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Recognising the Impact of Loneliness: a Public Health Issue

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23rd May 2017



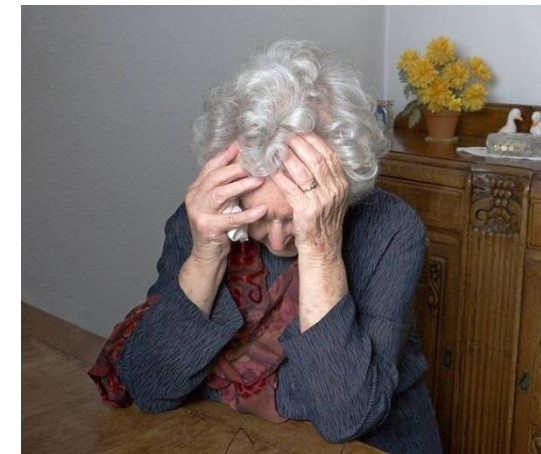
Social isolation and loneliness



“A sad soul can kill you quicker, far quicker, than a germ”
John Steinbeck



a recent systematic review found that loneliness can increase the risk of premature death by 30 per cent





Isolation and loneliness

The relationship between social isolation and loneliness is **complex and varies** between individuals.

Isolation

The inadequate quality and quantity of social relations with other people at the different levels where human interaction takes place (individual, group, community and the larger social environment).

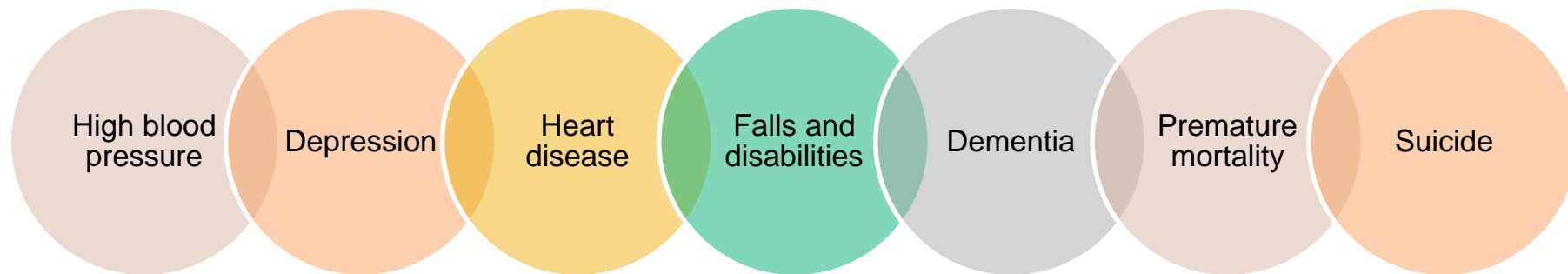
Loneliness

An emotional perception that can be experienced by individuals regardless of the breadth of their social networks.



Impact on health and wellbeing

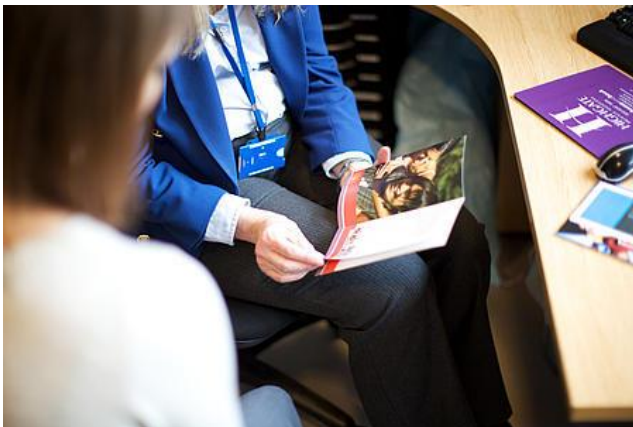
- Social isolation and loneliness are harmful to physical and mental health and increase **risk of morbidity and mortality**.



- Social isolation and feelings of loneliness can also be physical or psychosocial **stressor** resulting in behaviour that is damaging to health.
- Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help **individuals to recover** when they do fall ill (Marmot, 2010).



