

How can **epidemiology** help advance our understanding of the relationship between loneliness & mental health problems?

Loneliness and Social Isolation in Mental Health
research network launch
3 December 2018

Dr Alexandra Pitman MRCPsych PhD

Clinical Associate Professor, UCL Division of Psychiatry

Honorary Consultant Psychiatrist, Camden & Islington NHS Foundation Trust

Epidemiological approaches can:

1. measure loneliness & social isolation:
 - capture all relevant dimensions
 - estimate the burden of loneliness
2. describe & quantify associations:
 - between loneliness/social isolation & mental ill health
 - identify mediators of the associations between loneliness and mental health outcomes
3. evaluate interventions:
 - randomised controlled trials

Epidemiological approaches can:

1. measure loneliness & social isolation:
 - How bad is the problem?
2. describe & quantify associations:
 - How and why do they affect mental health?
3. evaluate interventions:
 - Can we intervene to prevent them?

MEASURES

Measuring loneliness

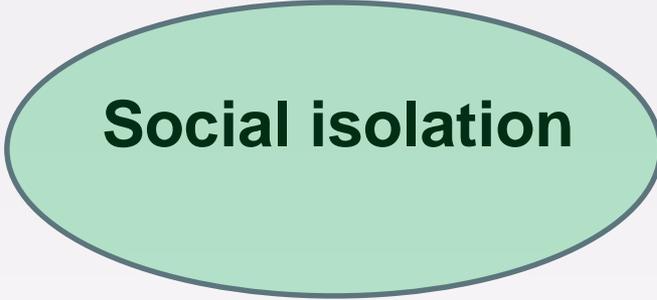
- overall appraisal of the perceived adequacy or impact of relationships
- subjective

Measuring social isolation

- number of meaningful ties
- more objective



Loneliness



Social isolation

- moderately correlated ($r = 0.39$)
- separate constructs
- both associated with depression
- similar degrees of genetic influence:
 - social isolation (40%)
 - loneliness (38%)

(Matthews et al, 2016)

Dimensions of loneliness

- **emotional loneliness:** stemming from the absence of an intimate relationship or a close emotional attachment (e.g., a partner or a best friend)
- **social loneliness:** stemming from the absence of a broader group of contacts or an engaging social network (e.g., friends, colleagues, and people in the neighbourhood)

Emotional loneliness

e.g. when a partner relationship dissolves through widowhood or divorce → intense feelings of emptiness & abandonment

Social loneliness

e.g. when a person has moved to a place where they are a newcomer → no-one to call on for company or assistance

Dimensions of social isolation in mental health

- social network - quantity (*Social Network Schedule*)
- social network - structure (*Social Network Schedule*)
- social network - quality (*Social Network Schedule*)
- appraisal of relationships - emotional (*UCLA Loneliness Scale; De Jong Gierveld Loneliness Scale*)
- appraisal of relationships - resources (*Resource Generator-UK*)

(Wang et al, 2018)

Dimensions of social connectedness in mental health (CIVIC)

- **C**loseness
- **I**ntity & common bond
- **V**alued relationships
- **I**nvolvement
- **C**ared for and accepted

(Duke et al, 2018)

Measures most widely used

- De Jong Gierveld Loneliness Scale; sub-scales for emotional loneliness & social loneliness (De Jong Gierveld & Van Tilburg, 2006)
- UCLA Loneliness Scale: captures the frequency and intensity of the current experience of loneliness (20 item; 8 item; 4 item; 3 item) (Hays & DiMatteo, 1987)

(Wang et al, 2017)
- existing measures fail to capture the emotional dimension sufficiently: need lived experience input

@SchreibersSister Poll for people living with mental health problems or distress: Thinking about #loneliness which, if any, most resonates with you?



