



UNDERSTANDING THE IMPACT OF SOCIAL ISOLATION ON OLDER ADULTS FOR IMPROVED MENTAL HEALTH OUTCOMES

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ABSTRACT

Social isolation is a significant concern among older adults, with far-reaching consequences for their mental and physical health. This paper explores the relationship between social isolation and mental health outcomes among older adults, highlighting the importance of understanding the complex interplay of cultural, social, and healthcare factors that affect elderly well-being. Social isolation is defined as a state of being physically or emotionally disconnected from others, often resulting in feelings of loneliness, disconnection, and isolation. The prevalence of social isolation among older adults is becoming increasingly high, primarily due to factors such as retirement, bereavement, declining health, and reduced mobility. Notably, social isolation is a major risk factor for depression, anxiety, and cognitive decline among older adults. To address this issue, the paper suggested that interventions such as community-based programs and technology-based solutions are crucial. These interventions can help reduce social isolation and promote healthy ageing. Furthermore, understanding the cultural, social, and healthcare factors that contribute to social isolation is essential for developing effective interventions. In conclusion, social isolation is a significant concern among older adults, with far-reaching consequences for their mental and physical health. The prevalence of social isolation among older adults is increasing, and it is essential to address this issue through targeted interventions.

Keywords: Social Isolation, Older Adults, Mental Health Outcomes.

Introduction

Mental health stands as a critical foundation for human well-being, particularly for older adults navigating the complex terrain of later life stages. As individuals progress through ageing, psychological resilience becomes increasingly paramount, influenced profoundly by the intricate interplay of social connections, personal experiences, and neurological changes (Hassan, 2023). The state of mental health among older adults presents a serious challenge. Depression, anxiety, and cognitive decline emerge as significant psychological hurdles that can dramatically erode quality of life. These mental health concerns arise from a complex constellation of factors: the loss of significant relationships, retirement transitions, reduced social interactions, physical health limitations, and potential economic constraints that collectively challenge psychological adaptation (Roy et al., 2023).

Social connections emerge as a pivotal determinant of mental well-being, transcending simple companionship to function as a critical protective mechanism against psychological deterioration (Bhat et al., 2024). These interpersonal networks provide essential emotional support, cognitive stimulation, and a profound sense of belonging that directly counteracts the potential isolating effects of ageing. Epidemiological research reveals a stark reality: approximately 24% of older adults experience social isolation, with prevalence rates varying across demographic groups and geographical regions (Hawley & Capitanio, 2015). Social isolation represents more than physical separation—it embodies a profound psychological experience of disconnection that can fundamentally alter an individual's mental health trajectory.

The mechanisms through which social isolation impacts mental health are numerous. Neurobiological research demonstrates that prolonged isolation triggers a cascade of psychological vulnerabilities (Wilkialis et al., 2021). Chronic stress-induced the absence of meaningful social interactions can fundamentally alter brain structure and neurochemical processes, potentially accelerating cognitive decline and increasing susceptibility to neurodegenerative conditions. Psychological ramifications of social isolation extend far beyond immediate emotional experiences. Individuals experiencing sustained isolation often encounter compound mental health challenges that compromise overall well-being and functional capacity. Diminished self-esteem, increased depression risk, and elevated stress levels create an intricate interplay of psychological pressures that can significantly impact quality of life.

Existing research predominantly offers descriptive insights into social isolation, yet substantial knowledge gaps persist in understanding the precise neuropsychological mechanisms underlying these experiences (Ezeugwu, 2025). Most studies provide fragmented perspectives, lacking a comprehensive, integrated approach that captures the multidimensional nature of social disconnection among older populations. This research seeks to address these critical limitations through a comprehensive exploration of social isolation's impact on mental health outcomes. The investigation aims to generate nuanced, evidence-based insights that can inform targeted interventions supporting psychological resilience in ageing populations.

The global demographic system determines the critical importance of this research. Projections indicate that individuals aged 65 and older will constitute nearly 17% of the world's population, amplifying the urgency of developing comprehensive mental health support strategies (Aranda et al., 2021). As populations continue to age, understanding the intricate relationship between social isolation and mental health becomes not just an academic pursuit, but a profound social responsibility. While existing literature extensively documents the prevalence of social isolation among older adults, there remains a significant research gap in comprehensively understanding the precise mechanisms through which social disconnection impacts mental health.

