Loneliness – the public health challenge of our time.

A policy briefing by the Mental Health Foundation and Age Scotland

Recommendations

1. Investment in community services to reduce and prevent hospital admissions.

2. A *"Welcome Home Box"* for every discharged patient.

3. Building relationships of care between care staff and older people.

4. Placing social prescribing front and centre in primary care.

5. Investing in community transport to keep marginalised older people connected.

6. Reaching out to older people who are not connected to the internet.

7. Phased retirement and greater support from employers.

8. Treating older people as assets to society.

9. Tackling poverty and inequality in later life.

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11. Social inclusion for ethnic minority older people, including asylum seekers and refugees.

12. Research to be conducted on loneliness and on a continued multi agency effort to tackle it.

Loneliness is one of the leading public health challenges of our time. Research suggests more than 100,000 older people in Scotland are "chronically lonely" and it's as damaging to health as smoking 15 cigarettes per day. If we are serious about ensuring older people enjoy a good quality of life then the prevalence of loneliness must be fully recognised and addressed.

The Scottish Government's commitment to developing a strategy on tackling social isolation during the lifetime of this parliament is a welcome step in recognising the scale of the problem. We hope that this paper will inform the development of the strategy and spark a much needed debate about how we connect with one another and what support is needed for those at risk of loneliness and social isolation. It's clear that local and national government can't act alone. The private, public and third sectors as well as each and every one of us have an important role to play in the prevention of loneliness and the fostering of a better connected society.

New data commissioned by the Mental Health Foundation and Age Scotland shows that **a quarter of Scottish adults aged 65+ experience depression when they are lonely**. This paper, which focuses on loneliness among older people, explores the connection between loneliness and mental health and provides key recommendations to government and society. It is not, however, an exhaustive list of priorities or actions.

"Most people will feel lonely at some point in their lives. It's a deeply personal experience that in most cases will thankfully pass, but for a growing number of people, particularly those in later life, loneliness can define their lives and have a significant impact on their wellbeing."

Age Scotland

"Although many of us experience loneliness at one time or another, it is often overlooked or dismissed. Because our society prides itself on self-reliance, loneliness might carry a stigma for people who admit to it. This is both paradoxical and pernicious: if loneliness is transient, we simply accept it as part of life, but we have a deep dread of being lonely for the long haul."

Mental Health Foundation

What does the data tell us?

- 24% of adults aged 65+ feel depressed and 16% feel anxious as a result of loneliness.

- Nearly a third of older adults feel that they ought to be able to cope with loneliness by themselves.

- 15% of older adults see spending time on social media as improving their mental health.

- However nearly 20% of older adults see technology as replacing face to face contact and so actually causing loneliness.

- 6% of older Scots will spend Christmas alone (up by 50% from 2015 figures).

- 1 in 5 keep the TV on most of the day because "It's lovely to hear human voices" while 8 % say it's their main source of company over the festive period.[1]

Recommendations

1. Investment in community services to reduce and prevent hospital admissions.

80% of people aged 65+ in Scotland say that spending time with family and friends face to face improves their overall mental health. This compares to only 50% who say their mental wellbeing is improved by spending time on their own and 15% by spending time on social media. That's why we believe that maximising opportunities that allow older people to feel physically connected with others is crucial. Peer support, befriending initiatives and services like day centres have all proven to be effective, particularly for those who lack a social network.[2] Other initiatives like Men's Sheds allow meaningful social engagement around shared interests. Health services and local authorities should see the preventative value of investing in such services, yet too often they are faced with closure due to local government cuts.

Loneliness can lead to depression, anxiety and feelings of low self-worth. Research also shows that it affects the immune and cardiovascular systems. A study carried out in the South West of England in 2015 found that a third of patients admitted to A&E had infrequent social interaction – less than once a month or never.[3] Loneliness also halts recovery, as those who feel isolated are more likely to have a lower sense of purpose and less likely to ensure their homes are heated or that they are eating a healthy diet.

Across Scotland older people with no support structures find themselves in acute care because no alternatives exist. Yet in many cases it's a social care need, rather than an acute need, that older people face. That's why we argue that by investing in community services and increasing older people's connections we can reduce hospital admissions and the chances of re-admission. We need to see transformational change in our communities with person centred, early intervention approaches and significant investment from local authorities and health and social care partnerships to reduce isolation, improve older people's wellbeing and allow them to thrive in their own communities. Older people must be engaged in designing these initiatives if they are to be effective.

