



What models and therapies are there for reducing loneliness via internal factors? Evidence so far

Sophie Bennett and Mary Birken, UCL.

Our mission

There is a gap in knowledge of the role of individual, internal factors that contribute to chronic loneliness and how best to address them.

The purpose of the current project is to synthesize the evidence from a range of sources to inform policy and practice.



Eight objectives

1. To provide a concise overview of the 'state of the art' academic literature focused on psychological factors affecting loneliness
2. To identify initiatives focused on changing individuals' thoughts and feelings
3. To summarise and classify those initiatives and approaches
4. To identify any formal evidence of effectiveness, cost effectiveness (if available) and broader learning around process, implementation, sustainability and scalability
5. To develop the evidence base around which forms of provision appear to work best for whom, in what circumstances
6. To consider the links between loneliness and other adverse experiences common in older age, such as depression and bereavement, and how psychological therapies might impact on or disrupt such connections.
7. To identify promising approaches to engaging 'hard to reach' groups or those experiencing more chronic or debilitating forms of loneliness, and assess the challenges of using one-to-one or talk-based approaches in this context
8. To identify current and potential ways in which such provision can most effectively work alongside and complement other strategies for addressing loneliness

Synthesising evidence



- Searching the literature with key terms such as 'lonel*' and 'psych'
- Asking key people (that's what today is all about)
- Playing detective
Following up sources, reports etc