311 votes · Final results

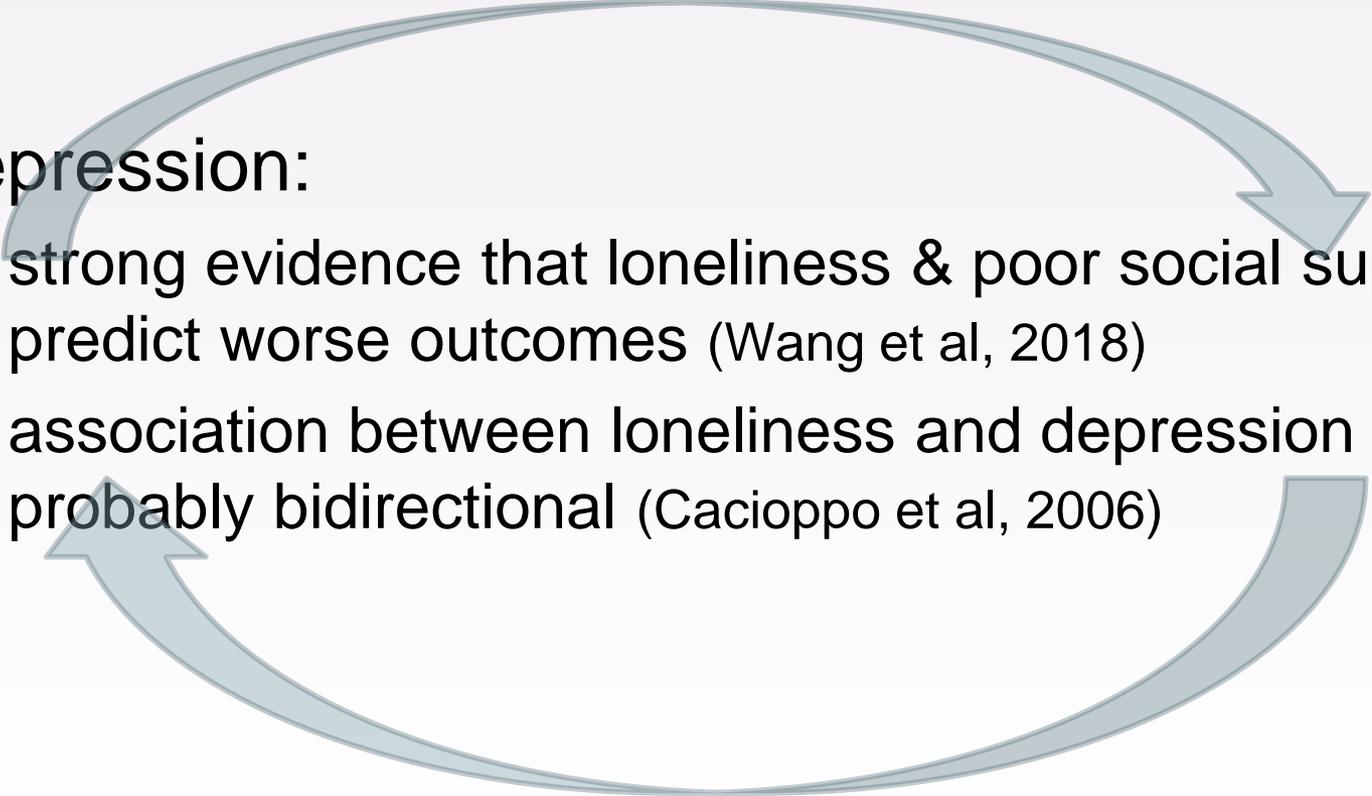
27/11/2018, 07:31

ASSOCIATIONS

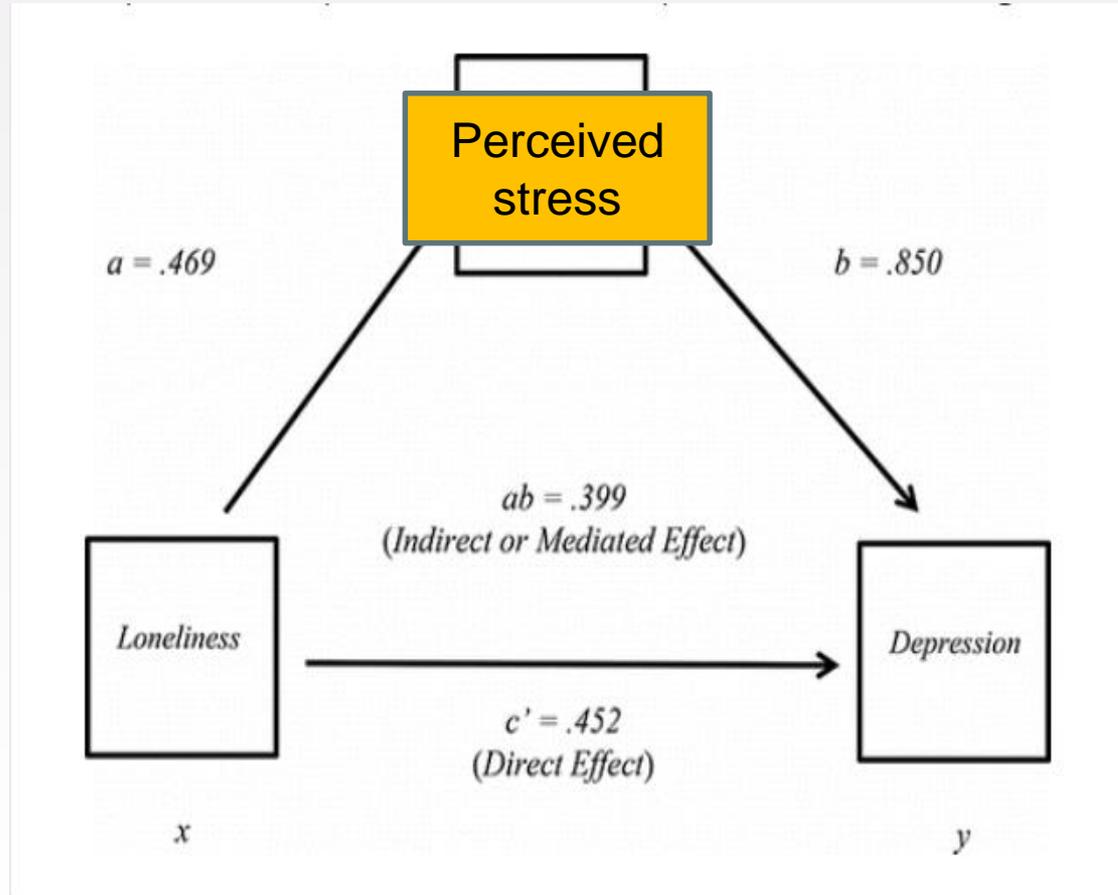
Associations with specific mental illnesses

- cross-sectional associations between loneliness and specific mental health problems:
 - depression (Barger et al, 2014)
 - anxiety disorders – esp phobia & OCD (Meltzer et al, 2013)
 - personality disorder (Liebke et al, 2017)
 - psychosis (Lim et al, 2018)
 - dementia (Holwerda et al 2014)
 - eating disorders (Levine, 2012)
 - suicidal ideation (Stickley & Koyanagi, 2016)