2. A *"Welcome Home Box"* for every discharged patient.

In order to minimise disruption to people's routine and social networks and overall health, there must be greater multi-agency coordination between health and social care teams to allow for swift rehabilitation into the community after a hospital stay. Evidence shows that older people who stay in hospital for longer are more likely to experience functional decline and negative health outcomes.[4] On leaving hospital, all older people should be given a '100% health check' which would not only assess physical health but also mental health, such as depression, and flag up any risk factors for loneliness such as

bereavement or any existing mental health issues. This would allow for support to be given from day one and to prevent problems from developing further. Once discharged, every patient should be given a *Welcome Home Box* including a resource pack about activities and support groups in the local area. This would not only make older people feel more valued, but would ensure that post-hospital discharge becomes an opportunity to prevent future isolation. Alongside this, a *Welcome Home Befriending* support scheme should be offered for older people for a minimum of four weeks on leaving hospital, ensuring that they have face to face contact and support through convalescence. Those in need of further support would be given help in accessing local services and groups that offer friendship as well as health, fitness and social activities.

3. Building relationships of care between care staff and older people.

Loneliness in our care homes, particularly among people with mental health problems remains a real challenge. A study by the University of Bedfordshire found that 80% of people with mental health problems have felt lonely in their care home. Care settings must strive to improve the standard of social connectivity, not only through the provision of social activities but ensuring that staff have sufficient time to get to know and converse with residents. We recognise the pressures that health and social care face, which is why multi-agency efforts and new initiatives are necessary.

Nursing student training should include a programme on building relationships of care with older people. Colleges could, for example, team up with care homes, sheltered housing or other elderly residents in the community for a minimum period, prioritising those most at risk of loneliness and isolation. Given our increasingly ageing population and the fact that older people make up the majority of those in need of care, ensuring that new nurses can effectively interact with older people will help to provide person centred care as well as building rapport, empathy and trust. All health and social care staff working with older people should be able to identify the risk factors and signs of loneliness and be able to signpost to appropriate resources or community and support services.

4. Placing social prescribing front and centre in primary care.

By helping ensure that the social determinants of mental health - in the form of social connection - are met and isolation tackled at source, this can act as a preventative factor for other health issues such as depression. This is a major issue as up to a quarter of older adults who have experienced loneliness, also feel depressed. Many older people use primary health care services as a form of social interaction which can create strains on the health system, whilst not fulfilling the social needs of the person. Social prescribing should be more widely used as a method of tackling loneliness and promoting mental wellbeing. By encouraging people to engage and participate in social activities, studies

have shown that patients accessing a social prescribing scheme reduced their visits to their GP by 66%.[5] This demonstrates the benefits to overall health as well as being cost effective, both in delivery and in saving time and resources for primary health care centres.

5. Investing in community transport to keep marginalised older people connected.

Isolation because of lack of transport, reduced mobility and financial constraints can be overcome by making sure that older people are able to access good quality and affordable public transport. Free bus travel and the Senior Railcard offering discounted train fares help older people to travel more easily and promote social inclusion, but frailer, disabled people or those with dementia are less able to use public transport. Long term health conditions can create real physical barriers to staying connected, particularly for people who previously had a social life that involved getting out and about a lot. In rural areas and some urban areas, buses are often not an option as services are limited or too far to walk. Community Transport services allow older people with mobility issues to travel more easily and safely.[6] By investing in community transport we can allow more isolated older people to be connected to their communities. The Scottish Government should consider the health outcomes of an inclusive transport strategy and the costs of embedding community transport in the national concessionary travel scheme.

6. Reaching out to older people who are not connected to the internet.

Technology can be a social enabler; with 55% of Scottish over 65's saying that it allows them to keep up to date with family and friends. Social media allows instant social connection and helplines like Age Scotland's dedicated befriending phone line give people the opportunity to make new friends and stay connected. Support should be available for older people who want to learn more about using technology and that community based training initiatives in libraries or other public spaces, provides people with the skills to use technology in the way that they works for them. Funding for training sessions in places like libraries, would not only provide a skills based transfer but also a point of physical social contact in communities. While research shows that many older people are already online, the number drops significantly among those over the age of 80. It should be noted that some older people, particularly in this age bracket, have no desire to use social media and are often excluded by online-only information. Services must therefore avoid an over-reliance on communicating information online when targeting older people. Some of the most isolated older people, particularly in remote and rural parts of Scotland with poor broadband connections, may not be connected online at all.

Technology for many older adults is an asset to enhance social connection, but it should never replace face to face

contact. Nearly 20% of older adults in Scotland view technology as causing loneliness because it has replaced human contact. This places an increased onus on us too as individuals to prioritise face to face contact with older friends, family or neighbours.

