

# **Loneliness and mental health – is there a missed opportunity to intervene?**

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*(with input from Bryn Lloyd-Evans & Farhana Mann)*

# Overview

- Social interventions as the poor relation in the biopsychosocial triad
- What we know about loneliness and mental health so far
- **The Community Navigators** study as an example of development of a loneliness intervention in mental health context
- The **UKRI Loneliness and Social Isolation in Mental Health Network** and some research directions for the future

# The current status of social interventions in mental health

Well-established relationship (probably bidirectional) between mental illness and social adversity. However:

- **Guidelines – many drug & psychological interventions recommended, but:**
  - NICE on depression: **consider befriending for chronic depression**
  - NICE on psychosis: **supported employment, possibly peer support**
- **Public mental health:** lots of interest in potential social targets for preventive intervention; few well-developed and evidenced strategies

# Why is social the poor relation in the biopsychosocial intervention triad?

- **Social targets are at multiple levels & in many sectors** – at societal, community, family, individual levels, sectors include health, social care, education, workplace etc.
- **Fundamental change may require political action:** are we distracting from need for fundamental social change with individual-level initiatives to reduce impact of poverty & inequality?
- **Is involvement of professionals/health researchers in areas like friendship & sexual relationships too paternalistic?**
- **Should we be standardising social interventions?** Many already delivered in various social care/charity sectors
- **Should social interventions be trans-diagnostic or diagnosis-specific?** Not linking to diagnosis may mean missed from guidelines
- **Relatively under-developed state of social care research**

# The case for researching social interventions in mental health

- **Outcomes of mental illness not much improved through several decades of neuroscience/psychological research:** a fresh opportunity to improve prognosis through focus on the social
- **Service user priorities for research:** tend to emphasise reducing burden of stigma, social exclusion, social adversity
- **Currently considerable investment in untested models –** intuitively appealing models don't always work or hit right targets
- **Guidelines tend to require robust evidence –** e.g. shift away from social in new EIP guidelines
- **Call for more prevention in mental health –** large proportion of targets are social

## NHS to boost social prescribing with 1,000 'link workers'

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**The NHS plans to boost social prescribing – thus removing some of the burden from GPs – by hiring at least 1,000 'link workers'**

The NHS is attempting to boost social prescribing with the aid of around 1,000 'link workers', **according to inews.**

The aim is to take a thousand people on to direct others towards exercise, dance, history or art classes rather



## Targets for social interventions in mental health - examples

	National	Community	Small group/family	Individual
General population	Anti-austerity measures	Improvements to built environment	Workplace wellbeing interventions	Mental health campaign promoting self-help
High risk populations e.g. perinatal, older people	Initiatives to alleviate poverty among older people	Centres promoting social life for new mums	Bringing young people into care homes	Apps to allow new mums to find company
People with common mental health problems		Access to leisure centres for people with depression	Education about loneliness for GP practices	Social prescribing in primary care
Secondary care service users			Peer support groups in day services	Supported employment

# Social interventions among people with significant mental health problems: current evidence

Substantial supporting evidence	Preliminary evidence	Minimal evidence
Supported employment (in psychosis)	Interventions to increase social network size	Loneliness interventions
	Peer support to improve mental health outcomes (more for depression)	Support in sexual relationships
	Sexual health interventions	Support with financial problems & debt
		Support in successful parenting

# Loneliness: an example of a social target for intervention development in mental health

Farhana Mann and Sonia Johnson: Addressing loneliness will take more than appointing a minister

February 13, 2018

*Enthusiasm must be matched by evidence and one size will not fit all*



The recent appointment of the UK's first minister for loneliness was met by many with excitement and hope. Some, however, have questioned whether it can really bring about change in an aspect of people's life, such as friendship and family relationships, which can be very private. And are these private domains really the business of the government, professionals, and academics?

As psychiatrists—and researchers—interested in the impact of loneliness on our wellbeing, this is an important moment. There is cause for celebration: the [Jo Cox Commission on Loneliness](#) (whose recommendations included the appointment of such a minister) has worked tirelessly alongside other organisations to raise the profile of what is now seen as a major public health issue. However, tackling loneliness effectively will be a complex and challenging task.

