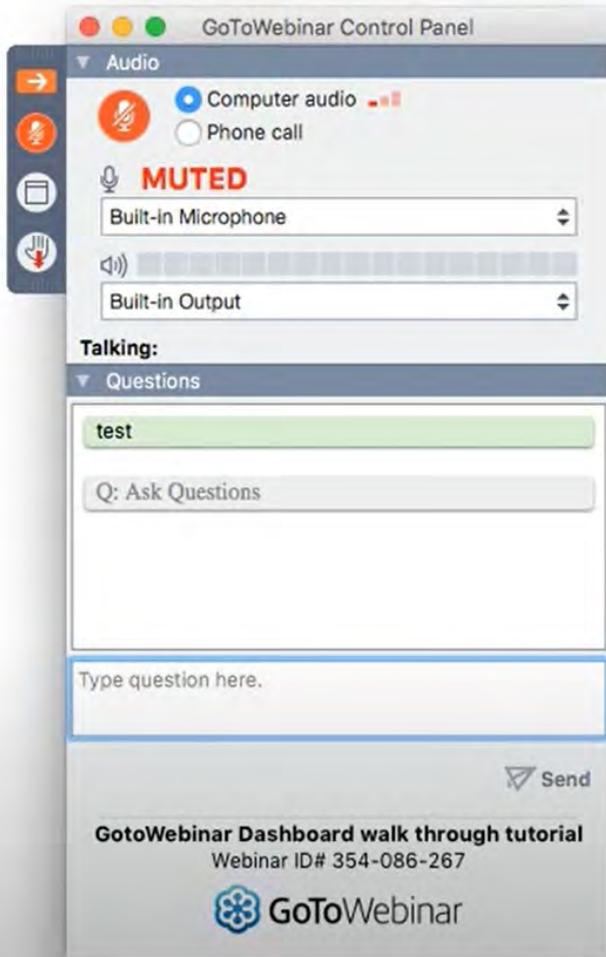


# Improving Wellbeing for Seniors through Social Connection

11 August, 2021



## GoToWebinar Checklist

- Check your audio is set up correctly
- Attendees will be muted during the webinar
- Submit your questions in the 'Questions' tab

# Introduction

- Webinar moderator: Julie Toma (Head of Marketing and Communications, Catholic Healthcare)
- Webinar duration: 45 mins
- Q&A: 15 mins



# About Catholic Healthcare



**43**

Residential  
Homes

**3,000**

Residents

**4,500**

Home Care  
Clients

**13**

Retirement  
Villages

**4,000**

Dedicated  
Staff

**1,200**

Volunteers

- 27 years of experience
- Not-for-profit
- Award winning services
- Trusted in your local community
- Exceptional resident satisfaction
- Above average CSAT/NPS scores

# About the Presenter

Wise Care is a leading aged care mental wellbeing training provider.

Founder – Julie Bajic Smith

- **Qualified** – PhD with research thesis in optimising aged care mental wellbeing.
- **Experienced** - over a decade of clinical experience.
- **Passionate and determined** - to support you to implement positive change.



# About the Presenter

- Range of free resources
- Book *"Beyond the Reluctant Move"*
- Industry endorsed workshops:
  - Grief and Loss in Late Life (2 hrs)
  - Enhancing Emotional Wellbeing in Late Life (6 hrs)
- Mental Health Audits & Recommendations for providers
- Award-winning licensed group program for elderly offered in the community and residential care



# Webinar Aims & Objectives

1

The role of social connection

2

The prevalence of mental illness in elderly Australians

3

Key protective factors associated with wellbeing in late life

4

Benefits of self-care for seniors in late life

5

Strategies to help improve social connection for your clients and patients



# Defining Social Connectedness

**‘Social connectedness can be defined as the experience of belonging to a social relationship or network.’**

Reference: Garafalo (2013)





## Case Study

- Margaret is an 83-year-old lady who worked as a librarian. She was very active in her community and regularly practiced Tai Chi.
- Two years ago, she had a CVA and since then has been wheelchair bound.
- She reports feeling hopeless, helpless and is often tearful about the future.

