

# Loneliness harms health

## If you have a couple of hours...

### Responding to a consultation

#### The Health and Wellbeing Strategy

Identify when the health and wellbeing board will next be consulting on their strategy. They may be consulting on it right now. This means they will be asking for feedback on the draft priorities they have set and want to find out whether the community agrees that these are the correct priorities to be focusing on. If they haven't mentioned loneliness in the strategy, tell them why it is important that they do.



All health and wellbeing strategies are different and health and wellbeing boards will ask for different types of input from the public when consulting on their strategy. Some will have a

form to fill in and will set out specific questions to answer, whilst others may simply ask whether you agree with their priorities.

Strategies will identify different priorities depending on the local situation. We believe that loneliness should be addressed in its own right as an issue, but it also fits with other priorities that are likely to already have been identified.

For example, a council might make early diagnosis and prevention of dementia or 'ageing well' a priority. Loneliness relates to both these priorities. Below, we make some arguments that you could use to state the case for the inclusion of loneliness but also, how loneliness can fit in with other priorities. Make sure you use plenty of local statistics and examples.

For more tips about how to respond to a consultation, check out action 7 in our action pack: [click here](#).

*Your council may now have already consulted on its strategy. If your*

*strategy has already been consulted on, check to see when it will next be discussed publically. In the meantime, you could consider the following:*

### **The Joint Strategic Needs Assessment**

Some areas will also consult on their JSNA. Contact your local council to see if this happens in your area. If it doesn't, you can still approach your council to discuss including loneliness and/or social isolation. For tips on what should be in a JSNA regarding loneliness, click here check out action 7 in our Action Pack: [click here](#).

### **Other consultations**

Your council will almost certainly consult on various strategies throughout the year; this might be an older person's strategy, a public transport strategy, a dementia strategy or a mental health strategy, for example. Loneliness and isolation should be considered in any such strategy, and many of the arguments above (as well as in resource 6) can be used when responding.

*Share your activities – log your action on the [online map](#) on our website to inspire others*

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## **What to include in a Health and Wellbeing Strategy Consultation:**

### **Demographic changes mean we need to act *now***

It is a well-known fact that our population is ageing, and the number of single person households is increasing. Nationally:

- Over half (51 per cent) of all people aged 75 and over live alone<sup>i</sup>
- Over the next 20 years, the population over 80 will treble and over 90 will double<sup>ii</sup>
- It is predicted that between 2008 and 2031 the increase in the number of 65-74 years olds living alone will be 44 per cent and the increase in those aged 75 plus living alone will be 38 per cent<sup>iii</sup>

We know that consistently between 6– 13% of the population aged over 65 feel lonely often or most of the time<sup>iv</sup>. As the size of our population aged over 65 grows, the problem of loneliness and isolation amongst older people is likely to grow with it.

## **Loneliness poses a significant threat to the physical and mental health**

Loneliness, in the words of Paul Burstow Minister of State for Care Services (from 2010 to 2012), is *“the great unspoken public health issue”*. Research has demonstrated that it has a detrimental impact on the physical and mental health of the population. For example:

- The effect of loneliness on mortality exceeds the impact of well-known risk factors for mortality such as physical inactivity and obesity, and is similar to the effect of cigarette smoking<sup>v</sup>
- Lonely individuals are at higher risk of hypertension<sup>vi</sup> and poor self-rated physical health<sup>vii</sup>.
- Lonely individuals are more prone to depression<sup>viii</sup>
- Lonely individuals are more prone to cognitive decline<sup>ix</sup> and dementia.<sup>x</sup>

The Marmot Review into health inequalities found that “individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely”<sup>xi</sup>

## **Dementia**

Dementia both influences an individual’s isolation and ability to remain connected, and is influenced by it. For example, one study has found that lonely individuals had nearly 50% increased risk of developing Alzheimer’s disease.<sup>xii</sup> Between 20 - 25% of people with dementia also have symptoms of depression.

## **Depression**

Depression is the most common mental illness in the older population and one in four older people have symptoms of depression requiring treatment.<sup>xiii</sup> This also increases with age; 40% of those over 85 suffer from depression<sup>xiv</sup> whilst care home residents are also at a significantly higher risk of depression than older people living in the community; indeed, 40% of residents in care homes are likely to

be depressed.<sup>xv</sup> Despite this, fewer than one in six older people discuss their symptoms with their GP.<sup>xvi</sup>

## **Suicide**

Untreated depression is the chief cause of suicide amongst older people; men who live alone are at especially high risk.<sup>xvii</sup> Older people have the highest suicide rate for women and second highest for men.<sup>xviii</sup> This is the one age group where rates have not declined.<sup>xix</sup>

## **Taking action on loneliness and social isolation can prevent or delay the onset of chronic health conditions and mental illness**

Services, groups and projects that prevent or alleviate loneliness are crucial in avoiding, and potentially reducing, associated health problems related to loneliness and other mental illnesses:

Acting to address loneliness will also reduce the need for more costly or acute health interventions and will reduce use of expensive health and social care services.