7. Phased retirement and greater support from employers.

Changes to employment such as working part-time or retiring can impact on a person's mental wellbeing. A person's job often provides them with a large amount of social interaction and engagement as well as a structure to their lives, personal identity and self-worth. Research shows having little control over retirement is likely to impact negatively on wellbeing. Those of us able to manage our retirement and wind down gradually are more likely to have better health outcomes. Following retirement it's important that support is available for people so that they do not feel isolated and redundant. Bridge jobs, volunteering positions, peer groups and activities and part-time work are all options for encouraging engagement, feeling valued within society and reducing the risk of isolation and loneliness. Practices to phase retirement should be developed across the public, private and third sectors to allow people to gradually get used to not working, and make adjustments over a period of time. Line managers should actively encourage employees to consider bridge jobs based on hobbies, interests and the opportunity to develop new social networks.

8. Treating older people as assets to society.

By increasing older people's opportunities for engagement within society we can mitigate social exclusion and isolation. One way of doing this would be to develop more intergenerational programmes to place older people as valuable assets in the community and promote transgenerational knowledge transfer and understanding.[7] Schools across Scotland should consider implementing an intergenerational project to promote the social capital of both older and younger generations to foster knowledge and understanding between generations. Other ways of using the skill set and experience of older people would be to have more meaningful volunteering options or civic roles within communities to give back to society. The concept of 'doing good does you good' can boost our mental health and older people should not be prevented from making a valuable contribution. Their unique skillset should also be realised and outlets developed for them to be able to feed their skills and experience into the community.

9. Tackling poverty and inequality in later life.

Socio-economic inequalities in older age need to be tackled through a benefit and pension scheme that is fair for everyone. Lack of financial income and changes to pensions means less household income and less access to resources which may increase the risk of loneliness and isolation. Women are at a higher risk of

poverty in later life because of gender pay gaps, subsequent differences in pension amounts and ages of retirement, and the fact that on average women live longer than men – and are therefore more likely to live alone.

Older people also need to be made aware of additional benefits and 'top-ups' that they may be eligible for. Advocacy and advice services are able to assist those claiming pensions in investigating if they may also be entitled to other financial help such as Pension Benefits. We believe that the Winter Fuel Allowance should be protected so that older people aren't forced to choose between heating and eating.

10. Promoting inclusion for LGBT older people.

Some older people choose not to disclose their sexual orientation or feel that it becomes harder to do so as they age. Moving into a care home for instance may mean that people feel they are not able to be open anymore which can increase feelings of isolation. Up to 75% of LGBT people over 65 live alone and 90% do not have children and so the risk of loneliness is real.[8] Many older LGBT people say that they feel increasingly excluded as they age and this can have an impact on their mental health. Research shows that LGBT people are more likely to worry about their mental wellbeing than heterosexual people. We believe that local authorities should provide greater social opportunities for older LGBT people including peer support networks. Care homes should apply the same rights

and opportunities to same-sex couples as heterosexual couples, particularly when seeking to live together in care. We believe that LGBT people should have the right to live in care settings free from homophobia and that policies should be in place for treating everyone with dignity and respect.

11. Social inclusion for ethnic minority older people, including asylum seekers and refugees.

A 'one size fits all' approach to preventing loneliness is not appropriate and initiatives must be tailored to meet the specific needs of the group that they are aimed at. Taking into account linguistic and cultural differences and embracing social diversity should be at the forefront of interventions. So too should recognising the unique pressures that minority groups face and that cultural difference may result in difference in help seeking behaviour or social structures – initiatives therefore need to be culturally congruent with the needs and outlooks of the groups they are for. Mental health care amongst older people in minority groups needs to be able to cover the potential complexities of additional social burdens that occur as a result of being more marginal than the population majority.[9] Relocation, either forced or voluntary, to a new country later in life can lead to feelings of isolation due to the loss of existing social connections and special attention must be paid to this.

12. Research to be conducted on loneliness and on a continued multi agency effort to tackle it.

Further research should be undertaken into examples of best practice from abroad in preventing isolation of older adults. With Scotland being a vibrant, multicultural society, there is much cross cultural learning to be had. Programmes to map community services and opportunities that exist in local areas that may be useful for combatting loneliness should be done and the results made widely available so that older people are aware of what opportunities are available to them. Local authorities should research and develop targeted strategies to challenge loneliness in their areas and use any assets that already exist in the community. Mapping should also be done and data collected in order to help identify where older people live, what service they use and how they travel. This will help inform future initiatives and ensure that they are targeted appropriately.

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