



Funded Pathways Plus Projects – Abstracts & lay summaries

PROJECT 1 Exploring the effects of loneliness and social isolation on experiences of recovery and relapse in Obsessive Compulsive Disorder

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Research Abstract

Rationale and research question

Obsessive Compulsive Disorder (OCD) is an isolating condition. Those who suffer spend multiple hours each day in the grip of relentless intrusive thoughts and the undertaking of compulsive behaviours. These crippling symptoms coupled with the associated shame and stigma make it difficult for sufferers to interact with others leading to social isolation and emotional loneliness.

The short-term efficacy of Cognitive Behavioural Therapy (CBT) for OCD is well established. However, standard CBT for OCD fails to address the ‘collateral damage’ that OCD causes: the missed years of life/ opportunities, the ‘OCD identity’, the social interpersonal connections that were never built, and ultimately the void in the individual’s life that becomes salient when they are no longer fully occupied by OCD. Around 40% of those affected by OCD do not respond optimally to CBT. Of those who recover from OCD, between 20-60% experience a relapse.

The inverse of social isolation and loneliness is social support and integration, which have been shown to be highly protective factors for health and wellbeing. However, there is a dearth of literature in this area specific to OCD. The relationship between loneliness and social isolation and the potential impact this has on OCD recovery and relapse is yet to be explored. Before moving to interventions that address this we must first develop an in-depth understanding of the interplay of loneliness and OCD. The proposed research will therefore address the overarching question of: What is the experience of loneliness and social isolation in recovery and relapse in OCD?

Methods

Purposive and snowball sampling techniques will be used to recruit adults who identify OCD as their main problem, meet DSM-5 diagnostic screening criteria for OCD and identify as having made progress towards recovery or have recovered but relapsed. Eligibility for the study will be established through completion of an online questionnaire to capture information pertaining to demographics, symptom severity and occurrence of

recovery and relapse. Twenty eligible participants that are willing to be interviewed will then take part in a semi-structured telephone interview in order to gain an in-depth understanding of participant's experience of social isolation and loneliness and the impact this has on their recovery and or relapse. The interviews will be audio recorded and transcribed verbatim. Interviews will be analysed using thematic analysis.

Expected outputs and dissemination

This research will provide an in-depth understanding of the experience of social isolation and loneliness in the context of recovery and relapse in OCD. It will provide insight into the nature and timing of interventions required to enhance social connections to aid in sustained recovery from OCD. The results will be collaboratively disseminated by the lead and service user applicants. Service user participatory sessions will be held at the two national OCD service user conferences to facilitate the dissemination of findings and gain wider service user feedback on the findings. The findings will also be published in a peer reviewed academic journals and other relevant fora.

Plain English Summary

Background to the study

OCD is a mental health problem that affects 1 in 12 people in the UK. People with OCD experience unwanted, persistent thoughts or images, known as obsessions. These obsessions are usually about being responsible for harm coming to themselves or others and cause huge distress and anxiety. In response to these obsessions the sufferer will do things (either in their head or in their environment) in order to prevent the perceived harm from occurring. These actions are known as compulsions.

OCD sufferers spend many hours each day engaged in these thoughts and behaviours thus becoming isolated. Additionally, OCD is not well understood by the general public; it is stigmatised and mocked in the media. This further amplifies the loneliness and isolation experienced by those affected by OCD. The exact impact that social isolation and loneliness has on recovery from OCD and relapse is unknown. However, we do know that only around half of those who have treatment fully recover and up to 60% of those who do recover will experience a relapse. We also know that a big problem is the gap in people's lives that occurs in recovery from OCD. It is important to try to understand the impact of loneliness on experiences of recovery and relapse so that we can consider how developing social connections might enhance recovery and protect against relapse.

Aims of the research

This research aims to gain an in-depth understanding of how social isolation and loneliness impacts on people with OCD, specifically in experiences of recovery and relapse. This information will help us to understand when an intervention aimed at rebuilding social connections would be most helpful and what such an intervention might look like.