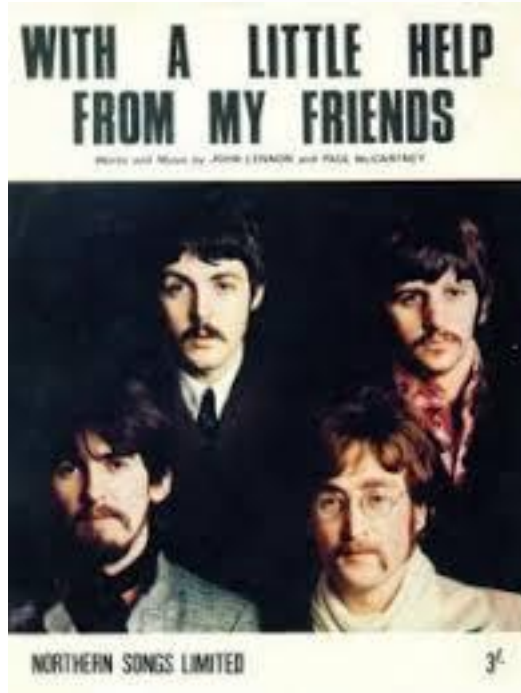


What we have found so far

DRAFT

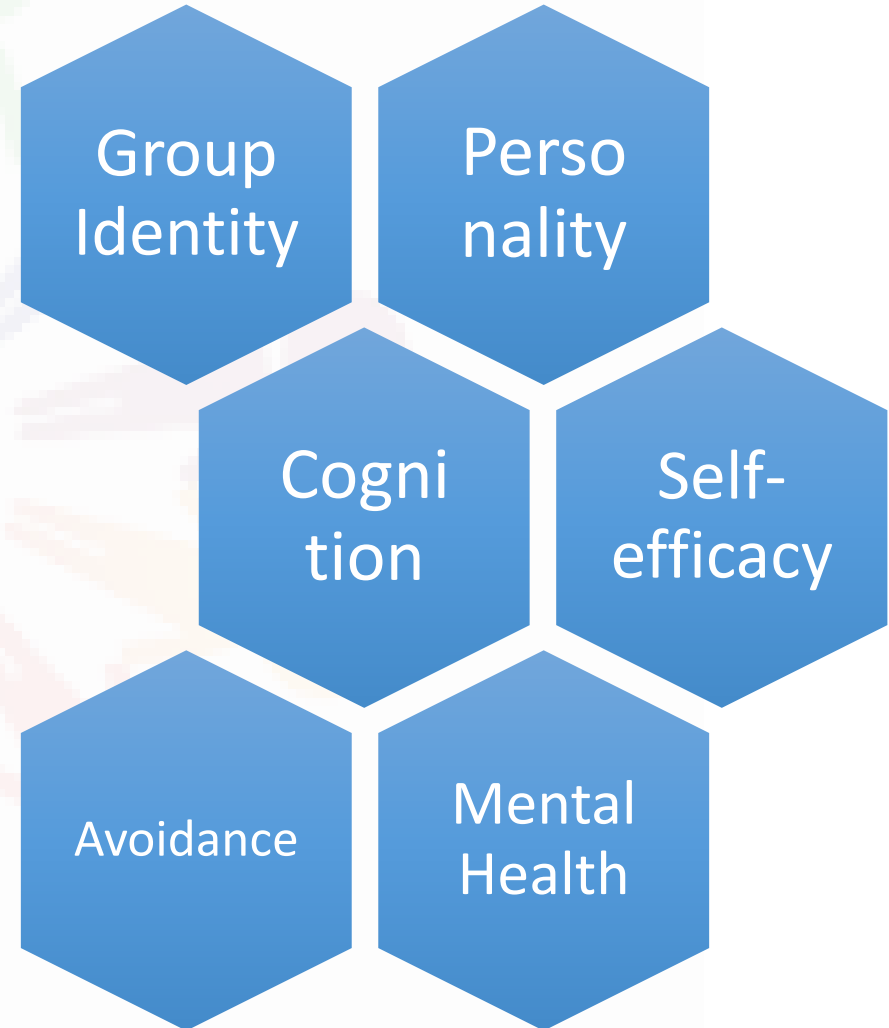
ComputerHope.com

1. To provide a concise overview of the 'state of the art' academic literature focused on psychological factors affecting loneliness



Previous reviews and work including:

Clare Gardiner
Michelle Lim
Pamela Qualtar
Guy Robertson
Annette Spithoven
Christina Victor



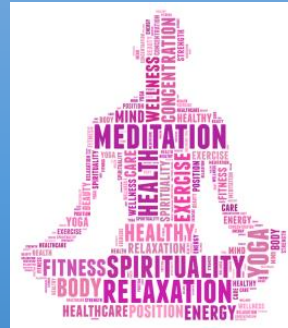
2. To identify loneliness initiatives focused on changing individuals' thoughts and feelings

16 studies so far
from literature



Range of
psychological factors
(not personality)

3. To summarise and classify those initiatives and approaches



Example Psychological Intervention

updates

Mindfulness training reduces loneliness and increases social contact in a randomized controlled trial

Emily K. Lindsay^{a,1}, Shinzen Young^b, Kirk Warren Brown^c, Joshua M. Smyth^d, and J. David Creswell^e

^aDepartment of Psychology, University of Pittsburgh, Pittsburgh, PA 15213; ^bDepartment of Psychiatry, University of Vermont Larner College of Medicine, Burlington, VT 05401; ^cDepartment of Psychology, Virginia Commonwealth University, Richmond, VA 23284; ^dDepartment of Biobehavioral Health, Pennsylvania State University, University Park, PA 16802; and ^eDepartment of Psychology, Carnegie Mellon University, Pittsburgh, PA 15213

Edited by Stephanie Cacioppo, The University of Chicago, and accepted by Editorial Board Member Michael S. Gazzaniga January 3, 2019 (received for review August 7, 2018)

