

Never Being Sought after by Anyone for Anything: Social Isolation and Loneliness Among Adults with Serious Mental Illnesses

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Temple University RRTC on Community Living and Participation of Adults With Serious Mental Illnesses

- Emergence out of Policy and Legal Initiatives
 - Americans with Disabilities Act (1990)
 - Supreme Court Olmstead decision (1999): unnecessary institutionalization is a form of discrimination prohibited by the ADA
 - President's New Freedom Initiative (2001)
 - President's New Freedom Commission Report on Mental Health (2003)
- “The opportunity to live in the community, and be valued for one’s uniqueness and abilities, like everyone else.” (Salzer, 2006)



Serious Mental Illnesses

- The 1992 ADAMHA Reorganization Act (P.L. 102–321) defined “serious mental illness” as a “diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria” that “has resulted in functional impairment which substantially interferes with or limits one or more major life activities.”
- Commonly understood as...
 - people who have been diagnosed with bipolar disorder, major depressive disorder, and schizophrenia spectrum disorders
 - public mental health system; frequent hospitalizations
- 13.1 million US adults (5.2% of adult population)
- These mental health issues are recognized as leading causes of disability
 - Large population
 - Early onset
 - Significant impacts on participation/community functioning



Institutionalization to Community Living

- More people with serious mental illnesses in the community
 - Reductions in the number of people in psychiatric institutions
- But not of the community like everyone else
 - Evidence of lower amount, breadth, and sufficiency of participation (Nagata et al., 2020)
- Opportunity to participate is a rights issue, but it is also a health issue
 - Inclusion and participation as a medical necessity



Well Together

A blueprint for community inclusion:
fundamental concepts, theoretical
frameworks and evidence

Prepared for Wellways Australia Limited by Mark S. Salzer and
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Community Inclusion of Individuals with Psychiatric Disabilities
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Participation and Health

- Participation impacts health in many ways
 - Physical health
 - Cognitive health
 - Mental health and wellness
- Lack of participation is thought to be associated with social isolation and loneliness, which are recognized as critical social determinants



“The worst thing that could happen to anyone is to never be used by anyone for anything. Thank you for using me, even though I didn’t want to be used by anybody.”

Kurt Vonnegut, Jr. *Sirens of Titan*



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On Social Isolation and Loneliness—Clarifying Terms

- Social Isolation represents *absence of social connections*
 - Objectively measured by social contacts:
 - Social network size
 - Living alone
 - Marital status
- Loneliness represents the *inadequacy of social connections*
 - Early conceptualization distinguished social vs. emotional loneliness (Weiss, 1973)
 - Social loneliness- absence of acceptable social network
 - Emotional loneliness- absence of an attachment figure
 - Most often measured as discrepancy between desired and actual social relations



Social Isolation & Loneliness among the General Adult Population

- 50% - 33%- of adults over 45 report loneliness (Cigna, 2018; NASEM, 2020)
- 25% of adults over 65 are socially isolated (Cudjoe et al., 2020)
- Loneliness across age cohorts demonstrates U-shaped distribution (Lasgaard et al., 2016; Victor & Yang, 2012)
 - Highest loneliness among those <25 and those >65



Risk Factors for Social Isolation & Loneliness in Older Adults (NASEM, 2020)

- Personal Factors
 - Physical health challenges
 - Psychological health challenges
 - Cognitive challenges
- Social Cultural Factors
 - Network size & connections
 - Deficiencies in relationship quality (friends & neighbors)
 - Disruptive life events
- Social Environmental Factors
 - Transportation
 - Living environments (safety, fear of crime)



Social Isolation & Loneliness among Adults with SMI

- Greatest unmet needs among people with SMI (Fortuna et al., 2019)
- Social Isolation Indicators
 - Live alone more frequently (49% vs 17%)
 - More likely to be single/ never married (65% vs 31%)
 - Know fewer neighbors
- Social networks
 - 2.5 times smaller
 - More frequently other MH system users
 - Fewer friends (Koenders et al., 2017)
 - Significant "churn" of members (Perry, 2014)
- Loneliness
 - Higher rates of loneliness (up to 80%; Eglit et al., 2018)



Current Study

TU Collaborative Study

- Sample of adults 18-65
- CMHC sample adults with SMI (n=300)
 - Mean Age 46.3 (sd=11.23)
- Truven sample adults without SMI (n=300)
 - Mean Age 51.48 (sd=11.33)
- Collected data on community participation, social and environmental perceptions and loneliness
- Thanks to Mr. Eugene Brusilovskiy and Dr. Shinichi Nagata for data analytics support.