Design and methods

Participants will be adults who identify as having OCD and either (1) have made progress in therapy or (2) had recovered but experienced a relapse. Participants will be invited to complete an online questionnaire which will ask about their demographics and

current symptoms. Eligible participants will be invited to take part in a telephone interview to find out about their experiences of loneliness and social isolation and how this has impacted on their recovery. The interview will be recorded and transcribed. The transcriptions and questionnaire data will be analysed.

Outputs

The research findings will be presented at academic conferences attended by therapists and researchers and published in academic journals. The findings will be co-presented by the applicants at national OCD service user conferences. This will be done in an interactive way that both shares and seeks feedback on the findings from other service users. It is anticipated that the research findings and associated feedback will inform the development of an application for a larger grant to develop an intervention targeted at increasing social connection in the treatment of OCD.

Patient and public involvement

Service users with OCD have a central role in this research. The idea for this research developed out of discussions that the applicants had at an OCD service user conference. Service users are involved in all aspects of the research from design to dissemination.

PROJECT 2 Pathways between LGBTQ migration, social isolation and mental distress: The temporal-relational-spatial experiences of LGBTQ mental health service-users

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Research Abstract

Rationale and research question

Lesbian, gay, bisexual, trans, and queer (LGBTQ) people experience significant health inequalities (Zeeman et al., 2019), including heightened rates of mental health problems and suicidality (Stonewall, 2018). Their social exclusion is multidimensional (Fish, 2010), and social isolation and loneliness are significant lifelong issues (e.g. Fredriksen-Goldsen et al., 2011; Pukett et al., 2015) that have been shown to impact negatively on LGBTQ mental health (Meyer, 2003). In Brighton & Hove, which has a large LGBTQ population, research indicates that three quarters of LGBTQ people experience psychological distress (Brighton and Hove City Council (BHCC), 2019), and that isolation and loneliness are widespread (Browne, 2007). Although known as the UK's 'Gay Capital' (Browne & Bakshi, 2013), the presumption that everything is 'sorted' for LGBTQ people in Brighton is misplaced (McGlynn, 2017).

In the UK Government briefing 'Tackling Loneliness' (2019), identifying as LGBTQ and leaving home are both named as risk factors for social isolation and loneliness. Leaving home is of particular relevance to LGBTQ people who may undertake significant internal and international migration in search of safety, acceptance, and a sense of 'home'

(Gorman-Murray, 2008; Sinfield, 2000; Pilkey, 2011). Local services indicate that LGBTQ migrants in Brighton and Hove may be particularly isolated and at risk of mental health issues (BHCC, 2018). However, it appears no research explores how LGBTQ migration (internal and international) interacts with isolation and mental health.

This interdisciplinary, empirical pilot research is a partnership between MindOut, a Brighton LGBTQ mental health charity, and researchers from the Centre for Transforming Sexuality and Gender at University of Brighton. It brings together social-psychological mental health approaches with social geographies of gender and sexualities, to ask:

- What are the pathways between LGBTQ migration, social isolation and/or loneliness and mental health experiences for LGBTQ mental health service-users settled in Brighton and Hove?

Methods

This qualitative research focuses on understanding the temporal- relational-spatial experiences of LGBTQ mental health service-users. This requires development of a novel visual interview methodology, to be derived from Relational Mapping Interviews (Boden et al., 2019), biographical timelines, and psychogeographic spatial mapping methodologies. Participants will be <15 LGBTQ MindOut mental health-service users (18+) who have migrated to, and settled in, Brighton. Participants will be invited to two individual semi-structured 'mapping' interviews. In interview one, participants are invited to make a drawing ('map') of their migration to Brighton, considering points of isolation and loneliness. In interview two, participants will map their experiences in Brighton. Verbal and visual data will be analysed using an adaptation of Interpretative Phenomenological Analysis (IPA; Smith, Flowers & Larkin, 2009) which has been developed for use with multimodal data (Boden, Larkin & Iyer, 2018).

