The Community Navigators Study

A feasibility trial of an intervention to reduce loneliness for people with severe anxiety or depression

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Starting points for the project

• Loneliness is common for people with mental health problems

• Loneliness is associated with poor mental health recovery

• Loneliness and social connections are under-addressed in mental health services (Pinfold et al. 2014)

• Effective interventions for loneliness are lacking, especially for SMI populations (Mann et al. 2017, Ma et al. in prep)
Intervention development: initial decisions

- People with severe depression or anxiety
- In a secondary mental health care setting
- A social, asset-based approach
- Additional to standard, multi-disciplinary care
The Community Navigators study team

Research Team:
Bryn Lloyd-Evans, Sonia Johnson, Vanessa Pinfold, Glyn Lewis, Jo Billings
Johanna Frerichs, Theodora Stefanidou, Jess Bone, Kate Fullarton

Practitioners and Lived experience working group members:
Angela, Anji, Anna, Anna, Bev, Jackie, Nick, Prisha, Rob, Sue

NHS services:
Camden and Islington (CDAT); Barnet, Enfield and Haringey (Barnet CMHTs)

Advice: Wellbeing Enterprises, Bromley-By-Bow Centre, Groups4Health, NDTI
Co-production working group
6 service users, 4 researchers, 4 clinicians

Preliminary testing of intervention with 10 service users

Qualitative interviews on experience of intervention

Feasibility RCT with 40 participants & qualitative evaluation

Consultations with experts, visits to services

Interviews with local service users & staff

Systematic review on loneliness intervention

Theory of change

Manual for intervention to reduce loneliness
Community Navigation: 10 session programme

Social identity building

Network mapping

Goal Planning

Solution-focused
Breaking goals into steps

Support with goals

Rehearsal
Practical support
Budget
Reframing
Group x 3
Hello, I'm Iman. Through working in a community organisation in Islington in the last few years I have enjoyed learning about how much the local community has to offer. I enjoy climbing, cycling and walking around London and I love cooking (and anything food related).

Hello, my name is Zubair and I'm a Community Navigator. I enjoy most sports, particularly football, and manage a successful youth football team in Camden. My other interests include socialising with friends, travel, politics and television.

Hi, I'm Jane and I have a background in health and social care. I'm interested in ways in which creativity and community resources can enhance psychological and social well-being. I'm currently involved in various art and animal related projects.

Hey, I'm Cecilia. I'm a Londoner at heart but love exploring new cities and spending time in the country too. I am an animal lover and an arts and crafts enthusiast! I am also a keen jewellery maker, and recently joined a group that enables me to spend time making jewellery with others.

Hi, I'm Jane and I have a background in health and social care. I'm interested in ways in which creativity and community resources can enhance psychological and social well-being. I'm currently involved in various art and animal related projects.
MY CONNECTIONS PLAN

My Goals:

Next Steps:

Time Frame:

Strengths and resources to help me:

Name:

Date:
STUDY PROTOCOL

The Community Navigator Study: a feasibility randomised controlled trial of an intervention to increase community connections and reduce loneliness for people with complex anxiety or depression

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Abstract

Background: Loneliness is associated with poor health outcomes at all ages, including shorter life expectancy and greater risk of developing depression. People with mental health problems are particularly vulnerable to loneliness and, for those with anxiety or depression, loneliness is associated with poorer outcomes. Interventions which support people to utilise existing networks and access new social contact are advocated in policy but there is little evidence regarding their effectiveness. People with mental health problems have potential to benefit from interventions to reduce loneliness, but evidence is needed regarding their feasibility, acceptability and outcomes. An intervention to reduce loneliness for people with anxiety or depression treated in secondary mental health services was developed for this study, which will test the feasibility and acceptability of delivering and evaluating it through a randomised controlled trial.

Methods: In this feasibility trial, 40 participants with anxiety or depression will be recruited through two secondary mental health services in London and randomised to an intervention (n = 30) or control group (n = 10). The control group will receive standard care and written information about local community resources. The coproduced intervention, developed in this study, includes up to ten sessions with a Community Navigator over a 6-month period. Community Navigators will work with people individually to increase involvement in social activities, with the aim of reducing feelings of loneliness. Data will be collected at baseline and at 6-month follow-up at the end of the intervention period. The acceptability of the intervention and feasibility of participant recruitment and retention will be assessed. Potential primary and secondary outcomes for a future definitive trial will be completed to assess response and completeness, including measures of loneliness, depression and anxiety. Qualitative interviews with participants, staff and other stakeholders will explore experiences of Community Navigator support, the mechanisms by which it may have its effects and suggestions for improving the programme.

Discussion: Our trial will provide preliminary evidence of the feasibility and acceptability of Community Navigator support and of trial procedures for testing this. The results will inform a future definitive randomised controlled trial of this intervention.


Keywords: Loneliness, Depression, Anxiety, Feasibility Study, Randomised controlled trial, Community navigation
The Feasibility Trial

- RCT (n=40)
- 2 NHS Trusts (Camden and Islington and Barnet, Enfield and Haringey)
- Treatment group (n=30) receive Community Navigator support
- Control group (n=10) will be given a written list of local resources
- Baseline and 6-month follow-up
- Qualitative interviews with participants (n=20) and other stakeholders (n=13)

Main outcomes

- Trial recruitment and retention
- Intervention integrity
- Acceptability and perceived usefulness
The participants

- 72% female; Mean age: 42; 48% White British
- 80% with affective or anxiety disorder diagnosis
- 5% in paid employment
- 2.5% married or cohabiting

- Median DJG loneliness score at baseline: 11 (top of the scale)
- Median PHQ-9 depression score at baseline: 21 (severe depression)
Feasibility outcomes

Recruitment
61% of service users were eligible; 40/65 (62%) of eligible participants were recruited

Retention
All participants retained in trial; follow up interviews with 35/40 (88%)

Adherence
24/30 (80%) treatment group participants were treated per protocol (minimum three sessions)
Intervention delivery

For those treated per protocol (n=24):

• Median sessions attended: 7.5
• Network mapping completed n=24
• My connections plan completed n=21
• 50% (n=12) attended at least one group

• 64% meetings took place in the community
• 37% meetings involved contact with others (not just navigator)
Loneliness outcomes (Dejong-Gierveld-11 scale)
Loneliness outcomes (2)

Number of Participants

Baseline scores Intervention Group
- Not Lonely (0-2)
- Moderately Lonely (3-8)
- Severely Lonely (9-10)
- Very Severely Lonely (11)

Follow-up scores Intervention Group

Baseline scores Control Group

Follow-up scores Control Group
Depression and anxiety outcomes (PHQ-9 & GAD-7)

Baseline and 6 month follow-up depression outcomes

Baseline and 6 month follow-up anxiety outcomes
The Community Navigators Study: conclusions from the trial

- Trial recruitment and retention are feasible
- Intervention manual, training manual and ToC developed
- Intervention can be delivered as intended; good adherence
- Promise of potential effectiveness

Strong case for a full trial to test effectiveness
Thank you!

For further information about the Community Navigators study:

Study website:  https://www.ucl.ac.uk/psychiatry/research/epidemiology/community-navigator-study

Final report for NIHR SSCR coming soon:  https://www.scr.nihr.ac.uk/

Results papers to follow

Or contact:  b.lloyd-evans@ucl.ac.uk
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