

Loneliness and social isolation amongst older people: the views of community organisations and groups

Loneliness and social isolation are separate but closely related concepts, whereby loneliness is related to an individual's subjective evaluation of their social situation, whereas social isolation is an objective appraisal of the extent of an individual's network [1]. However, this distinction is rarely made by community organizations and groups. Considered together they are associated with poor mental health, in particular depression [2] and most prevalence studies have found that up to a third of older people experience some degree of loneliness in later life [3]. Whilst living alone does not, of course, inevitably lead to loneliness, it is a particular risk factor [4]. Significantly, the number of Australians who live alone is increasing overall and older people are much more likely to live alone than those in younger age groups [5].

In a study involving 353 people aged 65 years and over living in private dwellings in Perth [6], 7% of respondents reported that they were 'always' or 'often' lonely, whilst 32% reported that they were 'sometimes' lonely. Comparable figures have been found in a more recent larger (still to be published) study (n=2371) also carried out in Perth using similar methods. As part of this larger study, a mail survey was undertaken of agencies and groups in the Perth metropolitan area engaged in delivering or managing relevant community based services and/or influencing social policies ('stakeholders'); 90 stakeholders responded (79% response rate), these being broadly categorised according to the extent their services specifically aimed to address social isolation amongst older people (namely 'explicit', 'implicit' and 'concerned').

Although perceived as a growing problem amongst older people in Australia, stakeholders had a tendency to *overestimate* the actual prevalence of those who were 'severely lonely/ isolated most or all of the time', and to a lesser extent, those 'moderately lonely/ isolated some of the time'. Ratings of the importance of a range of listed risk factors were broadly in line with the results of other studies, such as de Jong-Gierveld [1], as were a number of the most highly ranked 'correlates', such as deteriorating physical and mental health, and deteriorating self care. Transport was particularly mentioned as a key limitation for those increasing numbers of older people who no longer own or drive a car and hence are at increasing risk of becoming 'housebound'. An expanded volunteer driver service might be one possible 'solution', given the increasing availability of relatively 'fit' younger retirees.

Those particularly 'at risk' mentioned by stakeholders included: older carers; men in the oldest age groups; and older people from CALD backgrounds. In contrast, older people who have never married and older women rather than older men, were perceived as having a lower risk.

Stakeholders were aware of a wide range of relevant programs and services, although the most frequently mentioned service (Adult Day Centres) was only referred to by 39% of respondents. Whilst a telephone follow-up revealed that most respondents in the 'explicit' group believed that their programs were helpful 'to a great extent', only half of them reported evaluating their effectiveness. The generally limited extent of formal evaluation of programs aimed at addressing social isolation and loneliness amongst older people, both in Australia and elsewhere, has been noted by others, such as Findlay [7].

Understanding stakeholder views and knowledge regarding social isolation/ loneliness is clearly important in assessing the need for disseminating research based evidence regarding actual prevalence and related issues. For example, the fact that nearly all stakeholder respondents felt that older people were at greater risk of loneliness/ social isolation than younger people, strengthens the case for community agencies to be particularly sensitive to the needs in this area of those older people in 'at risk' categories.

'Social inclusion' is a key government policy direction and one of its aims is to ensure that all Australians will have the resources, opportunities and capability to engage, by connecting with people and using their local community's resources [8]. This implies a number of policy changes (e.g. resource allocation such as transport) to support agencies' services for those older people at risk.

Awareness of the important difference between social isolation and loneliness, together with knowledge of relevant current programs is also crucial for stakeholders, if they are to assess how they might intervene most effectively in this area. Overall, stakeholders in Perth would seem to possess a reasonable degree of relevant knowledge and expertise. However, there appear to be gaps in the extent of awareness of all the relevant programs and services and a need for more formal evaluations of the impact (benefits, helpfulness) of particular interventions.

References

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