Expected outputs and dissemination

Outputs are: an academic paper summarising key findings; a methodological paper detailing the novel mapping methodology; a report to inform local and national policy and LGBTQ mental health provision; a community engagement and networking event to disseminate key findings and consult on further research; and development of a funding application with a national remit to advance this work.

Plain English Summary

Background to the study

Lesbian, gay, bisexual, trans and queer (LGBTQ) people experience poorer mental health and higher rates of suicide than others in the population. This is likely to be because LGBTQ people are discriminated against, socially excluded, and pushed to the edges of society. Research shows that LGBTQ people experience social isolation throughout their lives.

Social isolation and loneliness are important issues when relocating and settling somewhere new. This is important for LGBTQ people, as many individuals leave home as part of their 'coming out'. They often relocate internally (within their home country) or

internationally, which are both forms of migration. LGBTQ people move in search of safety, acceptance and to feel 'at home'. In the Government report, 'Tackling Loneliness', being LGBTQ and leaving home are named as separate risk factors for social isolation and loneliness.

Brighton and Hove has a large LGBTQ population, indicating that LGBTQ people move there. Often identified as the UK's 'Gay Capital', we might assume that LGBTQ people living there do not face the same issues as elsewhere. However, local surveys show widespread and serious issues regarding LGBTQ people's mental health, loneliness, and social isolation. Local services also believe that LGBTQ migrants may be particularly isolated. However, no research so far investigates the impact of migration on LGBTQ mental health and social isolation.

This research project is a partnership between MindOut, a Brighton LGBTQ mental health charity, and researchers from the Centre for Transforming Sexuality and Gender at University of Brighton.

Aims of the research

To:

1. Investigate LGBTQ migration as a pathway between social isolation and/or loneliness and mental health experiences.
2. Develop a new way to investigate people's personal experiences of these issues
3. Understand the significance of LGBTQ mental health service-users' migration histories for their experiences of loneliness and social isolation.
4. Use these findings to support a further funding bid for research into this area.

Design and methods

LGBTQ mental health service-users (18+) who have migrated to Brighton will be invited to take part in two interviews. The first will involve drawing a personal map of how they came to live in Brighton and will ask about their experiences of social isolation and loneliness during their migration journey. The second will ask them to map their experience of Brighton in relation to social isolation and/or loneliness. Their stories and the maps they make will be recorded and analysed in order to gain a better understanding of what this experience is like and what could help.

Outputs

Academic articles and a community report will detail the findings of the research. The project will end with a community engagement and networking event, which will support the development of a new funding bid.

Patient and public involvement

'Lived experience' is at the heart of this project: it is being led by people who are LGBTQ and have mental health and relocation experiences. Each stage of the process is being designed and delivered in partnership with MindOut staff and service-users.

PROJECT 3 Left on Read: Young people co-producing new ways of thinking and feeling loneliness

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Research Abstract

Rationale and research question

Left on Read will co-produce new ways of thinking and being at the intersections of loneliness, isolation, mental health and stigma. The approach builds on *Loneliness Connects Us* a two-year youth co-research project that explored youth loneliness with young people (Batsleer and Duggan 2018; Batsleer and Duggan, In Press; Duggan, Under Review). The co-produced, creative and arts-based research methods enabled young people to explore, speak out and speak back to individualising and stigmatising representations of loneliness (e.g. Cacioppo, Fowler and Christakis 2010). *Left on Read* draws on co-produced, creative and arts-based methods (Bell and Pahl 2018; Pool 2018) and theories that think beyond the individual (Balibar 1997; Spinoza 1996), envision emotional infrastructures of care (Berlant 2016) and alternative forms of sociability such as social and emotional commons (Coote 2016; Stavrides 2016).

The youth co-researchers will define the research question(s) but we begin with an agreed overarching aim: Young people with experience of mental health issues co-produce new ways of thinking, talking and relating to loneliness and stigma. We aim to develop productive accounts of youth loneliness that help ground self-, mutual-, and service-level support to help young people navigate loneliness.

