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Conquering and Combating Isolation

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Author Note

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Abstract

The Conquering and Combating Isolation initiative, implemented by an OMNI Resource Center intern, addressed severe isolation issues among individuals with mental health disabilities in Salinas, California. The macro-level problem encompassed the adverse effects of isolation on mental health and well-being. At the micro-level, the agency-specific issue was the heightened risk of unhealthy habits, depression and anxiety, and suicidal ideation among OMNI clients due to loneliness caused by homelessness, stigma, and a lack of social skills. The project entailed facilitating weekly peer support group discussions to minimize impacts of isolation, aiming for increased knowledge and skill-building. Findings revealed positive outcomes as clients reported learning new strategies to combat isolation. Recommendations for the agency include attempting to reach more individuals about feelings of isolation, as well as continuous knowledge checks to ensure clients are grasping the tactics being shared.

Keywords: homelessness, isolation, loneliness, peer support, coping strategies

Agency & Communities Served

The OMNI Resource Center in Salinas, California is a program under Interim, Inc. which was funded by the Mental Health Services Act (Proposition 63). Embracing the Act's vision of mental health recovery, the OMNI Center is dedicated to principles such as mental health wellness and recovery. Core values include hope, personal empowerment, respect, social connection, self-responsibility, and self-determination. By offering consumer-operated services tailored to individual needs and reflecting the diverse cultural, ethnic, and racial landscape of the community, the Center serves as a vital support system in fostering recovery.

The OMNI resource center works to assist struggling adults with housing, healing, and hope. It stands alone as the only adult wellness center in Monterey County. With peer mentorship and wellness programs, the staff at OMNI strives to guide clients to recover from mental health issues. OMNI's principles include hope, self empowerment, respect, social connection, personal responsibility, and self-determination (*Interim, 2022*). OMNI works as a resource facility which provides clients with chances to become better advocates for their needs.

The team at OMNI is committed to serving any individual seeking support, opportunities for social interactions, or personal growth and empowerment. There are no referral processes clients need to go through and all activities are voluntary; choices include when to show up and which peer support groups to attend. OMNI is a place of respect and love that instills hope. Staff and peers alike provide endless support to clients on their road to recovery. By providing skills and tools to thrive, clients can become leaders among their peers and earn staff positions.

Problem Model Background and Literature Review

Problem Statement

The issue that needs to be addressed at the OMNI center is people with mental health disabilities suffer from severe isolation issues. While nobody truly wants to be alone, the majority of society would overlook severe isolation being an urgent issue. However, *Ipsen & Repke* (2022) reveal that the health risk of battling isolation is as concerning as smoking and obesity. Isolation is far more dangerous than most people believe. Unfortunately, individuals classified as severely mentally ill react to isolation the worst. One eye opening study that looked to analyze reasons for psychiatric recidivism and rehospitalization revealed that, “the high-service users consistently expressed that social isolation and exclusion from mainstream activities was the reason for their high hospital usage” (*Linz & Sturm, 2013.*) This suggests that for this particular group, the experience of social isolation plays a critical role in their pattern of hospital usage.

Contributing Factors

Homelessness

In addition to their psychological disorders, individuals suffering from homelessness are withdrawn from society. The lack of connections stemming from being without housing can severely impact an already fragile human being. For example, when COVID-19 put a barrier between human interactions among homeless people attending care centers, isolation became a, “catalyst for negative outcomes, including return to substance use, increased substance use, fatal and non-fatal overdose, and an exacerbation of mental health symptoms”, (*Jeffers et al., 2022.*) Being isolated from others leads to nothing but dangerous outcomes. Homelessness has negative impacts on younger individuals as well. According to *Taparra,*

Egan, & Kanagusuku, (2022), “homeless adolescents were more likely to have seriously considered or attempted suicide than non-homeless adolescents and were more likely to have used cocaine, methamphetamine, or heroin.”

