Welcome to the UKRI Loneliness and Social Isolation in Mental Health Network Launch

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Things that we know about loneliness and social isolation in mental health include….

• In the general population, being lonely puts you at risk for depression.
• Loneliness is associated with various social adversities – people with lower income, living in deprived circumstances are more lonely.
• Rates of loneliness & social isolation are high among people with mental health problems, especially with depression and personality disorder diagnoses.
• Loneliness and social isolation are associated, but not very strongly.
• Lonely people recover less well from depression (and possibly other mental health conditions).
• Lonely people are also more likely to develop a range of physical conditions, and to die earlier.
• There are interventions that seem to increase social participation and activity – loneliness is a harder target.
Things we don’t know about loneliness and social isolation in mental health include

• In the population, is reducing loneliness a potential way to improve mental health?
• Are there specific risk groups (e.g. young people, disabled people, refugees), in whom tackling loneliness could be particularly good for mental health?
• How do people with mental health problems experience loneliness, and do the established measures capture this?
• Is it possible to reduce loneliness among people with mental health problems through any kind of intervention?
• Does reducing loneliness result in better outcomes among people with mental health problems?
The UKRI Loneliness and Social Isolation in Mental Health

- UKRI – all the Research Councils together
- Eight networks commissioned in 2018
- Aim: to induce a step change in certain areas of mental health by creating networks
- Cross-disciplinary – perspectives from all/most of the Research Councils
- Cross-sector – NHS, Universities, PPI, voluntary sector
- Some plans to coordinate networks together
- Model: Network plus model used in areas like engineering, physics
Our network aims

- Our overall aim is to establish a cross-disciplinary network to allow rapid advances to be made in understanding of the mental health impacts of loneliness and social isolation, and of how these may be alleviated.
- Objectives include:
  - Creating links across areas and disciplines
  - Mapping evidence and research on key questions
  - Commissioning small projects that will seed further research
  - Giving rise to larger projects
  - Establishing an effective PPI voice regarding this topic
  - Developing early years researcher capacity & supporting careers of existing early year researchers
  - Engaging public
Stage 1 Cross-disciplinary mapping & priority setting (first 18 months)

Collaborative mapping of evidence and current research on these questions, agreement on research priorities:

A. What are the impacts of loneliness and of social isolation on mental health in the general population?

B. Is intervening to reduce loneliness and/or social isolation a potential means of preventing mental health problems in the population? If so, what strategies are most promising, and should the whole population or specific risk groups be targeted?

C. What is the impact of loneliness and of social isolation on people living with mental health problems?

D. Is intervening to reduce loneliness and/or social isolation a potential means of improving mental health outcomes and the daily lives of people living with mental health problems? If so, which strategies are most promising?
Stage 1 activities

- HR: two part time post-docs, PPI group, expenses.
- Start with launch and sandpit (M1-2)
- Rapid evidence synthesis on Network questions, including scoping current research (M1-18)
- Seminar series on topics for cross-disciplinary working (M1-18)
- PPI group-led investigation of service user experience & priorities (M1-8)
- Collaborative group meeting to reach consensus on targets and priority strategies for intervention (M9-18)
- Symposium on inter-relationships between mental health, loneliness, social isolation (M9)
- Symposium on potential cross-disciplinary strategies to prevent/improve mental health problems (M18)
- Online activities: sessions recordings and discussions, blogs, tweet chats…..
Stage 2 Commissioning and conduct of Network Plus projects

- Months 19-36 (18 months)
- Series of small projects commissioned by network
- Any bidder
- Support in preparing bids, especially for ECRs and service user/survivor-led projects
- Potential to seed larger-scale work
- £450,000 pot.
- Post-doc continues in post to support, also PPI group
- At least two service user/survivor-led projects
Stage 3 Dissemination and future planning

- Final conference
- Policy maker round table
- Three planning meetings to initiate large proposals
- Further outputs
Disciplines

- Epidemiology
- Mental health care research
- Sociology
- Music
- Art
- Architecture
- Geography
- Service user/survivor research
- Health policy
- Peer support & social interventions
- Neuroscience
- Psychology
- Theology
- Engineering
- Design
- Anthropology
- Sports science
- Psychology of religion
- Social psychology
Questions for today

- How can we make this network as effective as possible?
- How shall we measure its success?
- How can we make it inclusive?
- Who should be included?
- What priorities should we focus on?
- What activities/sub-groups would it be helpful to establish?
- What can we do to support your research?

Your feedback please via:
- Leaves
- Post-launch on-line questionnaire
- Vox pop
- Talk to us