Loneliness is defined as a mismatch between the level of social connectedness that a person desires and what they have. It is, by definition, an unpleasant experience—we are not referring to voluntary decisions to spend time alone or peaceful solitude. Loneliness is also a distinct concept from objectively "being alone." It is entirely possible to feel lonely despite being surrounded by people. Definitions matter, because loneliness and objective isolation are partially independent risk factors for multiple poor health outcomes, and when people spend more time in company, they don't necessarily stop being lonely. Loneliness is associated with early mortality, cardiovascular disease, dementia, longer hospital stays, depression, anxiety, suicide, and other poor outcomes. It also has major social and economic costs. Needless to say, understanding and addressing loneliness will take more than appointing a minister.

# What is loneliness?

- Subjective, unpleasant state
- Not solitude
- Mismatch between what you have and what you want
- Quality and quantity
- Related to (but distinct from) social networks, social isolation, social capital, living alone, marital status and other concepts

## SOCIAL ISOLATION IN MENTAL HEALTH:

A CONCEPTUAL AND METHODOLOGICAL REVIEW



JINGYI WANG, BRYNMOR LLOYD-EVANS, DOMENICO GIACCO,  
REBECCA FORSYTH, CYNTHIA NEBO, FARHANA MANN, SONIA JOHNSON

## Surely everyone feels lonely sometimes?

- Transient loneliness adaptive
- Likened to hunger
- Social 'pain' with a potential evolutionary role
- Persistent loneliness is the issue



# Loneliness as a modern epidemic?

- **Fay Bound Alberti** (look out for the *Biography of Loneliness* – 2019): Loneliness emerged as a concept around 1800
- “Epidemic” : probably overstated, not great evidence for rising rate
- Mixture of emotions, with mainly social & mainly emotional forms



## This “Modern Epidemic”: Loneliness as an Emotion Cluster and a Neglected Subject in the History of Emotions

Fay Bound Alberti

*Emotion Review* 10 (3):242-254 (2018)

### Abstract

Loneliness is one of the most neglected aspects of emotion history, despite claims that the 21st century is the loneliest ever. This article argues against the widespread belief that modern-day loneliness is inevitable, negative, and universal. Looking at its language and etymology, it suggests that loneliness needs to be understood firstly as an “emotion cluster” composed of a variety of affective states, and secondly as a relatively recent invention, dating from around 1800. Loneliness can be positive, and as much a part of the body as the mind. Using a *longue durée* approach, I argue that we cannot understand loneliness as a “modern epidemic” without considering its history, its meanings, its practice, and its links with the body.

### Keywords

## How can you measure that?

- Complex, personal experience: fair to reduce to checklist?
- Varies from study to study
- Single item: ‘are you lonely?’
- Debate as to whether to use term “lonely” – significant stigma
- Validated measures: UCLA loneliness scale, DeJong Gerveld (distinguishes social vs. emotional)
- Old measures, not much input from lived experience

C indicates "I often feel this way"  
 S indicates "I sometimes feel this way"  
 R indicates "I rarely feel this way"  
 N indicates "I never feel this way"

1. I am unhappy doing so many things alone	O	S	R	N
2. I have nobody to talk to	O	S	R	N
3. I cannot tolerate being so alone	O	S	R	N
4. I lack companionship	O	S	R	N
5. I feel as if nobody really understands me	O	S	R	N
6. I find myself waiting for people to call or write	O	S	R	N
7. There is no one I can turn to	O	S	R	N
8. I am no longer close to anyone	O	S	R	N
9. My interests and ideas are not shared by those around me	O	S	R	N
10. I feel left out	O	S	R	N
11. I feel completely alone	O	S	R	N
12. I am unable to reach out and communicate with those around me	O	S	R	N
13. My social relationships are superficial	O	S	R	N
14. I feel starved for company	O	S	R	N
15. No one really knows me well	O	S	R	N
16. I feel isolated from others	O	S	R	N
17. I am unhappy being so withdrawn	O	S	R	N
18. It is difficult for me to make friends	O	S	R	N
19. I feel shut out and excluded by others	O	S	R	N
20. People are around me but not with me	O	S	R	N

### Scoring:

Make all O's =3, all S's =2, all R's =1, and all N's =0. Keep scoring continuous.

