

Gateway to Hope University (GTHU)

training, educational resources, and ongoing support to individuals, faith communities, schools, and workplaces.

We developed GTHU to provide you with the training needed to recognize, refer, relate, and effectively and compassionately respond to those in mental distress.



2

Mental Health Coach Training

- Evidence-based training incorporating ongoing research and feedback from GTHU network of Mental Health Coaches.
- Learn essential information, skills, practical scenarios, and actionable steps to compassionately respond to those in mental distress.
- Deepen your knowledge and response skills through our Specialization Trainings:

 o Addiction and Behavioral Health Disorders
 o Child and Adolescent Mental Health

 - Aging and Elder Care
 Trauma



Mental Health Coach Benefits Personalized Learning Profile Access to Mental Health Coach forum to connect with other Mental Health Coaches Access to Directory of Community Resources map Certification at the end of Mental Health Coach Training Mental Health Coach meetings and online events

1

Solo Agers: Towards a Working Definition

- A working definition worth considering: Individuals who, by choice or circumstance, function without the support system traditionally provided by family.
- "There is no set of characteristics or demographic factors to define
 those who are aging solo. The term masks variations in personal
 situations, income, culture, physical and mental abilities, personal
 attitudes, and choices. Aging solo is not about the absence of friends
 or family, but about the availability and quality of support when needs
 arise related to health crises and end-of-life decisions."

("A Backup Plan for Solos: Health Care Decision Making for People Aging Alone, Phase 1 Final Report" – Citizens League, Minneapolis, MM, 2019)



5

Solo Agers: More Prevalent Every Year

- A growing number of older adults (~1 in 6 Americans 55+) don't have
- In 1960, ~13% of U.S. households had a single occupant; today, it's ~30% (for 50+, it's ~36%).
- ~26 million Americans 50+ live alone (~15 million in 2000).
- Over 60% of older adults living by themselves are female.

(https://www.nytimes.com/2022/11/27/us/living-alone-aging.html)

XX

Solo Aging Isn't Inherently Problematic

- For many, solo aging can present a sense of freedom, autonomy and new opportunities to enjoy life.
- Solo aging can become problematic if one is socially isolated, feels lonely much of the time, or needs a caregiver – or other supports – and is unable to access them.

 $x \times$

7

Solo Agers: Social Isolation/Loneliness (1)

- Pre-pandemic, ~25% of older adults considered themselves socially isolated.
- Social isolation is an objective lack of social connection to (nearly) all others.
- Loneliness is the subjective feeling of being alone, regardless of the number of social contacts.
- Social isolation often catalyzes loneliness; however, loneliness is also catalyzed after significant life changes.

(National Academies, 2020

MX

8

Solo Agers: Social Isolation/Loneliness (2)

- Social isolation increases the risk of early death from all causes similar in degree to smoking or physical inactivity.
- Social isolation is associated with a 50% increased risk of dementia.
- Poor social relationships (characterized by social isolation or loneliness) are associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.

(National Academies, 2020)

MX

Solo Agers: Social Isolation/Loneliness (3)

- · Loneliness among heart failure patients is associated with a 4x increased risk of death, a 68% increased risk of hospitalization, and a 57% increased risk of emergency department visits.
- $\bullet\hspace{0.4cm}$ Loneliness is associated with higher rates of depression, anxiety, and
- Our Epidemic of Loneliness and Isolation, a 2023 report of Surgeon General Dr. Vivek Murthy, considers loneliness as a social diagnosis.

(National Academies, 2020) (https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf)



10

Solo Agers: Social Determinants of Health

- Social Determinants of Health (SDOH) include:

 - PovertyInsecure housing
 - Unsafe neighborhoods
 - o Lack of transportation
- · Social isolation can be caused by/exacerbated due to these factors; and can be more difficult to address.
- Social isolation is a societal problem, not just an individual one.



11

Solo Agers: Special Needs (IADL 1)

- Instrumental Activities of Daily Living (IADL), which differ from Activities of Daily Living (ADL; see HHCI CARES' "Aging with Grace" series) usually, people need help with IADL before ADL.
- IADL: the things we do for ourselves (until, for some reason, we can't):
 - o Housework
 - $\circ\;$ Food shopping and preparation
 - Other shoppingManaging medications
 - o Talking on the telephone
 - o Driving and/or using public transportation
 - Managing finances

XX

- The ability of solo agers to drive and/or use public transportation; and to manage finances; these IADL are arguably most critical to maintaining
- Driving and/or using public transportation impacts one's ability to leave their home and neighborhood.
- Managing finances isn't always about having enough money; often, one of the first effects of cognitive decline is the disruption of financial management and the successful avoidance of financial fraud/abuse.



Solo Agers: Proactively Establish Agents (1)

- Medical Power of Attorney (Primary; Secondary Healthcare Agents):
 Opes not have to be the same person as your financial agent, your advocate/navigator, or your helper
 - Does not need to be local (can communicate decisions by phone)
 Does need to understand your wishes/be willing to make decisions
 - based on said wishes
- Durable Power of Attorney (Primary; Secondary Financial Agents):
 Does not have to be the healthcare agent

 - o Does not have to be local (e.g., can handle transactions through online banking)
 - o Does need to be trustworthy



14

Solo Agers: Proactively Establish Agents (2)

 Ideally, choose trustworthy primary/ secondary agents who are a generation or two younger (i.e., mature enough to handle aging/end-of-life issues, but young enough to not yet experience them directly).



Fostering Independence/Connection (1)

- Establish/update wills, trusts, "what if" binders (legacy).
- · Establish/update advanced directives/living will (autonomy).
- Retain/update medical/legal professionals (advocacy).
- (Re)forge relationships heal rifts; be open to neighborly/crosscultural/intergenerational opportunities (emotional support).

¥ ×

16

Fostering Independence/Connection (2)

- Participate in local activities (e.g., hobbies; walking clubs; senior centers; faith communities; volunteering as a docent/mentor/ advocate/...).
- Leverage technology (e.g., Alexa or Google "social check ins"; video conferencing platforms; solo ager social media groups).
- Try to savor "what's going right" in the company of others/in your own company (gratitude).

XX

17

Fostering Independence/Connection (3)

- Additional Planning/Advocacy Tools: Aging Life Care Association; The Conversation Project; AARP; Five Wishes.
- Additional Pathways for Connection/Education: Village to Village Network; Front Porch; Navigating Solo Network; Eldercare Locator; National Council on Aging; Area Agencies on Aging.
- Recommended Reading: Being Mortal (Atul Gawande); Essential Retirement Planning for Solo Agers (Sara Zeff Geber).

XX









