Session Outcomes

By the end of the session you will have:

- an understanding of what loneliness is and why it poses a risk to health

- explored current thinking on the causes of and risk factors for loneliness

- an awareness of the latest research into effective strategies for preventing and alleviating loneliness

- thought about why loneliness needs to be addressed by health and social care services

- discussed the following:
  - possible measures which you could take on a practical level to address loneliness within your professional sphere of influence
  - possible measures that could be taken at a strategic level within health and social care services to address loneliness

- had the opportunity to meet and hear from befriending organisations working with people of all ages to tackle loneliness within the local area.
### What is loneliness?

<table>
<thead>
<tr>
<th>Loneliness is ...</th>
<th>ALWAYS (comments)</th>
<th>NEVER (comments)</th>
<th>SOMETIMES (comments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>... living by yourself</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>... being unable to get out</td>
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<tr>
<td>... having nobody to talk to</td>
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<tr>
<td>... wishing for company you don’t have</td>
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<tr>
<td>... living a long way from shops and services</td>
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<tr>
<td>... not having enough money</td>
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<tr>
<td>... an inevitable part of life</td>
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<td></td>
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<tr>
<td>... more likely to be a problem if you have health condition</td>
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<tr>
<td>... having nobody to help you with the day-to-day things</td>
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<tr>
<td>... only really of concern for older people</td>
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Defining loneliness

In recent decades, most research into loneliness has been based on the cognitive discrepancy model, summarised in the following definitions:

“People experience loneliness when they perceive a discrepancy between their actual and desired levels of interpersonal contact.”\(^1\)

“Loneliness is a psychological state, an emotional response to a perceived gap between the amount of personal contact an individual wants and the amount they have. It is clearly linked to, but distinct from, the objective state of social isolation.”\(^2\)

Loneliness and Social Isolation – key differences

In everyday usage, loneliness and social isolation are often referred to in the same phrase, as if they described the same type of experience.

Academics, however, have been at pains to point out that there are important differences between them which have implications both for understanding the problem and for designing effective interventions for tackling it. These are summarised in the table below:

<table>
<thead>
<tr>
<th>Loneliness</th>
<th>Social Isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A subjective, emotional response to a perceived lack of social relationships</td>
<td>An objectively-measurable lack or absence of social contact, such as contact with family or friends, community involvement or access to services</td>
</tr>
<tr>
<td>People require support to develop, maintain or extend social relationships</td>
<td>People may require practical support and resources, such as transport provision</td>
</tr>
</tbody>
</table>

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2 *Safeguarding the Convoy*, Campaign to End Loneliness, 2011
Differences between social isolation and loneliness: key implications

Awareness of these differences between **loneliness** and **social isolation** has several key implications for the development of strategy or practice aimed at tackling loneliness:

- People can be lonely even with frequent social contact (see footnote 3) and not all socially isolated people are lonely.
- Reducing social isolation does not necessarily reduce loneliness.
- Solutions to loneliness are different for each individual and can only be effective if developed in collaboration with that individual.

A pragmatic perspective

Despite highlighting these important differences, however, research also acknowledges that there is a considerable measure of crossover between social isolation and loneliness:

- Socially isolated people are at greater risk of experiencing loneliness than those who are well connected.
- Transient loneliness (considered a normal and healthy part of human experience) is more likely to become chronic (considered problematic and pathological) among socially isolated people.
- Removing barriers to social involvement may provide people with the opportunity to develop the relationships which will lead to a reduction in loneliness.

So they are not completely unrelated issues. However, it is vital to bear in mind that **lonely people are not a homogeneous group** (based, for example, on objectively-measurable indicators of social isolation). **Solutions to loneliness are not automatic or predictable and must be forged in collaboration with the individual experiencing it**.

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3 *Alone in the Crowd*, Calouste Gulbenkian Foundation, 2014, Chapter 1.
Loneliness and health

A recent US study found that loneliness can increase the risk of death by almost 10 per cent.
http://health/universityofcalifornia.edu/2012/06/18/loneliness-linked-to-serious-health-problems-death-among-elderly/

Loneliness is increasingly recognised as having a detrimental impact on individual health, leading to calls for new health and social care leaders to give it equal attention to other public health challenges - such as smoking, obesity or lack of exercise - deemed urgent and in need of action.

