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The impact of loneliness on the mental health of the elderly: Litterature Review

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Abstract:

The aim of this thesis is through a literature review to examine the causes, effects, and ways of alleviating loneliness to promote the mental health among the elderly.
This research will focus on answering the following questions:
What are the causes of loneliness among the elderly?
What are the effects of loneliness on the mental health of the elderly?
What mental health promotion interventions can be used in alleviating loneliness among the elderly

Method: Literature review was used to carry out the study and data collected was analyzed using a deductive content analysis. This analysis process was guided by Elo & Kyngäs (2008)

Results shows that the causes of loneliness are living alone, poor income, insufficient education, widowhood, poor functional status and many more. Research shows that loneliness has negative effects on mental health of the elderly for instance depression and suicides, cardiovascular diseases and stroke, increased stress levels, alcoholism and drug. Results also shows that loneliness has adverse harmful effects on mental health and health in general of the elderly. Nurses play a role in promotion intervention by educating and supervising leaders, supporting and motivating persons and groups, solving conflicts, acting when requested by target groups, documenting and evaluating. Mental health promotion interventions used in alleviating loneliness among the elderly is done is three phases: mental health promotion, nurse interventions and examples of good practice.

Conclusion: This review has acknowledged those factors that impact loneliness and mental health, the elderly's mental health promotion needs and not forgetting the theory that helped to further analyze these factors in other to establish an effective promotion interventions. The results of this research will help professionals in identifying and responding to the needs of the elderly and therefore, improving and promoting their mental health and health in general.

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CONTENTS

Figures

Tables

FOREWORD

First, we would like to give thanks to the almighty God for the strength, knowledge, patience and seeing us throughout the writing of this thesis.

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Namcy C.

1 INTRODUCTION

The general health and loneliness of the elderly are vital aspects in present discussions in the Western world. Philosophers have had discussion in olden times about loneliness, although they talked about positive loneliness. However, negative feelings of loneliness may also be mixed feelings, that is positive and negative but negative ones are most outstanding ones (De Jong G (1998, p.73).

According to Jylhä and Jokela (1990) one third of the older population suffer from loneliness in Finland. Loneliness is the main characteristic of old age. Most of the scientific studies illustrate that the prevalence of severe loneliness among the elderly is comparatively low ranging from three percent in Northern countries to almost thirty percent in Southern European countries. Although such adverse health consequences for instance, depression (Cacioppo et al., 2006) or increase possibilities of admission into nursing homes (Russell et al., 1997), loneliness is still a significant public health issue. Taken into account factors that contributes to increase the risks of loneliness gives a deeper understanding of loneliness and the kind of interventions for preventing loneliness.

Loneliness has been described to be having great impact on the health as well as the mental health of the elderly and it has been evidence based that there is no health without mental health as cited in (Lavikainen, Latinen and Lahtinen 2000, p.3). This was further explained in the research done by Rautasalo and Pitkala (2003) that there is insufficient means to detect older people's suffering from loneliness and the need to alleviate loneliness in the nursing perspective is being limited in the Finnish health and nursing care system.

Further studies were carried out by (Cattan et al. 2005) on a new way to improve and alleviate loneliness and to effectively promote the well-being of the elderly people. Research shows that it will be of a better promotion intervention if elderly can work in groups rather than individually.

1.1 Purpose of research topic

Loneliness is a significant characteristic in old age. A lot of elderly people experience loneliness and depression either due to living alone or lack of relatives and fading fabric ties which as a result affects their social lives. With advancing age it is possible that people lose connections with the outside world and find it difficult to initiate new friendships. Due to concern for the elderly in general the authors decided to do a review on this topic in order to find solutions for this problem.

2 BACKGROUND

2.1 Loneliness

According to Rubenstein and Shaver (1982) loneliness affects millions of people daily. Loneliness has been defined as an individual subjective experience about lack of satisfying human relationships (Adersson, L. 1998, p.264-274).

According to Peplau and Perlmam, loneliness is a painful warning signal that a person social network is insufficient in some important way (Peplau and Perlman 1982, p.4).

Loneliness can be classified into two categories which are duration and social versus emotional loneliness. Duration loneliness can be seen from a three perspectives namely transient which is the mood swing but does not occur very often, situational when an individual experience sudden change after long-term satisfactory relationship and chronically when an individual experience very long time two year or more without being in a relationship (Peplau and Perlam 1982, p.379-406).

Weiss (1973) defines loneliness as a gnawing chronic disease without determining features. Weiss also gave a clear difference between emotional loneliness and social loneliness, where emotional loneliness is as a result of bereavement or divorce whereas social loneliness is as a result of lack of broader groups of contacts from the society.

Looking at the above definitions for loneliness, it can be seen that loneliness is more of a subjective tool, one that can only be determined by individual or self-report. This can

be done through an assessment tool of 20 items as seen in appendix 1, called the Revised UCLA (University of California, Los Angelos) loneliness scale Russell, Peplau and Ferguson (1978) was created to know the level of loneliness in general by asking simple questions such as if one has felt "very lonely or remote from other people" in the past few weeks. Another scale that has been made valid by other researchers is the paper-and-pencil loneliness scale which are illustrated in the UCLA loneliness scale as cited in Paplau (1988). Even though this assessment scale of loneliness has proven to be reliable, it still has some setbacks like items are guided to a specific direction, discriminant validity of the scale and the confounding score with social desirability Golden (1976).

2.2 Effects of loneliness on mental health among the elderly

To define mental health, it was stipulated "there is no health without mental health" by (Lavikainen, Lahtinen and Lahtinen 2000, p.3) Mental health refers to an individual's subjective feeling and well-being, optimism and mystery, the concepts of resilience or the ability to deal with adversity and the capacity to be able to form and maintain meaningful relationships. The expression of these qualities might be different but conceptually and individually from culture to culture and the basic qualities remains the same as mentioned in Lavikainen, Lahtinen and Lahtinen (2000).

There is a wide range of loneliness that has some negative effects on mental health of an elderly and some of these health risks associated with loneliness are depression and suicide, cardiovascular disease and stroke, increased stress levels, decreased memory and learning, antisocial behavior, poor decision-making, alcoholism and drug abuse, progression of Alzheimer's disease, falls altered brain function and so on.
According to (Cacioppo and Patrick 2008, p.30) loneliness leads to more intake of alcohol which in turn leads to inactivity. Loneliness can impact stress, immunity and heart health. Furthermore, the high intake of alcohol also affects sleep pattern and leads to tiredness and restlessness during the day. Loneliness also leads to cardiovascular disease due to high intake of poor quality food hence premature death.

Researcher like Shute, have also found that low levels of loneliness are being associated with marriages, higher income and higher educational status. High levels of loneliness are also associated with physical health symptoms, living alone, small social networks and low quality social relationships Shute (2008).

Looking at the two above researches, loneliness has a major effect on the mental health of the elderly because feeling lonely increases the risk for poor mental health and also poor mental health has higher risk for loneliness which clearly understood that when there is the decrease in the level of loneliness, the more there are better results and improvement of mental health. With this it can help to give a better understanding and health plan for alleviating loneliness among the elderly which are evidence based and effective.

Cattan (2002a) as cited in Cattan and Tilford (2006) stated that the young worries about financial problems while the old stress up about going to old peoples or residential homes for care and in the process they end up losing their independences. On the other hand questions were asked like what really makes them motivated and feeling good despite their present situation and their answer was in a focus point of being with others or getting out of the house in the name of friends, family, interest, outings and so on.

