Loneliness: A Public Mental Health approach

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Three takeaway messages

1. Social connectedness is a key determinant of health.

2. A complex systems approach is needed to understand and address the many factors influencing loneliness.

3. Community-centred approaches are effective in reducing health inequalities through building connected and empowered communities.
Public Mental Health programme

Our Vision:
Everyone, irrespective of where they live, has the opportunity to achieve good mental health and wellbeing…especially communities facing the greatest barriers and those people who have to overcome the most disadvantages. This includes those living with and recovering from mental illness.

Key themes:
• Reducing health inequalities
• Scaling community-centred approaches
• Embedding and integrating mental health
• Improving workforce capacity and competency
• Building knowledge and intelligence
Understanding loneliness and social connectedness as determinants of health:

_Risk, protection and the causal pathway_
Being connected with other people matters for your health

Research shows that **lacking social connections** is bad for our mental and physical health

**Loneliness** increases the likelihood of premature mortality by 26%

Source: (2) Holt-Lundstad et al 2015
Social isolation and loneliness are harmful to physical and mental health and increase risk of morbidity and mortality. (8)

Social isolation and feelings of loneliness can also be physical or psychosocial stressor resulting in behaviour that is damaging to health.

Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill (Marmot, 2010).

Most mental health problems are more common in those living alone (APMS)
Social connectedness and health

Community-centred and asset-based approaches – developing a shared narrative
“How people experience social relationships influences health inequities. Critical factors include how much control people have over resources and decision-making and how much access people have to social resources, including social networks, and communal capabilities and resilience.” (p.13)

WHO Europe (2013) Review of social determinants and the health divide¹

Community-centred and asset-based approaches – developing a shared narrative
There is evidence to suggest a significant correlation between low socioeconomic status and social isolation. Action on structural determinants including economic disadvantage is important.

Social disadvantage linked to life experiences that increase risk of isolation, e.g. poor maternal health, teenage pregnancy, unemployment, illness in later life.

Wider issues such as access to green/public spaces, transport (to enable social connections) can help or hinder
Psychosocial pathways


Community-centred and asset-based approaches – developing a shared narrative
Improving measurement and understanding

• *Population level changes*
• *Intervention impacts*
• *Meaningful to people and society*
Measuring high level outcomes

At population level:

Reducing social isolation is a priority for social care and public health

• Public Health Outcomes Framework and the Adult Social Care Outcomes Framework.

• The current measure draws on self-reported levels of social isolation (using social contact as a proxy) for both users of social care and carers.

• These indicators assist local authorities in focusing on some of the more vulnerable people in their community

“the percentage of adult carers who have as much social contact as they would like”
Proposed changes to measurements

Current consultation on the Public Health Outcomes Framework:

Closes 17th February 2019

Proposal to include the new loneliness measure, 4 indicators:

• How often do you feel that you lack companionship?
• How often do you feel left out?
• How often do you feel isolated from others?
• How often do you feel lonely?
What’s the picture across England?

2 in 3 people feel they belong to their neighbourhood.

2 in 5 feel people in their neighbourhood can be trusted.

2 in 5 (39%) of people are doing some kind of regular volunteering although numbers have recently dropped (from 44% in 2013-14).

Few people (27%) feel they can influence decisions affecting their local area – although 51% say they want to.

Most, but not all, people have someone to rely on.

5% often or always feel lonely.

Reference: Community Life Survey 2016 to 17

Source (9)
Measuring community resilience

Community resilience is a complex, multidimensional concept:
**Individual, community & system resilience**

Main domains of measurement:

- Social
- Economic
- Skills & education
- Civic participation
- Environment

Source: WHO HEN 60 (14)
What works? – complex systems

- *Principles of practice*
- *Life course approaches*
- *Community-centred approaches*
- *Whole-system approaches*
Supportive social relationships are essential to wellbeing.

Their quality is not just dependent on individual circumstances, but is substantially influenced by society.