Not only are these victims battling their own mental health disorders, but they are also facing dangerous feelings of extreme loneliness. Homeless individuals struggled with severe isolation issues during the initial wave of COVID-19. Social distancing regulations in combination with already lonely homeless citizens resulted in psychological and physiological consequences of isolation (Bertram et al., 2021) Regulations were put in place to prevent people from getting sick and spreading the virus. Despite those rules being implemented under good intentions, homeless individuals dealt with unruly side effects as a result. The feeling of loneliness among homeless people caused by the pandemic contributes to a sharp negative decline in all aspects of cognitive function (Bertram et al., 2021) Without the ability to rationalize and problem-solve, victims of isolation cannot manage their daily tasks.

Lack of social skills

One explanation as to why people with mental health disabilities struggle with isolation issues deals with the lack of social skills being taught and practiced. Difficulty initiating social interactions, minimized self-esteem, limited social support, and common miscommunication issues are all results of not practicing social skills among people with mental health disorders. According to Emerson et al., (2021), “the degree to which individuals are interconnected and embedded in communities has a powerful impact on their health and wellbeing.” They continue to describe the lack of social togetherness greatly correlates to low levels of an

individual's wellbeing. It is clear how vital it is for people with mental health issues to obtain social skills by way of connecting with others on a daily basis.

To successfully get through daily social interactions among peers and members of the community, it is important to learn common social skills. The benefits of developing social skills include being able to communicate clearly and effectively, increased self esteem, understanding of empathy, and the ability to maintain relationships. Persons with mental illnesses however, suffer from a deficit of said skills stemming from either their illness restricting their opportunity to practice interpersonal skills or as a part of their illness (White Swan Foundation, 2016). Moreover, research suggests a strong correlation between cognitive deficits and a lack of social functionality. Understanding how difficult it can be for persons with mental disorders to build relationships conveys the importance of developing communication skills to avoid severe isolation.

Stigma

Social stigma towards people with mental health disorders directly feeds into the harsh cycle of homelessness and loneliness by creating a pattern of exclusion and discrimination. The impact of stigma on individuals with mental health illnesses can be detrimental; seeking help can be prolonged because individuals are reluctant to face the ignorant shame from outsiders who disregard mental health issues. Other effects of public stigma include lower self esteem, increases in psychiatric symptoms, trouble with consistently sticking with treatment, and difficulties maintaining social relationships (Borenstein, 2020). There is an absence of compassion towards victims of mental health illnesses and it is resulting in dangerous levels of isolation and loneliness.

Stigma does not only come from outsiders; individuals with mental health illnesses are susceptible to self stigmatization. Corrigan & Rao, (2012) describe self stigma as the act of internalizing all negative discriminatory remarks and stereotypes, causing people to believe that one's self is unworthy, dangerous, or shameful. They continue to state the untrue beliefs caused by self stigma directly tie in to lower self esteem, poor quality of life, and self imposed isolation. It is a vicious cycle of a weakened mental state, an unhealthy way of life, and self hate.

Consequences

Depression and Anxiety

A result of social isolation is an increase in depression and anxiety levels. According to Tulane University (2020), severe isolation results in several effects on an individual's health including: poor sleep, reduced immune functionality, increased anxiety and depression, and weakened cardiovascular health. The effects demonstrate the toll that persistent isolation can exert on both mental and physical well-being.

One study done in the United Kingdom looked at the connection between loneliness and depression and the results are saddening. The study analyzed data from over 4000 participants aged 50 and older (primarily retired or unemployed), involved in the English Longitudinal Study of Ageing (ELSA). Over a 12 year period, participants provided information on loneliness, social engagement, social support, and symptoms of depression every two years (Beeston, 2023) Researchers combined responses related to feelings of loneliness into a loneliness score on a seven-point scale, accounting for social experiences and other factors like age, sex, marital status, mobility, education, and wealth.

The findings revealed a strong correlation between loneliness and depressive symptoms. Each one-point increase on the loneliness scale corresponded to a 16% increase in average depressive symptom severity. Loneliness was associated with approximately one in five cases of depression after one year, and though this effect lessened over time, it was still linked to one in ten cases after 12 years. Moreover, individuals with higher loneliness scores showed an increase in depressive symptoms over time, suggesting that loneliness was a predictor of future depression. Importantly, the researchers considered baseline depression and loneliness, concluding that loneliness was a significant risk factor for depression, indicating a directional relationship where loneliness heightened the risk of subsequent depression rather than vice versa.

