

A look at the research



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Addressing social isolation among older migrants and refugees – what research evidence says

Impact of loneliness and social isolation

Literature has demonstrated a link between loneliness and social isolation with increased risk of developing (Hoang et al., 2022a; Majmudar et al., 2022):

- Cardiovascular diseases
- Cognitive deterioration
- Hypertension
- Infectious illnesses
- Early mortality
- Increased risk of dementia
- Increased risk of depression and suicide

It has been suggested that the health impact of loneliness and social isolation can be worse than risk factors such as smoking or obesity (Holt-Lunstad et al., 2015).

Prolonged social isolation also has harmful economic and social consequence (Hoang et al., 2022b). Although the social and health outcomes of social isolation are well documented, evidence regarding the prevention of isolation in later life remains scarce.

Risk factors for older migrants and refugees

Globally, international migrants are at elevated risk for experiencing loneliness due to separation from social networks in their countries of origin (Lee et al., 2020). Older migrants experience unique post-migration stressors that place them at higher risk for loneliness above and beyond factors like widowhood and chronic illness. These are (Lu et al., 2023):

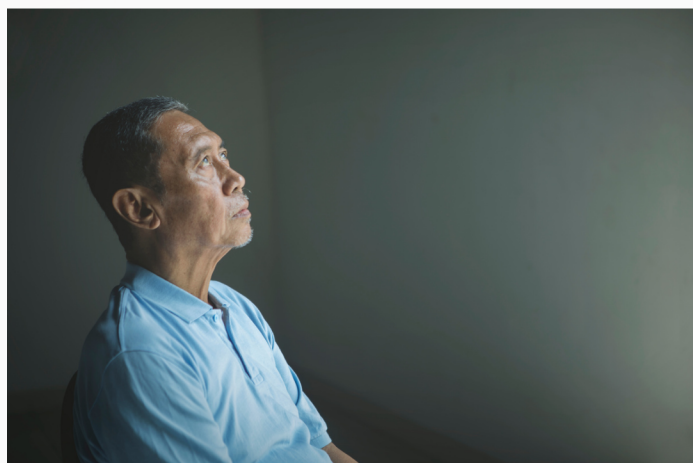
- Post-migration socioeconomic disadvantage
- Language and cultural barriers
- Discrimination that limits social opportunities

There is limited understanding of which factors matter most as holder immigrants are rarely studied on their own (Lu et al., 2023)

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May 2025

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Risk factors cont'd

In a large Canadian study, it was found that **older females had substantially higher prevalence of loneliness and greater severity of loneliness than males**. The associated factors were time in Canada, country of birth and language ability. Recent migrants (within 10 years) had higher prevalence of loneliness compared to long term migrants. Immigrants born in Asia had a higher prevalence of loneliness than those born in USA, Europe, South America or the Caribbean. Immigrants who spoke neither of Canada's official languages had a higher prevalence of loneliness compared to those who spoken English (Lu et al., 2023).

In another study in the UK that compared migrants from collectivist cultures, migrants from similar cultures and non-migrants found (Pan et al., 2023):

- **Discrimination and ageism** are both risk factors for loneliness across the three groups.
- Social situation, as measured in married/cohabitation status and relational mobility, shows a significant association with loneliness in the non-migrants and similar-culture migrants but not the cultural migrants.
- In terms of individual resources for coping strategies, **engagement in active** coping is protective for all three groups.
- **Non-coping, the unawareness of any coping strategies**, is a risk factor, while passive coping shows no significant association.

The study concluded that the **structural factor of the social environment** in which older migrants' find themselves, rather than their culture of origin, is more important for older migrants' feelings of loneliness in later life. **A favourable social environment with high social capital and low levels of discrimination and ageism protects against loneliness in the ageing population across cultures**. Practical implications for loneliness interventions for older migrants recommended:

- The importance of categorizing older adults based on their cultural background when devising intervention programs. For instance, the social situation, as measured by marital status and relational mobility, can protect non-migrants and similar-culture migrants from loneliness, although this protective effect was not seen in the group of cultural migrants. This finding informs several suggestions for future interventions to reduce loneliness levels based on older people's cultural background.
- For non-migrants and similar-culture migrants, ameliorating their social situation might be an interventional tool for decreasing their loneliness. For example, we would expect, based on our findings, that an intervention focused on increasing meaningful contact, such as having a partner, and encouraging relational mobility would work for those non-migrants and similar-culture migrants experiencing loneliness. For all older adults, regardless of their cultural background, loneliness interventions could focus on increasing knowledge of active coping strategies, such as joining a club and finding new social activities.