## ‘Risk factors’

- Older people, especially “old old”
- Younger people – peak 14 to 24
- Lower income
- Living alone/being unmarried/bereavement
- Physical disability, sensory deficits
- People on autistic spectrum
- Carers
- New mothers, students
- Refugees, ethnic minority groups
- Both men and women affected
- Negative view of neighbourhood



**REFUGEE**  
**ACTION**



## Mounting evidence on loneliness impact:

- Multiple physical impacts
- Poorer outcomes in stroke, cardiovascular and respiratory disease
- Meta-analysis of 148 international studies: significantly increased risk of premature death
- More health service use
- Evidence for altered immune system function (eg HPA axis, natural killer cell activity, reduced inflammation)

## Loneliness and mental health in a randomised controlled trial of a peer-provided self-management intervention for people leaving crisis resolution teams

Wang, Jingyi; (2018) Loneliness and mental health in a randomised controlled trial of a peer-provided self-management intervention for people leaving crisis resolution teams. Doctoral thesis (Ph.D), UCL (University College London). 



Text

Thesis\_Jingyi Wang\_submit.pdf - ["content\_typename\_Accepted version" not defined]

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### Loneliness among mental health service users:

- **Not many demographic associations**
- **Strong association with most clinical and social outcome measures including symptoms & recovery**
- **Moderately associated with social network size**
- **People with depression at particularly high risk**



[BMC Psychiatry](#). 2018; 18: 156.

PMCID: PMC5975705

Published online 2018 May 29. doi: [10.1186/s12888-018-1736-5](https://doi.org/10.1186/s12888-018-1736-5)

PMID: [29843662](https://pubmed.ncbi.nlm.nih.gov/29843662/)

## Associations between loneliness and perceived social support and outcomes of mental health problems: a systematic review

Jingyi Wang,<sup>1</sup> Farhana Mann,<sup>1</sup> Brynmor Lloyd-Evans,<sup>1</sup> Ruimin Ma,<sup>1</sup> and Sonia Johnson<sup>✉1,2</sup>

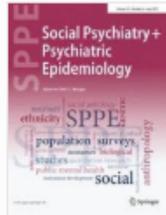
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### **Systematic review of impact on mental health outcomes**

- Evidence more on “perceived social support” than on loneliness
- Considerable evidence that lack of “perceived social support” & loneliness worsen depression outcome
- Minor evidence for impact of lack of perceived social support in other conditions

# Loneliness in people getting mental health treatment: current knowledge

- Cross-sectional studies: loneliness is associated with most mental health problems, especially depression
- We know it makes depression prognosis worse
- Currently no well-established and evidence-based strategies around to reduce loneliness among people with mental health problems
- Bidirectional relationship between mental health problems and loneliness complicates development of theory and interventions
- **Social vs. emotional loneliness:** may need different approaches
- May need to adapt strategies that work in other populations.
- **Stigma and self-stigma** big issues, **social anxiety** also prevalent.
- Better understanding needed of how people experience loneliness, what help they would like – maybe corresponding measures
- Aspiration: to improve mental health outcomes by reducing loneliness
- But reducing loneliness may be a justifiable goal in itself



[Social Psychiatry and Psychiatric Epidemiology](#)

June 2017, Volume 52, [Issue 6](#), pp 627–638 | [Cite as](#)

# A life less lonely: the state of the art in interventions to reduce loneliness in people with mental health problems

Authors

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Farhana Mann , Jessica K. Bone, Brynmor Lloyd-Evans, Johanna Frerichs, Vanessa Pinfold, Ruimin Ma, Jingyi Wang, Sonia Johnson

[Open Access](#) | [Invited Reviews](#)

First Online: 20 May 2017

229

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# Potential strategies (a) Changing how people think

- CBT - Shifting 'maladaptive' cognitions
- Challenging attributional biases, negative evaluations
- Challenge people's expectations of success in overcoming loneliness
- Addressing social anxiety
- Small body of RCT literature (mostly feasibility studies) on interventions to change cognition
- Some evidence for reduction in loneliness over time
- Emerging alternative models – mindfulness, digital interventions
- Or **social identity** approach – building group membership and social identity - Groups 4 Health