Looking at other age groups, elderly people's mental health is a product of their individual behavior but rather influenced by their environment, their physical health, income and relationships with friends and family. There are several determinants affecting the mental health of the elderly for example: Cultural, social, personal, economic and behavioral determinants as mentioned in Cattan and Tilford (2006). According to WHO (2002), confirm active aging on gender and culture to be their over-arching determinants but there are other determinants and influences which affects the mental health of the elderly as will be seen in table 5, in the appendices below. Mental health goes hand-in-hand with health and it is of importance that the promotion strategies for both should be the same as mentioned in Lavikainen, Lahtinen and Lahtinenet (2000).

2.2.1 Causes of poor mental health among the elderly

Looking at the research done by Bostock and Millar (2003), Third sector first (2005) on mental health causes from practice and from research as shown in table 1 below as cited in (Cattan et al., 2003) to some elderly about the things that upset their mental health

and they listed the possible causes as losing capability and independence, their own physical health, social isolation from families and friends, finance and retirement, not being respect by individuals and not being able to maintain physical or mental activities and world affairs, possibility of having to go into residential care consequently losing their independence as seen above. The elderly were also asked what makes them feel good and motivated and they answered, by being with friends and getting out from the house for reasons as interest, friends, families and outings. According to Cattan (2002a), the above findings are a similar issue which was being raised by the elderly about fighting loneliness and social isolation and loneliness in the mental state of mind of the elderly and these results can be classified from practice and from research which is also stipulated in the table 6 found in the appendices as a leading model for mental health promotion to alleviate loneliness among the elderly.

Table 1. Poor Mental health causes from practice and from research

Individual level model	
From practice	*From research*
• Not being able to get out and about • Fear of not managing	• Retirement, bereavement, • loneliness, lack of confidence, • low self-esteem, poor mental health, • poor physical health, • loss of mobility, fear of crime • elderly being patronized,
Community level model	
• The complexity of identifying socially isolated elderly people	• Stigma of old age and loneliness
Structural / policy	
• Elderly are not involved in planning or consulted project development • Lack of wider representation from ethnic minority groups/elderly people with sensory impairments	• Transport • Housing

Source: Cattan and Ingold 2003:18

Mental health promotion according to Lavikainen, Lahtinen and Lahtinen (2000) is seen to be an unclear concept especially in the psychiatric content and also with professionals in that domain. Even at that, mental health still is known to have a strong importance of psychological processes and awareness because it has a major role to play in the interactions and experiences both in an individual or a community level. This can be attained by elements that help to improve good mental health by increase those factors promoting mental health and reducing the ones that decreases mental health in both individuals and communities. This has been explained more in the findings below.

3 THEORETICAL FRAMEWORK

3.1 The Social cognitive learning theory

This theory as created by Bandura, A. (1977), which is still valid till present, clearly states that individuals are driven not only by their inner forces, but also by external factors. It also states that "an individual's learning is directly related to what an individual observes and subsequently learns by imitating that action of another while being influenced by their own thoughts and the environment in which they are learning". His model explained that human functioning can be explained by an intersection of behavior, personal and environment factors as shown in the figure below. This plays a very important role in the health promotion practice of the elderly in the sense that they tend to behave by the influence of their environment. The cross-sectional study shows that there is relation between loneliness and specific aspects of cognition independence of social network, depression and demographic aspects of self-related loneliness. Vandiver Vikki (2008) mentioned in her research that "this theory has two core components which have direct application to health promotion practice" and they are

Role modeling: here the learning process has influence on observation of, and identification with, others (Modeling). For instance "a person can see and learn by copying ones performance. Also it does not necessarily mean that one must perform behavior to learn it but also by watching, listening or reading about the models" (Payne, 1997, p. 114).

Reciprocal determinism: This is where environmental factor represents situational influences and also the environment in which that behavior is applied or performed while personal factors are those that include instinct, drives, traits and all other individual forces that marge them to be motivated. All these are being achieved through social or human learning and it changes their behavior which can have great importance in the process to obtain reliable results in providing care to the elderly especially now that there is an increase of elderly population around the world and in Finland too as well. It is wise to understand their behavior to implement change in their mental state of mind and this includes:

- Self-efficacy - which is the judgment of one's ability to perform a behavior
- Self-control - explained the ability of an individual to change their behavior
- Reinforcements - something that decreases or increases the likelihood of a behavior to continue
- Emotional coping – the ability of an individual to cope with emotional stimuli
- Observational learning - that which has the acquisition of behaviors by observing others outcomes and actions of their own behavior
- Outcome expectations - a judgment of the likely consequences a behavior will produce. the importance of these expectation may also drive behavior

Bandura (1977) also explained how his theory can be informative and helpful for promotion practices for the elderly's mental health which are as follows

- In order to increase the levels of self-efficacy, it is important that there should be provision of resources and support to raise individual's confidence, and in other to do this, behaviors change should be approached in small steps proposed by other (Perry et al., 1990).
- The theorist also stated that even though individual has a strong sense of efficacy, they may not perform the behavior when they have no incentive. This explains that if we are to get others to enact behavior change it may be necessary to provide incentives and rewards for the behaviors
- Also environmental shaping and planning can encourage the change of our behaviors like providing opportunities for behavioral change, assisting with those change and offering social support and it is also important to be able to know those environmental constraints that might deter behavior changes (Perry et al.,

1990). Despite the above theories and theory the authors used to support their work, its sill remains that there had been some limited function in the development and application of interventions intended to improve, promote and maintain the mental health of the elderly.
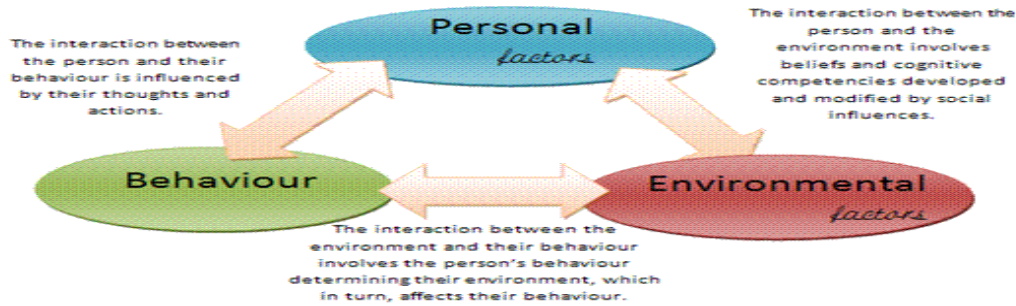

Figure 1: *Social cognitive theory model. Source: https://www.premedhq.com/social-cognitive-theory*

As seen above, a particular theory to underpin and develop this area for the elderly is an issue that is rarely used directly and so many theories were used which work hand in hand for better understanding and how to promote the interventions. Some of these examples can be seen in the systematic reviews of some researchers like (Catten et al., 2005) they based their research on some form of behavioral theory like the educational or cognitive theory, the theory of reasoned action and social learning theory. Those theories also had links with Weiss theory of loneliness (1982), Burbank's disengagement theory (1986), Hopman and Westhoff (2002) they in a unique way use the innovation theory by Rogers (1995) to develop their exercise program in order to improve the health of the elderly and reduces loneliness. Nutbeam and Harris (2004) also talked about individual changes through their behaviors and attitudes. Also since most of the interventions are to promote mental health of the individual, it is not surprising that behavioral change theories are mostly used to promote mental health as most of the above researchers thought and they believed that an individual can change their behavior, attitude through education, learning to improve their social networks, raise their self-esteem, confidence and to take control over their own mental health (Cattan et al., 2005). So this showed how these theories are helping each other to have a stand and a role to play to promote mental health in the life of the elderly. Therefore the framework

the authors used to guide their study is based on the social learning cognitive theory by Bandura, A. (1977).

