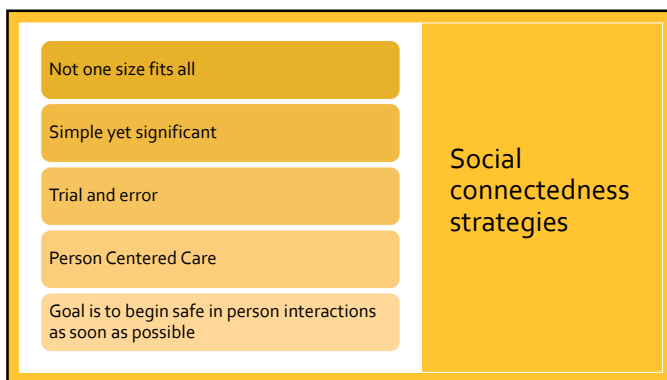
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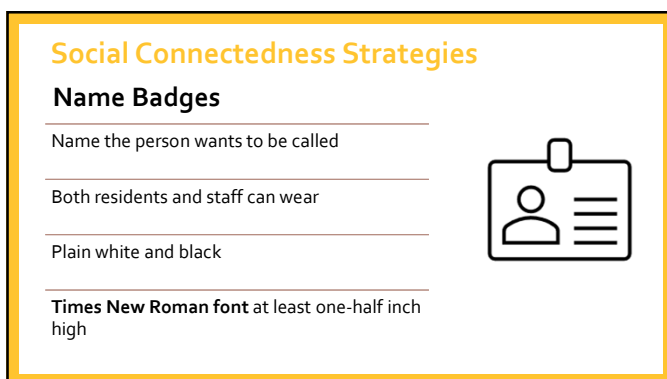
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## Social Connectedness Strategies

### IPAD or Computer

Family members or community may purchase.

Agencies may donate.

Activities Directors/Assistant can coordinate times for use and assist residents with virtual meetings.



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## Social Connectedness Strategies

### Virtual Groups

Bible studies, book clubs, support groups

"Happiness Hour"- one community could no longer offer communal meals but did keep the routine of "meeting" for this hour virtually. Consider if this can also be done safely and socially distanced.



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## Video Call Challenges



Lack of manual dexterity/strength



Lack of skill (residents, family members, volunteers, staff)



Lack of Wi-Fi signal strength



Eyesight limitations



Cognitive limitations



Cost prohibitive



Ability to maintain focus/concentration



Accessibility

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Social Connectedness Strategies

Family/volunteer Contact

"Community Connector Club"

At least 1 family member/volunteer call resident in the morning to say, "good morning" and another in the late afternoon or early evening to say, "good night"



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Phone Challenges




Cognitive limitations



Accessibility



Participation



Hearing

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Social Connectedness Strategies


Window Visits

If no visitors are allowed

Sing

Hold up signs/cards

Ground floor visits for those not on first floor (Activities or other staff can assist)



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Window Visit Challenges



Cognitive limitations



Accessibility



Weather Conditions

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Social Connectedness Strategies


Artwork/Cards/Letters

If no visitors are allowed

Family or volunteers can send

Children – family and/or daycares, schools can send

Display in resident’s room



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Artwork/Cards/Letters Challenges



Lack of Family



Eyesight



Availability/Participation

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Social Connectedness Strategies

Spiritual/Religious


Television

Resident's IPAD or computer for online services

Worship music

Family/ Volunteer virtual/phone bible reading/study, inspirational, prayer

Involve resident's church/place of worship



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Spiritual/Religious Challenges



Accessibility



Participation

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Social Connectedness Strategies

Remote Staff

Focus on residents

Redefine roles temporarily



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### Remote Staff Challenges



Lack of staff



Cost



Participation

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### Social Connectedness Strategies

#### Realistic Toys

Dolls

Pets (robotpets or life-like battery operated)



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### Realistic Toy Challenges




Cognitive



Cost



Product Availability



Participation

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## Social Connectedness Strategies

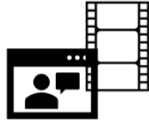
### Simulated Presence Therapy

Family makes recording of memories

Pause for resident's response

Family can ask questions about the event, pause for response

Can be played repeatedly for those affected by dementia




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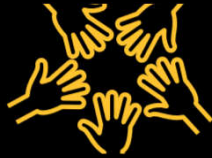
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## Simulated Presence Challenges



Accessibility



Participation

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## Social Connectedness Strategies

### Individual Activities with Staff

Sorting cards, buttons (as appropriate)

Crafts/kneading dough/activity apron

Activities to feel helpful/purposeful-folding laundry

Reminisce books (photo album provided by family or memory lane books for their generation)




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Individual Activities Challenges



Staff  
Availability



Participation

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Activities that promote social interaction

AT LEAST WEEKLY AMONG ADULTS AGE 50–80

59% connected with family/friends via social media

46% interacted with people in their neighborhood

31% connected with family/friends via video chat

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Therapies

Music

Aromatherapy

Telehealth Counseling /Cognitive Behavioral Therapy

Faith based counseling

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Elder suicides do occur in assisted living settings.

NATIONAL  
**SUICIDE  
PREVENTION  
LIFELINE**  
1-800-273-TALK (8255)  
suicidepreventionlifeline.org



This provides  
24/7 free and  
confidential  
support for  
people in  
distress and for  
those offering  
help to others.

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THANK YOU FOR ALL THAT YOU DO!

Questions/Comments/Concerns?

**VCU Department of Gerontology**  
804-828-1565  
gerontology.chp.vcu.edu  
[agingstudies@vcu.edu](mailto:agingstudies@vcu.edu)  
PO Box 980228  
Richmond, VA 23298



College of Health  
Professions  
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VIRGINIA DEPARTMENT OF  
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56

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## Slide 56

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### **TN37** How will questions be managed?

Toy Newcomb, 11/2/2019