It was perceived that we need to **move away from an individual-deficit approach to a society-deficit approach**.



Complexity of loneliness

Most interventions seem to **overlook the complexity of loneliness** and only address one specific element. The levels of intervention can be conceptualised as (Akhter-Khan & Au, 2020):

- Macro level: interventions that target loneliness indirectly by addressing mental and physical health or living situations
- Meso level: interventions that address the quantity of relationships by enhancing social skills and creating opportunities for increased contact to reduce social loneliness,
- Micro level: addressing the quality of relationships by changing maladaptive cognition to reduce emotional loneliness

“The weakness of current approaches, which tend to focus on single interventions for the entire population “one size fits all”, is that such approaches ignore the heterogeneity of the construct and the diverse needs and contexts of the people who experience loneliness.” (Akhter-Khan & Au, 2020)

Type of intervention

Why loneliness interventions often fail is because interventions underestimate the complexity of loneliness, specifically, its cyclic and exacerbating relationship with cognitive decline. A **one-size-fits all approach is insufficient to treat loneliness in context and it needs to be tackled on micro, meso and macro levels** (Akhter-Khan & Au, 2020)

To address loneliness in older migrants effectively, **tailored solutions that reflect their unique risk factors are needed** (Akhter-Khan & Au, 2020; Lu et al., 2023).

A systematic review (not specific to migrants and refugees) found **new technologies and community engaged arts** are promising for tackling social isolation and loneliness. (Poscia et al., 2018).

A systematic review found that animal therapy, multicomponent interventions, exercise, technological interventions, and therapy (eg. cognitive behavioural therapy and psychotherapy) had small to large effect sizes associated with reductions in loneliness and social isolation. This was not specific to migrants or refugees (Hoang et al., 2022b).

A Canadian study that examined 17 studies on social isolation among Canadian immigrants aged 55 to 93 identified successful initiatives (McMaster University, 2023):

- Language courses and integration activities
- Volunteering
- Varied and inclusive physical, artistic and cultural activities
- Religious activities
- Intergenerational programs
- Support for carers and home help
- Adapted transport services.



Type of intervention cont'd

A US study that reviewed 76 articles identified the need for **multi-dimensional approaches** that address both ethnicity-specific and general factors influencing loneliness and social isolation. Numerous studies stressed the need for **culturally competent/appropriate programs**, services and professionals including **bilingual/bicultural professionals** and other stressed the importance of **involving family members** to facilitate families better supporting older adults (Joshi et al., 2024).

Value of group interventions

Miyawaki (Miyawaki, 2015) suggests that **group-based activities** may be particularly important for ethnic minority groups **who share the same cultural values** and who may have difficulty interacting with the wider community due to language or cultural barriers. Such interventions can enhance an individual's sense of belonging, whilst alleviating social isolation. As an example, the New Beginnings Project in the UK used bilingual volunteers to increase social support for isolated refugees and migrants, building their confidence in interacting with the wider community. However, there has been no evaluation of the impact of this programme on levels of social isolation, restricting any conclusions that can be drawn (Cotterell et al., 2018).

Multiple barriers

In a Canadian study, seniors reported **financial and language difficulties, health problems, discrimination, family conflicts, and social isolation**. Although most immigrant seniors appreciated the standard of living in Canada and the services provided to seniors, most believed that support received was inadequate. Seniors encountered **systemic** (e.g. government policies), institutional (e.g. culturally inappropriate programs), and **personal** (e.g. transportation, language problems) barriers to accessing social and health services. **Service providers and policy makers faced high costs of programs, inadequate financial and human resources, inadequate information about needs of immigrant seniors, inadequate geographical coverage, and lack of inter-sectoral collaboration** (Stewart et al., 2011).

In a review of 'what works' to prevent mental health conditions, the interventions that had some evidence for cultural groups included mindfulness, reminiscence interventions (particularly for older people). For older adults generally (not necessarily multicultural), CBT interventions, gardening, social support interventions



Future research needed

Future research must acknowledge greater heterogeneity within the older population. Previous research has largely ignored diversity with only a limited number of studies exploring the specific forms of isolation experienced by ethnic or sexual minority groups (Cotterell et al., 2018). The sector also lacks longitudinal, qualitative studies on loneliness interventions and there are none available that focus on older migrants and refugees.

Conclusion on ‘what works’

Reducing social isolation among older immigrants requires a multi-faceted approach that addresses linguistic, cultural, and social barriers. The need for culturally appropriate programs involving bilingual/bicultural staff or volunteers is emphasised. The need to consider the structural factors in the social environments and moving away from a ‘one size fits all’ are also encouraged. The multiple barriers encountered by older migrants and refugees are essential for programs to overcome. Evidence-based strategies such as language programs, community engagement, and support services have shown promise in mitigating the challenges of engaging this group. The higher cost of engaging this group into programs needs to be taken into consideration with adequate financial and human resources allocated. Future research should continue to explore and refine these interventions to better support this vulnerable population.