There are two broad theories describing the link between social relationships and good health. The key elements of these are summarised in the table below:

<table>
<thead>
<tr>
<th>Buffering (or stress regulation) hypothesis&lt;sup&gt;4&lt;/sup&gt;</th>
<th>Main effects model&lt;sup&gt;5&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Social relationships may provide resources (informational, emotional or tangible) that promote adaptive behaviour or neuroendocrine responses to acute or chronic stressors (e.g. illness, life events, life transitions).</td>
<td></td>
</tr>
<tr>
<td>• Social connections are a stress regulator and reduced stress encourages positive adaptive behaviours, such as healthy eating.</td>
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<tr>
<td>• Social relationships may be associated with protective health effects through more direct means, such as cognitive, emotional, behavioural, and biological influences that are not explicitly intended as help or support.</td>
<td></td>
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<tr>
<td>• Social connections produce biological changes in the brain and body which are beneficial to health.</td>
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From your experience, make a note of some of the negative health characteristics (or factors negatively influencing health) you have observed in patients and clients you work with which could be linked to loneliness:


Some effects of loneliness on health

**Changes in the body:**
- Increased cortisol levels
- Gene expression in immune cells affected, leading to more vulnerability to infection by viruses
- Disrupted sleep patterns
- Increased hypertension

**Impact on mental health:**
- Lonely people are more prone to depression. ⁶

**Effects on cognition:**
- There is evidence that the brains of lonely people become more vigilant for social threats and more focused on self-preservation. As a result, lonely individuals can be less attentive to what other people are feeling and what they might actually need. Lonely people also perceive negative interactions to be more negative and positive interactions with others to be less positive. Both these effects inevitably have an impact on relationships. ⁷
- Loneliness can also be linked to cognitive decline and dementia in older people. The risk of Alzheimer’s disease more than doubles in older people experiencing loneliness. ⁸

**Risks for mortality:**
- Well-connected individuals have a 50% increased likelihood of survival after an average follow-up time of 7.5 years. ⁹
- Having weak social connections carries a risk which is:
  - equivalent to smoking up to 15 cigarettes a day
  - equivalent to being an alcoholic
  - more harmful than not exercising
  - twice as harmful as obesity.

**Consequences for quality of life:**
- Research has shown that the majority of people rank social relationships as the key dimension to a good quality of life. ¹⁰

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The causes of loneliness

Broadly, these are thought to be rooted in both interpersonal factors (such as the quality of social relationships and life events) and the wider socio-economic factors (such as income, access to health a social care services, living arrangements, transport). Cutting across these are intrapersonal factors (such as personality, sense of identity) which may lead some individuals to value solitude while others feel disconnection intensely.\(^\text{11}\)

Accepted risk factors include the following:

**Alleviating loneliness**

With your own patient / client groups in mind, note down what you consider to be the three most effective measures that a lonely person could take / changes a lonely person could experience to alleviate chronic loneliness:

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**Loneliness is estimated to be as bad for people’s health as smoking 15 cigarettes a day.**


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**The barriers**

**Can you think of any barriers which may prevent them from taking these measures?**

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**Can you think of any type of support which might help these barriers to be overcome?**
Preventing loneliness

To date, the focus has been on interventions to reduce loneliness and there has been no research into how to prevent it in the first place. However, existing research suggests that the following might be useful preventative measures:

- maintaining existing positive relationships
- building up reserves of social support and connections
- developing psychological resources and self-efficacy to help cope with negative change
- sensible financial planning
- maintaining / engaging in activities
- having support through transitions
- living in an area with good transport networks and urban planning.

Alleviating loneliness

Primary interventions of all types outlined above base the support provided on four main intervention strategies, which are:

- improving social skills
- increasing social support
- increasing opportunities for social contact
- addressing maladaptive social cognition (primarily through Cognitive Behavioural Therapy).

A 2006 study of 3,000 nurses with breast cancer found women without close friends were four times more likely to die than women with 10 or more friends. Parker-Pope T, What Are Friends For? A Longer Life, The New York Times, April 2009

12 Cattan M conference presentation: http://www.campaigntoendloneliness.org.uk/loneliness-conference/
Guidelines for successful interventions
Research to date suggests that primary interventions aimed specifically at loneliness are more likely to be successful if they:

- consult with the target group prior to designing the intervention and enable some level of participant control
- are theoretically grounded
- are based on social activity
- enhance self-esteem and personal control
- ensure that target groups are active participants
- are flexible and adaptive
- are based on partnership working with and learning from other agencies delivering interventions aimed at alleviating loneliness
- take into account the variety of individual experiences of and solutions to loneliness e.g. the fact that loneliness may be felt differently at different times of the day or year
- provide support during evenings and weekends