4   OBJECTIVES AND RESEARCH QUESTIONS

The aim of this thesis is through a literature review examine the causes and effects of loneliness among the elderly and view what impact loneliness has on the mental health of elderly people. This thesis was commissioned by the city of Lovisa. The results of this research will hopefully help professionals to identify and respond to the needs of the elderly and therefore, improve and promote the mental health of the elderly. This study focuses on answering the following questions

1. What are the causes of loneliness among the elderly?
2. What are the effects of loneliness on the mental health of the elderly?
3. What mental health promotion interventions can be used in alleviating loneliness among the elderly?

5   METHODOLOGY

5.1 Literature review

In this project, systematic literature review has been used. This is an approach that gives a clear procedure and steps on academic literature review. Systematic literature is defined as specific methodology that finds available studies, selects and evaluate contributions, analyses and syntheses data, and reports the evidence reasonably for clear conclusions to be realized about what has been understated and what not as cited in (Transfiel and Denyer 2003, pp. 671)
A systematic literature review according to (Bryman, 2008, p.86) has to follow a certain criteria that will facilitates the approach. Following this criteria, first thing the reviewer has to do is to have a clear definition of the purpose of the review about what to include and exclude based on the key words which have to be identified.

5.2 Data collection

Given that literature review method has been used in this project, therefore the means for data collection is done through secondary sources, which are already existing literature. All information on this study was taken from primary data collected by previous researchers. Since the means of data collection was done through secondary sources, the writers focused on how available was the data and also take into consideration the quality and formatting of the data. (Kumar, 2011, p.163). All articles in this study were chosen in a systematic way to attain accurate information as will be seen in the table 4 search process below. Materials were collected from the Data based search

Using EBSCO host Academic search elite to retrieve information in the first step with Boolean/phrase loneliness And mental health And elderly and it gave 55 hits and limiting the sear years from 2000 to present, it gave 51 hits. Reading through the titles and abstracts of these 51 hits, three articles was chosen.

The second phase using the same search engine with the phrase loneliness And elderly and the hits was 154 and three articles was chosen.

The third phase done with the same search engine with the Boolean loneliness And mental health And old age it gave 56 hits and four articles were chosen

Another search was done using Google scholar with key words aging And Loneliness and it gave 64 800 hit reading through some titles of the article and some of it abstract, one was chosen.

Using EBSCO CINAHL with the Boolean phrase loneliness in the elderly And mental health gave 2 hits of which one article was chosen. Through the same data based another search was made with the phrase nurse And mental health promotion And elderly and it gave 5 hits and one article was chosen and used. Data collected is shown in the table 2 below.

Table 2. Search process

Data base searched	Key words	Hits	Articles retrieved	Articles used
Ebsco	Loneliness And mental health And elderly people"	55	51	3
Ebsco	Loneliness And elderly	154	7	3
Ebsco	Loneliness And mental health And old age	51	17	4
Ebsco CINAHL	Loneliness in the elderly And mental health	2	2	1
Google Scholar	Aging and loneliness	64 800	1	1

In the exclusion and inclusion criteria, several articles were used for the inclusion with different criteria to come out with information from the search engine and these include PDF texts that had free access from 2000 to present except for one which was in 1999 because it had vital and useful information, articles and journals that are full in PDF format, those written in English, those that had full access with abstracts, those that are based on empirical research and which relate to the topic of interest were taken into consideration and the exclusion criteria, articles that are not in English and were not full in text were left out. And this led to the final 12 articles chosen as will be seen in the table 3 to answers the research questions as seen above.

Table 3. List of chosen articles

	Author(s)	Articles	Journal and year
1	Tikkainen and Heikkinen	Association between loneliness, depressive symptoms and perceived togetherness in older people	Aging and Mental health, 2005
2	Savikko	Loneliness of older people and elements of an intervention for its alleviation	Medical Ontological, 2008
3	Graneheim and Lundman	Experience of loneliness among the very old	Aging and mental health, 2010
4	O'Luanaigh C. et al.	Loneliness and cognition in older people	Aging and Mental health, 2012
5	Lampinen P. et al.	Activities as a predictor of mental well-being among older adults	Aging and mental health, 2006
6	Tilvis R. et al.	Suffering from loneliness indicates significant mortality risk of older people	Journal of aging research, 2011
7	Hawkley L. et al.	Social structural factors to perceptions of relationship quality and loneliness	J Gerontol B Psychol Sci Soc Sci. 2008
8	Aartsan and Jylhä	Onset of loneliness in older adults: result of a 28year prospective study	European Journal of Aging, 2011
9	Golden et al	Loneliness, social support networks, mode and wellbeing in community dwelling elderly	International journal of geriatric psychiatry, 2009
10	Eloranta et al.	Personal resources supporting older people living at home care clients	International journal of nursing practice, 2008
11	Cattan et al.	Preventing loneliness and social isolation among older people: a systematic review on health promotion interventions	Aging and society, 2005
12	Hedelin and Svensson	Psychiatric nursing for promotion for mental health and prevention for depression in the elderly: a case study	Journal of psychiatric and mental health nursing, 1999

5.3 Data analysis

According to Cole (1988) content analysis is a method of analyzing writing, verbal or visual communication messages. Several approaches can be used in analyzing qualitative or quantitative data. Content analysis has been used in nursing studies for a long time. Although qualitative content analysis have been in practice in nursing studies, little has been publish on how to apply the method as mentioned in Elo and Kyngäs (2008).

Content analysis can be applied in either inductive or deductive way and the purpose of study determines which way is used. Inductive approach is recommended when the former knowledge about the phenomenon is limited or lacking Lauri and Kyngäs (2005). When the structure of analysis is operationalized on the basis of former knowledge and purpose of the study is theory testing, deductive content analysis is recommended Kyngäs and Vanhanen (1999). According to Chinn and Kramel (1999) shows that an approach based on inductive data moves form specific to general, so that particular instances are being observed and combined into a larger whole or general statement. A deductive approach on the other hand is based on a theory or model and therefore it moves from general to specific as cited in Burns and Grove (2005).

The deductive and inductive analyses follow the same procedure which is represented in three main phases: preparation phase, organizing phase and reporting phase Burnard (1996) as will be explained below.

Preparation phase: This phase deals with selecting the unit of analysis (Guthrie et al., 2004). This can be a word or a theme said Polit and Beck (2004).

- *Unit of analysis:* this can also be a word, sentence, and portion of pages or words, the number of participants in discussion or the time used for discussion depending on the research questions Polit and Beck (2004). The unit of analysis used was loneliness and mental health promotion among the elderly.

- *Making sense of the data:* Here, the researcher tries to learn what is "going on in the data" Morse and Field (1995) and this is why Polit and Beck (2004) mentioned that "written material should be read several times" which leads to the

Organizing phase: where analysis can be carried out either by using inductive or deductive approach according to Kyngäs and Vanhanen (1999). After understanding the meaning of inductive and deductive, the authors realized that deductive content analysis

was appropriate to the study. The deductive content analysis involves organizing the data and this includes open coding, creating categories and abstraction. The authors went through scientific articles many times striving to gain sufficient understanding of the topic Elo and Kyngäs (2008). The authors then categorized the emerging themes into main categories and sub categories as shown below in table 6 for the reporting phase

Reporting phase: In this phase, the results are described contents of the categories that is the meaning of the categories described through the subcategories as mention by Marshall and Rossman (1995) and how well the categories cover the data said Graneheim and Lundman (2004). This can be seen on table 4 below.