## **(b) Social skills and psychoeducation**

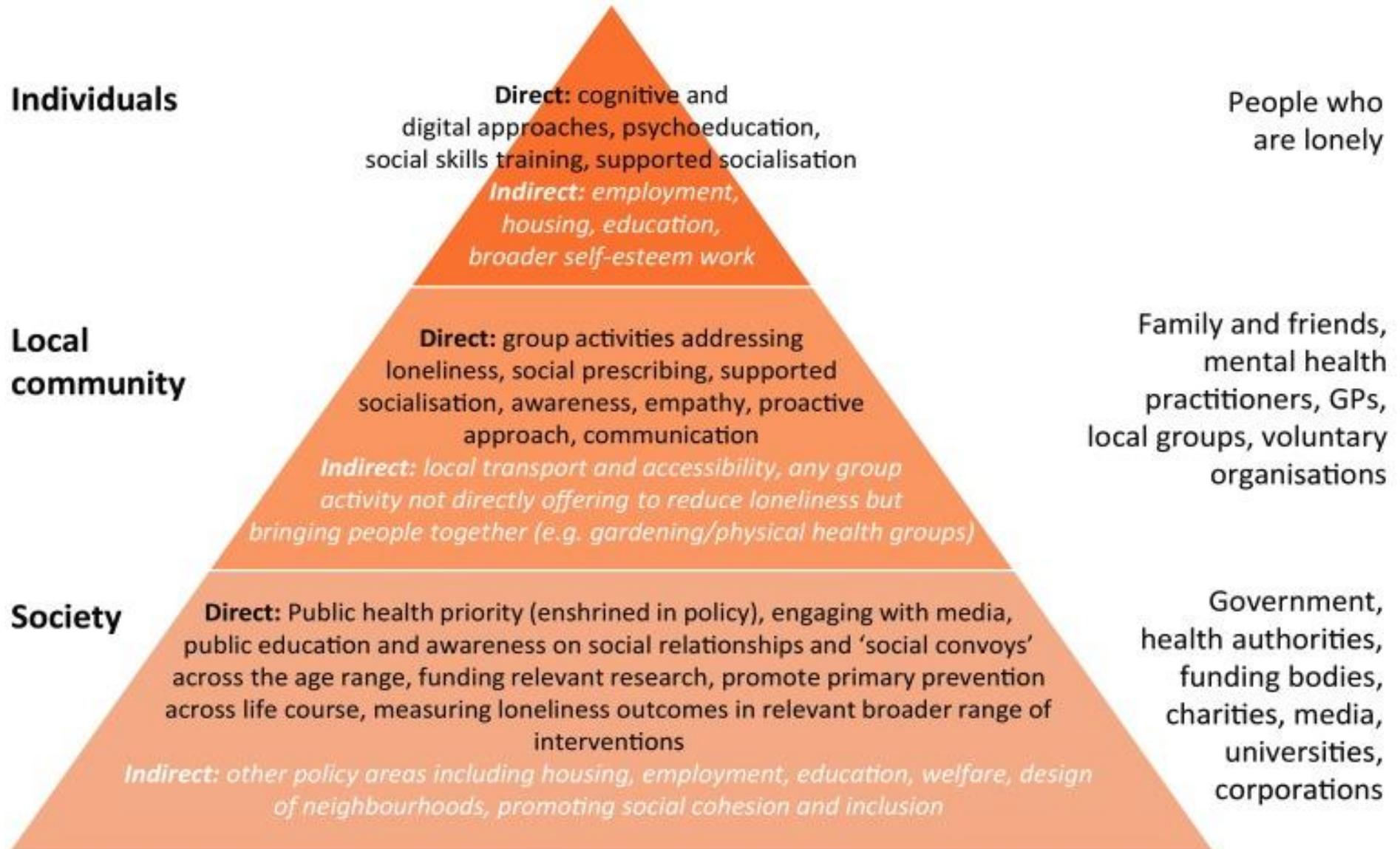
- Teaching people social skills, or improving confidence with them
- Education about how illness may impact on ability to socialise etc, strategies to manage this
- Education about benefits of tackling loneliness
- Little RCT evidence; all on social support (not loneliness per se)
- Is there a missed opportunity to educate the public about the health impacts of loneliness?