Sharing the responsibility for tackling loneliness
It is suggested that a four-way division of responsibility applies in relation to successfully preventing and alleviating loneliness:

<table>
<thead>
<tr>
<th>The local state (health and social services, transport, parks, public amenities)</th>
<th>The national state (income, loneliness measured and targeted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The voluntary and community sector (community organisations, charities)</td>
<td>Individuals themselves (accepting support, keeping up social networks)</td>
</tr>
</tbody>
</table>

The risk of dementia almost doubles in older people who are lonely

See also Cattan M, White M, Bond J, Learmouth A (2005), Preventing social isolation and loneliness amongst older people: a systematic review of health promotion interventions, Ageing and Society, 25.
Loneliness and health / social care services

Some facts:

- Loneliness is a predictor of the use of accident and emergency services.
- Lonely people are more likely to visit GPs and other health / social care services (with or without a definable clinical motive).
- Loneliness is bound up with long-term conditions and chronic illness.
- As with other services designed to improve health and wellbeing, alleviating loneliness can prevent / delay the need for intensive institutional care.
- Health and social care professionals report a significant percentage of time spent with people in need of informal social support rather than clinical or professional support.
- A reduction in loneliness will mean a reduction in public spending - in particular in health and social care services.

Some conclusions:

Low-cost approaches to alleviating loneliness can result in:

- fewer visits to GPs
- fewer hours spent with social workers
- fewer physician and outpatient appointments
- fewer emergency hospital / social work admissions
- fewer falls among older people
- fewer days in hospital
- fewer risk factors for long-term care
- fewer (and later) admissions to nursing homes

Kincardine & Deeside Befriending Service’s Befriending at Hospital Project reported increased confidence in going home in 100% of their service users. There was a 14% reduction in bed days lost to delayed discharge against the same period the previous year.
Taking an active role (1)

The Campaign to End Loneliness (www.campaigntoendloneliness.org) suggests that health and social care services need to play an active role in tackling loneliness at both practical and strategic levels.14

Please discuss the questions below and make a note of any suggestions / ideas for action on the separate ‘Actions to Tackle Loneliness’ worksheet (to be left behind for us to write up).

- Is there anything that you or your team already do to specifically address loneliness among the patients / clients you support?

- Is there anything that you or your team could do on a practical level – without the need for additional resources – to address loneliness among the patients / clients you support?

- Is there anything that you or your team could do on a practical level to address loneliness if you had additional resources. What would these resources be?

- Is there anything that you or your team could do to influence a change in strategy as regards loneliness on the part of health and social care services in general?

- Is there anything you would like Befriending Networks to raise with the Scottish Government in the development of an effective strategy for tackling loneliness from within health and social care services?

14 http://campaigntoendloneliness.org/toolkit/
Taking an active role (2)
Below we outline some of our own suggestions for ways in which health and social care services could collaborate in tackling loneliness:

- by including details of loneliness in assessments and, when doing so, by asking about loneliness and not making assumptions that someone is/is not lonely because they live alone, are older, etc
- by working out the costs of loneliness to your service the potential savings generated by interventions aimed at reducing loneliness
- by gathering information on local assets / organisations which might be of use to pass on to individual patients and clients and by building relationships with other agencies (both statutory and voluntary) working to address loneliness
- by seeking to ensure that tackling loneliness is prioritised in any strategy or work plan which you are involved in creating
- by forming a Loneliness Steering Group (starting today!) to coordinate efforts to tackle loneliness within health and social care services in the region (with the support of Befriending Networks)
- by including loneliness and its impact when devising and delivering training for health care workers/personal care assistants/social work staff/day centre staff/staff at health centres (eg practice nurse, reception staff, practice manager)
- by providing information for carers and family members about the impact of loneliness and community based services which might help. (Possibly include a page on the Health and Social Care Partnership website about loneliness, with links to relevant agencies).
- by supporting local befriending services/lunch clubs/transport initiatives, etc., by asking what they need— which might be about shared resources (help with promoting events and volunteer training courses), or other help in kind (hosting their annual befriending event, or enabling them to have a promotional stall somewhere central)
- by creating a volunteer friendly culture within or organisation
- by ensuring elected members (NHS Board members, local councillors) are aware of the impact of loneliness of the shared responsibility for tackling it
- By considering how to communicate with other departments (eg planning, community safety, housing) to develop an overarching set of simple principles for your area (linked to strategic work, as above). For which department is loneliness not relevant?