Table 4. Data categorization

Research questions	Main categories	Sub categories
1. What are the causes of loneliness among the elderly?	Health factors	Physical health Mental health
	Demographic factors	Age Gender Living alone
	Socio-economic factors	Low level of education and income Reduced social activities
	Self-reported factors	Bereavement
3. What mental health promotion interventions can be used to alleviate loneliness among the elderly?		Group-base social support intervention Exercise and music Reminiscence Career support Volunteering Policy context
	Nurse intervention on mental health promotion for the elderly	
	Examples of good practice on mental health promotion for the elderly	Raising awareness Centers for old people Preventing depression Community involvement Supporting independence Supporting lonely elderly people Ethnic minority mental health promotion Suicide prevention

5.4 Ethical consideration

Considering on what is good scientific writing, the authors tried to observe the guidelines on the university and practicing the use of good methods in observing research ethics helps to maintain the proper use of information, confidentiality, causing harm and bias Kumar (2011).

The authors took in to consideration the schools (Arcada University of applied sciences) commitment to good scientific research practice and writing, as well as the guidelines for good scientific practice, which is issued by the national Advisory Board based on research ethics in Finland.

Kumar cited that ethical means to be "*in accordance with principle of conduct that are considered to be correct especially those of given profession or groups*" (Kumar, 2011, p.242).

Articles used in this study were well referenced to avoid plagiarism and direct quotations from journal, book, and articles were cited in italics according to Arcada's guideline for avoiding academic theft. Also the authors tried to use information wisely and to correctly interpret their results.

5.5 Critical analysis

The validity of this study links to the extent that the research method has been used to be able to measure all the objectives that were outlined at the very beginning of this study (Kumar 2011, p.178). This study is aimed to find the possible causes of loneliness among the elderly, the effects of loneliness on mental health of the elderly and mental health promotion interventions that can be used in alleviating loneliness among the elderly. This study is based on literature review meaning all information gathered was taken from scientific articles with reliable sources. Since all the articles used in this study correspond to the subject matter and therefore give answers to all the research questions and this therefore means that it supports the validity of the study. According to (Kumar 2011, p.181) the tool that is used for a research is said to be reliable when it is consistent, stable predicable, accurate and the greater the degree of stability and consistency in an instrument, the greater the reliability.

This thesis was written by two writers. The writers went through different challenges, during the article search, it was difficult to find the exact article that talks about the topic of interest, for instance some articles talked about only loneliness excluding mental health or mental health excluding promotion or the elderly. Another limitation is that most of the articles talked about loneliness among the institutionalized elderly or just living at home making it difficult to gather information given that the research topic dealt with loneliness among the elderly in general. Another setback is that the authors were limited to English only meaning that all those articles that were in Finnish were excluded. In addition to this, some of the materials for review could not be used because they were not accessible since it required membership or payment although it had important information. After discussing and coming up with the topic, together the authors looked for all articles, discussed them step by step while making side notes. When the articles were chosen, the writers then agreed to put into writing by having several meeting sessions.

6 FINDINGS

This work is trying to explain the findings of this thesis by arranging them into the causes of loneliness among the elderly, the effects of loneliness on the mental health of the elderly, which has been answered in the background, and mental health promotion interventions that can be used in alleviating loneliness among the elderly through deductive content analysis.

6.1 What are the causes of loneliness among the elderly

According to Savikko (2008) loneliness is a subjective psychological condition which it can be difficult to define and also to measure and more to that, being alone does not necessarily mean by itself that is leads to social isolation or loneliness, or while having a strong social network or high level of social engagement does not necessarily fight loneliness. Also loneliness is more common in older age groups like widows, widowers and residents who are living alone and it is being associated with poor income, former physical heavy work, and insufficient education. Even though those elderly who are living in

the cities are often better and less lonely than those who lived in small cities and villages, loneliness still prevails. Needs for daily help for day to day matters, few outdoors activities, poor functional status, poor subjective health, poor vision and impaired hearing, lack of contacts with children and friends all these causes loneliness and for more personal and self-reported cause are death of spouse, illness, lack of friends, meaningless life, living conditions, absence of relatives, illness of spouse, these makes the elderly to be isolated and in the course they become more depressed and lonely as they are all highlighted as causes of loneliness.

Findings from the work of (Golden et al., 2009) showed loneliness was higher in women, older people with physical disabilities, and widows. And also loneliness has a reduction on the quality of life

According to (Eloranta et al., 2008) findings show that loneliness was related to the death of close relatives, children, spouses and also not having anyone to talk to.

According to (Tilvis et al., 2011), loneliness is more common in women than in men, poor health, low educational level, poor vision and hearing, needs for daily assistance, inability to walk around.

The research of Aartsen and Jylhä (2011), shows that age, gender, losing a partner, reduced social activities, increase feelings of low mood, uselessness, widowed hood/single status, nervousness were found to have caused loneliness.

Poor current health, marital status, increase in time for being alone over the previous decade, elevated mental morbidity, poorer health in older aged, were being identified by (Victor et al., 2005) as causes of loneliness and they were grouped under their six independent vulnerability of factors for loneliness in elderly.

Researchers like Graneheim and Lundman (2010) stipulate that the experience of loneliness among the elderly is something that is very complex and has to do with their past relations, present and the future. Some limitations of loneliness are feeling abandoned and loss of a relative while opportunities of loneliness is living in confidence, feeling free and adapting to situations.

According to a study made in Finland on over 75s in 2005 found that loneliness was associated with living alone or in a residential home, advancing age, widowhood, and a low level of education and a low level of income. In addition, poor health status, poor functional status, poor vision and loss of hearing increased the prevalence of loneliness. The most common subjective causes for loneliness were found to be illnesses, death of a spouse and lack of friends (Savikko et al., 2008).

Depressive symptoms predict more experiences of loneliness according to Tikkainen and Heikkinen (2005).

Regarding the research done by one of the top loneliness expert, Hawkley and Cacioppo (2008), it is said that loneliness is strongly connected to genetics and has factors like situational variables, such as physical isolation, moving to a new location and divorce, death which is so significant in a person's life and also loneliness can be a symptom of a psychological disorder like depression. Loneliness has internal factors such as low self-esteem, people who lack the confidence in themselves, those that often believe they are not worthy of the attention or regard of other people. All these can lead to isolation and chronic loneliness. The above causes of loneliness have given results, which will be grouped under the different categories as seen in Table 6 above.

6.1.1 Health factors

According to the (WHO 2001, p. 1) health is the state of complete physical, mental and social well-being, not merely the absence of disease or infirmity. Loneliness is very common among the elderly, which is also associated with both positive and negative aspects. Accordingly, health must involve some kind of balance between mental, physical, emotional, spiritual and social well-being.

Physical health

The inability to handle the day to day chores (Savikko et al., 2008), lack of outdoors activities, poor hearing, poor vision, need for assistance in daily activities and illnesses all increases the loneliness of the elderly Savikko (2008) and (Tilvis et al., 2011) also confirm the studies of (Golden et al., 2009), and the above mentioned researchers.

Mental health

According to Tiikinen and Heikkinen (2005) and (Tilvis et al., 2011), depression has been the main cause of loneliness among the elderly. Also in most cases, depression, nervousness, poor subjective health has been found to be a problem that is always linked to loneliness and when an elderly is being followed up about depression, they are being treated without looking at loneliness as the key cause.

Looking at the work of Aartsan and Jyhlä (2011) decrease in mood has an increase in the risk of feeling lonely and Savikko (2008) stipulate that an unfulfilled expectation from contacts can also affect the psychological wellbeing of the elderly.