Impact on services



- Isolation and loneliness can **increase the pressure** on services.
- Individuals are **more likely** to:
 - visit their GP more often
 - have higher use of medication
 - use accident and emergency services independent of chronic illness
 - be admitted to adult social care
 - more use of mental health services
 - have early admission to residential or nursing care



Measuring high level outcomes

At population level:

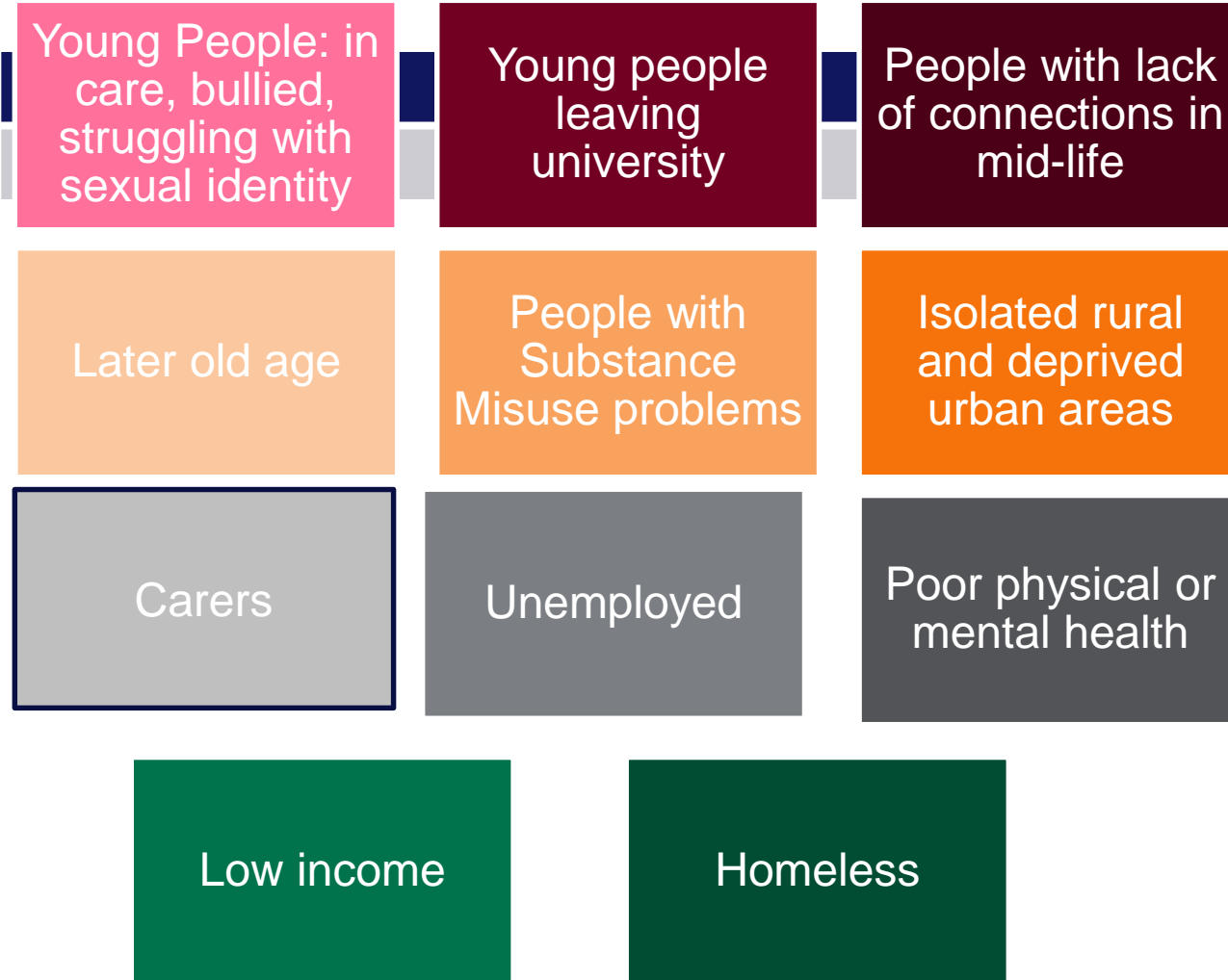
Reducing **social isolation is a priority** for social care and public health

- Public Health Outcomes Framework and the Adult Social Care Outcomes Framework.
- The current measure draws on self-reported levels of social isolation (using social contact as a proxy) for both users of social care and carers.
- These indicators assist local authorities in focusing on some of the more vulnerable people in their community

“the percentage of adult carers who have as much social contact as they would like”



Who is at high risk ?