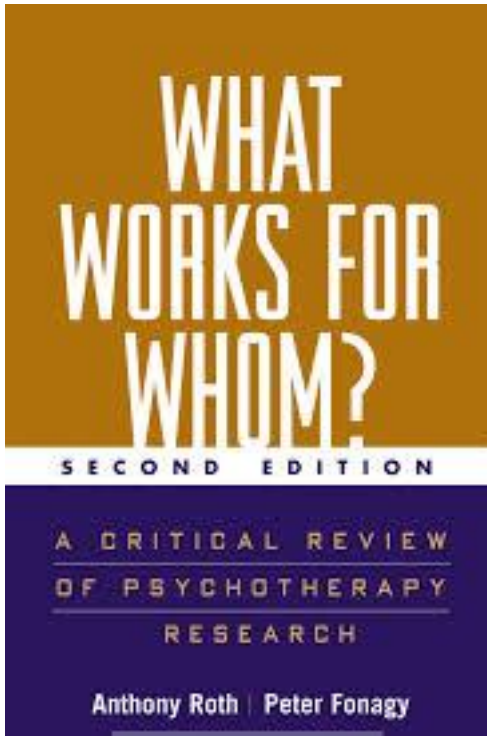


- Accumulating evidence suggests that mindfulness interventions can improve social-relationship processes.
- Developing mindfulness-specific skills— namely, (i) monitoring present-moment experiences with (ii) an orientation of acceptance—may change the way people perceive and relate toward others.
- We predicted that developing openness and acceptance toward present experiences is critical for reducing loneliness and increasing social contact and that removing acceptance-skills training from a mindfulness intervention would eliminate these benefits.
- In this dismantling trial, 153 community adults were randomly assigned to a 14-lesson smartphone-based intervention: (i) training in both monitoring and acceptance (Monitor+Accept), (ii) training in monitoring only (Monitor Only), or (iii) active control training.
- Monitor+Accept training reduced daily-life loneliness by 22% and increased social contact by two more interactions each day and one more person each day compared with both Monitor Only and control trainings.
- By fostering equanimity with feelings of loneliness and social disconnect, acceptance-skills training may allow loneliness to dissipate and encourage greater engagement with others in daily life.

4. To identify any formal evidence of effectiveness, cost effectiveness (if available) and broader learning around process, implementation, sustainability and scalability