# Why is Social Connection Important?

- Social connection improves physical health and mental and emotional wellbeing.
- One landmark study showed that lack of social connection is a greater detriment to health than obesity, smoking and high blood pressure.

Reference: House, Landis & Umberson (1988)

# More reasons

Strong social connections:

- lead to a 50% increased chance of longevity
- strengthen your immune system
- help you recover from disease faster
- may even lengthen your life!

Reference: George et al (2015) & House et al (1988)

# Even more reasons

- People who feel more connected to others have **lower levels of anxiety and depression**.
- Studies show they also have **higher self-esteem, greater empathy** for others, are **more trusting and cooperative**.
- In other words, social connections generate a positive feedback loop of social, emotional and physical wellbeing.

Reference: George et al (2015)

# It may be surprising to hear that...

- Loneliness is on the rise
- Even pre-COVID studies have found that isolation is a significant risk factor for declining mental wellbeing and seeking psychological support
- Social connection is your SUBJECTIVE feeling of being connected to others and having strong bonds – it is not about how many friends you have

# Types of Wellbeing

## Emotional wellbeing

- Life satisfaction, happiness, cheerfulness, peacefulness.

## Psychological wellbeing

- Self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one's environment, spirituality, self-direction, and positive relationships.

## Social wellbeing

- Social acceptance, belief in the potential of people and society as a whole, personal self-worth and usefulness to society, and a sense of community.

# True or False?

1. Depression is a normal part of ageing
2. Mental health is as important as physical health
3. Personality changes drastically in older age
4. Suicide is a risk among older adults
5. Most older adults stay socially engaged and productive

# Grief and Loss in Late Life

- Grief is a normal part of life.
- Grief itself is NOT an illness, but if prolonged and unresolved it could lead to other barriers.
- Grief and loss in late life is NOT all about death and dying.
  - Loss of independence, declining physical health, loss of driver's licence
- Everyone uses different coping strategies.

# Grief and Loss in Late Life

How a person copes with grief is affected by:

- cultural and religious background
- coping skills
- mental history
- support systems
- social and financial status.

Reference: (Weber, 2001)

# Defining Mental Health

**'A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, has a sense of belonging and engages in a community where they feel valued and loved.'**

(Centers for Disease Control and Prevention, 2016)

# Mental Illness Facts

- Approximately 1 in 5 Australians will experience a mental illness.
- Mental illnesses are the third leading cause of disability.
- Women are more likely to use services for mental health problems.
- Aboriginal and Torres Strait Islander people experience mental disorders at least as often as other Australians.
- The prevalence of mental or behavioural disorders among people born overseas is similar to those born in Australia.

# Why explore Mental Illnesses?

Because they are often:

- a) Overlooked
- b) Underdiagnosed
- c) Treatable

# Mental Illness Impacts

**Mental health conditions may cause considerable suffering and may result in social isolation, poor quality of life and have negative impacts on families and the wider community.**

# Depression in Late Life

- Often masked by other health conditions
- Poorly detected by GPs (time constraints and other health conditions)
- Normalised as part of ageing
- Older adults may not necessarily have a past history of depression in earlier life

# Symptoms of Depression in Late Life

- Lacking interest or pleasure
- Feeling sad and down for more than two weeks
- Experiencing:
  - physical symptoms (tiredness, disturbed sleep)
  - changes in feelings (indecisive, irritable, overwhelmed)
  - behavioural changes (social withdrawal, poor concentration)
  - changes in thinking styles (negative thinking patterns).