## (c) Socially focused supporters

- Support choosing/attending activities, building relationships
- Supporter may be family/friend or a community navigator or peer supporter
- Evidence from trials very limited despite enthusiasm for it, least effective in most clinically unwell people
- Community Navigator Trial at UCL
- May be combined with **social prescribing** – prescribing activities, sometimes with budget, rather than medication

## (d) Wider community approaches

- Asset based community development
  - Developing initiatives rooted in what individuals within the community are able to offer
  - Supporting development of community resources
- City-wide initiatives (e.g. Manchester)
- Lots of scope for digital tech – eg to support GPs in linking people with available resources
- Strategies focused on improving built environment



**Direct & indirect loneliness approaches – Mann et al.**

Study protocol | [Open Access](#) | [Open Peer Review](#)

# 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

[Brynmor Lloyd-Evans](#)  , [Jessica K. Bone](#), [Vanessa Pinfold](#), [Glyn Lewis](#), [Jo Billings](#), [Johanna Frerichs](#), [Kate Fullarton](#), [Rebecca Jones](#) and [Sonia Johnson](#)

*Trials* 2017 **18**:493

<https://doi.org/10.1186/s13063-017-2226-7> | © The Author(s). 2017

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 [Open Peer Review reports](#)

# The Community Navigator Study: a feasibility study of an intervention to reduce loneliness

- 8 meetings of a study stakeholder working group (experts with lived experience, clinicians, researchers) to support co-production (with McPin Foundation)
- Inputs to co-production: consultation with experts in the field, including voluntary sector providers of community navigator and social prescribing services (especially **Wellbeing Enterprises – Runcorn**), previous **McPin** work on social connections, **Groups4Health** social identity approach
- Reference to relevant literature
- Intervention manual and theory of change model developed

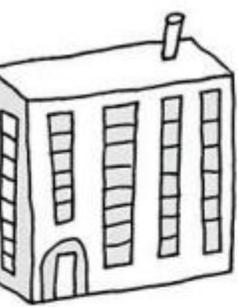
# The Community Navigator Programme

## Structure

- Up to 10 sessions
- Up to 6 months
- £100 budget
- Additional group element
- Adding to standard care
- Training from study team/CDAT practitioners
- Supervision from MH service social workers

## Key components

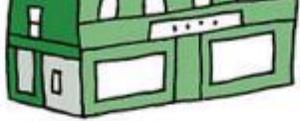
- Mapping my social world
- My connections plan
- Social identity building
- Solution-focused approach
- Help only with social contact/connections



TOM'S FLAT



MY FRIEND TOM



LOCAL CAFE



MUM

FAMILY HOME

DOMINIC



WATCHING TV

MY FLAT



DEPOT CLINIC



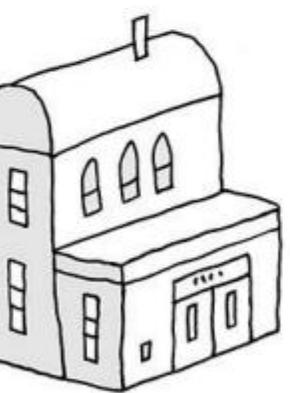
DAVE MY CPN



SISTER



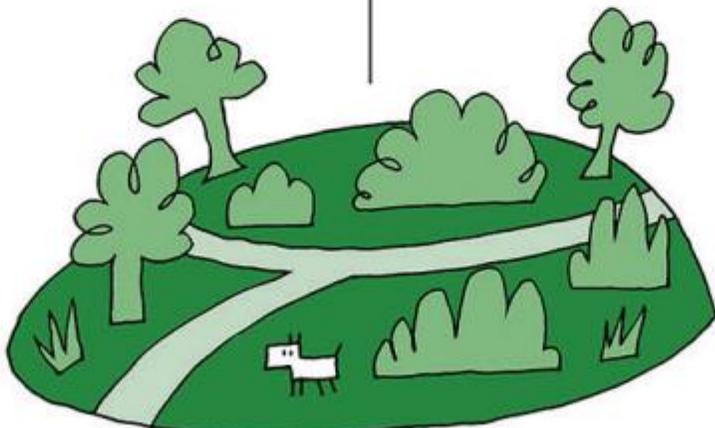
SISTER'S FLAT



HEALTH CENTRE



GP DR. KHAN



A WALK IN THE PARK



COMMUNITY CENTRE

**MY CONNECTIONS PLAN**

**Connect** **Reconnect**

My Goals: Next Steps: Time frame:

Explore **Join in**

Strengths and resources to help me...