5. To develop the evidence base around which forms of provision appear to work best for whom, in what circumstances

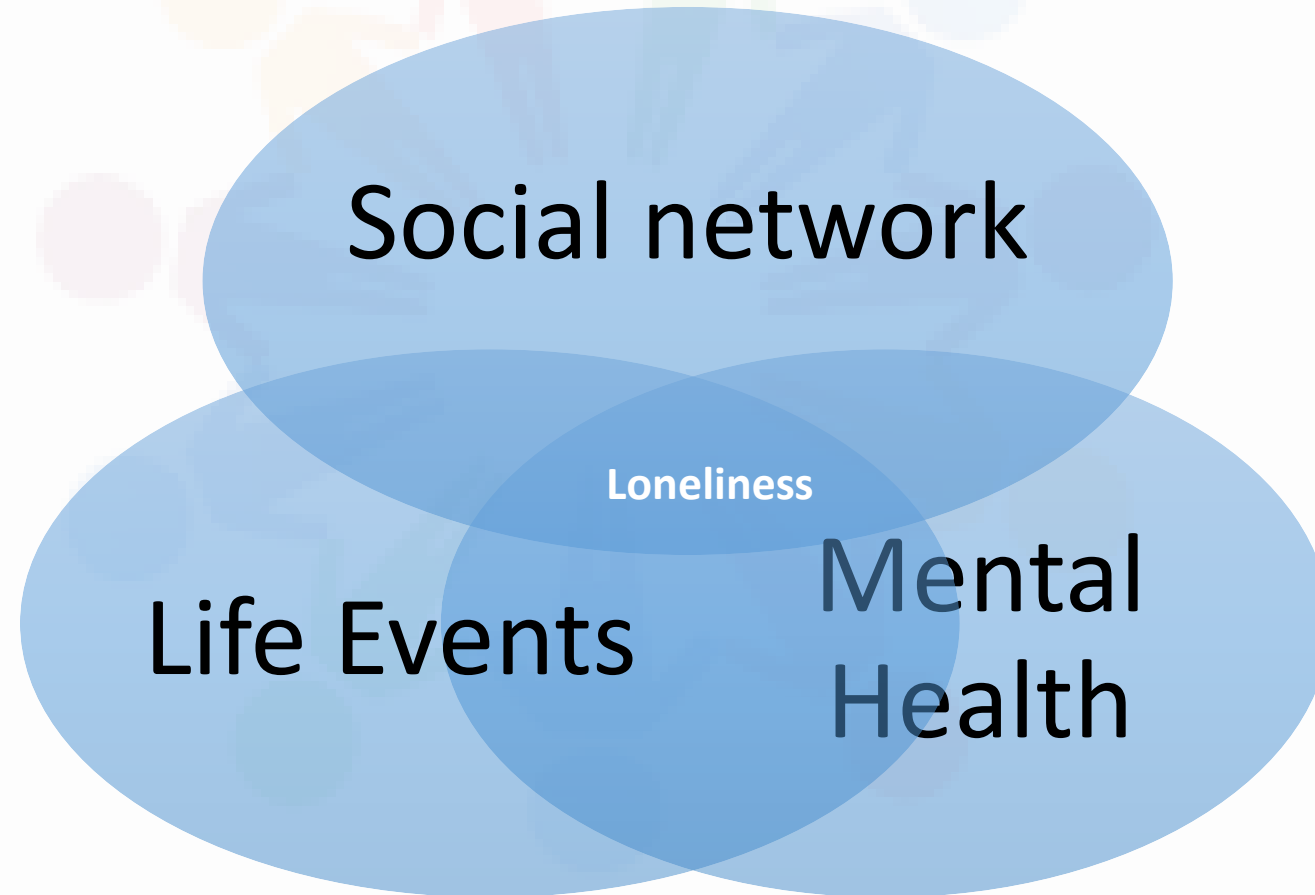


Loneliness



Other areas

6. To consider the links between loneliness and other adverse experiences common in older age, such as depression and bereavement, and how psychological therapies might impact on or disrupt such connections.



6. To consider the links between loneliness and other adverse experiences common in older age, such as depression and bereavement, and how psychological therapies might impact on or disrupt such connections.

From loss to loneliness: The relationship between bereavement and depressive symptoms.

© Request Permissions

Fried, Eiko I., Bockting, Claudi, Arjadi, Retha, Borsboom, Denny, Amshoff, Maximilian, Cramer, Angélique O. J., Epskamp, Sacha, Tuerlinckx, Francis, Carr, Deborah, Stroebe, Margaret
Journal of Abnormal Psychology, Vol 124(2), May 2015, 256-265

Bereavement mainly affected loneliness, which in turn activated other depressive symptoms rather than loss triggering depression directly

7. To identify promising approaches to engaging 'hard to reach' groups or those experiencing more chronic or debilitating forms of loneliness, and assess the challenges of using one-to-one or talk-based approaches in this context L
SEP





Testing Promising Approaches to Reducing Loneliness

Results and Learnings of Age UK's Loneliness Pilot.

Chapter Two: Promising Approaches in Practice

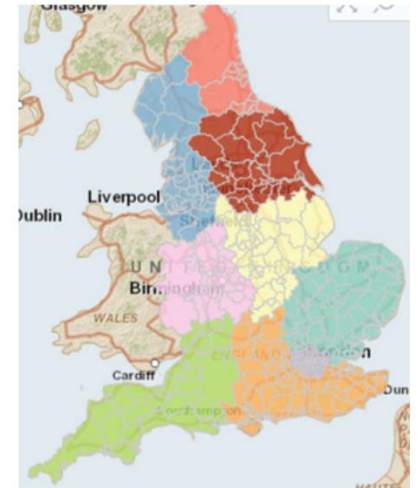
- Using Human Networks to Reach Lonely People
- Helping Older People Make Their Own Assessment
- Helping People to Build Confidence, Take Action and Re
- Use of Loneliness Heat Maps
- Using Data to Challenge Assumptions

About the loneliness maps

The heat map shows the **relative risk of loneliness** across 32,844 neighbourhoods in England. The relative risk of loneliness is based on the Census 2011 figures for the factors:

- marital status
- self-reported health status
- age
- household size

These four factors predict around 20% of the loneliness observed amongst older people 65 and over as represented in the English Longitudinal Study of Ageing (ELSA).