Implications in mental illness

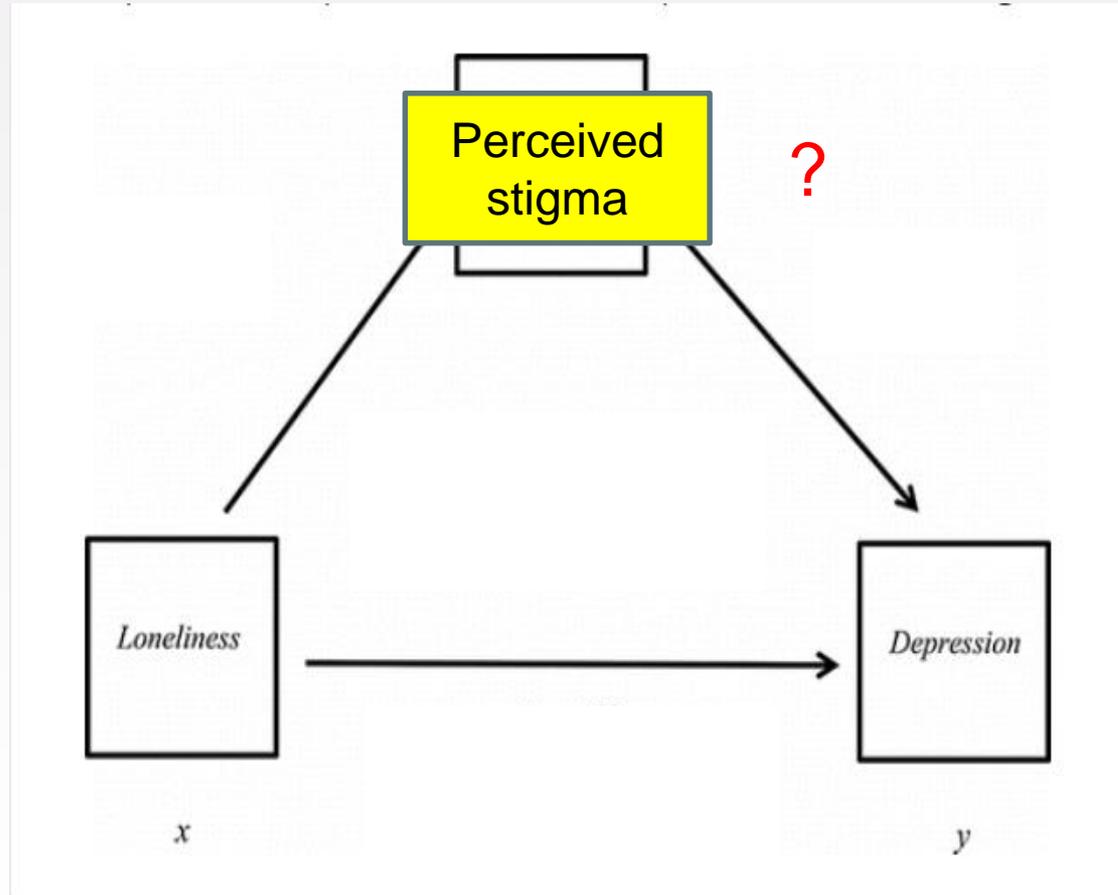
- depression:
 - strong evidence that loneliness & poor social support predict worse outcomes (Wang et al, 2018)
 - association between loneliness and depression is probably bidirectional (Cacioppo et al, 2006)
- 