Risk of developing harmful habits

The effects of isolation extend beyond mental health effects; severe loneliness can influence individuals' behavioral patterns and lifestyle choices. The first unhealthy habit is the increased intake of sugary drinks. The study revealed a strong correlation between perceived loneliness and increased consumption of all sugary beverages (Henriksen, Torsheim, & Thuen, 2014). Conversely, higher relationship satisfaction was linked to reduced intake of sugary beverages. Individuals who were married or living together, possessed supportive friendships, and experienced a sense of togetherness in their work environment exhibited lower consumption levels of sugar-containing beverages. These associations remained significant even after adjusting for various factors like body mass index, weight-related self-image, depression, physical activity, education level, age, and income. These findings underscore the compelling relationship between social connectedness, emotional well-being, and dietary

habits. This suggests that social factors play a pivotal role in shaping individuals' decision-making.

Additional unhealthy behaviors connected to social isolation include smoking, increased alcohol intake, poor nutrition and lack of exercise (Naito et al., 2023) The lack of social connections impacts health behaviors by diminishing self-interest and motivation. Individuals experiencing social isolation can be observed embracing unhealthy habits because their low self-esteem causes them to prioritize their health far less.

Increased risk of suicidal thoughts and tendencies

An unfortunate consequence of untreated isolation is an increased risk of suicidal thoughts and habits. In a study done by Calati et al., (2019), researchers looked at the association between social isolation and suicidal thoughts. The study encompassed 40 original observational studies, primarily focusing on young adults. Social factors associated with suicidal outcomes include marital status (i.e. being single, divorced, widowed), living alone, social isolation, and feeling of isolation. Living alienated from others and feelings of loneliness strongly correlated with suicidal ideation and suicidal attempts. Utilizing this insight can assist in improving suicidal prevention services and mental health interventions (Calati et al., 2019).

Contributing Factors	Problem	Consequences
Factor 1: homelessness	People w/ mental health disabilities deal w isolation issues	Consequence 1: loneliness -> depression and anxiety
Factor 2: lack of social skills being practiced/taught		Consequence 2: increased risk of harmful habits
Factor 3: stigma		Consequence 3: increased risk of suicidal thoughts/ tendencies

Project Description

Title: Conquering and Combating Isolation

Project Description

This project is about providing group discussions on how to avoid isolation to clients at the OMNI center. The CHHS intern utilizes data obtained from pre-group surveys to get an understanding of how many of them suffer with isolation issues. The group can talk about what isolation looks/feels like to different clients, how we end up becoming isolated, the dangers of isolation, and how we can use social support to avoid harmful habits stemming from severe isolation. Pre and post tests and feedback from mentors will be utilized to measure success in the project. The group is held once a week for at least 30 minutes and open to all clients.

Project Justification

The goal is to minimize unhealthy habits resulting from isolation issues among individuals with mental health disabilities at the OMNI center. Peer support services (PSS) are essential for successful client recovery. Research shows that PSS yield effective and consistent results for individuals with varying mental health conditions and through a multitude of intervention practices (Smit et al., 2023) The group is absolutely vital to provide support to clients in need. Clients endure a combination of battles with mental health disorders and homelessness which can result in severe isolation. To combat their struggles with isolation, the group encourages clients to share their personal experiences and methods in hopes of gaining alternative coping mechanisms and perspectives. The group will exemplify the profound impact of peer support groups in the mental health field.

Benefits

When clients are able to share their thoughts and experiences, it provides a sense of reassurance to other clients that they are not alone in their struggles or experiences. Many clients may not know the harms of isolation, so it's crucial for them to be aware of potential dangers. After learning about the consequences of isolation, clients can make efforts towards reducing harm. They can also inform others and spread awareness. Talking with others improves the chances of hearing helpful tips on how to avoid isolation.