The COVID-19 Lockdown/physical distancing presents considerable challenges for young people living with mental health, loneliness and isolation issues in addition to conducting co-produced and arts based research with young people – given that it usually relies on physical proximity. Instead of inviting young people to visit a ‘lab’ or workshop space that is separate from the real world and their everyday lives, a research team and artist practitioners will support the youth co-researchers to develop inquiries that can be staged by the young people (at home, outside or online) in line with the rules of physical distancing.

Methods

Young people with experience of mental health problems will encounter and explore loneliness and stigma through eventful co-produced, creative and arts-based methods. Eventful co-production is creative, speculative, pragmatic and eventful and develops through combinations of constraints to provoke and challenge thinking and feeling in new ways (Duggan, Under Review). The project builds on the proven capacity of arts methods

to create complex, relational and productive engagements with research subjects (Rotas and Springgay 2014; Hickey-Moody, 2015).

The research will have three phases:

Plan: A core group of six youth co-researchers (aged 16 to 25) from 42nd Street will explore loneliness and plan a series of 6 Loneliness HomeLabs, with the support from the research team and a relevant artist/practitioner.

Research: Young people will explore loneliness, mental health and stigma through 6 Loneliness HomeLabs with different configurations of a focus on loneliness, method/practice, modality, and genre that will be staged by the young people (at home, outside or online) in line with the rules of physical distancing. We will design 6 HomeLabs and then promote it as an activity for young people through our extensive networks. Together the 6 HomeLabs will provide an expansive and iterative engagement with loneliness producing rich and diverse findings.

Amplify: The youth co-researchers will produce six arts outputs (e.g. songs, zines, adverts, short documentary) that translate and amplify the emerging new ideas relating to the intersections of loneliness, mental health and stigma. These outputs will be staged or exhibited through appropriate media/formats (e.g. invisible theatre, gallery exhibition, social media).

Expected outputs and dissemination

The research outputs and dissemination will be co-produced, and will emphasise plural outputs for diverse audiences including:

- A final project report for practitioners and policy makers (approx. 4,000 words)
- Six co-produced arts projects communicating new ways of understanding loneliness
- Curated collection posted online or an exhibition at the Horsfall Gallery, MMU Poetry Library or City of Literature festival sites - if safe.
- Two academic articles: Carousel of Methods (IJQM), Youth Loneliness Beyond Contagion (Journal of Youth Studies)
- An archive of resources detailing the links we observed between loneliness, method, modality/practice, genre and context, and emerging ideas.
- Disseminate research outputs through network, events (e.g. Co-op Foundation), media, and project social media engagement (e.g. www.youthlonelines.org @YouthLoneliness @42ndstreet)

Plain English Summary

Background to the study

How can we provide young people with appropriate support to help them navigate feelings of loneliness? Between 20%-71% of young people (aged 15-25 years) identify as lonely (Qualter et al 2013). Some might require professional support but for many practices of mutual- and self-care will be sufficient. Unfortunately, ways of thinking and talking about loneliness in academic research, media and policy tend to stigmatise and individualise

loneliness, and provide inadequate accounts to inform effective loneliness reduction interventions. *Left on Read* develops on the findings of *Loneliness Connects Us* a two-year research project where a group of youth co-researchers researched youth loneliness using arts and creative methods. In total over 250 young people (aged 11-26) participated in the research.

Aims of the research

We begin with an overarching aim agreed by young people: Young people with experience of mental health issues co-produce new ways of thinking, talking and relating to loneliness and stigma. Working within the constraints of the COVID-19 Lockdown/ physical distancing we aim to develop focused and productive accounts of youth loneliness that help ground self-, mutual-, and service-level forms of support for young people.

Design and methods

A group of youth co-researchers will plan, deliver and amplify a research project where young people will explore loneliness, mental health and stigma through co-produced through creative and arts-based methods, in three phases:

Plan: A core group of 6 youth co-researchers (aged 16 to 25) from 42nd Street with experience of mental health issues will explore loneliness and plan a series of Loneliness HomeLabs for other young people to participate in.

Research: Young people will explore youth loneliness in safe encounters with arts and creative practices that can be staged by the young people (at home, outside or online) in line with the rules the Lockdown/ physical distancing conditions.