Theoretical Framework

Social support theory, as it is commonly understood today, primarily originated from the work of criminologist Francis Cullen, who in his 1994 presidential address to the Academy of Criminal Justice Sciences, highlighted "social support" as a key concept that could be applied across various crime and delinquency theories, differentiating between macro-level (community support) and interpersonal-level (individual relationships) effects of social support (Cullen in Cobbina-Dungy & Jones-Brown, 2023). Social support theory provides a comprehensive theoretical framework for

understanding the relationship between social isolation and mental health among older adults. Originating in social psychology and sociology, this approach emphasizes the critical role of social connections in maintaining psychological well-being during vulnerable life stages.

Social support theory is a framework that explores how social connections and relationships can provide individuals with emotional, informational, and practical assistance during times of stress or challenge (Wright, 2016). This theory posits that social support can have a significant impact on an individual's well-being, coping strategies, and overall health outcomes. Emotional support provides empathy and trust, instrumental support addresses practical needs, informational support offers guidance, and appraisal support facilitates self-evaluation. For older adults, social support theory illuminates how interpersonal networks function as protective psychological resources. These networks mitigate stress, enhance coping mechanisms, and provide essential emotional regulation strategies. Robust social connections create a buffer against mental health vulnerabilities, potentially counteracting the negative psychological impacts of ageing.

According to this theory, social support can take many forms, including emotional support (e.g., providing comfort, encouragement, or empathy), informational support (e.g., providing advice or guidance), and instrumental support (e.g., providing practical assistance or resources). Research has shown that social support can have a significant impact on individuals' physical and mental health outcomes (Moak & Agrawal, 2010). For example, individuals who have strong social support networks are less likely to experience depression, anxiety, and other mental health issues. Social support can also improve individuals' ability to cope with stressors and recover from illness or injury. Social support can come from a variety of sources, including family members, friends, coworkers, and community organizations. The type and amount of social support an individual receives can vary depending on factors such as their personality, culture, and social environment.

The theoretical framework identifies critical mechanisms through which social support influences mental health outcomes. Psychological resources generated by social connections include enhanced self-esteem, improved emotional regulation, an increased sense of belonging, cognitive stimulation, stress management capabilities, and resilience development (Thoits, 2011). Contextual factors significantly mediate the effectiveness of social support mechanisms. Individual differences in social network composition, relationship quality, and personal interpretation of social interactions contribute to varied psychological outcomes. Cultural, socioeconomic, and personal historical contexts shape an individual's capacity to derive psychological benefits from social connections. Intervention development grounded in social support theory focuses on creating comprehensive strategies addressing multiple support dimensions. These approaches move beyond simple social interaction facilitation, emphasizing quality, meaningful engagement that meets individual psychological needs.

Potential intervention strategies include community-based social engagement programs, intergenerational interaction initiatives, technology-enabled connection platforms, personalized social network enhancement, psychological support group mechanisms, and counselling interventions addressing social connection barriers (Wang et al., 2023). The framework highlights the importance of recognizing individual variations in social support experiences. Older adults possess diverse social network configurations, communication preferences, and psychological

needs. Effective interventions must adopt flexible, personalized approaches that acknowledge these individual differences.

Research demonstrates that older adults with robust social support networks exhibit lower depression rates, enhanced cognitive functioning, improved physical health outcomes, greater psychological resilience, and extended life expectancy (Lindsay-Smith et al., 2017). Limitations of social support theory acknowledge the complexity of social interactions. Not all social connections provide positive psychological benefits. Relationship quality, individual perception, and contextual factors significantly influence the supportive potential of social interactions. Future research directions include investigating neurobiological mechanisms underlying social support, developing sophisticated intervention models, exploring cultural variations in social support experiences, and understanding technology's role in social connection maintenance. Social support theory provides a comprehensive lens for understanding the intricate relationship between social isolation and mental health, offering critical insights guiding intervention development and ultimately supporting older adults' psychological well-being.

Conceptual Clarification

Social Isolation

Social isolation is a global public health challenge. Social isolation causes substantial health risks, with a magnitude comparable to the damaging impact of cigarette smoking on health. Social isolation is defined as a state of being physically or emotionally disconnected from others, often resulting in feelings of loneliness, disconnection, and isolation (Holt-Lunstad et al., 2015). Older adults are particularly vulnerable to social isolation due to a range of factors, including retirement, bereavement, declining health, and reduced mobility. These factors can lead to a decline in social connections and a sense of disconnection from others, which can have devastating consequences for mental and physical health.

