

Loneliness and social isolation in attendees of Psychiatry of Old Age Service in the North West of Ireland: preliminary findings during the COVID-19 pandemic



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INTRODUCTION

Loneliness and social isolation have been linked to poorer health outcomes, reduced quality of life and cognitive decline. It is estimated that one third of over 60s will experience a degree of loneliness. Government advice to older adults in Ireland in 2020 to reduce their social activity in light of the COVID-19 pandemic is likely to compound this issue. Preliminary findings of an ongoing study investigating loneliness, social isolation and related factors in older adults referred to a Mental Health Service in the North-West of Ireland in 2020 are presented below. The primary study aim is to establish the prevalence of loneliness and social isolation in older adults referred to a Psychiatry of Old Age Service in the North West of Ireland.

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RESULTS

1. Loneliness Analysis

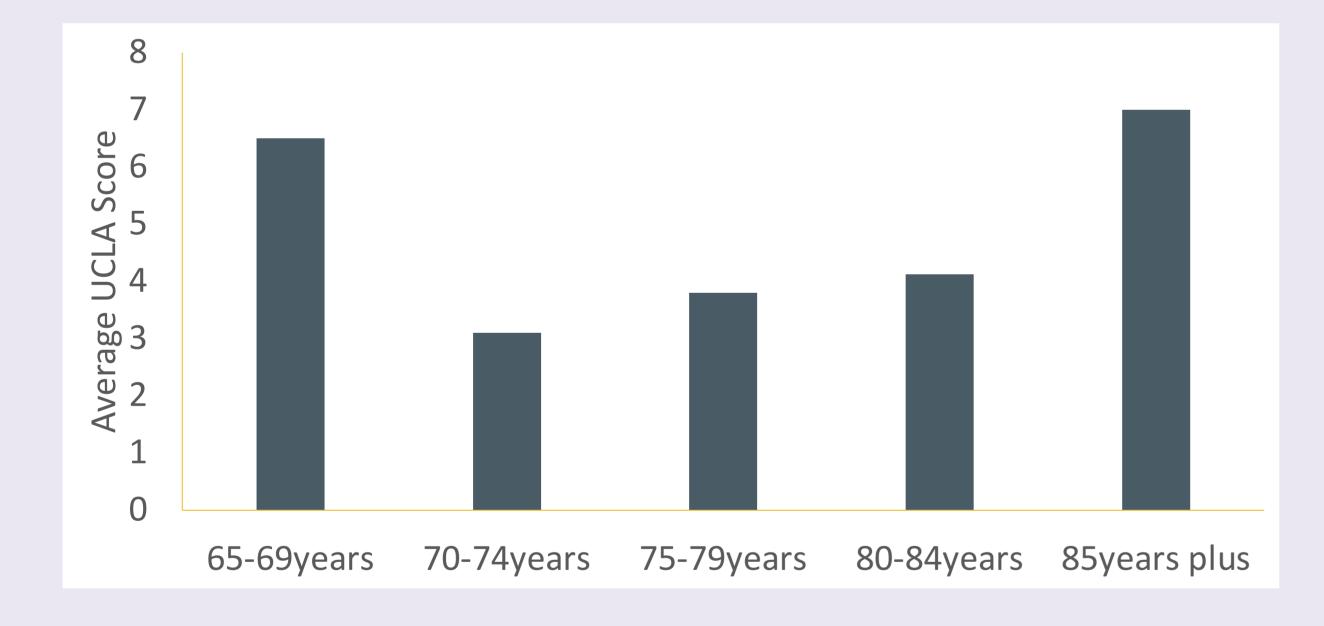


Figure 1. Average UCLA score across age groups. The average perceived loneliness score was 4.3 (maximum score = 10). Higher the score the lonelier the individual. 83% of participants (n=25) reported some degree of loneliness (score > 0) and 7% (n=2) reported the highest level of loneliness (score of 10).