Amplify: The youth co-researchers will produce 6 arts outputs that translate and amplify their ideas of how loneliness, mental health and stigma could be thought, talked about and felt in different ways.

Outputs

- An accessible final project report aimed to inform practitioners and policy makers (approx. 4,000 words)
- 6 co-produced arts projects communicating new ways of understanding loneliness
- Curated collection posted online or an exhibition at the Horsfall Gallery, MMU Poetry Library or City of Literature festival sites - if safe.
- Two academic articles focusing on the Carousel of Moving Methods (IJQM) and Loneliness Beyond Contagion (Journal of Youth Studies)
- An archive of resources detailing the links we observed between loneliness, method, modality/practice, genre or context and emerging ideas.

Patient and public involvement

The involvement of the public and people with experience of loneliness, mental health issues, and stigma is central to the research. The research grows out of *Loneliness Connects Us* a youth co-research project that engaged over 250 young people (aged 11 – 25 years). The lead researcher and youth co-researchers all have experience of mental health issues. An initial project meeting was held with 6 young people at 42nd Street to discuss and agree

the parameters for the proposed project. The youth co-researchers will be central to planning, delivering and exploring the findings of the research. The project will be outward facing and seek to include the perspectives of other young people throughout the research.

PROJECT 4 The relationship between loneliness, social isolation, depression and mother-infant bonding in the perinatal period: a collaborative, mixed methods study (aka Mums Alone: The Perinatal Loneliness Study)

Principal Investigators: Dr Billie Lever-Taylor & Dr Angela Sweeney
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Lead Academic Institution: University College London

Research Abstract

Rationale and research question

Perinatal depression is common and is associated with a range of serious adverse consequences for women and their families. It is closely linked to difficulties in the mother-infant bond, which can contribute to child developmental difficulties. We know that women's families and wider networks play an important role in the perinatal period, both affecting and being affected by women's perinatal mental health. We also know that pregnancy and the arrival of a new baby often results in significant changes to women's social networks. Experiences of loneliness and social isolation are common at this time, particularly among some groups of women (e.g. those who are younger or more socially deprived). Yet despite this there has been little research exploring pathways between loneliness, social isolation and perinatal depression. Pregnancy, in particular - when women come into increased contact with professionals such as GPs and midwives - may be a valuable time to intervene to help strengthen women's social networks, as they prepare for the arrival of a new baby. But it is not clear whether social isolation in pregnancy is associated with postnatal depression, or whether this relationship varies across different groups of women (e.g. younger or lone mothers). Also, despite the known importance of the mother-infant bond (e.g. to child outcomes) little is known about associations between social isolation and postpartum bonding. Our exploratory study seeks to address these research gaps. Specifically, we will: 1) explore the relationship between social isolation in pregnancy and postnatal depression; 2) explore the relationship between social isolation in pregnancy and mother-infant bonding. To enrich our understanding and ensure we also include women's own perspectives, we will address a third research question too: 3) how do loneliness and social isolation feature in the accounts of women treated for perinatal depression?

Methods

Our study will analyse existing quantitative and qualitative data from a wider study of perinatal mental health. To answer our first two research questions, we will analyse quantitative data from a pregnancy cohort study of 545 women, around half of whom

screened positively for depression in pregnancy. Women were asked about depression and social isolation twice during pregnancy and once postnatally. They were also asked about their bond with their baby postnatally. Using regression analyses, we will examine the relationship between social isolation in pregnancy and: 1) postnatal depression, 2) postpartum bonding. We will also examine whether sociodemographic factors and relationship status moderate this relationship. To answer our third research question, we will use thematic analysis of qualitative data from interviews with women treated for perinatal depression.

Expected outputs and dissemination

We will disseminate findings through national outputs to key stakeholders including parents, clinicians, practitioners and academics including a publication in a high impact factor journal and an engaging blog on a popular, relevant national website. We will also present our findings to a PPI group of women and family members with experience of perinatal mental health difficulties. Outputs will be disseminated through social media and in newsletters of relevant organisations.

