


**Mental Health and Wellbeing in Aging**

**COVID Impact: Isolation, Loneliness and Connectivity**

Developed by: Tyler Corson, PhD, Gerontologist  
 Updated Fall 2021 by Regina Foster, PA-C, MS, LALFA, CDP, CD  
 Updated Spring 2021 by Toy E. Newcomb, LPC, CCTP



1

---

---

---

---

---

---

---

---

**Objectives**

Gain	basic knowledge of mental illness commonly seen in older adults.
Understand	difference between social isolation and loneliness and how they effect mental health.
Examine	COVID-19 restrictions' impact on the mental health of older adults.
Explore	connectivity strategies to prevent/reduce the harmful effects of loneliness and social isolation.
Link	Individuals and families to necessary and appropriate community mental health resources.

2

---

---

---

---

---

---

---

---

**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

3

---

---

---

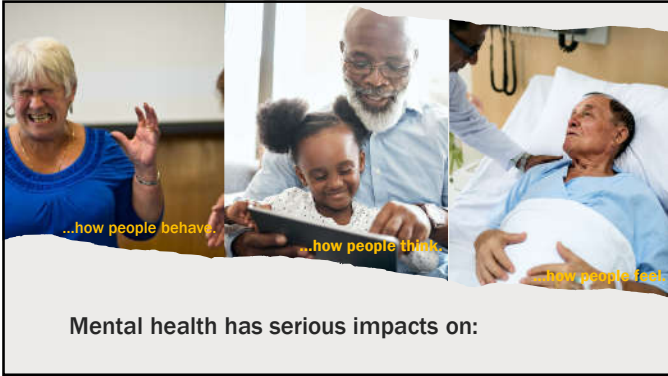
---

---

---

---

---



4

---

---

---

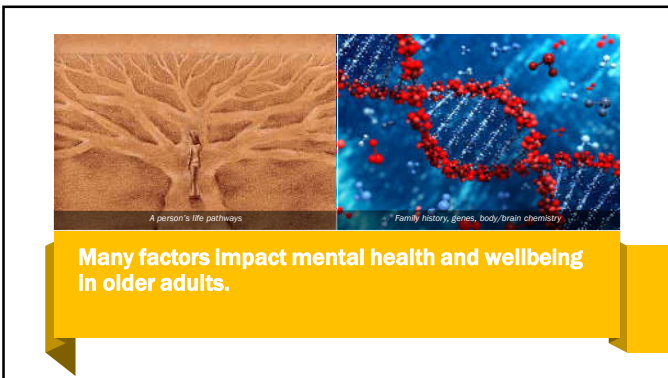
---

---

---

---

---



5

---

---

---

---

---

---

---

---



6

---

---

---

---

---

---

---

---

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

7

---

---

---

---

---

---

---

---

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. (2013). Mental Health First Aid USA, Revised First Edition.

8

---

---

---

---

---

---

---

---

## 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.

9

---

---

---

---

---

---

---

---

**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

10

---

---

---

---

---

---

---

---

**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!

11

---

---

---

---

---

---

---

---

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

Grief is a psychobiological reaction

Mourning processes may vary by culture

12

---

---

---

---

---

---

---

---

**Some residents may experience complicated grief.**  
Shear (2005)

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

13

---

---

---

---

---

---

---

---

**COVID19'S IMPACT**

- LONELINESS
- SOCIAL ISOLATION
- CONNECTIVITY

14

---

---

---

---

---

---

---

---

**LONELINESS VS SOCIAL ISOLATION**

Loneliness is the subjective feeling of being isolated.

---

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

15

---

---

---

---

---

---

---

---

### The case of Helen

Photo credit: Lorri Evans

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



16

---

---

---

---

---

---

---

---

### DIMENSIONS OF LONELINESS

**Personal**  
1 person

**Sympathy Group**  
15-50 people

**Active Network Group**  
150-1500 people



17

---

---

---

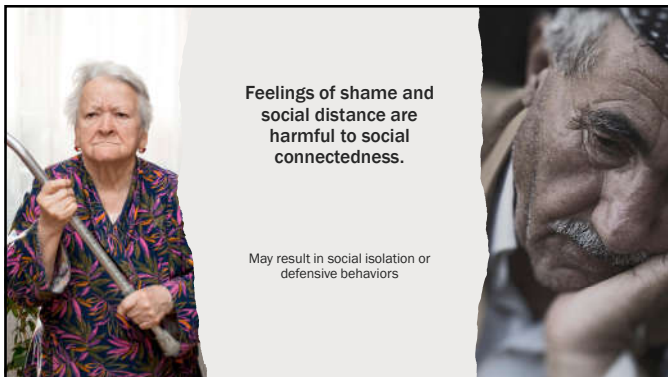
---

---

---

---

---



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

May result in social isolation or defensive behaviors

18

---

---

---

---

---

---

---

---

**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?

---

---

---

---

---

---

---

---

19

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

Sense of belonging to a community

Relationship building

Feeling valued

Greater empathy

---

---

---

---

---

---

---

---

20

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

1

**1. Happiness**  
70% of our happiness comes from relationships  
(Murray & Peacock, 1996).

2

**2. Self-esteem**  
Positive relationships help us thrive emotionally, increase our self-esteem and self-acceptance  
(Pinler, 2016).

3

**3. Affinity**  
Singing in groups improves happiness and well-being and sparks rapid social bonding  
(Pearce, Luanay, & Dunbar).