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CONCLUSION

Preliminary results illustrate the majority of older adults referred to a mental health service over a time period spanning the COVID-19 pandemic are lonely and socially isolated requiring targeted social interventions.

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METHODS

Using a cross-sectional study design, 30 participants were asked to complete UCLA (University of California, Los Angeles) Loneliness Scale, capturing data on perceived loneliness and a social isolation measure; Berkman-Syme Social Network Index, during psychiatric assessment. Information was also captured on other personal, clinical and social factors.

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RESULTS

2. Social Isolation Analysis

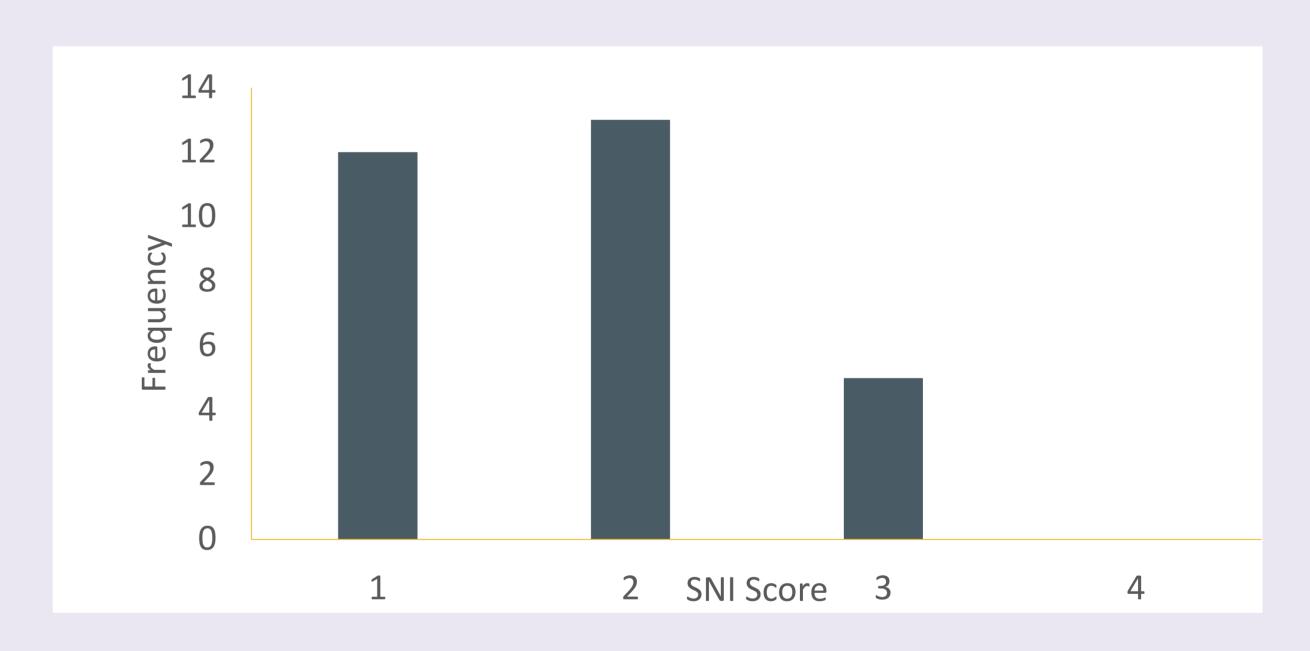


Figure 2. Distribution of Social Network Index across study population. A score of 1 denotes mostly isolated individual, score of 2 denotes a moderately isolated individual, a score of 3 denotes a moderately integrated individual and a score of 4 denotes a mostly integrated individual. 83% (n=25) were socially isolated; with 40% (n=12) being 'mostly isolated' and 43% (n=13) 'moderately isolated'. Gender differences were found in the 'mostly isolated' categories with females more isolated than male participants.

O5 ACKNOWLEDGEMENTS

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