

Loneliness and Isolation

Setting the scene

Liam Hughes 22/01/19

Loneliness

The Greatest
— Yet Unspoken — STIGMA
OF THE 21st CENTURY

Loneliness, Social Isolation and Physical Activity

- What are loneliness and social isolation?
- What is their impact on our health and wellbeing?
- How are they related to physical activity and sport?
- How has the policy agenda developed?
- Where are we now?
- What still needs to be done?

(What should we do about it?)

Loneliness and Physical Activity

– the central hypothesis

Loneliness is associated with limited physical activity

and

Being physically active is associated with being less lonely and having better physical and mental health (but not always!)

(Is the missing link social interaction and connectedness?)

Let me tell you a story - about my cousin!

- Kenneth`s life, work and sport
- His first marriage and his second
- Retirement and a dream home
- Golf, walking and sailing
- Victoria becomes terminally ill
- Kenneth is a full-time carer
- Victoria dies, Kenneth deteriorates
- He is inactive, overweight, neglects the garden and can`t drive
- People keep an eye on him, which he hates – won`t admit to being lonely
- He refuses to move to be closer to his son and daughter-in-law
- He eventually does move back “to be near his new grand-daughter”
- He finds old friends, plays walking football and bowls, and enjoys a pint
- He is doing well at 85 years of age

(names changed for privacy)

What is loneliness?

“Subjective and unwelcome feeling of lack or loss of companionship”

“Comparison between actual and desired relationships”

“Lonely in a crowd”

(It hurts!)



Who is at risk of loneliness?

- Physical isolation
- Aged 85+
- Older LGTB people
- LT illness
- Disability
- Sensory impairment
- Anxiety and depression
- Poor quality relationships
- Recent bereavement
- Cohort survivors
- Carers
- Young parents
- Single middle aged men
- Low income/high IMD
- People with low levels of trust
- Young men 16-25
- Young women aged 16-25

Who report that they are
the most lonely of all?

Young women
aged 16-25

Some facts – really big numbers!

- Co-op and British Red Cross report over 9m people across all ages are lonely always or often, Lancet says it is more and quote one-in-twelve affected severely!
- Age UK reports over 1.2m chronically lonely elderly people in UK
- Half of people 75+ live alone, nearly two-in-five say the TV is their main source of company, one-in-five are in contact with family, friends and neighbours less than once a week
- (Only) a quarter of lonely Scottish adults 65+ are also depressed
- Half of all disabled people say they are lonely always or often
- Nearly a quarter of young people aged 16-25 report some recent loneliness
- Over 5% of all young people say they are always lonely
- Action for Children report one-in-four parents say they are always or often lonely

Why is loneliness harmful?

- It increases the risk of death by 26%
- It is associated with heart disease, stroke, diabetes and dementia
- It is also associated with depression, anxiety and suicide

Illustrative sources:

Holt-Lunstad, J., Smith, T.B., Layton, J.B. (2010) PLoS Me1000316d.2010;7:e

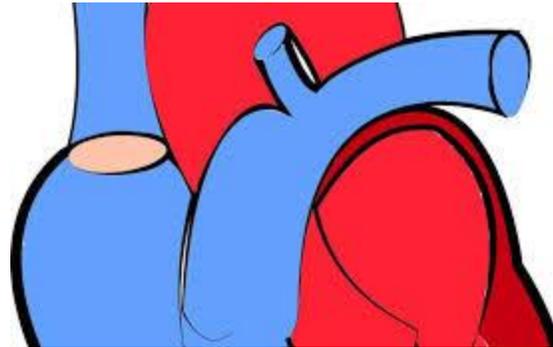
“Social relationships and mortality risk: a meta-analytic

What Works Centre: What works for loneliness?

Loneliness damages our physical and mental health

Association with:

- Heart disease
- Stroke
- Cancer
- Respiratory
- Diabetes
- Obesity
- Anxiety
- Depression
- Dementia



Is it a medical problem?

Loneliness – where does it come from?

- Genetics and parenting
- Personality and disposition
- Health status
- Life experiences
- Social circumstances
- Absence of positive personal and social relationships
- Inner scripts and sense of self-worth

(The Lucy Rainer Story)

What is social isolation?

“Objective state,
having few and infrequent social ties”

(may not hurt, but could still do harm!)

Who is at risk of social isolation?

- Living alone
- Move to new area
- Low income
- Housing type
- Neighbourhood
- Location
- Rural/urban/suburban
- Recently bereaved
- Carers
- Limited qualifications
- Availability of work
- Poor quality work
- Poor transport
- High IMD

Why is social isolation harmful?