How to use the loneliness maps

The Age UK Loneliness heat map should be used **alongside local knowledge and an understanding of local neighbourhoods**. When this happens it can improve the allocation of limited resources to reduce loneliness across a geographic area and help understand whether existing services are reaching areas of need.

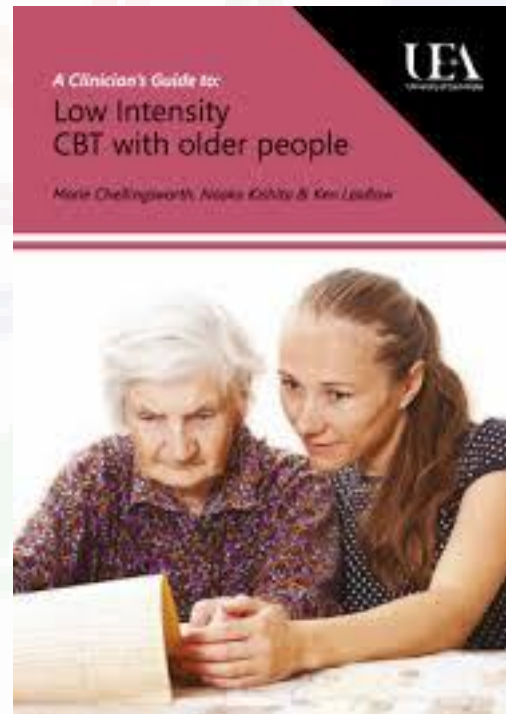
Case studies in [Wirral](#) and [Rotherham](#) provide examples of how the Age UK loneliness heat map has been used to target resources and raise the profile of loneliness among older people in a local community.

[View the loneliness map](#)

Discover how lonely your neighbourhood is

[Find your area](#)

7. To identify promising approaches to engaging 'hard to reach' groups or those experiencing more chronic or debilitating forms of loneliness, and assess the challenges of using one-to-one or talk-based approaches in this context L
SEP



8. To identify current and potential ways in which such provision can most effectively work alongside and complement other strategies for addressing loneliness

About the loneliness maps

The heat map shows the **relative risk of loneliness** across 32,844 neighbourhoods in England. The relative risk of loneliness is based on the Census 2011 figures for the factors:

- marital status
- self-reported health status
- age
- household size

These four factors predict around 20% of the loneliness observed amongst older people 65 and over as represented in the English Longitudinal Study of Ageing (ELSA).



How to use the loneliness maps

The Age UK Loneliness heat map should be used **alongside local knowledge and an understanding of local neighbourhoods**. When this happens it can improve the allocation of limited resources to reduce loneliness across a geographic area and help understand whether existing services are reaching areas of need.

Case studies in [Wirral](#) and [Rotherham](#) provide examples of how the Age UK loneliness heat map has been used to target resources and raise the profile of loneliness among older people in a local community.