Inequalities and wider determinants

There is evidence to suggest a significant correlation between low socioeconomic status and social isolation. Action on structural determinants including economic disadvantage is important.

Social disadvantage linked to life experiences that increase risk of isolation, e.g. poor maternal health, teenage pregnancy, unemployment, illness in later life.

Wider issues such as access to green/public spaces, transport (to enable social connections) can help or hinder



Inequalities – ethnic minority

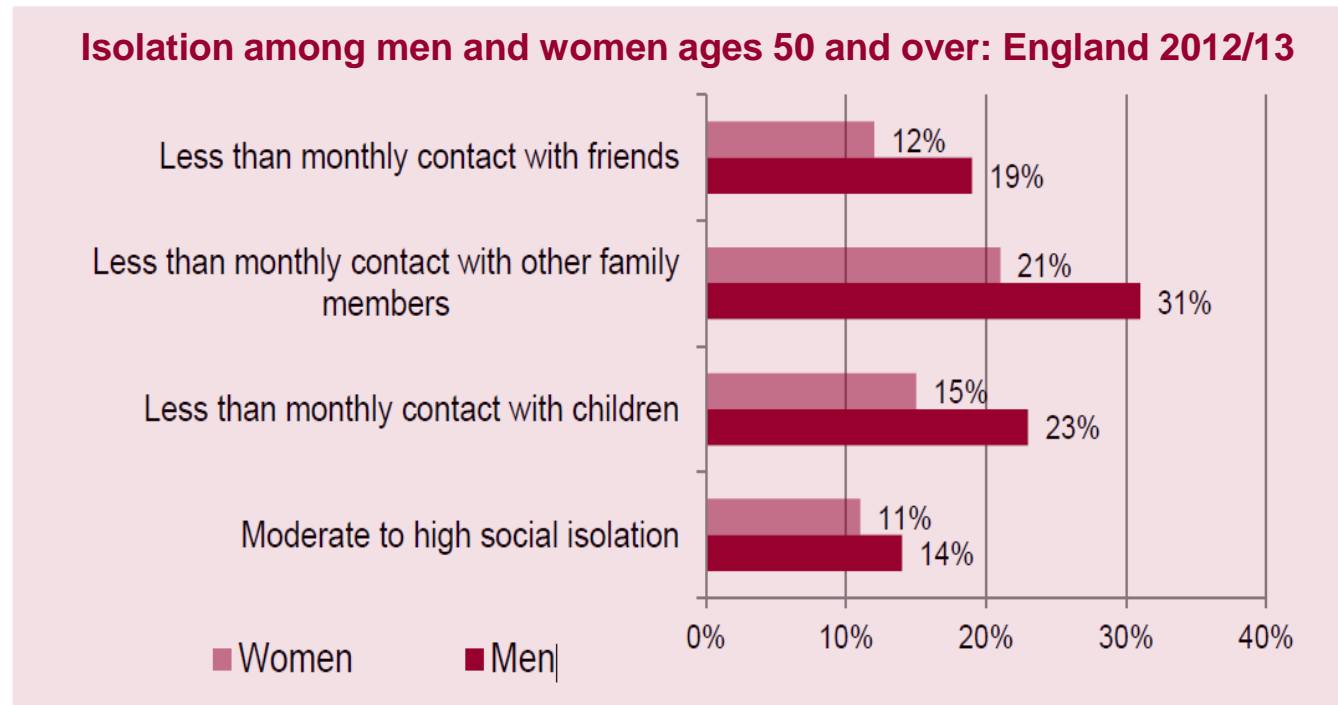
- Some evidence suggests that levels of loneliness are **higher** among older adults from ethnic minorities (exception of Indian population). (Victor et al, 2012)
- Social isolation among older ethnic minority people is of further concern as people in this group are **less likely** to access services for older people. (Sachragda, 2011)
- Older adults in ethnic minority groups may also experience language barriers and **higher** levels of poverty than the general population. (Khan, 2014)





Inequalities – gender

- Older men are more likely to be **isolated** than older women (Beach et al, 2014)



- ONS found that more women reported feeling **lonely** than men (ONS, 2013)