- Complex relationship with loneliness and health
- Reduced social networks are associated with a negative impact on physical and mental health
- People who are socially isolated but do not report loneliness (may) demonstrate similar risks to lonely people



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Pasotraspaso, Jesus Solana

Solitude

“A beneficial state of being alone”

(but Duke Ellington gave it a negative spin!)

Our developing understanding of loneliness and social isolation (1)

- Loneliness and social isolation recognised as important features for clinical understanding of depression (1970s onwards)
- Research programmes begin and evidence starts to emerge that there is a much wider impact on physical and mental health (from the 1990s)
- Physical activity is proven to be good for physical and mental health and wellbeing. Loneliness predicts limited physical activity, physical activity reduces loneliness (Pels, F. and Kleinart, JIRSEP, 2016)

Our developing understanding of loneliness and social isolation (2)

Social Neuroscience

Chicago University studies from 2000 onwards:

“a sense of isolation or social rejection disrupts our cognition, will power and immune systems”

“loneliness is pathogenic : it effects neurogenesis, harms mental health and impacts on gene expression, inflammation, metabolic syndrome, blood pressure and heart health”

(illustrations): “Loneliness: human nature and the need for social connection”
Cacioppo, J.T. and W.Patrick, W. (2008)

“Loneliness Matters : a theoretical and empirical view of consequences and mechanisms “
Hawkley, L.C. and Cacioppo, J.T. (2010)

Our developing understanding of loneliness and social isolation (3)

Loneliness is a public health issue

- Mima Cattan: loneliness and older people
- Davison, S. and Rossall, P.: Age UK Loneliness Evidence Review
- Mental Health Foundation/Age Scotland: Policy Briefing
- Faculty for Public Health: SIG for PMH
loneliness and social isolation are public health issues

Campaign to end loneliness:

research conference (2011) and national campaign

Measuring Loneliness

Researching loneliness is a complex business:

- self reporting
- timescales
- confounding issues

Scales:

- - The UCLA 3-Item Loneliness Scale
- - The De Jong Gierveld 6-Item Loneliness Scale

Physical Activity, Social Isolation and Loneliness

- Convergence of interest with PH to help people be more active and socially connected
- Inactive people are often socially isolated/lonely
- They are a priority for Sport England, PH teams and LAs alike
- The NHS 10 Year Plan emphasises prevention and social prescribing - a huge opportunity!
- Most researchers have supported integrated programmes but the recent Birmingham study found inconsistent evidence about impact of PA on psychosocial outcomes in older adults (Shvedko,A., Whittaker, A.C., et al.,PSE V.34,2018)

From research into policy, campaigning and government action

- Gulbenkian Foundation / CTCL
- National Partners:
 - Age UK, Age Scotland, Alzheimers, MH Foundation, Mind....
- Local Government Association
- Health and Wellbeing Boards
- Sport England - better commissioning
- All Party Parliamentary Group
- Jo Cox`s Commission on Loneliness

Campaign to
EndLoneliness

CONNECTIONS IN OLDER AGE

Campaign to End Loneliness/LGA guidance for councils

Framework:

- Foundation services - first contact, professional
- Direct interventions – new and existing relationships
- Gateway services – transport, toilets, parking, amenities
- Structural enablers – assets, capacity, resilience
 - council, partners, VCFS

JSNAs and Health and Wellbeing Strategies

NYCC, Yorkshire Post and CTEL

3 year campaign to mobilise community and voluntary effort:

- Systematic and enduring
- Community activities and sport

Kevin Hollindrake, MP for Thirsk and Malton:

“Sport is a great way to tackle loneliness”

Cross Party Loneliness Commission 2015-17

**“Combating loneliness
one conversation at a time”**

MPs: Jo Cox, Seema Kennedy, Rachel Reeves

A Connected Society a strategy for tackling loneliness (2018)

Government response to Commission

DCSM team – Jeremy Wright and Tracey Couch

£20m funding (£11.5m Building Connections Fund)

3 Key goals:

- improving the evidence base
- embed loneliness across govt.
- build a national conversation

What can you do about it?

NATIONAL

NHS PLAN –huge opportunity

LOCAL

**Health and Wellbeing Strategy
Strategy for Sport and Physical Activity
Suffolk - Most Active County**

PERSONAL

**What else do you need to know?
What can you do?
Who can you influence?**

Huge Opportunity!!