The project contributes to the already supportive environment of the OMNI resource center and encourages social connections among individuals battling mental health challenges. By addressing isolation, the group aims to enhance mental health outcomes through caring peer support and skill-building and in turn, promoting empowerment among participants in their recovery journeys.

Implementation Process

Prior to the project implementation, brainstorming sessions with Kontrena McPheter, Peer Outreach and Advocacy Coordinator, and Lisa Corpuz, OMNI Program Director, assisted in defining the goal and plan for the group. The next step was to develop pre-group survey questions. Once a time slot was allotted for the group, surveys were conducted with clients to obtain a grasp on their position and feelings towards isolation and a potential group. Clients are incentivized to join the open group with candy. Treats work as a great motivator for clients. The group will consist of The *Conquering and Combating Isolation* group that will be held weekly on Tuesdays in a reserved, closed conference room and are open to any clients who are comfortable to join.

Mondays before group facilitations are when the topics of discussion outline are developed. The introductory portion of the group is designated for the clients and facilitator to

recall the last time they felt lonely or isolated. Sharing this shows attendees that everyone feels alone at certain times; sometimes clients feel lonely due to the same causes. The conversation will then transition into discussing health risks of isolation. Next, clients are encouraged to share what triggers their feeling of loneliness. It is important to note that the facilitator reminds clients of the difference between the feeling of being alone and being physically by oneself. This is made understandable by asking clients to share healthy activities they like doing in their alone time. Activities include: going on walks, reading, watching movies and TV shows, journaling, etc. One quote the facilitator often uses to hammer this point is, “We all like our alone time, but none of us want to feel alone.” While time alone can be valuable and necessary for personal growth and rejuvenation, the inherent human need for social connection and a sense of belonging is fundamental.

The following portion of the group may involve various topics. Such topics include: describing the feeling when isolated, loneliness triggers, signs someone is feeling alone. The conclusion of the group involves sharing strategies to cope with loneliness. At the end, all participants share one coping tactic that they promise to utilize the next time they experience feeling isolated.

Project Implementation Plan

Activities	Deliverables	Timeline/Deadlines	Supporting Staff
Planning meeting		By 8/23/23	Kontrena McPheter, Lisa Corpuz

Create pre-survey questions	Draft of questions	By 8/24/23	Kontrena McPheter, Clients
Survey clients	Survey responses	By 9/5/23	Clients
Create group discussion outline	Topics of conversation outline	Weekly prior to group meetings	Individual, OMNI staff
Facilitate group	Attendance records	Weekly on Tuesdays starting 9/12/23	OMNI Staff, Clients
Post group debrief	Mentor notes	Weekly on Wednesdays starting 9/12/23	Kontrena McPheter
Participant recruitment	Attendance records	Weekly	OMNI staff, clients
Create post group survey questions	Draft of questions	By 10/30/23	Kontrena McPheter
Survey clients for post group data	Survey responses	11/02/23	Clients

Assessment Plan & Expected Outcomes

A combination of pre and post surveys will be conducted to measure client satisfaction regarding the “Conquering and Combating Isolation (CCI)” group. The purpose of the pre survey is to understand where clients stand emotionally, whereas the post survey will observe

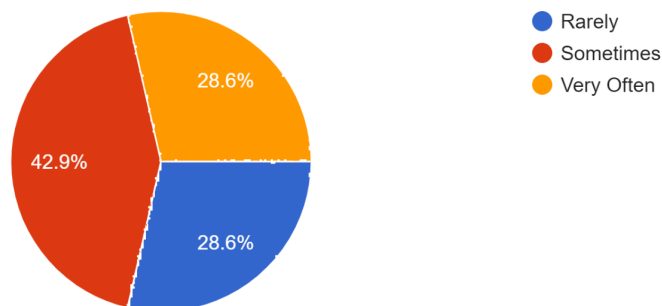
how clients develop new skills and strategies after a series of attending meetings. In addition to the pre and post assessments, attendance and participation levels will be recorded. Seeing an increase in both attendance and participation may indicate clients learning and growing from the groups. It is expected that 5-7 clients will attend the CCI group and hopefully 60% will report an increase in knowledge after weeks of peer support.