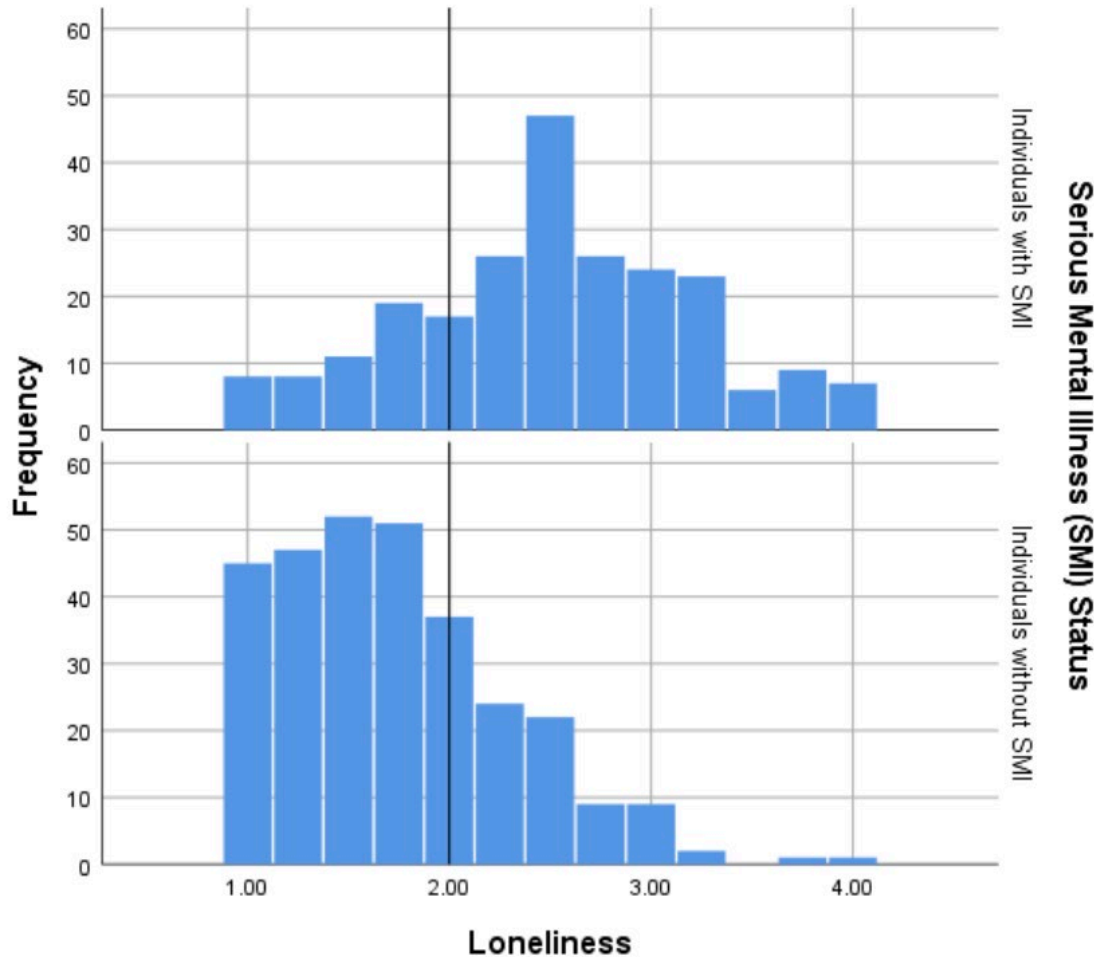


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Loneliness Among Adults: Comparing With vs. Without SMI



Cut point is median
+1 quartile among
adults without SMI



Risk Factors among Adults with SMI- Personal

- **Personal Factors**

- High bodily pain & lower physical function (Fortuna et al, 2020)
- High levels of internalized stigma (Lim et al., 2018; Prince et al., 2018)
- Longer contact with MH system, more severe affective symptoms (Wang et al., 2020)



