# Loneliness is Deadly

By Judith R. Sands, RN, MSL, BSN, CPHRM, ARM, CCM, CPHQ

The US Surgeon General's (OSG's) 2023 Advisory *Our Epidemic of Loneliness and Isolation* validated what many health care professionals suspected. This groundbreaking report quantified the very significant negative health and well-being outcomes for those with limited social connections. The lack of social connections and interactions with other individuals increases the risk of premature death as much as smoking 15 cigarettes a day (OSG 2023). The impact of poor or insufficient social connections has been noted to have "a 29% increased rate of heart disease and a 32% increased risk of stroke" (OSG 2023, p. 8). "Chronic loneliness and social isolation can increase the risk of developing dementia by approximately 50% in older adults, even after controlling for demographics and health status" (OSG 2023, p. 28). "Social isolation and loneliness are related, but they are not the same. Social isolation is objectively having few social relationships, social roles, group memberships, and infrequent social interaction. On the other hand, loneliness is a subjective internal state. It's the distressing experience that results from perceived isolation or unmet need between an individual's preferred and actual experience" (OSG 2023, p. 8). You don't have to be alone to feel lonely. The American Psychological Association (APA) defines loneliness as the "affective and cognitive discomfort or uneasiness from being or perceiving oneself to be alone or otherwise solitary" (APA 2018, 04, 19). Loneliness and social isolation, living alone, and the self-perception of being a burden to others have a very strong association with self-harm and suicide. "Loneliness and social isolation among children and adolescents increase the risk of depression and anxiety" (OSG 2023, p. 29). Given the significant physical systemic implications of insufficient social connections, the individual is at risk for increased levels of anxiety, depression, and dementia. The lack of social connections and a sense of not belonging negatively impact wellness. Loneliness is deadly!

## The Importance of Social Connections
Social connections are dynamic. The number, quality, and type of social connections change during our lifespan. In adulthood, the social circle tends to dwindle because of illness of self or others, death of loved ones and friends, relocation, other life events, and changes in the community and society that impact one's ability to retain and make meaningful social connections. Competing demands between work, must-do appointments, and other obligations decrease the time available to nurture relationships. Some individuals have robust family and work/school social networks that keep them engaged. Others may have smaller family and work/school networks and they have little true engagement, belonging, or connection outside of the work/school setting.

The traditional community places of social engagement have become less important or accessible over time to Americans. Religious/faith-based groups, clubs, veterans' groups, and labor unions, which in the past were strong sources of social connection and belonging, have seen large declines in attendance (Office of the Surgeon General (OSG), 2023, p. 16). Households are smaller, there are more single households, and financial pressures are resulting in limiting the individual's ability to nurture social connections. Those who previously participated in volunteering or took part in in-person events may no longer be engaging in such activities and have not found new ways to maintain social connections and mentally stimulating activities.

In 1943, Maslow's hierarchy of needs noted the importance of love and belonging as being the third category of human needs, following physiological and safety needs. The importance of human connections/affiliations, love, and relationships are critical factors in human motivation and psychological importance. The significance of human connections cannot be underplayed, and the pandemic highlighted the adverse impact of physical isolation on individuals of varying ages.

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## The lack of social connections and interactions with other individuals increases the risk of premature death as much as smoking 15 cigarettes a day (OSG 2023).

### True Connections

Social relationships are the basis of true connections between individuals. Often, they are based on shared values, interests, social relations, and religion. The common threads that result in dialogue and expression of ideas and thoughts. Typically, there is mutual respect, engagement, and acknowledgment of their value to the relationship between the individuals.

As individuals advance in age, it becomes harder to maintain and develop new relationships and friendships. It is a thoughtful, time-consuming process, and it has been "estimated that it takes between 40-60 hours together for an acquaintance to become a casual friend." Moving from casual friends to friends takes "an additional 140 to 160 hours together" (Ansberry, 2024). For those already suffering from isolation and loneliness, the expenditure of such a commitment of time is overwhelming, potentially furthering negative thoughts and anxiety.