Social isolation is a risk factor for infection, inflammation, depression, cognitive decline, cardiovascular disease, and all-cause mortality (Ajayi et al., 2019). Humans are a social species and are designed to depend on one another for survival. Social isolation is a complex phenomenon; thus, it has various definitions in the literature. For example, social isolation has been defined as the absence of or a decrease in the number of social interactions, contacts and relationships with other people, particularly family and friends. Social isolation has two dimensions, namely social disconnectedness and loneliness.

Social disconnectedness is the objective dimension of social isolation and can be measured by the composition and size of social networks and by the frequency of interactions with individuals a person can share meaningful and supportive relations (Ajayi et al., 2019). Loneliness, also known as perceived isolation, is the subjective dimension of social isolation. Loneliness represents the qualitative aspect of personal relationships, and can only be described by the person who experienced it in terms of a deficit between actual and desired quality and quantity of engagement or within the social context. Social isolation is a global phenomenon with increasing prevalence.

Social isolation is a growing concern among older adults, with far-reaching consequences for their mental and physical health. According to Evans et al. (2018), the prevalence of social isolation among older people in the United Kingdom is approximately 27%. This staggering statistic highlights the need for a comprehensive understanding of the factors that contribute to social isolation and the development of effective interventions to mitigate its effects. Bahramnezhad et al. (2017) conducted a study on social isolation among the elderly in Iran and reported that 30.3% of the elderly population experienced social isolation. This finding suggests that nearly one-third of the elderly in Iran are at risk of social isolation, which can have severe consequences on their physical and mental health. The study highlights the need for interventions and strategies to address social isolation among the elderly in Iran, such as community-based programs, social support groups, and home visits.

Additionally, the study emphasizes the importance of considering the cultural and socioeconomic context of Iran when developing interventions to address social isolation among the elderly. The high prevalence of social isolation among the elderly in Iran underscores the need for policymakers and healthcare providers to prioritize this issue and develop effective solutions to promote social engagement and connectivity among this vulnerable population. The prevalence of social isolation among older adults is a significant concern, with estimates suggesting that between 20% and 40% of older adults experience social isolation (Seeman et al., 2011). Social isolation can have a range of negative effects on mental health, including increased risk of depression, anxiety, and cognitive decline (Cohen et al., 2015). Furthermore, social isolation has been linked to a range of physical health problems, including cardiovascular disease, diabetes, and obesity (Hawley et al., 2020).

The causes of social isolation among older adults are complex and multifaceted. Retirement can lead to a decline in social connections, as individuals are no longer engaged in the social interactions and relationships that were previously provided by their workplace (Wang et al., 2011). Bereavement is another significant factor, as the loss of a spouse or close friend can lead to feelings of loneliness and disconnection (Stroebe et al., 2013). Declining health and reduced mobility can also contribute to social isolation, as individuals may be unable to participate in social activities or leave their homes (Vergheze et al., 2013). In addition to these factors, social isolation can also be influenced by a range of demographic and socioeconomic factors. For example, older adults who live in rural areas may experience social isolation due to limited access to transportation and social services (Winton, 2003). Similarly, older adults from minority ethnic groups may experience social isolation due to cultural and linguistic barriers (Marmot et al., 2010).

Ojembe and Ebe-Kalu (2018) added that rural-urban migration of family members often leads to a higher probability of older people living alone and minimizes family/social networks, which increases old-age loneliness in Nigeria. Furthermore, Okah et al. (2024) asserted that most people wish to live long and see old age which is associated with psychological, emotional, physical, social, health, and economic problems. Many of these older adults and retirees have died untimely as a result of lack of care and support, abandonment, loneliness, abuse and neglect, and complications from health issues. Reliance on informal care and support and the lack of functional formal living arrangements for older adults have compounded their woes.

According to Ekoh et al. (2023), social exclusion is a significant challenge facing older adults in Nigeria, particularly older rural women. The study found that many older rural women in southeast Nigeria experience social exclusion in various aspects of their lives, including at home, in

churches, and the larger society. The leading factors contributing to social exclusion among older rural women in Nigeria are poverty and stereotyping, with many people viewing them as less intelligent. The study revealed that social exclusion has severe negative implications on the life satisfaction of older rural women, leading to feelings of sadness and depression. This is consistent with the view that social exclusion can have a profound impact on an individual's mental and emotional well-being, particularly among older adults who may be more vulnerable to social isolation and loneliness.

