

Impact of social isolation on mentally ill individuals



Man is a social animal depends on relationships for survival. Social system acts as cushion in stress, supports and enhances wellbeing. Social isolation is a state of loneliness experienced by non-participative individuals in the society. It is characterized by lack of social belongingness, engagement with others, minimal public contacts and satisfying relationships. Absence of meaningful relations is common in mental health settings which significantly impacts recovery and wellbeing of the client Hence, the significance of this issue shouldn't be undervalued. It is considered to be a current issue but actually it has always been thriving in the corridors of our society requiring comprehensive efforts for its resolution. Therefore, this paper will focus on the concern of social isolation among mentally ill clients, its consequences and few strategies to surmount it.

Mentally ill clients are the most stigmatized members of the society. In eastern countries like Pakistan, these people are publicly and culturally grabbed by the stigmatization and inequity which carries the burden of human distress thus resulting in social isolation. Myths like psychiatric clients are cursed by God, are major contributors to stigma. These people fear refusal from others that socialization may devastate them, so they favor avoiding contacts. Isolation leads to less-productivity, loss of social roles, and inability in fulfilling society's expectations. Absence of social contacts develops triviality and low self-worth which leads to depression and promote alcoholism or suicide in some cases. Even if death does not frightens them it disrupts them in their social association which leads to guilt, sustained silence and withdrawal.

During a clinical rotation at St. Vincent Old age Home, I encountered a 67 years old widower client with psychological history of depression and medical history of osteoporosis. She received twelve years of education and had earned her living by working in the community center. When her two sons went abroad, she joined this old age home to continue her living. She never shared her feelings with anyone, remained isolated and scolded whenever I tried to call her for group activities. Her secluding attitude made me wonder that if she remained the same, nobody will discern her thoughts which would eventually hinder her recovery. Later with time and motivated efforts of our group she started talking, involved herself in social activities and shared her feelings through songs.

Furthermore, links social isolation with physiological problems like poor physical-health, impaired sleep, hypertension altered immunity and. Also, cognitive decline, nutritional risk.

Roy's Adaptation Model, a theoretical model in nursing practice can be incorporated to social isolation. Roy suggests that client is a bio-psychosocial individual who frequently mingles and adjusts with the varying surroundings which ultimately affects an individual's basic needs of survival i. e. growth, reproduction and self-mastery. The model explains the environment as the situation and circumstances surrounding the individual, while health is defined as the purpose of the person's performance and adjustments. The outcome is the adaptive or maladaptive behavior of the individual. The adaptive performance is exhibited in four ways that are physiological, self-concept, role-function, and interdependence. However failure to adaptation can result in weak self- concept, weak interdependence, and ineffective

interpersonal relationships ultimately resulting in social isolation. The nurse acts as an assisting individual in adaptive process by identifying the coping resources and developing coping mechanisms. Nurses are the only ones that drop a line to isolated clients thus it is essential to identify psychosocial issues that increase health risks to these clients. As a student nurse, I focused on client-centered interventions for the promotion of adaptive responses such as encouragement for the verbalization of feelings through therapeutic communication, involvement in group activities, thus re-establishing the adaptive modes of behavior for improving the wellbeing.

Absence of social association might be a reason or a result of mental illness. Mental illnesses such as , depression, schizophrenia, bipolar-affective-disorder leads to social cut-off. Nature of mental illness can be an additional cause of social isolation. Societal phobias like agoraphobia, or severe anxiety or depression frightens the client to endeavor into society. Moreover, it brings feelings of hopelessness and helplessness which secludes them in their rooms. The strong correlations link social isolation with negative health consequences (Nicholson, 2009). We can analyze social separation in relation to mentally ill patients as general problems of discrimination, minimal social-role, negligible social participation and disability. On analysis of the scenario, it is evident that the client wasn't socializing due to her mental illness. Additional factors may include, loss of spouse, lack of family support, diminutive social networks, and recurring rejection are supplementary factors that take part in this issue

Social reintegration can be an essential component of recovery for mentally ill clients. Strategies to surmount social loneliness could be separated into

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three stages; individual, group and institutional. At individual stage, I encouraged the expression of feelings and emotions, identified personal reasons for non-indulgence, involved the client in mind-diversion therapies. However coping resources and coping mechanisms could be identified to enhance wellbeing. Secondly, at group level, I admired and highlighted patient's strengths and participation that is singing of songs in group activity to improve her self-esteem. A constructive student nurse-client relationship provided inclusion in the group which helped her break the ice. Moreover, communities can identify cases of mental illness and provide appropriate referrals for the treatment. It can play a fundamental role in developing support groups and implementation of psychotherapies to improve socialization among these clients. Additionally, small campaigns can aware the communities about mentally ill clients, the cause of their separation from society and the ways of dealing with these clients. Lastly, at institutional level, media can play an important role to aware public about psychiatric illness and the consequences of social segregation. Furthermore, institutions can conduct conferences to develop staff's competency

In conclusion, psychiatric nursing practice requires the idea of social integration to enhance physical and psychological wellbeing of socially secluded clients. The adoption of adaptive modes of behavior through Roy's Adaption Model directs the nurse in defeating social isolation. For that reason, suitable steps at individual, group and institutional levels could be effective in preventing social aloneness. Once the objective is accomplished, healthcare contributors will be able to increase a person's quality of life and prevent the worsening.