Plain English Summary

Background

Depression during the 'perinatal' period (pregnancy and the year after childbirth) is common and has serious negative consequences for women and their families. Women diagnosed with perinatal depression are also more likely to struggle to bond with their babies, which can negatively impact child development. Many women find their relationships and social networks change during the perinatal period and it is common for women to say they feel lonely and isolated. We know that women's families both affect and are affected by their perinatal mental health. However, there has been little research exploring the ways in which social isolation and loneliness relate to depression or the mother-infant bond. Also, little is known about how perinatal women describe loneliness or isolation in relation to their mental health.

Aims of the research

Our study aims to explore the relationship between social isolation in pregnancy and 1) postnatal depression, and 2) women's bond with their baby 3 months after birth. We will also explore 3) how isolation and loneliness feature in the accounts of women treated for perinatal depression.

Design and methods

We will analyse anonymised quantitative and qualitative data, collected for a wider study about perinatal mental health. To answer our first two research questions, we will use quantitative data from 545 pregnant women who participated in a study about the way midwives 'screen' for depression in the UK. These women were asked about social isolation and depression twice during pregnancy and once after the birth of their babies using questionnaires. They were also asked about their bond with their baby postnatally. We will examine women's responses to see whether social isolation in pregnancy predicts postnatal depression or difficulties in the mother-baby bond 3 months after the baby is born, and whether these relationships are different for different groups of women. We will

also analyse data from qualitative interviews with 14 women treated for perinatal depression in the NHS. These women were asked about their pregnancies and the period after their baby was born in relation to their mental health, and we will explore how loneliness and social isolation feature in their accounts.

Outputs

We will communicate our findings to healthcare practitioners and researchers by publishing a paper in a journal. We will also write an engaging blog aimed at parents (but also read by healthcare practitioners) which we will publish on a popular website (e.g. NCT). We will present our findings to a group of women and family members with experience of perinatal mental health difficulties, which is part of a wider study led by a co-applicant.

Patient and public involvement

One Principal Investigator (PI) identifies as a survivor researcher and both PIs have extensive experience of involving people with lived experience meaningfully in research. The data we are using for our study had input from an active PPI group. For the proposed study, we will recruit three members of this PPI group to participate in a smaller group, providing advice and contributing to data workshops.

PROJECT 5 Investigating whether loneliness is a mechanism that leads to depressive symptoms in older adults who are lesbian, gay, bisexual or have chronic physical health problems

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Research Abstract

Rationale and research questions

Certain older adults are at higher risk of depression than the rest of the population, for example those who are lesbian, gay or bisexual (LGB) or have chronic physical health problems. Although these exposures are common among older adults, we have a poor understanding of the mechanisms that lead to depression in these groups.

Loneliness might explain increased risk of depression in older adults who are LGB or have chronic physical health problems, but few studies have tested this hypothesis. It is also important to investigate the unique effects of loneliness on depression, independent from other experiences like social isolation.

Interventions addressing loneliness could improve depressive symptoms in these groups, if there is evidence that this is causal.

There is evidence of genetic influences on loneliness, depression and physical health. Genetic factors might partly confound associations between these variables but this has never been investigated.

There is a bidirectional relationship between loneliness and depression. To rigorously test our hypotheses, we need longitudinal datasets with measures of loneliness and depression that are repeated regularly over time. This is essential to test whether loneliness precedes or follows depression, a necessary precondition for establishing loneliness as a potentially causal, and hence targetable, risk factor for depression.

Our project will test the following research questions:

Study 1

- 1.1. Are LGB older adults at increased risk of future loneliness compared with heterosexuals?
- 1.2. To what extent does loneliness explain (mediate) increased risk of future depression in LGB compared with heterosexual older adults?

Study 2

- 2.1. Are older adults with chronic physical health problems (illness or injuries) at increased risk of future loneliness compared with the rest of the population?
- 2.2. To what extent does loneliness mediate increased risk of future depression in older adults with physical health problems compared with the rest of the population?