# Symptoms of Depression in Late Life

- Older people are more comfortable reporting pain and physical symptoms which may be depression
- Memory problems
- Weight loss
- Talk about their 'nerves'

# Depression and Dementia

- Sustained low mood
- Change in sleep patterns
- Lack of energy
- Persistent negative or dark themes
- Agitation
- Past episodes of depression

# Anxiety in Late Life

- More than feeling stressed
- Different to our normal reaction to everyday events
- Experiencing:
  - physical symptoms (sweating, difficulty sleeping)
  - changes in feelings (sudden intense panic)
  - behavioural changes (avoidance, impaired concentration)
  - changes in thinking styles (constant worrying)

# Anxiety in Late Life

- Less researched
- Can be situation dependent (for example awaiting surgery, relocation and being in an unfamiliar environment)
- Usually the client has a past history of anxiety

# Anxiety and Dementia

- Feeling very worried or anxious most of the time
- Finding it difficult to calm down
- Feeling frightened by sudden feeling of intense panic
- Feeling overwhelmed

# Suicide in Older People

- Less warning/explicit cues
- High lethargy due to frailty or intent to die
- Less history of previous attempts
- Greater prevalence of depression in context of physical illness
- Hopelessness
- Less likelihood of contacting mental health services

Reference: (Fiske & Arbore, 2001)

# Multiple Co-Morbidities

Poor mental health can decline physical health

- Increased risk of stroke and cardiovascular disease

and

Physical health can decline mental health

- Increased risk of anxiety, depression and adjustment disorder

# Mental Health vs Mental Illness

- Mental health is not as simple as being well or unwell
- Continuum = optimal mental health is at one end while mental health issues are at the other
- Achieving and maintaining good mental health requires building protective factors, minimising risk factors and breaking down barriers to seeking help

## Revisiting our Case Study

### Margaret

- Previously active with Tai Chi – now can do seated Tai Chi.
- Previously played the piano for 2 hours, now can do it for 15 minutes.
- Promote the above activities.



# Protective Factors

- What are the protective factors against developing physical health conditions e.g. Type II diabetes?
- How are protective factors different for emotional wellbeing?

# Protective Factors in Late Life

- Personal attributes
- Physical health and healthy behaviours
- Physical activity levels
- Social support and inclusion
- Strong cultural identity and pride



**We need to support our elders by  
promoting their strengths and abilities**

Photo by Raychan on Unsplash

# Take Home Messages

- Improve resilience and coping abilities
- Improve interpersonal relationships
- Improve memory function
- Improve physical tolerance and activity levels

# Take Home Messages

- If feeling unwell, older people need to know that they can talk about how they are feeling with someone they trust.
- Mental health conditions in late life are treatable.
- Depression, anxiety, adjustment disorder are not a normal part of ageing
- With treatment individuals can experience better mood, improved sleep, improved concentration (and memory!) and much more.

# Mental Health Steps

1. Older people need to discuss with someone how they feel.
2. Make appointment with GP to speak about their mental wellbeing.
3. There are several government schemes to access affordable mental health support (ask GP).
4. If they are in immediate danger, call 000 or 24/7 helplines such as Lifeline and Beyond Blue.

## Before we wrap up

**There are many strategies we can use to help us feel good and connected.**

**Strategies do not need to be complex, difficult or exhausting.**

# Strategies to Boost Social Connection

## Regular contact with friends and loved ones

- Encourage calls, letters, cards and engagement with service delivery

## Good support systems

- Involve support people in service delivery and encourage regular socialisation

## Keeping physically active

- Incorporate into daily activities e.g. walk around the block, finding nearest bench near front door and sitting for 10 minutes (can mix up with mindfulness watching birds/cars/passersby)

## Practising self-care strategies

- Mindfulness, meditation, getting nails/hair done

# Strategies to Boost Social Connection

## Maintaining hobbies and interests

- Swap do not stop, finding activity that the individual can maintain (physically and financially)

## Enjoying music and art

- Support if assistance required to set up

## Interacting with pets

- Can incorporate wildlife (sitting out the back with the birds)

# Final Thought

**Every elder has a strength,  
which can assist them to remain  
socially connected and engaged.**



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## Q&A