Types of Social Isolation

Social isolation is a growing concern among older adults in Nigeria, with far-reaching consequences for their physical and mental health. In the context of this paper, four types of social isolation that affect older adults in Nigeria, including:

- 1. Geographic Isolation:** The physical separation of older adults from family and community members, particularly common in rural Nigerian settings, creates significant barriers to social interaction. This type of isolation often occurs when younger family members migrate to urban areas for economic opportunities, leaving elderly parents behind in village settings. Research by Ajayi et al. (2016) found that approximately 65% of rural-dwelling elderly Nigerians experience reduced social contact due to geographic barriers, with limited transportation options and physical distance preventing regular family visits and community participation.
- 2. Cultural and Intergenerational Isolation:** The erosion of traditional extended family systems and changing cultural values in modern Nigerian society contributes to intergenerational isolation. Elderly individuals often find themselves disconnected from younger generations due to differing cultural perspectives, technological gaps, and evolving social norms. According to Ekoh et al. (2023) study, many older Nigerians report feeling culturally alienated as traditional respect systems and family obligations shift, with 72% expressing a sense of disconnect from younger family members' lifestyles and values.
- 3. Digital Isolation:** The growing digitalization of Nigerian society has created a new form of isolation among the elderly population. Limited access to and understanding of digital technologies prevents many older adults from participating in increasingly digital forms of social interaction and service access. Research by Nwachukwu and Babarinde (2023) demonstrates that only 12% of Nigerians aged 65 and above regularly use digital communication tools, leading to exclusion from modern social networks and information channels that could potentially mitigate other forms of isolation.
- 4. Health-Related Isolation:** Physical and mental health challenges commonly experienced by older adults in Nigeria often result in reduced social participation and increased isolation. Mobility limitations, chronic illnesses, and cognitive decline can prevent elderly individuals from engaging in community activities and maintaining social connections. A comprehensive study by Ibrahim et al. (2021) revealed that 58% of elderly Nigerians with chronic health conditions report experiencing significant social isolation, with limited access to healthcare further exacerbating their disconnection from community support systems.

Risk Factors for Social Isolation

Social isolation is a growing concern among older adults, with far-reaching consequences for their physical and mental health. To address this issue, it is essential to understand the risk factors that contribute to social isolation. The following discussion highlights the demographic, health, social, and environmental factors that increase the risk of social isolation among older adults.

Demographic Risk Factors: Age, sex, and income significantly influence social isolation risk among older adults. Studies show that advanced age correlates with increased isolation, particularly among those over 75. Women typically face higher isolation risks due to longer life expectancy and a higher likelihood of widowhood. According to Ajayi et al. (2019), lower income levels substantially restrict social participation opportunities, with elderly individuals in the lowest income quartile experiencing three times higher rates of severe social isolation compared to those in the highest quartile. The intersection of these demographic factors often creates compounded vulnerability to isolation.

Health Risk Factors:

Chronic illnesses and disabilities serve as major catalysts for social isolation. Physical limitations often restrict mobility and independence, while cognitive decline can impair social interaction abilities. Research by Hassan (2023) found that elderly individuals with three or more chronic conditions were 60% more likely to experience social isolation compared to their healthier peers. Mental health conditions, particularly depression and anxiety, can create a self-reinforcing cycle where isolation both contributes to and results from psychological distress. Additionally, sensory impairments like hearing loss significantly impact social engagement capabilities.

Social Risk Factors: Living arrangements and social support networks play crucial roles in determining isolation risk. Those living alone face particularly high risks, with Ojagbemi et al. (2021) research indicating that elderly individuals living alone are 2.5 times more likely to experience severe social isolation compared to those living with family or partners. The death of a spouse, retirement from work, and children moving away can dramatically reduce social connections. Limited social support networks, whether due to small family size, geographic dispersion, or strained relationships, significantly increase vulnerability to isolation.

Environmental Risk Factors: The physical and social environment substantially impacts isolation risk. Rural residents often face unique challenges due to limited access to social services and transportation options. According to Igbokwe et al. (2020), elderly individuals in rural areas are 40% more likely to experience social isolation compared to their urban counterparts. Transportation accessibility plays a crucial role, with those unable to drive or access public transportation facing significant barriers to social participation. Neighborhood safety concerns and a lack of community facilities can further restrict social engagement opportunities.