Project Results

The expected outcome was for clients to attend the group and learn coping skills. The goal was to see a knowledgeable incline in group attendees. Success can be measured by clients reporting whether or not they found the group beneficial, as well as if the clients were able to learn new skills to conquer isolation. A four question post-group survey was conducted with 7 out of 10 clients that attended the group over the past two months. The survey asks clients to reflect on how frequently they feel lonely, their comfort level with reaching out for help, whether or not they learned new strategies, and how beneficial they see the group. There is strong reason to believe that the group works because the clients put in the work. The facilitator conducts the meetings and presents the information, but the clients are the ones seeking information that can assist in their recovery. They want to get better and courageous enough to show up and share allows the group to be effective. As predicted, client surveys justified the need for an isolation reduction support group.

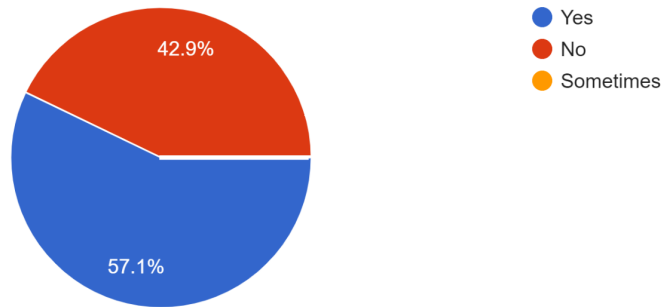
In the last 2 weeks, how often did you feel lonely?

7 responses



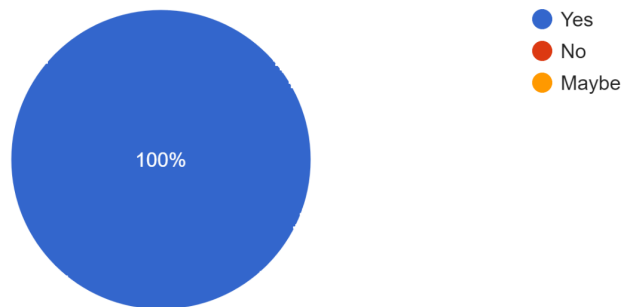
Do you find it easy to reach out to others when you're feeling lonely?

7 responses



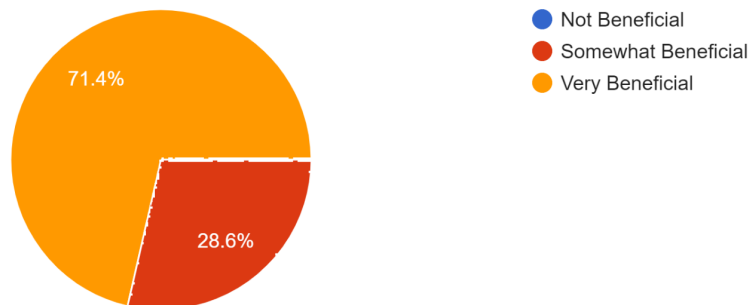
Did you learn new strategies to cope with isolation and loneliness through this group?

7 responses



How beneficial do you think attending the peer support group focusing on "Conquering and Combating Isolation" was for you?

7 responses



Conclusion & Recommendations

The Conquering and Combating Isolation project focused on the contributing factors of severe isolation among individuals with mental health disabilities at the OMNI Resource Center. Results illuminated the profound impact of isolation on mental health which highlighted its correlation with depression, anxiety, unhealthy habits, and increased suicidal tendencies. The project successfully provided a platform for clients to share experiences, acquire coping strategies, and alleviate feelings of isolation.

Based on the project's findings, it is recommended that the agency intensifies efforts to outreach and engage more individuals who may be experiencing isolation. Continuous assessments and knowledge checks can ensure clients are thoroughly absorbing information and utilizing tactics shared during group discussions. Additionally, diversifying discussion topics and incorporating more interactive exercises could enhance participant engagement and skill acquisition. The preservation of the group at least once a week will adhere to clients' overall wellbeing.

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