### Who Is Lonely?

The impact of loneliness can be viewed through the social determinant of health (SDOH) lens. The broad features of societal and environmental factors coupled with the individual's socioeconomic characteristics, physiological and psychological health, and safety status are all aspects impacting the individual's social engagement. Access to safe and permanent housing, threats of violence, reliable transportation, and overall health and mobility status are key influences in the individual's ability to feel comfortable leaving their residence to engage with others. Financial stability is a major barrier for some; if they must choose between purchasing their medication or eating, they are less likely to be able to or feel comfortable engaging with others.

Depending on the community, language and literacy may also be roadblocks to engagement. Other at-risk individuals include those from ethnic and racial minorities, LGBQT+, rural residents, victims of violence, especially victims of domestic violence, those with ties to the correctional health system and others experiencing discrimination and marginalization may also suffer from mental health issues, and substance use all further compounding the negative health impacts of social disconnection (Office of the Surgeon General (OSG), 2023, p. 19). Individuals with a history of mental health issues are especially vulnerable to isolation, loneliness, and depression. It is well-documented that depression is a silent killer. Given the nature of their condition, they are more reticent to engage with others and glean the benefits of physical activity.

Studies indicate the highest prevalence of loneliness and isolation is among those with poor physical or mental health, disabilities, financial insecurity, those living alone, single parents, and the younger and older populations (Office of the Surgeon General (OSG), 2023, p. 19). "Seniors" suffer the highest rates of social isolation. Yet, loneliness is experienced by individuals of all ages. "The rate of loneliness among young adults has increased every year between 1976 and 2019" (Office of the Surgeon General (OSG), 2023, p. 19).

The Surgeon General's Advisory noted multiple studies that indicated that about half of American adults felt less connected, more isolated, and lonely yet did not recognize it as a health issue (Office of the Surgeon General (OSG), 2023, p. 9). Yet, the highest level of prevalence is among those 18 to 24 years of age. Young people report feeling lonelier; the negative impacts of social media, especially bullying, are having devastating effects on the mental health and well-being of young Americans. Despite the phone being a tool for connection, it also reveals when someone is excluded or ostracized by their peers. Technology addictions result in individuals missing out on peer relationships that are vital for development and well-being. Nobody truly wants to be alone.

### Determining Loneliness

Loneliness is subjective. Most individuals will not openly share that they have lost social connections. Social disconnection may occur gradually as a person's or spouse's health status changes or a spouse dies. Friends may relocate, become incapacitated, or die, and relationships end. Working alone and retirement are additional contributing factors to loneliness. This results in a decrease in the size of the individual's social circle. The individual's physical decline further compounds the sense of alienation and loneliness. Besides a decrease in mobility and balance issues, the loss of hearing is another key factor that impacts an individual's ability to stay connected and actively continue to participate in social

engagement. Too often individuals do not want to recognize that they are experiencing a decline in hearing. They may have no issues with wearing glasses or utilizing a mobility device, yet the topic of "hearing" may be taboo to them.

### Hearing and Loneliness

Extensive data supports the importance of good hearing in warding off dementia and keeping individuals engaged. The ability to hear and comprehend conversation significantly impacts communication between individuals. Some seniors have purchased hearing aids at the demand of family members and friends who complained about communication challenges. Yet, the devices may go unused for a variety of reasons. Determine if the individual has hearing aids, how and when they are used, and if there are barriers (ie, ability to obtain batteries, devices needing adjustment or repair). The cost of a hearing test is covered by most insurance programs and should not be a deterrent. Yet, the cost of hearing aids is another matter. Some Medicare Advantage plans will cover the devices whereas traditional Medicare and insurance plans do not. The cost can reach $8,000 for a pair of hearing aids. The client needs to recognize that there is an adjustment period and extra visits to the audiologist will be needed. Many of the newer models can be adjusted for different types of background noise. Many venues provide the capability for individuals with hearing aids to connect to their audio system thus enhancing the acoustic experience. Hearing aids can be Bluetooth connected to smart TVs and closed captioning can be enabled to improve the individual's listening and comprehension experience.