---

---

---

---

---

---

---

---

21



22

---

---

---

---

---

---

---

---



23

---

---

---

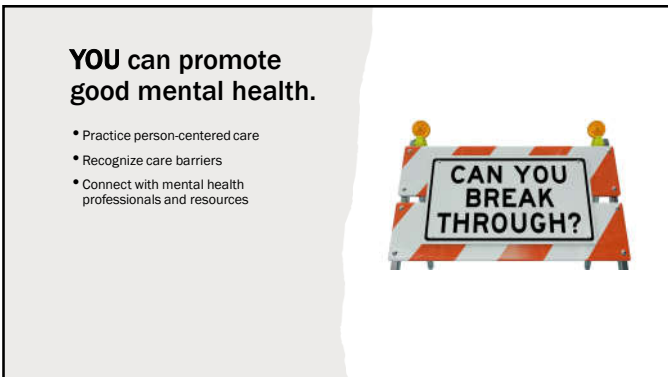
---

---

---

---

---



24

---

---

---

---

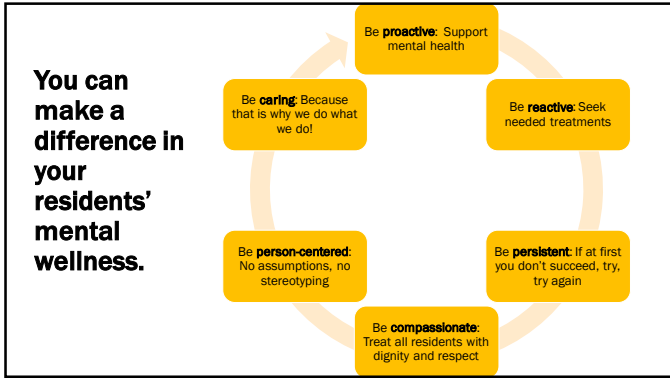
---

---

---

---





25

---

---

---

---

---

---

---

---

**Social connectedness strategies**

- Not one size fits all
- Simple yet significant
- Trial and error
- Person Centered Care
- Goal is to begin safe in person interactions as soon as possible

26

---

---

---

---

---

---

---

---

**SOCIAL CONNECTEDNESS STRATEGIES**

Tablet/Computer/Phones

Activity Directors, Assistants can coordinate times for use and assist residents with virtual meetings.

27

---

---

---

---

---

---

---

---

### Video/Phone Challenges

Lack of manual dexterity/strength	Lack of skill (residents, family members, volunteers, staff)	Lack of Wi-Fi signal strength	Seeing/hearing limitations
Cognitive limitations	Cost prohibitive	Ability to maintain focus/concentration	Accessibility

28

---

---

---

---


---

---

---

---

### SOCIAL CONNECTEDNESS STRATEGIES



**Virtual Groups**

Spiritual gatherings, 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.

29

---

---

---

---


---

---

---

---

### SOCIAL CONNECTEDNESS STRATEGIES



**Family/Volunteer**

"Community Connector Club"  
 Regular family calls

30

---

---

---

---

---

---

---

---

**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)

---

---

---

---

---


---

---

---

31

**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

---

---

---

---

---


---

---

---

32

**SOCIAL CONNECTEDNESS STRATEGIES**



**Remote Staff**

Focus on residents  
Redefine roles temporarily

---

---

---

---

---

---

---

---

33

**SOCIAL CONNECTEDNESS STRATEGIES**



Realistic Toys/  
Articles of Attachment

Dolls  
Pets

---

---

---

---

---

---

---

---

34

**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

---

---

---

---

---

---

---

---

35

**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)  
Develop "My Connections Plan"

---

---

---

---

---

---

---

---

36

**Therapies**

- Music
- Aromatherapy
- Telehealth Counseling /Cognitive Behavioral Therapy
- Faith based counseling

37

---

---

---

---

---

---

---

---

**Balancing**

*Opposite (or the same?)*

38

---

---

---

---

---

---

---

---

**WHAT IS SURPLUS SAFETY?**

- Exaggerated fear that harm will come to an individual in our care
- Assumes individual isn't prepared to take risks or unable to recover from risk-taking consequences.

39

---

---

---

---

---

---

---

---

**RISKS**

What risk level is acceptable?

40

---

---

---

---

---

---

---

What personal values do you feel you bring with you to work?

**PERSONAL VALUES**

41

---

---

---

---

---

---

---

**SAFETY**

Different layers of safety

42

---

---

---

---

---

---

---

Quality of Life

How surplus safety effects mental health

43

---

---

---

---

---

---

---

---



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

Elder suicides do occur in assisted living settings.

44

---

---

---

---

---

---

---

---

**YOU**  
are an important part of the  
Mental Health Team

45

---

---

---

---

---

---

---

---



46

---

---

---

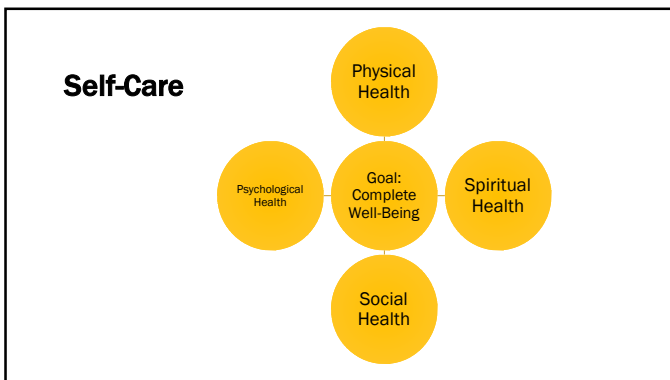
---

---

---

---

---



47

---

---

---

---

---

---

---

---

**THANK YOU FOR ALL THAT YOU DO!**

Questions/Comments/Concerns?

---

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

**Department of Social Services**  
[www.dss.virginia.gov/](http://www.dss.virginia.gov/)

48

---

---

---

---

---

---

---

---