Methods

We will use ELSA, a nationally representative cohort of 11,500 English adults over the age of 50, which began in 2002/3. ELSA has internationally recognised measures of loneliness and depressive symptoms every two years over a 15 year period, along with genetic data. ELSA also has repeated data on social isolation, frequency of contacts and network size.

We will use multilevel regression to calculate longitudinal growth curves (trajectories) of loneliness in people who are LGB or have physical health problems and compare these with the rest of the population

Mediation analyses will use the potential outcomes framework, improving upon traditional approaches (such as structural equation modelling).

Models will control for polygenic risk scores for loneliness, personality, depression and physical health along with other confounders. Depressive symptoms measured before the outcome will be an intermediate, time-varying confounder.

Expected outputs and dissemination

We will publish two papers (study 1 and study 2) in high-impact peer-reviewed Journals. We will use the UCL press office and Wellcome Science Media centre to disseminate findings more widely. We will write a blog for the mental elf, for professional audiences.

Plain English Summary

Background to the study

Depression is common in older adults. As we age, depression can be more difficult to diagnose and many people never get treatment. If we knew more about the risk factors for depression we might be able to prevent people experiencing depressive illness.

Loneliness affects one third of older adults, who often experience retirement, changes in social relationships and bereavement. Being lonely can increase a person's risk of depression.

Certain older adults have a higher risk of depression, for example those who are lesbian, gay or bisexual (LGB) or have chronic physical health problems; but we have a poor understanding of what causes this increased risk.

Interventions for loneliness, such as community groups, could improve depressive symptoms in these groups, if there was evidence that loneliness was a causal link in this pathway.

There might be genetic influences that make someone more prone to loneliness, depression or physical health problems but no study has ever controlled for this possibility.

Aims of the research

We will investigate whether loneliness might explain the increased risk of depression in older adults who are LGB or have physical health problems.

We first need to investigate whether, compared with the rest of the population, older adults who are LGB or have physical health problems have higher levels of future loneliness.

We will then investigate whether loneliness leads to LGB older adults / those with physical health problems having a higher risk of later depression than the rest of the population.

Design and methods

We need a dataset that follows people over time and collects data at regular intervals as they age.

The ELSA study started in 2002/3 and has followed a representative sample of older adults, collecting data every two years for a 15-year period. ELSA is one of few datasets in the world which will allow a high-quality test of our hypotheses. Many studies do not have good measures of loneliness that allow loneliness to be distinguished from other experiences like social isolation.

Our studies will measure sexual orientation and physical health at one point in time, loneliness two years later, and depression two years after that. This will give us a clear picture of which comes first, loneliness or depression.

Our statistical methods will calculate changes in loneliness and depressive symptoms over time, whilst controlling for genetics and other factors that might explain our associations.

Outputs

We will publish two journal articles reporting our findings. We will also approach the media, to share our findings with the public. We will write a blog for the mental elf, for professional audiences.

Patient and public involvement

The idea for our study on physical health problems was developed by Stephen Lee, a member of the Loneliness and Social Isolation in Mental Health Network co-production group, who has experience of loneliness and depression.

Our collaborator Ben Thomas will organise a PPI workshop with LGBT+ adults from the Befriending scheme at Opening Doors London, the biggest UK charity supporting [LGBT+](#) people over 50.

PROJECT 6 Loneliness, social isolation and mental health in farming communities: An analysis of social and cultural factors

Principal Investigator: Professor Matt Lobley
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Research Abstract

Rationale and research question

Farming might appear to some to be an idyllic occupation, but in reality agriculture is a highly demanding industry and previous studies have shown high levels of stress and mental health problems within the farming population (Bossard et al. 2016; Lobley et al. 2018). Whilst social isolation is acknowledged as among the factors contributing to this state of affairs (Stain et al. 2008), there has been remarkably little recent research into the mental health and wellbeing of UK farmers and, so far as we are aware, none that has specifically focused on iterative pathways between social isolation, loneliness and mental health problems. At a time when pressures on farming are mounting (e.g. climate change, animal disease, post-Brexit changes in trade and subsidy systems, and declining profit margins) it is essential that we seek to understand how social isolation, loneliness and mental health problems are experienced, managed and potentially mitigated within the very socially and culturally specific context of this population.