### The Role of Technology and Social Connections

The digital age has provided many advantages that earlier generations did not have. Smartphones, computers, laptops, tablets, and gaming devices provide a mechanism to communicate, research, entertain, and work. Despite these devices providing instant information and access, there is the downside of overengagement. It is the disconnection from direct human interactions and physical activities. Individuals with disabilities, lower incomes, and in rural communities may not have electronic devices or reliable access and support, contributing to further social disengagement. Cyberbullying, fear of technology, and privacy concerns are other factors that prevent them from taking advantage of what technology can offer them.

The downside of technology has resulted in individuals overengaging and connecting with their devices at the expense of direct communication with others. Face-to-face communication is the most important form of connection. Both parties can take visual and auditory cues in this form of communication. Micro-expressions provide insights into true feelings. The use of audiovisual applications is the next best thing to being there. There is still the opportunity to hear the change in voice inflection and the ability to glean some micro-expressions.

Electronic communication via email or text removes both the visual and audio cues from the interaction. Too often written communication does not adequately or accurately reflect what the writer is trying to convey. Miscommunications are more common for frequently utilizing these tools. For those who are already isolated, socially disconnected, and not adept at this form of messaging, this can lead to unintended communication consequences.

The phone is still a wonderful way for individuals to connect with others. It is a low-cost option, and although it lacks the visual component, it is a trusted mechanism of communication for seniors. A UK-based eight-week phone therapy study conducted during the pandemic revealed that phone therapy is a valuable tool to combat loneliness and depression, especially for seniors with multiple chronic conditions.

### Impact of Premature Death

The impact of loneliness "results in a decline of well-being and has an adverse effect on physical health, possibly through immunologic impairment or neuroendocrine changes. Loneliness is thus, among the latent causes of hospitalization and of placement in nursing homes" (Tiwari, 2013, p. 320). The clinical studies all point to the fact that loneliness has been linked to the progression of numerous chronic illnesses, including dementia and Parkinson's disease.

Given that loneliness is a psychological predictor of health issues, cognitive decline, and early mortality, social disconnection is a critical public health concern. Finding a purpose can lower risk of loneliness in older adults. Substance misuse, self-harm, and suicide are other risks that contribute to premature death. Case managers are positioned to engage with clients and intervene to alter the course of the individual's loneliness journey and improve their life-sustaining social connections.

### International Public Health Approaches

On February 12, 2021, the Prime Minister of Japan appointed a minister to address the "loneliness problem," which has been growing and compounded by the spread of COVID-19 along with the increasing rate of suicides. The UK appointed a designated loneliness minister in 2018 to address the issue of isolation within its senior population. Other at-risk groups being addressed are the youth and the unemployed. Both countries have agreed to collaborate and share findings with the global community (Joint message from the UK and Japanese Loneliness Ministers, 2021).

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## Case Management Strategies to Positively Impact Clients' Health

The setting and roles of case managers differ, yet each one of us can positively impact those we work with. It is important to recognize that loneliness and social isolation impact clients of every age and demographic. Poor and insufficient social connections compound chronic medical and psychological conditions and contribute to significant long-term health issues. Design strategies internally and with other disciplines and public health influencers to overcome loneliness to improve public health.

Clients need to be reminded that they are not the only ones experiencing loneliness, and there is help available! Social connections heal and are life-sustaining. Work your case management magic to positively impact clients' outcomes. Loneliness, social isolation, and disconnection are serious public health issues for individuals of all ages, and case managers can make a difference to a client's outcome.