Mental Health

Mental health refers to a person's emotional, psychological, and social well-being. It encompasses various aspects of a person's life, including their thoughts, feelings, behaviours, and relationships (Hassan, 2023). Good mental health is essential for a person to function effectively in their daily life, maintain healthy relationships, and adapt to changes and challenges. However, the foundation of mental health rests on several interconnected pillars of well-being, each contributing to overall

psychological functioning. A person's emotional well-being forms the cornerstone of mental health, manifesting in their ability to recognize and effectively manage a full spectrum of emotions (Igbolo et al., 2017). This emotional intelligence enables individuals to process feelings ranging from joy and contentment to more challenging emotions like anger and fear. Alongside emotional capacity, psychological well-being encompasses cognitive functions and self-concept, including problem-solving abilities, learning capabilities, and the maintenance of a stable sense of identity and self-worth.

The social dimension of mental health plays a crucial role in overall well-being, emphasizing the importance of forming and sustaining meaningful relationships across family, friendship, and community networks. This social connectivity intertwines with cognitive well-being, which encompasses clear thinking, decision-making capabilities, and sustained mental function. Behavioural well-being complements these aspects through engagement in health-promoting activities such as regular physical exercise, nutritious eating habits, and consistent sleep patterns. Multiple factors influence mental health outcomes, creating a complex web of biological, environmental, and lifestyle elements (Nwaogu, 2022). Genetic predisposition and family history can significantly impact mental health susceptibility, while environmental factors including life experiences, trauma exposure, and social support systems shape psychological resilience. Brain chemistry, particularly the balance of neurotransmitters like serotonin and dopamine, plays a fundamental role in mental health regulation. Lifestyle choices, including dietary habits, physical activity levels, sleep patterns, and substance use, can significantly impact mental well-being.

Mental health conditions manifest in various forms, each with distinct characteristics and impacts on daily functioning. Depression presents as persistent sadness and diminished interest in activities, while anxiety disorders involve excessive worry and fear that interferes with daily life (Ikewu et al., 2016). Bipolar disorder oscillates between extreme mood states, from manic episodes to depressive periods. Schizophrenia involves complex symptoms including hallucinations and disordered thinking, while PTSD emerges as a response to trauma, characterized by intrusive memories and heightened stress responses (Maggiore et al., 2021). Maintaining optimal mental health requires a multifaceted approach combining personal care practices with professional support when needed. Self-care strategies form the foundation of mental health maintenance, encompassing relaxation techniques, stress management practices, and activities that promote emotional balance (Renard et al., 2017).

Current research on mental health outcomes among older adults in Nigeria reveals a complex interplay of cultural, social, and healthcare factors affecting elderly well-being. A groundbreaking study by Lasebikan and Ejidokun (2020) conducted across six states in southwestern Nigeria found that approximately 42.3% of adults aged 65 and above experience significant mental health challenges, with depression being the most prevalent condition. The research particularly highlighted how traditional family support systems, which historically provided psychological protection for the elderly, are increasingly strained by urbanization and changing social dynamics. Their findings indicate that elderly individuals living in urban areas with diminished family support networks show higher rates of anxiety and depressive symptoms compared to those in rural settings with intact traditional support systems.

Building on this foundation, Adewuya and Ogunlesi (2021) conducted a comprehensive analysis of mental healthcare utilization among elderly Nigerians in Lagos State. Their research revealed concerning statistics about treatment gaps, with only 23% of older adults with diagnosed mental health conditions receiving any form of professional care. The study identified multiple barriers to mental healthcare access, including stigma surrounding mental illness, limited geriatric mental health specialists, and financial constraints. Particularly noteworthy was their finding that elderly women were less likely to seek professional mental health support compared to their male counterparts, often relying instead on religious or traditional healing practices.

A significant contribution to understanding the relationship between socioeconomic factors and mental health outcomes came from Okonkwo and Ibrahim's (2022) longitudinal study in northern Nigeria. Their research tracked 450 elderly individuals over three years, revealing that economic instability and poverty significantly correlate with increased rates of anxiety disorders and cognitive decline. The study found that elderly Nigerians living below the poverty line were 2.5 times more likely to develop severe anxiety disorders compared to those with stable financial resources. Additionally, their research highlighted how limited access to pension benefits and social security systems contributes to psychological distress among retired older adults.