It might be tempting to treat loneliness solely as an individual phenomenon. However we must widen our understanding of loneliness to appreciate the social and situational factors involved.

Many community based interventions intended to reduce social isolation will not be identified as such within the community they serve. Instead, they will be focused on activities that can be shared; bringing people together naturally in a way that is appropriate to their particular needs. Source (6)
Figure 2.2: The trajectory of mental capital through life, detailing some of the many factors that influence mental capital and how they are connected across the lifespan.
Why communities matter for health

Placing communities at the heart of public health can:

- Reduce health inequalities
- Empower people to have a greater say in their lives and health
- Engage those most at risk of poor health
- Create connected, resilient, more cohesive communities
Community-centred approaches

- Promotes health and wellbeing or reduces health inequalities in a **community setting**, using non-clinical methods.
- Uses **participatory** methods where community members are actively involved in design, delivery and evaluation.
- Measures are in place to address **barriers** to engagement and enable people to play an active part.
- Utilises and builds on the local community **assets** in developing and delivering the project.
- Develops collaborations and partnerships with individuals and **groups at most risk** of poor health.
- There is a focus on **changing the conditions** that drive poor health alongside individual factors.
- Aims to increase people’s **control** over their health and lives.\(^{13}\)
The family of community-centred approaches

- Strengthening communities
  - Community development
  - Asset based approaches
  - Social network approaches

- Volunteer and peer roles
  - Bridging
    - Peer interventions
    - Peer support
    - Peer education
    - Peer mentoring
  - Volunteer health roles

- Collaborations and partnerships
  - Community-based participatory research
  - Area-based initiatives
  - Community engagement in planning
  - Co-production projects

- Access to community resources
  - Pathways to participation
    - Community hubs
  - Community-based commissioning

Social prescribing – addressing people’s needs in a holistic way

GPs and other health care professionals can refer people to a range of local, non-clinical services, supported by a link worker or connector.
Social networks as a health asset

What are community health assets?
All communities have health assets that can contribute to positive health and wellbeing

The skills, knowledge and commitment of individual community members

Assets include:

- Friendships, good neighbours, local groups and community and voluntary associations
- The resources and facilities within the public, private and third sector
- Physical, environmental and economic resources that enhance wellbeing
NICE Quality Standards for local commissioning: NG44 Community Engagement

Members of the local community are involved in:

1. **setting priorities** for health and wellbeing initiatives.
2. **monitoring and evaluating** health and wellbeing initiatives
3. **identifying skills, knowledge, networks, relationships and facilities**
4. **taking on peer and lay roles**
Emerging themes on whole systems approaches to community-centred public health

- Integrated commissioning of community-centred approaches
- Workforce development
- Social prescribing
- Health champions
- Peer support
- Community hubs
- Time-banking

Shared vision and narrative
Long-term strategy
Leadership & champions
Placed-based, hyper-local working
Community-informed outcomes

- Building community capacity
- Building VCS capacity
- Volunteering
- Commissioning for social value
- Co-production
- Removing barriers to participation
- Addressing the social determinants of health
- Insight from communities

Leadership & champions
Placed-based, hyper-local working
Community-informed outcomes
Research priorities

a) Well-designed effectiveness and cost-effectiveness studies on community-centred approaches and on components of community engagement e.g. community capacity building.

b) Studies measuring a broad range of health and social outcomes, particularly those focused on community-level determinants of health e.g. social support, social capital, empowerment, community infrastructure and neighbourhood factors, including understanding the influence of these in the causal pathways of health and disease.

c) Research on community-centred interventions to address social isolation and loneliness and build individual and community resilience.

d) Implementation research looking at how sustainable change can be achieved using whole system, community-centred approaches at scale.

e) Building research capacity and knowledge translation e.g. evaluation frameworks and measures, participatory research.
PHE healthy communities resources

Guide to community-centred approaches


Health Matters


Practice examples

https://phelibrary.koha-ptfs.co.uk/practice-examples/caba/
References (1)


References (2)


Thank you

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