Understand mechanisms: *how & why*



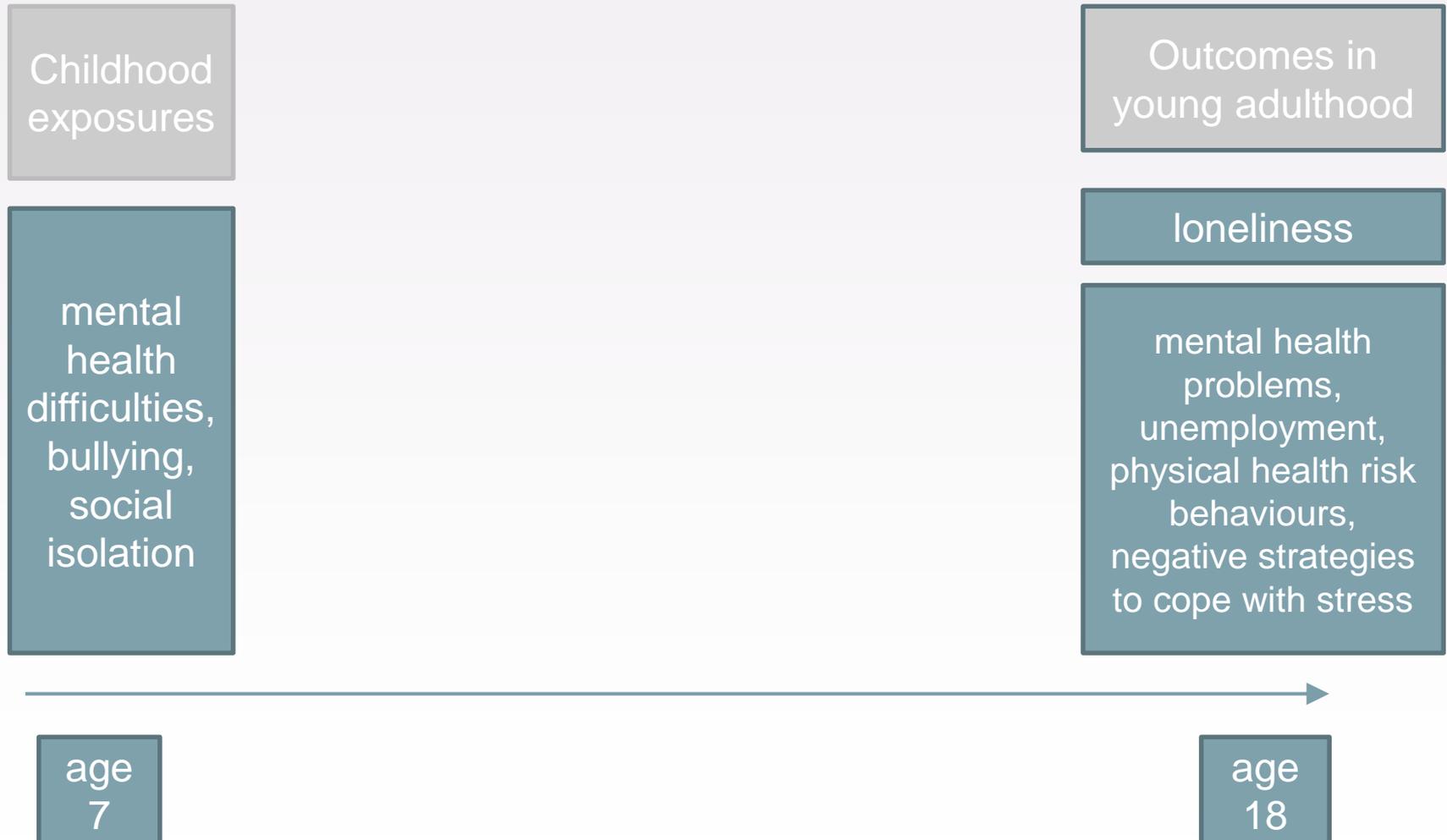
(Martin & Hartley, 2017)