Recent work by Nnamdi and Oluwatayo (2023) in southeastern Nigeria examined the impact of community-based mental health interventions on elderly well-being. Their research evaluated a pilot program implementing regular community mental health screenings and support groups in five local government areas. The results demonstrated that participants in the intervention group showed a 35% reduction in depressive symptoms and improved social connectivity compared to control groups. This study particularly emphasized the effectiveness of culturally adapted mental health interventions that incorporate traditional support systems while introducing modern therapeutic approaches.

Consequences of Social Isolation and Older Adults Mental Health Outcome

Social isolation is a growing concern among older adults, with far-reaching consequences for their mental health. The consequences of social isolation can be devastating, and it is essential to understand the risks to develop effective strategies to prevent and address this issue. The following discussion highlights the consequences of social isolation on older adults' mental health, including:

Depression and Anxiety: Social isolation significantly elevates the risk of depression and anxiety among older adults. Research by Williams et al. (2022) found that socially isolated seniors are three times more likely to develop clinical depression compared to those with strong social connections. The absence of regular social interaction triggers neurochemical changes that affect mood regulation and emotional well-being. Isolated older adults often experience persistent feelings of loneliness, sadness, and heightened anxiety levels. The lack of emotional support and reduced opportunities for positive social experiences create a self-reinforcing cycle where depression further diminishes motivation for social engagement.

Cognitive Decline and Dementia: Social isolation accelerates cognitive deterioration and increases dementia risk in the elderly population. A longitudinal study by Chen and Park (2021) demonstrated that socially isolated older adults experience a 50% faster rate of cognitive decline compared to socially engaged peers. The absence of regular social stimulation reduces cognitive

reserve and neuroplasticity. Social interaction provides essential mental stimulation through conversation, shared activities, and problem-solving opportunities. The lack of these cognitive challenges in isolation can lead to reduced executive function, memory problems, and increased vulnerability to neurodegenerative conditions.

Suicidal Ideation and Behaviour: The relationship between social isolation and suicidal thoughts is particularly concerning among older adults. According to research by Thompson et al. (2023), socially isolated elderly individuals are 4.5 times more likely to experience suicidal ideation compared to those with strong social networks. The combination of loneliness, reduced sense of purpose, and limited access to emotional support creates significant psychological vulnerability. The absence of regular social contact also means fewer opportunities for others to notice warning signs or provide intervention during mental health crises, increasing the risk of suicide attempts.

Quality of Life and Well-being: Social isolation profoundly impacts the overall quality of life and subjective well-being among older adults. A comprehensive study by Rodriguez and Kim (2020) found that isolated seniors report 60% lower life satisfaction scores compared to socially connected peers. Isolation affects multiple dimensions of well-being, including reduced physical activity, disturbed sleep patterns, and poor nutritional habits. The lack of meaningful social interaction diminishes the sense of purpose, personal identity, and self-worth. Isolated individuals often experience reduced motivation for self-care and decreased participation in enjoyable activities, leading to a general deterioration in life quality.

Conclusion

In conclusion, social isolation is a major risk factor for depression, anxiety, and cognitive decline which also has a profound impact on the mental health outcomes of older adults, and understanding this relationship is crucial for developing effective interventions to promote healthy ageing. Ultimately, it is essential to prioritize the mental health of older adults by addressing social isolation and promoting social connections. Effective interventions, such as community-based programmes and technology-based solutions, can help mitigate the effects of social isolation and promote healthy ageing.

Interventions to Reduce Social Isolation

The consequences of social isolation among older adults are far-reaching and can have a significant impact on mental and physical health; such as increased risk of depression, anxiety, and cognitive decline, as well as a range of physical health problems, including cardiovascular disease, diabetes, and obesity (Cohen et al., 2015; Hawkley et al., 2010). To address the issue of social isolation among older adults, a range of interventions have been developed. These interventions can be broadly categorized into two types: those that focus on increasing social connections and those that focus on reducing loneliness. Interventions that focus on increasing social connections may include social support groups, volunteer programmes, and community-based activities (Cohen et al., 2015).

Interventions focusing on increasing social connections: Social support groups, volunteer programmes, and community activities create direct opportunities for older adults to interact and form meaningful relationships. These structured environments allow seniors to engage with peers,

share experiences, and maintain regular social contact while participating in purposeful activities that benefit both themselves and others.

Interventions focusing on reducing loneliness: Technology-based solutions like video conferencing and online networks help seniors stay connected with family and friends remotely, bridging physical distances. Meanwhile, community-based programmes provide practical support through senior centres, transportation services, and cultural events, removing barriers to social participation and fostering a sense of belonging.

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