Please note this is not a comprehensive literature review but a summary compilation that was prepared as part of our Multicultural Seniors Social Program

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References

- Akhter-Khan, S. C., & Au, R. (2020). Why Loneliness Interventions Are Unsuccessful: A Call for Precision Health. *Advances in Geriatric Medicine and Research*, 4(3).
<https://doi.org/10.20900/agmr20200016>
- Cotterell, N., Buffel, T., & Phillipson, C. (2018). Preventing social isolation in older people. *Maturitas*, 113, 80–84. <https://doi.org/10.1016/j.maturitas.2018.04.014>
- Hoang, P., King, J. A., Moore, S., Moore, K., Reich, K., Sidhu, H., Tan, C. V., Whaley, C., & McMillan, J. (2022a). Interventions Associated With Reduced Loneliness and Social Isolation in Older Adults: A Systematic Review and Meta-analysis. *JAMA Network Open*, 5(10), e2236676.
<https://doi.org/10.1001/jamanetworkopen.2022.36676>
- Hoang, P., King, J. A., Moore, S., Moore, K., Reich, K., Sidhu, H., Tan, C. V., Whaley, C., & McMillan, J. (2022b). Interventions Associated With Reduced Loneliness and Social Isolation in Older Adults: A Systematic Review and Meta-analysis. *JAMA Network Open*, 5(10), e2236676.
<https://doi.org/10.1001/jamanetworkopen.2022.36676>
- Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review.
- Joshi, M., Finney, N., & Hale, J. M. (2024). Loneliness and social isolation of ethnic minority/immigrant older adults: A scoping review. *Ageing & Society*, 1–31.
<https://doi.org/10.1017/S0144686X24000205>
- Lee, J., Hong, J., Zhou, Y., & Robles, G. (2020). The Relationships between Loneliness, Social Support, and Resilience among Latinx Immigrants in the United States. *Clinical Social Work Journal*, 48(1), 99–109. <https://doi.org/10.1007/s10615-019-00728-w>
- Lu, M., Bronskill, S. E., Strauss, R., Boblitz, A., Guan, J., Im, J. H. B., Rochon, P. A., Gruneir, A., & Savage, R. D. (2023). Factors associated with loneliness in immigrant and Canadian-born older adults in Ontario, Canada: A population-based study. *BMC Geriatrics*, 23(1), 380.
<https://doi.org/10.1186/s12877-023-04092-w>
- Majmudar, I. K., Mihalopoulos, C., Brijnath, B., Lim, M. H., Hall, N. Y., & Engel, L. (2022). The impact of loneliness and social isolation on health state utility values: A systematic literature review. *Quality of Life Research*, 31(7), 1977–1997. <https://doi.org/10.1007/s11136-021-03063-1>
- McMaster University. (2023). Social isolation and loneliness among immigrant and refugee seniors. McMaster Optimal Aging Portal.
<https://www.mcmasteroptimalaging.org/blog/detail/blog/2023/10/18/social-isolation-and-loneliness-among-immigrant-and-refugee-seniors>

References

Miyawaki, C. (2015). Association of social isolation and health across different racial and ethnic groups of older Americans. *Ageing and Society*, 35(10), 2201–2228. <https://doi.org/10.1017/S0144686X14000890>

Pan, H., Qualter, P., Barreto, M., Stegen, H., & Dury, S. (2023). Loneliness in Older Migrants: Exploring the Role of Cultural Differences in Their Loneliness Experience. *International Journal of Environmental Research and Public Health*, 20(4), 2785. <https://doi.org/10.3390/ijerph20042785>

Poscia, A., Stojanovic, J., La Milia, D. I., Duplaga, M., Grysztar, M., Moscato, U., Onder, G., Collamati, A., Ricciardi, W., & Magnavita, N. (2018). Interventions targeting loneliness and social isolation among the older people: An update systematic review. *Experimental Gerontology*, 102, 133–144. <https://doi.org/10.1016/j.exger.2017.11.017>

Stewart, M., Shizha, E., Makwarimba, E., Spitzer, D., Khalema, E. N., & Nsaliwa, C. D. (2011). Challenges and barriers to services for immigrant seniors in Canada: “You are among others but you feel alone.” *International Journal of Migration, Health and Social Care*, 7(1), 16–32. <https://doi.org/10.1108/17479891111176278>