Inequalities – carers



- There are approx. **1.2 million carers** aged 65 and over in England, and the rate is **increasing**.
- The older carers get the **more likely** they are to provide increased hours of care.
- High levels of care correlates with **less time** out of the house, to self and socialising with friends, as well as negative health impacts, which **increases** risk of social isolation.
- A 2009 study found that male care-givers were **four times** more likely to be socially isolated than their female counterparts. (Robinson et al, 2009)



Loneliness and the oldest old

- Lack of research on the oldest old (85+)
- Newcastle 85+ study show over half (57%) of 85 year olds reported 'never' feeling lonely
- Oldest old & loneliness : widowhood, living alone, depression, being female
- Not a static experience
- Length of widowhood a key factor, most recently widowed having 2 x risk of feeling lonely compared to those widowed for 5 years
- Loneliness can be more prevalent in institutional settings



Ref: Brittain et al, An investigation into the patterns of loneliness and loss in the oldest old – Newcastle 95+ study, Ageing and Society



What does the evidence tell us to do ?

- Targeting has the greatest impact
- Reduce ‘stigma’ attached to being lonely – avoid the ‘L’ word
- Base interventions on effective evidence - positive mental health promotion showed good outcomes
- Group activities achieve good outcomes especially those with an arts, educational learning or social focus
- Participatory initiatives are most beneficial
- One-to-one initiatives (e.g. befriending) only appear to be effective in certain circumstances



What does the evidence tell us to do ?

- The impact of new technologies is inconclusive
- Real and practical barriers should be the focus of joint efforts by all agencies concerned with the wellbeing of older adults
- Earlier interventions across the life course could help prevent some of the negative effects of social isolation from accumulating in later life.

Identifying the isolated and lonely

Identifying

Engaging

Impacting

Sustaining

What works

How

Why

Place based/ population based approaches	Drawing on local knowledge, networks and community organisations	Understanding of local needs and provision gaps, trusted by beneficiaries
Proactive approaches	Letters, phone calls, door knocking, home visits	Reaches hidden populations including isolated people, those not accessing support and those initially reluctant to engage
Broad based approaches	Public spaces, radio, advertising, leaflets, referral from Health and Social Care, Voluntary and Community sector	Moves beyond traditional organisational reach, receives referrals from public, creates project buzz



Benefit of wider public health interventions

- **Design of cities and towns** : provision of public seating and toilets, and good public transport can encourage older people to get out and about, increase their mobility, and socialise
- **Physical activity** : promotion of physical activity to meet new guidelines for activity among the over 50s also create opportunities to increase social interactions and build social networks
- **Drugs and Alcohol** : efforts to tackle drug and alcohol misuse can be more effectively targeted if loneliness is recognised as a potential contributing factor
- **Health screening and preventative interventions** (e.g. NHS Health Checks) can be capitalised upon to also identify, and address, or build resilience to, loneliness and isolation
- **Falls prevention programmes** are not just a means of reducing costly hospital admissions, but also an opportunity to maintain mobility and independence