- Socially isolated and lonely adults are more likely to undergo early admission into residential or nursing care<sup>xx</sup>
- Two studies have found that some group-based interventions result in a reduction in visits to GPs, fewer bed days in hospital and reduced outpatient appointments<sup>xxi</sup>
- One study demonstrates that loneliness is a predictor of use of accident and emergency independent of chronic illness<sup>xxii</sup>

You may wish to quote Paul Burstow MP, Minister for Care Services from 2010 to 2012, who said:

*“Loneliness is the great unspoken public health issue. Research suggests it is more harmful to health than obesity and that there is a 50 per cent reduction in mortality if you have a strong social network. If we do nothing, these people are going to turn up in our accident and emergency departments and care homes at great cost to society and loss to the individuals concerned.”*

## Older people remain independent

Academic research is clear that preventing and alleviating loneliness is vital to enabling older people to remain as independent as possible. For example, we know that:

- Loneliness has a negative impact on physical and mental health, putting individuals at greater risk of hypertension<sup>xxiii</sup> and cognitive decline<sup>xxiv</sup> Loneliness increases the risk of developing Alzheimer's disease by 50%<sup>xxv</sup>
- Lonely individuals are also at higher risk of depression<sup>xxvi</sup>
- Lonely individuals are also at higher risk of the onset of disability<sup>xxvii</sup> as loneliness, ill health and disability are mutually re-enforcing.
- Lonely individuals are more likely to undergo early entry into residential or nursing care<sup>xxviii</sup>

## Effective interventions for loneliness are often low cost

Effective interventions for loneliness are often community based and mobilise volunteers, and are therefore relatively low cost. In your consultation response you might want to include examples of what is going on in your area, for example:

- Any good information and signposting services relating to loneliness
- Any befriending schemes - visits or phone contact
- Good day centre services such as lunch clubs for older people
- Any Initiatives that support older people to increase their participation in cultural activities (e.g. use of libraries and museums)
- Projects that encourage older people to volunteer as stay connected to their community
- Projects that support carers, particularly older carers

Services or activities that tackle loneliness can be boosted to maximise local and community assets that already exist, build informal networks of support for older adults and promote better health, better quality of life and sustained independence.

## **Not taking action on loneliness will result in a poorer quality of life for many older people**

As the work of Professor Ann Bowling has demonstrated, older people strongly emphasise the importance of “companionship” and of having “social or voluntary activities” to their quality of life<sup>xxix</sup>.

### **Support needs to cross local authority departments**

From social care and the NHS to transport and physical environment. For example, lack of public transport can prevent people from participating in their local community, which will have a detrimental impact on their physical and mental health. Other issues that will have an impact on loneliness, but are not immediately obvious are:

- outdoor space – parks should be safe and welcoming for older people
- income - can determine the extent to which older people have access to recreational opportunities
- housing– older people need to feel safe in their homes and their immediate vicinity
- transport – local transportation should be accessible
- social participation – the design of housing developments should take into account the need for social spaces and attention should be given to providing and promoting opportunities for volunteering and community engagement<sup>xxx</sup>

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<sup>i</sup> Cann P and Joplin K. The Challenge in Safeguarding the Convoy - a call to action from the Campaign to End Loneliness, Age UK Oxfordshire (2011)

[http://campaigntoendloneliness.org.uk/wp-content/uploads/downloads/2011/07/safeguarding-the-convey\\_-\\_a-call-to-action-from-the-campaign-to-end-loneliness.pdf](http://campaigntoendloneliness.org.uk/wp-content/uploads/downloads/2011/07/safeguarding-the-convey_-_a-call-to-action-from-the-campaign-to-end-loneliness.pdf)

<sup>ii</sup> Windle k, Francis J and Coomber C, SCIE Research briefing 39: Preventing loneliness and social isolation: interventions and outcomes (2011).  
<http://www.scie.org.uk/publications/briefings/files/briefing39.pdf>.

<sup>iii</sup> Department for Communities and Local Government Household Projections to 2031, England, 2009 <http://www.communities.gov.uk/documents/statistics/pdf/1780763.pdf>

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- <sup>x</sup> Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, et al. Loneliness and risk of Alzheimer disease. *Arch Gen Psychiatry* 2007 Feb; 64(2):234-40
- <sup>xi</sup> Marmot M, Fair Society, Healthy Lives, the Marmot Review (2010) <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>
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- <sup>xxx</sup> <http://campaigntoendloneliness.org/toolkit/how/step-3/#an-integrated-approach-by-local-authorities>