6.1.2 Demographic factors

Gender

Savikko (2008) made clear findings that gender and loneliness has a close relationship and that loneliness is most common among women than in men stipulating that women have a longer life span than men which leads them to widowhood and again women can express their feelings of loneliness and value their relationships more than men. Men can express less feelings of loneliness than women but they express more harmful feelings associated with loneliness (Tilvis et al., 2011).

Age

In Savikko (2008), loneliness is most common among the elderly than in the younger community. And 47 percent of the elderly population reported to be suffering from loneliness according to (Tilvis et al., 2011).

Living alone

This has been one of the many problems constituting loneliness among the elderly as many researcher like Savikko (2008), (Tilvis et al., 2011) and Aartsen and Jylhä (2011) looked at the statistics in Finland, and realized that 50 percent plus of women who are 75 years old who live alone and one third of men also live alone with an age range of 80 plus.

6.1.3 Socio economic factors

Low level of education and income

In the findings by (Victor et al., 2009, p.156) as it was illustrated in the works of (Tilvis et al., 2001), Savikko (2008) that low level of education is one of the most predicted factors which make the elderly to be exposed to loneliness. a participant stipulate that elderly people are sensitive to low income in the sense that, having a low income will not take care of them as they will like to be taken care of and so this leads to frustration due to the fact that they cannot associate socially in the community because of inferiority complex they have and it turns to limit their social contacts, activities even if they will be interested in part taking but because of that perception they have, it leads them to become lonely and isolated.

Reduced social activities

Most elderly suffer from social activities due to lack transportations, poor health which has a very great impact on their mentality when participation in the society is concern. They turn to have little in common with others or have minimal contact and this course them to be lonely. Also the works of Aartsen and Julha (2011) supported the fact that reduced social activities have massive impact in the mentality of the elderly and that they should be a successful substantial levels of social, physical and mental activities that needs to be maintained or developed in helping the elderly to cope with loneliness.

6.1.4 Self-reported factors

Bereavement

In the life course of the elderly, they turn to experience many losses like that of their spouses and other close relatives and friends, child, all these have a direct limitation to social interactions and social networking because they can't have access with that individual as was mentioned in Tiikainen and Heikkinen (2005), Savikko (2008), (Eloranta et al., 2009) and Artsen and Jylha (2011).

There are several self-reported causes of loneliness and since loneliness is a subjective tool, it can be completely understood only by the person who is passing through the

trauma of loneliness and can outline what could have caused it. Even though in many studies like that of (Eloranta et al., 2008) and Savikko (2008), it was made mentioned the possible self-reported causes of loneliness like loss of spouses, loss of a child, new environment, poor transportations, illness and that of their spouses, lack of friendship, and so on were all listed as a serious causes that brings in the feelings of loneliness.

The results of (O'Luanaigh et al., 2011), it shows that the cross-sectional study shows that there is a relationship between loneliness and specific aspects of cognition independence of social networks, depression and demographic aspects on the self-reported loneliness.

6.2 What mental health promotion interventions can be used in alleviating loneliness among the elderly

There are very few up to date research that has been raised to evaluate the effects of mental health promotion interventions among the elderly either direct or indirect. There are some available studies that have been grouped either under public health or some other interventions which are mainly used for those risk factors in mental health, political and larger environmental political interventions that are known to be used as an improvement tool in mental health among the elderly. Even though there are some studies that have been grouped to improve the mental health among the elderly, there are considerable effective interventions which are known to fight those risk factors in mental health among the elderly and they are grouped based social supports, home based supports, exercise and music, career supports, reminiscence and interventions that improve self-esteems, morals, activities fighting loneliness as mentioned in (Cattan et al., 2005).

Group-based social support intervention
This support intervention of mental health problems among the elderly like widow ship, living alone, caregiver's according to (Cattan et al., 2005), has been found to be very prominent for reduction of stress, distress, loneliness, social isolation and improves self-esteem, morals and social activities. This is in the sense that, most of the interventions have been included in some kind of structured activities like the negotiated and agreed

27

pear, and professionally leading education programs which help in self supports, direct groups discussion and direct social activation. So far these planned activities have been proven to improve effectiveness. According to the direct words of Hedelin and Svensson, preconditions for successful social network and social support development have been identified as "the existence of people who were interested in socializing and in participating in activities; that the activities were frequent and regular and provide the practical means to participate; that there was a leader, either a professional or an older lay person with the relevant skills and interest who acted as a coordinator and a fixed resource for the group" (Hedelin and Svensson 1999, p.120)

The work of (Lampinen et al., 2006), the results shows that 20 percent of women and 30 percent of men experience loneliness which is because of poor mental well-being with its predictors which are physical and leisure activities and he proposed that since mental well-being in later life is linked with activity, better health and mobility status which will be a target for preventive measures in future.

Exercise and music

Evidence shows that using exercise and music helps improve the mental health among the elderly and also promote self-esteem, good health, happiness and wellbeing and reduces depression (Cattan et al., 2005), Young and Dinan (2005). Music has been discovered to help people to understand their self in relations to others. Music is used to express emotions, communicates feelings and ultimately to increase and maintain the sense of well-being says Hays and Minichiello (2005) as mentioned in (Cattan et al., 2005). Even though these researchers argued if music could provide a cultural and normative bridge between individuals and it is also used as a means of contacts and also to link socially with others. Hays and Minichiello (2005) also made interviews with elderly Australian if music have an impact in their lives and the result was that music has been found to enhance the self-esteem of the elderly and reduce their feelings of loneliness. Also many studies have shown the benefits of exercise for the elderly's mental health and a research done in the UK by Pavlson (2005) low intensity of exercise and music has giving a result of significant improvements in happiness and well-being, enjoyments and other social and psychological benefits. (Li et al., 2004) also affirm the above and added that it can also improve self-related sleep quality. (Milligan et al., 2005) stated that to gather as a group for physical activities has been found to provide

mental stimulation among the elderly, and they turn to have social contacts from the gathering, which has a major effect on their individual sense of worth and mental health. In the Netherlands, a study was done by Hopman and Westhoff (2002) indicated that a program combining health education and exercise was proven to have a tremendous reduction on loneliness among the elderly. All the above research in this sector was as mentioned in (Cattan et al., 2005).

Reminiscence

Looking that the research of Coleman and O'Hanlon (2004), they review on elderly historical background, types, functions and evaluations of reminiscence which is that part that is being conducted on an individual or in groups where it helps the elderly to recall on their past and also their life experiences in other for the elderly to find meaning in their lives, to teach and inform and also helps to reduce boredom. Also the researchers confirmed that this has been used in therapeutic measures, to deal with depression and traumatic memories, for elderly who lived in sheltered houses it helps to improve their well-being also with demented elderly too.

Career support

It has been proven that there are lots of research which had developed ways of improving mental health for the career of frail elderly people, those with Alzheimers' disease and also dementia. That research brought out interventions like respite care, psychosocial interventions, group education and support were the main interventions which were being evaluated. Even though these interventions are not sufficient in improving stress, distress, anxiety, coping skill or depression in a long-term period (Catten et al., 2005), Pusey and Richard (2001). But according to a researcher, they had indication that an intervention likes the psycho-social intervention which has the use of problem solving and behavioral component will be more effective to those that care of people with dementia Pusey and Richard (2001). Even though the above interventions shows promising in providing support for careers, a researcher like (Marriot et al., 2000) note in quote "the implementation of the cognitive-behavioral intervention is lengthy and therefore has resource implications and requires specialist training. Also those critical observations need to be taken seriously when planning mental health promotion support for careers of frail elderly people" (Cattan et al., 2005).