Comparing Personal Factors

	Group Differences	Association with Loneliness
% currently married		
With SMI	6.4%	ns
Without	51%**	ns
Important Activities		
With SMI	14.98	-0.42**
Without	14.03**	-0.32**
Personal Income (30 days)		
With SMI	752.45	-0.22**
Without	3678.64**	-0.07
Stigma		
With SMI Stigma	3.66	0.34**
Without	3.51 ^{ns}	0.30**



Risk Factors among Adults with SMI- Social Cultural

• Social Cultural Factors

- Small social networks and little social capital (Wang et al., 2020).
- Social networks with few friends and poor connection with neighbors (Koenders et al., 2017; Kriegel et al., 2020)
- Disruptive life events job loss, divorce, residential instability (Perry, 2014)



Comparing Social Cultural Factors

	Group Differences	Association With Loneliness
Living alone (%)		
With SMI	50%	ns
Without	25%**	t=2.05, p<.05*
# Moves in past 2 yrs		
With SMI	1.10	0.13
Without	0.20**	-0.01
# of neighbors known		
With SMI	5.76	-0.15*
Without	11.27**	-0.04
Neighbors invite me		
With SMI	2.83	-0.17**
Without	3.10**	-0.30**



Risk Factors among Adults with SMI- Social Environmental

- **Social Environmental**

- Transportation significant in community participation (Nagata et al., 2020)
- Disproportionately live in low resource, high crime areas (Brusilovskiy & Salzer, 2012)



Comparing Social Environmental Factors

	Group Differences	Association With Loneliness
Neighborhood Social Climate		
With SMI	3.56	-0.41**
Without	4.25**	-0.26**
Neighborhood Safety		
With SMI	3.56	-0.23**
Without	4.19**	-0.20**
Sense of Community		
With SMI	2.43	-0.37**
Without	2.48 ^{ns}	-0.33**



Adults with SMI and Other Lonely Adults

- Personal factors
 - Poor health and physical function is a factor
 - Stigma not typically included in older adult studies
 - Age may follow U-shaped pattern
- Social Cultural Factors
 - High social isolation
 - Greater social instability
- Social Environmental Factors
 - Poorer living environments



Approaches to Addressing Social Isolation & Loneliness Among Adults with SMI

- Current approaches:
 - Changing cognitions
 - Social skills training & psychoeducation
 - Supported socialization & "befriending"
 - Wider community approaches
- Cognitive approaches as having most promise (Mann et al., 2017)
- Macia et al. (2021)
 - critical of "re-wiring socially isolated individuals, retraining social skills, and changing maladaptive cognitions,"
 - future interventions should enhance meaningful life experiences.



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Technology Approaches

- Technology to supplement in-person relationships may be helpful
 - Using technology to replace in-person relationships does not appear to reduce loneliness
- Recent systematic review and meta-analysis (Shah et al., 2021)
 - Digital technologies not effective in reducing loneliness
- Recent rapid review of videoconferencing (Noone et al., 2020)
 - Videoconferencing had no effect on loneliness & social isolation



Future Directions: Promoting Participation and “Mattering”



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Promoting Community Participation

- Adults with SMI identify insufficient participation
 - Employment
 - Education
 - Social/intimate relationships
 - Recreation & leisure
 - Faith communities
- Associated with reduced loneliness
- Access to social relationships & reduced isolation



Mattering & Loneliness

- Mattering is a feeling that:
 - One is recognized, valued and needed by others
 - One contributes value to world
- Mattering robust predictor of loneliness (Flett et al., 2016; McComb et al., 2020)
- Key psychological resource in times of transition (Flett & Zangeneh, 2020)
- Arises in relationships of reciprocity (Prilleltensky, 2020)
- Sense of mattering modifiable (Davis et al., 2019; Milner et al., 2016)



Volunteer activities

- Volunteer behavior is popular among people with SMI (Firmin et al. 2015)
- Volunteer activities associated with mattering in general pop. (Pillavin & Siegel, 2007)
- Volunteer behavior conveys social value, recognition contributing to mattering (Morrow-Howell, 2010)
- People with SMI report feelings of respect and appreciation through volunteer behavior (Perez-Corralez et al., 2019)



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Conclusions

Social isolation & loneliness are significant challenges among people with SMI

People with SMI experience multiple personal, social, & environmental risk factors

Providing support may be as important as receiving support

Interventions targeting mattering to others may be able to improve social connections & reduce loneliness



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Discussion

Thank You!!

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