- Explore if/how the issue of social isolation is addressed for the clients served. Is this a component of the biopsychosocial assessment along with alcohol and substance misuse?
- Provide resources that connect the individual with appropriate engagement.
  - For seniors: Suggest senior daycare or activity centers, clubs, adult education/enrichment programs (often offered through the County educational system or community college/universities).
  - For youth: Suggest clubs, sports programs, youth groups, scouts, Boys & Girls clubs, county recreational centers.
- Listen closely for the verbiage expressed by lonely clients; it may include the sentiments of "I am isolated, invisible, insignificant; no one will know if I am not here tomorrow" indicating that they are socially disconnected or lack social connections.
- Determine if the individual has thoughts of self-harm or suicide or would benefit from therapy or medication. Discuss status with the provider and consider a mental health referral. Reinforce that they are important members of the community, they are valued, and they would be missed.
- Cultivate a culture of connection by regularly practicing the values of kindness and respect.
- Employ a comprehensive case management assessment that utilizes open-ended questions—relating to the social determinants of health and thoroughly explores the client's social connections and engagement.
- Ask the client to name the individuals with whom they have a connection, and explore the status of the relationship. Consider if the other party is truly in contact with the client and if they can address the loneliness experienced by the client.
- Determine if the client has an individual to escort them home and check on them. Consider if the individual has someone to check on them in person.
- Work with the client on acknowledging that they are not as social as they used to be. Explore what they view as something that is "meaningful" that they might want to engage in. What will bring you joy? Then explore a way to connect.
- Encourage the client to adopt a routine.
- Suggest pet watching, volunteering at an animal shelter, or exploring getting a pet—potential source of exercise and a mechanism to focus on something beyond themselves
- Encourage volunteering within the scope of their abilities. Helping others has a tremendous positive effect on the volunteer. Determine how engaged the client is with the smartphone; is it a substitute for true connections with others? Yet, it is so much better than having a client sit at home alone with no social stimulation.
- Consider the client's ability to hear; make recommendations accordingly.
- Encourage gratitude writing, tailored to the individual; it may be recording one positive or nice thing that happened each day and expanding the list over time. Have the client look at the list when feeling lonely or sad. It may be as simple as "I got a call from a friend today" or "The sun was shining, and I saw birds."
- Connect individuals to resources that are age- and interest-appropriate.
- Read and discuss with colleagues the Surgeon General's Advisory (OSG, 2023) to gain a fuller understanding of the impact. Explore additional actions relevant to your practice and those that should be addressed in your community.

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**Case Manager Self-Care**

Case managers are stressed in their roles beyond any other time in the history of case management. Self-care and social engagement are vital to the individual case manager's well-being. Just as the case manager's role assesses the client's level of loneliness and the strength of social connections, the case manager must perform a similar self-evaluation and implement strategies for their social engagement, continued health, and well-being.

• Discuss the loneliness issue with peers; you may be surprised to find out that you are not alone.
• Explore engagement opportunities that are easy for you to access (clubs, gyms, libraries, religious groups, educational offerings/adult continuing education, community centers, and volunteer opportunities).
• Get physical–exercise and get outdoors, spend time with nature.
• Take advantage of the free WELL-B Essentials (a 5-hour module of the Web-based Duke Center for the Advancement of Well-being Science.
• Get together with someone you have not been in touch with for a while.
• Explore repairing a fractured relationship.
• Do something to brighten the day for someone else; the benefits are remarkable.
• Take a break from electronics.
• Take up gratitude writing, focusing on the positives of the day, no matter how small they may be.
• Step out of your comfort zone and be proactive in strengthening your social connections.

**Wrap-Up**

Loneliness and social disconnection are growing public health concerns that do not discriminate. The consequences on physical and mental well-being represent profound implications for the individual, society, and the health care system. There is no pill for loneliness, and social connections are truly life sustaining. Case management leaders and case managers can positively affect a client's journey by first recognizing that loneliness and the loss of social connections are growing public health issues that negatively impact clients'

health and outcomes. Acknowledging the clinical research and the recently published Surgeon General's Advisory are starting points that should lead to the review of internal client assessment processes and consideration of engagement referrals to assist in facilitating connections. Social connections heal and improve outcomes! CE II

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