Volunteering

According to an American research, it is so that volunteering has been always the one of the most methods for improving socialization and maintaining mental well-being in later life Saymour and Gale (2004), Social Exclusion (2006). Volunteering has huge effects on mental health promotion solely because of its social activities aspects because of its sense of worth. This was supported by two researchers as quoted "that the reciprocity of volunteering ads to an individual's sense of well-being, by giving a sense of social support Van (2000), in (Seymour and Gale 2004, p.56), (Wheeler et al., 1998) as mentioned in (Cattan et al., 2005).

Policy context

This was mentioned in (Cattan et al., 2005), "An aging EU-population, with its associated mental health consequences, calls for effective action. Old age brings many stressors that may increase mental ill health, such as decreasing functional capacity and social isolation. Late life-depression and age-related neuro-psychiatric conditions, such as dementia, will increase the burden of mental disorders. Supports interventions have shown to improve mental well-being in older populations" by the Commission of the European communities 2005, p.9).

The above shows how important and seriously the European Commission is handling the mental health of its aging growing population. Looking at the work of (Berkels et al., 2004) as cited in (Cattan et al., 2005 p.196) indicated survey of good practice as will be seen below, one of their many sections was merely focusing on the elderly who are 60 years of age and their work was to bring out good practices to have a developed strategy in order to be able to cope with these problems and came out with ten recommendations for future policy development which are

- Stop discrimination by age and acknowledge the heterogeneity of older people
- Improve access of older people to effective psychological therapies
- Promote an increase in the social participation of older people
- Ensure that vulnerable risk group are reached by special programs
- Promote personal autonomy and possibilities for independent living to the fullest possible extent
- Provide adequate means to endorse social participation in all relevant settings

- Apply available evidence-based methods aimed at preventing and reducing physical morbidity, impairment and at increasing mobility

- Ensure help and support programs for those in crisis situation like bereavement, wish to die should be available and visible to the community and encourage older people to make use of them

- Include adequate amounts of gerontological education in the training of professionals working with older people

- Make interventions targeting major risk factors, such as social isolation, loneliness and physical ill-health, available for all European citizens

6.2.1 Nurse intervention on mental health promotion for the elderly

According to Hedeline and Svensson (1999) the guidelines on health policy within Europe and the health-for-all-strategy (WHO/EURO, 1993) it was stipulated that "in the year 2000, a real reduction in psychiatric disorders, suicides, and attempted suicides will have been archived" but psychiatric ill-health has increased rather than decrease. For instance in Sweden, anxiety and sleeping problems have been come common SOS-Rapport (1997).

There are setbacks in the existing research on concrete health promotion and preventive measures directed towards mental health. The knowledge and method developments are splitted. This is because the difference between mental health and ill-health is difficult to define. Another reason is the conflict within professional group about who is responsible for working with mental health promotion and prevention of mental illness.

Nurses have been advised to lead the health promotion work, Maglacas (1988). This has been featured by professional organizations and the councils in the USA, Canada and the UK among others Gillis (1995).

In the research Gott and O'Briem (1990) still in as cited in Hedeline and Svensson (1999), psychiatric nurses' responsibilities for, leadership of, health promotion work needs to be adapted contexts and level. The nurses' role is to develop a relation of care with individual or family. Nurses' acts together with other professionals, their community oriented work that involves several levels to promote the health of individual. Nursing interventions comprise s of different levels that changes all the time. The first level

involves the local society including politicians and decision makers in the health care department, social services and voluntary organization for inter-sectorial cooperation. The second level includes different groups of people within the target group, personnel groups within the home nursing together with interest organization. The level comprises individual members of the target groups whose health and wellbeing are focused according to their participation.

There is a relationship among these three levels and between groupings and individual within the levels. The health promotion work can be described as a process that changes over time and can be explained using three partly overlapping phases which are the preparatory phase, intervention phase and the final phase as explained in the appendix 3 Hedelin and Svensson (1999).

6.2.2 Examples of good practice on mental health promotion for the elderly

There are examples of good practice on mental health promotion according to (Cattan 2002a, p.218) as mentioned in (Cattan et al., 2005) that they have been very "good Practice" which is based on a "long-term experience" rather than evidenced on theory or research. Also as quoted that "several attempts have been made to collect and disseminate such information without making claims about comprehensiveness" in Cattan (2002b), (Berkels et al., 2004) and Saymour and Gale (2004) in their work, they pin-point the following as examples of good practice:

Raising awareness

According to the Liverpool city council (2004) as mentioned in (Cattan et al., 2005), there is one act, one person play which has toured the UK for several years. The objective of this play are to illustrates the problems of loneliness in old age and consequence concerns, fear and frustration; to generate empathy and understanding of the problems; to act as a catalyst for coming up discussions; and to provide information about local services and activities. The feature raises issues around depression, loneliness, fear of taking into care, the value of friends and the adjustment of new role in life.

32

Centers for older people

As seen in (Cattan et al., 2005), Centers for older people have been created in so many countries around the world to help with the needs for the elderly. The researcher Thewlis (2001) made it clear in his work that even though some day care centers for elderly has some controversial issues, others have volunteered to listen to the actual need for the elderly and has also tried to develop effective ways to handle their situations for instance the day care center in Oxfordshire United Kingdom. They have regular several sessions to make consultations which give huge opportunity and also help to widen the community networks. This center gives privilege to trip out, home visiting, social activities, transport to health services.

Preventing depression

According to Dalgard (2005), a Norwegian community mental health profile found in (Cattan et al., 2005), they are community schemes which are not meant for the elderly but the elderly are being identified as one of the many groups on high risk. Their aim is to have a reduction on psycho-social risk factors, to reduce level of depression and anxiety and to increase the social interaction.

Community involvement

In the project carried out in the Norwegian community mental health profile by Dalgard (2005), the goals of the project are to reduce psycho-social risk factors, to strengthen protective factors, to decrease levels of depression and anxiety and to increase social integration as mentioned in (Cattan et al., 2005).

Supporting independence

Good neighbor scheme UK is a part of a large number of befriending schemes in the UK. The objective of the support is to provide regular support for the socially isolated older people in their own homes to enable them to retain independence for as long as possible. The main activities involved are, accompanying people to medical appointments, daytime activities and shops, reading mail for the visually impaired, be-friending dog walking and emotional support (Cattan et al., 2005).

Supporting lonely elderly people

The outlay Action for older people UK is a project that was started by older people in outlay area. The project is special in such a way that it is run by the older people for the elderly. The project is involved with providing support through activities for individuals, as well as raising awareness of social isolation and loneliness. The aim is to reduce the effects of loneliness on older people (Cattan et al., 2005).

Ethnic minority mental health promotion

The black and minority ethnic elderly group was establishing in 2000 in conjunction with age concern. This was started by elderly people and local community activist. The goal is to make sure that ethnic elders are giving the same opportunity for consultation and participation as their majority elder counter parts, and to push forward common agendas and approaches in care development and management of services to ethnic elders and their careers Age concern Scotland (2005) as it was mentioned. This organization intends to bring together elderly people from a wide range of cultural and ethnic backgrounds in one forum. Its intervenes for social inclusion of older people , and promote equality of citizenship and opportunity to develop better access to housing, health, social work and education by providing culturally sensitive services (Cattan et al., 2005).

Suicide prevention

The wisdom and wellbeing language specific telephone support groups for older people, new south west Australia is a project that aims that improving protective factors against suicides and reduce suicides risk factors for elderly people from non-English speaking backgrounds. The project uses telephone conferences to bring people together in groups so that people who are isolated due to living in remote areas, to poor physical mobility or to lack of adequate transport are able to participate and these groups are managed in different languages (Cattan et al., 2005).