Addressing social isolation and loneliness : some examples



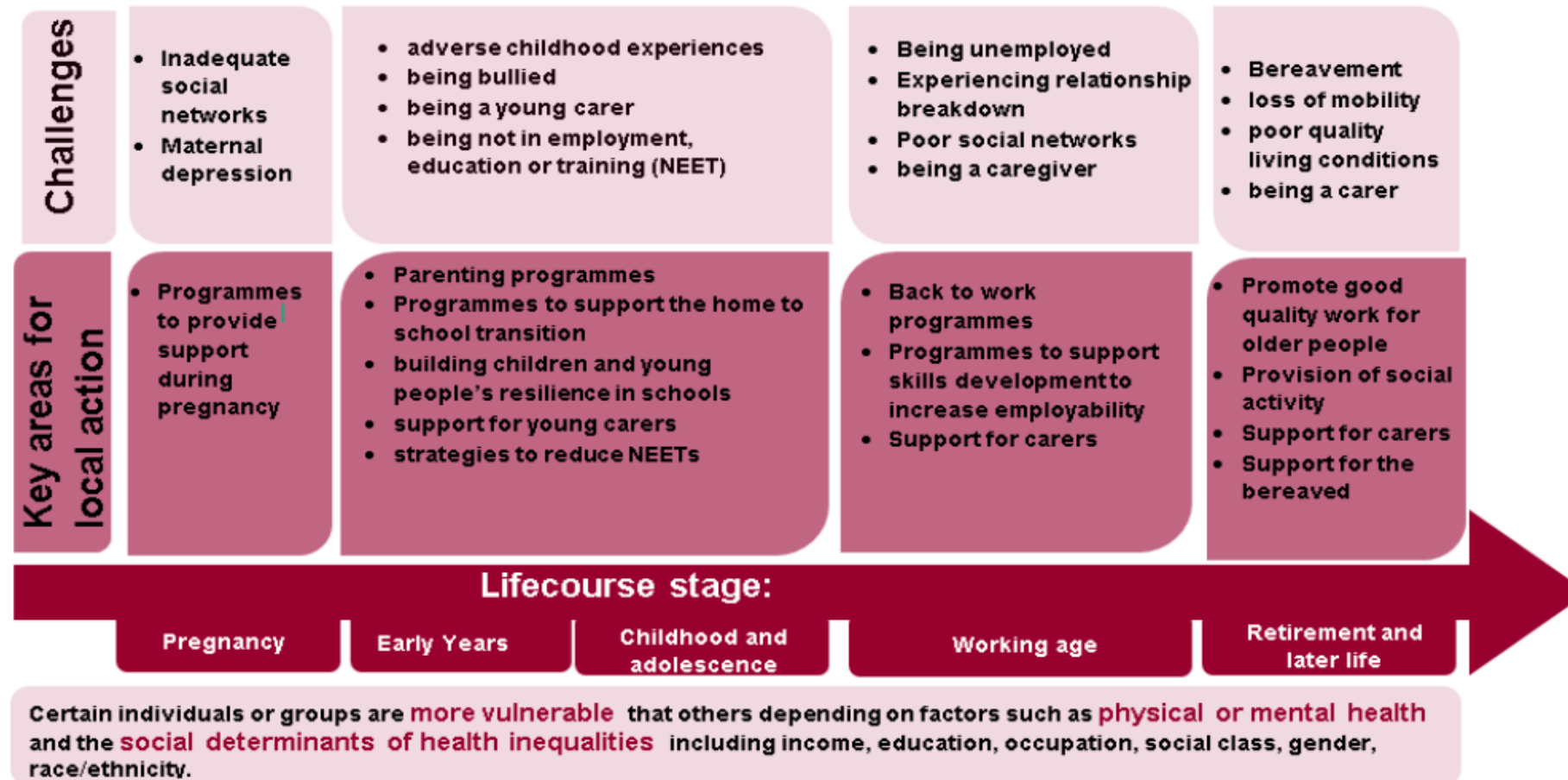
Combating isolation and loneliness

- Social isolation and loneliness are different things that require different interventions. Conclusions on 'what works' to date have been partial and contradictory.
- Age UK and The Campaign have developed a framework that features four distinct approaches to provide a comprehensive local system of services:
 - foundation services
 - direct interventions
 - gateway services
 - structural enablers
- Important to consider prevention in mid-life; an important time for people to build social networks.





Social isolation across the life course – opportunities





PHE's approach : examples

Cross-organisation approach:

- Evidence review of 'what works' for using **a community assets based approach** for reducing social isolation
- **Pilot with the Fire and Rescue services** to identify lonely older adults and signpost to relevant services
- Work with Alzheimer's Society to promote **Dementia Friendly Communities** to address loneliness in people living with dementia
- **Evidence summary**, scope includes cost effective interventions to tackle loneliness and isolation
- **Evidence resources for Professionals:** Mental Health Employer Toolkit and Wellbeing in Mental Health
- **Suicide prevention Toolkit** developed in partnership with Business



Conclusion

- Loneliness and social isolation are **important, cross cutting, public health issues**
- **Complex and multi-factorial** issues that require partnership working
- There are **opportunities** for health and wellbeing boards **to encourage partnership** working between community and voluntary services, the NHS and local authorities to engage in strategies to reduce social isolation
- A **life course approach** offers opportunities to intervene at different time points, tailoring interventions to 'at risk' individuals/groups.
- Research identifies promising practice, but the **evidence base needs to be more robust for some groups and for cost effectiveness.**



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Thank you for listening !

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