This research will explore stories of social isolation, loneliness and poor mental health among farmers and farming families in Devon and Cornwall in order to:

1. Understand the role of farming-specific cultures, identities and environments in experiences of loneliness, social isolation and mental health problems.
2. Examine the wider implications of these experiences for the wider health of the farmer, farm family and farm business;
3. Explore the roles that different types of social relationships play in multidirectional pathways between social isolation, loneliness and mental health problems among farmers.

This will lead to enhanced understanding and acknowledgement within the field of mental health and loneliness/social isolation of an often overlooked social group at high risk of experiencing these issues. It will also provide a sound basis from which to build effective interventions that utilise and enhance existing farm support networks.

Researchers from the Centre for Rural Policy Research (CRPR) will work closely with the Farming Community Network (FCN), at all stages of the research (including design, delivery and dissemination) to ensure that it is sensitively and effectively designed and conducted. The project is also supported by the Farming Health Hub, Public Health Cornwall and the Prince's Countryside Fund.

Methods

The study will focus on two counties in south west England, Devon and Cornwall. The primary research methods will be:

1. Two workshops with relevant farm support and public health professionals from Cornwall and Devon to explore known issues of loneliness and mental health within farming communities and consider emerging findings from the project.
2. In-depth qualitative face-to-face interviews with up to 25 individuals from farming families and 5 farm support workers and/or healthcare professionals.

Expected outputs and dissemination

In addition to the outputs specified under the Award Conditions (incl. engaging with the Network CoG, presenting at a Network workshop, writing a final report and a blog article), we will:

- Write a summary report
- Present findings to farm support networks and other interested organisations and individuals
- Write a paper for publication in an academic journal

Plain English Summary

Background to the study

Issues affecting farmers and farm businesses have been increasingly and widely reported in the press over the last few years. These include climate change, disease, post-Brexit changes, and declining profit margins. What has been less widely researched and reported is the impact that these issues have on the mental health and wellbeing of farmers their

families and, in particular, the link between social isolation, loneliness and mental health problems in the farming community.

Aims of the research

The farming community has a distinct social and cultural identity, and different needs to other parts of society. The aim of our research is to understand how social isolation, loneliness and mental health problems within the farming community are experienced and managed, and what is being, or can be, done to alleviate them, with particular reference to existing farm support networks. We will seek to understand what aspects of a farmer's work, life and physical environment can lead to them experiencing these issues and look at the wider implications they have for the farmer's health, family and business. We will also examine social relationships within the farming community, and the role they can play regarding the complex relationships between social isolation, loneliness and mental health problems.

Design and methods

Focusing on Devon and Cornwall, researchers from the Centre for Rural Policy Research (CRPR) will work closely with the Farming Community Network (FCN) to ensure that the project is sensitively and effectively run from beginning to end. The project is supported by the Farming Health Hub, Public Health Cornwall and the Prince's Countryside Fund and, with their professional support and advice, two workshops, bringing together farm support networks and public health professionals, will be held – the first to discuss the known issues of loneliness and mental wellbeing within farming communities, and the second, later in the project, to look at the initial responses to the research. The researchers will also conduct face-to-face interviews with up to 25 individuals from farming families and 5 farm support workers and/or healthcare professionals.

Outputs

At the end of the research project, we will produce a summary report which will be widely distributed via our existing networks and social media. We will also present the findings of our research to farm support networks and other interested parties (such as mental health practitioners and the National Farmers' Union). In addition, we will write a paper on this research for publication in an academic journal. Along with our project partners, we will extensively circulate the project's findings in order to enhance existing support services and help create new ones.

Patient and public involvement

The farming community will be involved in the design and development of this research from the start. For example, the first workshop will include FCN staff, many of whom are farmers or partners of farmers. The close involvement of the Farming Health Hub will also ensure that farmers and farmer representatives have the opportunity to influence the design and development of the research.