7 CONCLUSION

Considering the causes and effects of loneliness among the elderly as seen in the above review, it has been proven that there is good evidence that social support activities in the group-based are very efficient in the reduction of social distress, social isolation and loneliness. It is also evident that exercise promotes self-esteem, happiness and well-being and reduces depression. However, there is conflicting evidence regarding the effectiveness of befriending, and home visiting scheme for older people. Qualitative research advocates that there are acceptable and helpful.

This review has also acknowledged those factors that impact loneliness and mental health, their mental health promotion needs and not forgetting the theory that helped to further analyze these factors in order to establish an effective promotion interventions. Mental health goes hand in hand with public health; therefore emphasis should be put on mental health promotion and should be incorporated with all public health strategies. The importance of mental health needs to be emphasized throughout the European Union and across all levels and all sectors of society. By doing so, we ensure that we live in a caring world that understands the promotion of mental health as an explicit and implicit assumption of public and private life. It is able to give mental health patients with mental health problems the health and treatment they really need so as to help them to live a life of decency in conformity with their basic human rights. Lavikainen (2000), gave out a message which says: "there is no health without mental health! Mental health must be regarded as an invisible art of public health"

8 RECOMMENDATION FOR FUTURE STUDIES

During the literature review process there are questions that arose that had limited research on. The authors of this thesis recommend further research on those questions as given below:

- What particular issue of inequality in old age should be taken into account when planning mental health promotion interventions for elderly?
- How might the elderly peoples' own perceptions of mental health and mental ill-health be applied when interventions are developed?

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10 APPENDICES

Appendix 1

UCLA Loneliness Scale:
INSTRUCTIONS: Indicate how often each of the statements below is descriptive of you.

C indicates "I often feel this way"
S indicates "I sometimes feel this way"
R indicates "I rarely feel this way"
N indicates "I never feel this way"

1. I am unhappy doing so many things alone	O S R N
2. I have nobody to talk to	O S R N
3. I cannot tolerate being so alone	O S R N
4. I lack companionship	O S R N
5. I feel as if nobody really understands me	O S R N
6. I find myself waiting for people to call or write	O S R N
7. There is no one I can turn to	O S R N
8. I am no longer close to anyone	O S R N
9. My interests and ideas are not shared by those around me	O S R N
10. I feel left out	O S R N
11. I feel completely alone	O S R N
12. I am unable to reach out and communicate with those around me	O S R N
13. My social relationships are superficial	O S R N
14. I feel starved for company	O S R N
15. No one really knows me well	O S R N
16. I feel isolated from others	O S R N
17. I am unhappy being so withdrawn	O S R N
18. It is difficult for me to make friends	O S R N
19. I feel shut out and excluded by others	O S R N
20. People are around me but not with me	O S R N

Scoring:
Make all O's =3, all S's =2, all R's =1, and all N's =0. Keep scoring continuous.
Self-Report Measures for Love and Compassion Research: Loneliness and Interpersonal Problems

Source: Russell, D , Peplau, L. A.. & Ferguson, M. L. (1978). Developing a measure of loneliness. Journal of Personality Assessment, 42, 290-294.

Appendix

Table 5. Determinants and influences of mental health of the elderly

Determinants	Influences
Cultural determinants	Social interactions social function Cultural dimension Stigma and ageism
• *Gender*	Depression Social status Gender roles Poverty/depreciation
• *Bereavement*	Dying and death Bereavement and grief
Social determinants • *Physical environment*	Social isolation/loneliness Violence /abuse Education/literacy Human rites Social support, social contact Housing Transport Rural isolation Quality of external environment
Personal determinants	Impact of injury Coping Resilience Retaining control
Economic determinants	Retirement Poverty Contact with family Social security Pension
• *Health and social services/ health promotion*	Diversity among older people Caring responsibilities
Behavioral determinants	Physical activities Driving Alcohol consumption Nutrition Health risk behavior Social control

Source: M Cattan and S Tilford 2006:189

Appendix 2

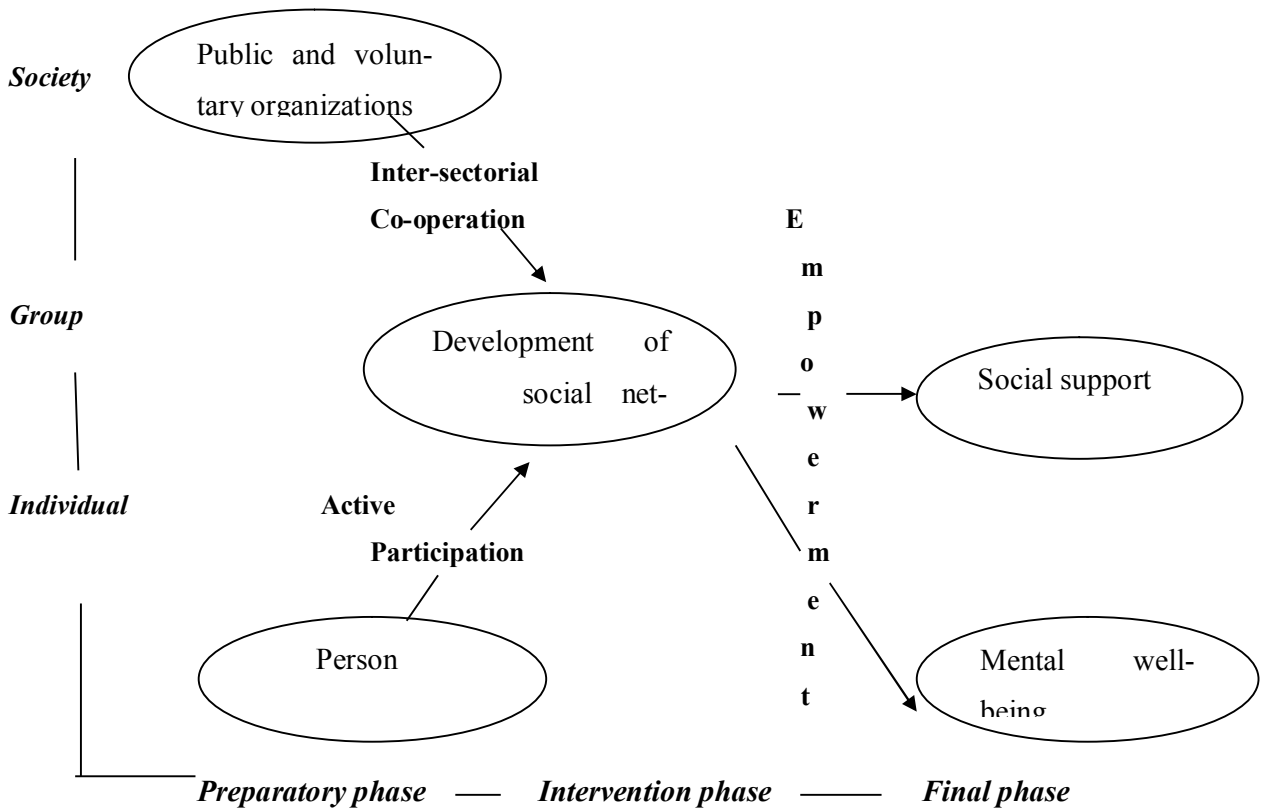*Table 6. Leeds model of mental health promotion applied to alleviating Loneliness among the elderly*