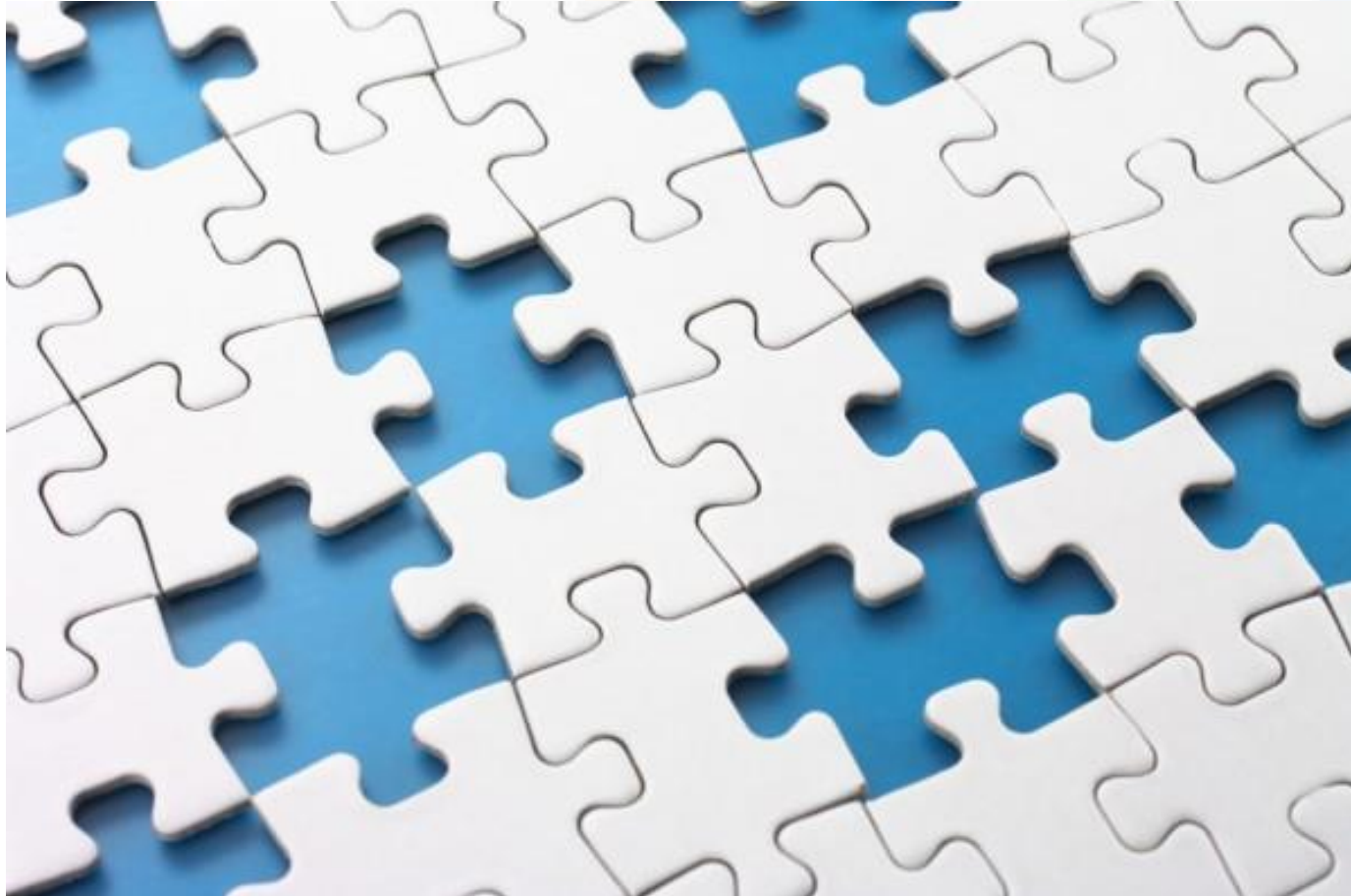
[View the loneliness map](#)

Discover how lonely your neighbourhood is

[Find your area](#)



So far so good but...



We need your input!

To get your input



- Table discussions

- 5 tables
- Sessions repeated this afternoon
- Lived experience representation
- Note-taker
- Feedback

Table 1: What's missing? Contributing evidence - Lead Sonia Johnson

Table 2: Third Sector perspective - Lead BACP (Jeremy Bacon/Jo Pybis)

Table 3: What's promising - Lead Mary Birken

Table 4: Commentary on the evidence synthesis - Lead Sophie Bennett

Table 5: Older Adult Perspective - Lead Christina Victor

- Poster board for suggestions

- Throughout the day



*Thank
you!*