Understand mechanisms: *how & why*

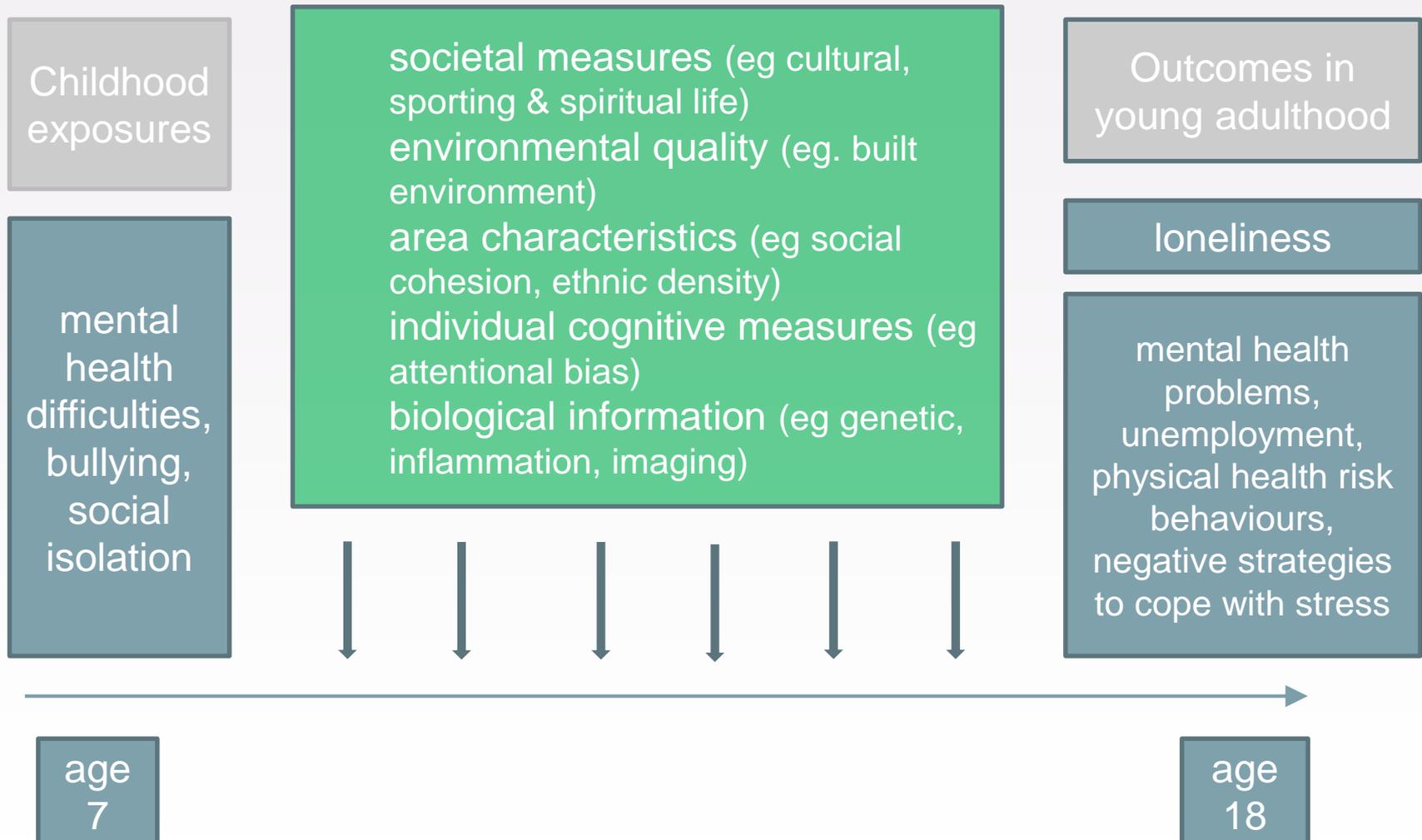


(Martin & Hartley, 2017)

Matthews et al (2018) Lonely young adults in modern Britain: findings from an epidemiological cohort study



Future longitudinal studies



INTERVENTIONS

Interventions

- limited evidence to date (Mann et al, 2017)
- changing cognitions has most promise
- need to design trials of complex interventions
- cost effectiveness evaluations (McDaid & Park, 2017)

Interventions for people with mental illness

Direct interventions:

- **changing cognitions**
- social skills training & psychoeducation
- supported socialisation
- wider community approaches

Primary prevention of loneliness:

- investment in social convoys

(Mann et al,2017)

Network priorities

- improve measures:
 - using qualitative approaches & service user input
- understand pathways:
 - publicise datasets with loneliness/network variables
 - longitudinal approaches & mediation analysis
 - lobby for inclusion of loneliness in more cohorts
 - individual-level (cognitive, socio-demographic, clinical) & area-level (ethnic density, environmental) measures
- evidence for effectiveness & acceptability:
 - pragmatic trial design (eg stepped wedge RCTs)

#MHLoneliness
@UCL_Loneliness