Factors which promotes mental health	
From practice	**From research**
Individual level	
• Valuing individuality • Recognizing diversity of older people • Reminiscence	• Feeling safe • Beliefs in personal ability to carry out tasks • Exercise and physical activity • Resourcefulness • Buddying
Community Level	
• Raising awareness • Reducing stigma • Share ideas and ways of working • Being valued	• Group activity • Desired social networking • Social support • Practical support like transport • Reciprocity • Careers support volunteering
Structural policy	
• Strategy based on what the older people say • Links with initiative goals • Working collectively • Ethos of older people as active citizens	• Ensure services and activities are delivered equitably and enable those at most need to gain access • Older people enabled be involved and consulted at all levels of planning and developing work
Target group	
• People with sensory impairments • People with mobility problems	• Recently widowed older people • Women living alone • Caregivers and receivers • Men • Women • Ethnic minority • Communities • Older people especially with mental health problems

Source: Cattan and Ingold 2003:18

Appendix 3

Fig 2. Nurse intervention on mental health promotion

Levels in promotion work

	Preparatory phase —	Intervention phase ———	Final phase
Psychiatric Nurse Intervention	• Map mental health situation in target group • Make results known, discuss appropriate actions with primary health care, social services and target group • Identify, inform and involve public an voluntary organizations and individual	• Mobilize personnel and material resources • Organized and lead groups • Educates and supervise leaders and key persons in health, mental ill-health and psychiatric nursing • Inform target group, general public and decision makers • Supports and motivate persons and groups • Solve conflicts	• Withdraw gradually, moved responsibility to target groups • Acts when requested by target group • Documents and evaluate

Source: Hedeline and Svensson (1999)

Appendix 4

Authors	Articles	Aim	Methods	Results
Tiikkainen and Heik-kinen 2005	Association between loneliness, depressive symptoms and perceived togetherness and older people.	They used a five year fellow up to study the occurrence and association of loneliness and depressive symptoms using a six dimension of perceive togetherness which better explain loneliness and depressive symptoms at its baseline.	207 residence at the baseline of age 80 years and 133 residence at the follow up of age 85	Their result shows that more depressive symptoms predicts more experience of loneliness
Aartsan and Jylha 2011	Onset of loneliness in older adults: Results of a 28years prospective study	The aim of this research is to test if often observed correlate of loneliness in older age are related to onset of loneliness longitudinally	469 older adults of 60 years of age and 89 years at baseline	Their results shows that age, gender, losing a partner, reduce social activities, increased feelings of low mood, uselessness and nervousness where found to have caused loneliness
Savikko, N. 2008	Loneliness of older people and elements of an intervention for its alleviation	The aim of their study was divided into two parts. Part one being to acquired information on the concept of loneliness, its relationship with social isolation, global feelings of insecurity and information on the prevalence community dwelling order's people loneliness. The part two aimed to identify the essential elements of the psychological group rehabilitation(PGR) and to describe the experience of the participants of (PGR)	Two methods were used to get data. In part one; they collected data using questionnaires from 4,113 participants with average age of 81. The part two data was collected using diaries written by the psychological group rehabilitation intervention group leaders and feedback of the questionnaires were filled after the intervention by participants.	Result shows that loneliness is more common in older aged groups like widows, widowers and residence who are living alone and it is being associated with poor income former physical heavy work and insufficient education. Although those elderly who are living in the cities are often better and less lonely than those who live in small cities and villages, loneliness still prevails. Needs for daily help for day to day matters, few outdoors activity, poor functional status, poor subjective health, poor vision and impaired hearing, lack of contacts with children and friends; all these causes loneliness. For more personal and

				self-reported causes, are death of spouse, illness, lack of friends, meaningless life, living conditions, absence of relatives, illness of spouse, these makes them to isolated and in the course they become more depressed and lonely as they all highlighted as causes of loneliness.
Graneheim Ulla H, and Lundman 2010	Experience of loneliness among the very old	The aim of the study was to clarify the experience of loneliness among the very old living alone	Data was collected through interviews among Twenty three women and seven men of aged 85-103	Their result shows that the experience of loneliness among the elderly is something that is very complex and has to do with their past, present and future relations There had some limitation imposed to loneliness like feeling abundant and loss of a relative while opportunity of loneliness is living in confidence, feeling free and adapting to situations
Lampinen P et al. 2006	Activities as a predictor of mental well-being among older adults	Their aim was to examine the role of physical and leisure activities as predictors of mental well-being among adults born between 1904-1923	An interview using path analysis was done at the baseline with one thousand two hundred and twenty four participants of ages 65-85 years and sis hundred and sixty three participant at follow up.	The result shows that 20 percent of women and 30 percent of men experienced loneliness because of poor mental well-being with its predictors which are physical activites nd leisure. He proposed that since mental well-being in later life is linked with activities; better health and mobility status will be a target for preventive measures in the future for older people.
C. O'Luaniagh et al. 2012	Loneliness and cognition in older people	The aim of the study were to explore the relationship between loneliness and cognition and to determine whether specific cognitive domains are	They used a cross-sectional community based study where 466 community-dwelling sub-	The cross-sectional study gives that there is relation between loneliness and specific aspects of cognition independence of social networks, depression and demographic aspects

		associated with lone-liness	jects with mean age 75-45(SD 6.06) years of which 208(44 percent) males.	of self-related loneliness
Tilvis R et al. 2011	Suffering from loneliness indicates significant mortality risk of older people	Their study was aimed to examining those feelings of loneliness associated with all-cause mortality of an aged population in general	A survey was carried out through postal questionnaires and 3687 respondents of ages 74+ years participated	Loneliness was seen to be more common in woman than in men, poor health, low educational level, poor vision and hearing, needs for daily assistance and inability to walk around
Hawkley et al. 2008	Social structural factors to perceptions of relationship quality and loneliness	Aimed to study the unidirectional relationship between loneliness and health	A cross sectional and longitudinal analyses	Result shows that loneliness is strongly connected to genetics and has factors that contribute like situational variables such as physical isolation, moving to a new location and divorce, death which is so significant in a person's health and slow loneliness can be a symptom of psychological disorder like depression.
Golden et al. 2009	Loneliness, social supports network, mood and wel-being in community dwelling elderly	Their aim was to examine the relation between social networks, loneliness, depression, anxiety and quality of life in community dwelling older people living in Dublin	One thousand two hundred and ninety nine participants aged 65 and above were interviewed	Their result shows that loneliness was higher in women, older people with physical disabilities, widows.
Eloranta et al. 2008	Personal resources supporting older people living at home care clients	Their aim was to described personal resources of older adult of age 71 and above , their perception and factors that enhance their ability to live independently at home	They used unstructured interviews of 21 older home care client to collect data	Their result show that loneliness was related to the death of close relatives, children, spouses and also not having anyone to talk to
Cattan et al. 2005	Preventing loneliness and social isolation among elder people: a sys-	The aim of their study was the determination of an effectives mental health promotion interven-	They used systematic literature review and used standard form to get in-	Their finding was classified into four categories which was based from research and from practice. They are as follows

	tematic review on health promotion interventions	tion that targets social isolation and loneliness among the older people	formation	The individual level which talked about voluntary individuality, the community level which is raising awareness, being valued, the structural level which is strategy based on what the older people say and the target group level which is people with sensory impairments and mobility problems
Hedelin and Svensson 1999	Psychiatric nursing for promotion for mental health and prevention for depression in the elderly; a case study	The aim of the study was to describe and analyze the basic precondition for an intervention program focusing on the mental health promotion and prevention of depression in an elderly community group and to discuss the psychiatric nurse community-oriented health promotion work.	They use an inter-sectorial co-operation between public and voluntary organization and also development of society networks	The results show how the nurse function in the community-oriented work on an individual, group and society levels and also how the nurses can mobilize resources among individuals and organizations and to create a favorable interaction resulting in health and empowerment of an individual and also promote the health of the elderly and prevent depression.