Name \_\_\_\_\_

Date \_\_\_\_\_

# Community navigation case example: CI1

CI1: Now – Meditation classes, Health Condition Group, Film  
 Previously – Sport and outdoors, volunteering, music

	Miss	Maybe	Hit
Volunteering	KCL	City Farm Neighbourhood Centre	
Film	Local film club		Neighbourhood Centre film group
Sport		Local football team Cricket club trips	
Outdoors		City Farm	TH Walking Group ( <b>new friend</b> )
Social	Adult Ed	Recovery College Family plans	Neighbourhood Centre (lunch club, film group > weekend trip with <b>new friends</b> )

Reported impacts:

- More active, more confident
- More comfortable with others even if no point of connection
- Finding interpersonal contact easier (e.g. brother-in-law)

# Feasibility trial combined with qualitative evaluation

- In four London Boroughs, 2015-2018
- 30 experimental vs. 10 controls randomised to Community Navigator vs. directory of local resources

## Findings:

- Straightforward recruitment
- High acceptability & good retention
- Popular with staff and service users
- Hard to take small steps forward in a very anxious population – longer might have been beneficial
- Not powered to detect significant effect – but a potentially promising trend seen

## Some quotes from qualitative study

***She wasn't in a rush to go. I could stay as long as you need me, which is nice in this day and age to have help. She was lovely, very, very kind.***

***It has got me out and talking to someone and looking at what is around the local area that might be interesting, that I might like to do. There's more out there than you think.***

***It's giving me encouragement to try and do it myself, but at the same time, I know that they are helping me out too.***

## Some challenges for researching loneliness interventions

- RCT evidence more problematic than for less complex interventions:
  - Social context at various levels a major influence on how well a model works (e.g. the job market, social assets of community)
  - Community-level interventions are hard to research through RCTs
- Intervention strategies need to be individualised:
  - Changing cognitions vs. helping connect
  - Tailored to context, culture & interests (music/sport/spirituality....)
  - Reconnecting vs. making new links
  - Peer support vs. back into wider world
  - NHS vs. other sectors
  - Digital vs. IRL

But –

- Mental health service users/survivors often supportive
- Many potential cross-disciplinary collaborations
- Potentially great untapped potential for benefiting quality of life and outcomes



Tweets	Following	Followers	Likes	Lists	Moments
<b>788</b>	<b>243</b>	<b>857</b>	<b>103</b>	<b>2</b>	<b>0</b>

## Mental Health and Loneliness Network

@UCL\_Loneliness

Tweeting about research on loneliness/social isolation & mental health and the work of the new @UKRI\_news -funded cross disciplinary network on this theme

📍 UCL Division of Psychiatry

Tweets   **Tweets & replies**   Media

📌 Pinned Tweet



**Mental Health and Loneliness Network** @UCL\_Loneliness · Sep 8

1. Here is a thread to explain Loneliness and Social Isolation in Mental Health #MHLoneliness network, one of 8 new #MentalHealthNetworks funded by the @UKRI\_News. It will be jointly led by @soniajohnson & @DrAPitman both @UCLPsychiatry . [ukri.org/news/uk-resear...](http://ukri.org/news/uk-resear...)

💬 2   ↻ 33   ❤️ 40   📌

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# UKRI Network on Loneliness and Social Isolation in Mental Health

- Interdisciplinary network to develop collaborations, fund small projects, seed larger ones – from 1 Dec 2018 (leads S.Johnson & A. Pitman)
- Questions:
  - Can we prevent mental health problems through interventions targeting loneliness/isolation?
  - Can we reduce loneliness in people with mental health problems (and so improve outcomes)?
- Disciplines include psychology, social psychiatry, epidemiology, sociology, music, art, architecture, history, digital technology, sports science....
- Major role for Lived Experience Working Group
- Scoping, establishing research priorities, funding small grants, seeding bigger applications

## In summary

- Loneliness is a potential target that fits with current public concerns & may tap unexploited potential for improving mental health outcomes through social strategies
- Social isolation may also be an important focus (?easier to address than loneliness)
- Much to be done through cross-disciplinary work to understand problem better & develop evidence-based interventions
- Likely that they will need to have multiple components & be individualised to type of loneliness, social context, interests
- Some tricky dilemmas:
  - Over-medicalising life problems?
  - Individualising social problems requiring systemic (political?) change