

Loneliness, a threat to Scotland's health

Working together to combat isolation

KEY MESSAGES FROM VHS'S ANNUAL CONFERENCE

24 NOVEMBER 2016

Introduction

The 2016 Annual Conference brought together over 150 delegates and experts from across Scotland to discuss the negative impact of loneliness and social isolation on health. This report captures the key messages from each speaker, table discussions and next steps.

Richard Lyall, Scottish Government (on behalf of Dr Catherine Calderwood, Chief Medical Officer for Scotland)

- The Chief Medical Officer is very supportive of efforts to tackle loneliness & social isolation.
- In her first [Annual Report](#) she introduced the idea of Realistic Medicine, describing the need to look at the external factors that lead to issues, rather than looking at everything through a purely medical lens. Realistic medicine is about seeing a person as a holistic being and as such loneliness is a crucial factor to consider.
- Research shows that the social context a person is in can affect their physiology and is linked to a shortened lifespan. Public Health Prevention is the Chief Medical Officer's responsibility and she can use her role to spread awareness and encourage people towards more healthy lifestyles. She wants to tackle loneliness and social isolation as a public health issue.
- The Chief Medical Officer is an advocate of social prescribing. Research shows that people will choose fewer medical interventions if other options are available. Social prescribing can be used to develop social connections in a community to reduce loneliness and social isolation.
- She is also keen to encourage a joined up approach between all sectors. The next Chief Medical Officer's Annual Report will look at contributions by all sectors involved in healthcare.

Marie Hayes, British Red Cross

- British Red Cross and the Co-operative Group have created a 2year partnership to develop a preventative, responsive and restorative approach to tackling loneliness and social isolation. The partnership is set to raise over £3.2 million and has conducted social

research across the UK to find out what the triggers for loneliness are and what public services can do about it.

- The research has been conducted with 45 experts on loneliness, 100 people who suffer from loneliness and 2,500 members of the general public. Some of the findings show that 88% of respondents see loneliness as a serious problem in the UK and that 1 in 5 people are always or often lonely.
- Loneliness is usually associated with older people but evidence suggests that it can manifest itself across life stages and be experienced by a whole range of people. Issues around identity (e.g. retired, socio-economic background, culture, education level, etc.) and life events (e.g. bereavement, empty nest, moving away, becoming a student, etc.) can affect our ability to connect with people.
- The situation is becoming chronic as we as a society are not naturally creating social spaces. We have lost the ability to build social connections: for example, there are fewer connections with our neighbours, we are always told not to talk to strangers, etc. The barriers to making social connections are not individual but societal.
- The partnership will use the research it has conducted and the funds it raises to:
 - Create services that help people to retain and regain community connections.
 - Provide restorative support for people in chronic situations by making sure there are activities and services available that people actually want and that they do not add to the stigma that people face.
 - Deliver targeted support through community connectors, using the UCLA loneliness scale to evaluate the difference their work is making.
 - Explore digital solutions to tackling loneliness with the extra money the Co-operative aims to raise.

James Jopling, Samaritans

- In 2015 there were 672 deaths from suicide in Scotland, the majority of whom were men. Men in their mid-years (30-54) are at the highest proportionate risk in Scotland but suicide rates also start to increase for men around 65-69 right through to 85+.
- There is a strong deprivation effect, with the suicide rate more than three times higher in the most deprived fifth of the population than in the least deprived fifth (25 compared with 8 per 100,000 population respectively).
- Loneliness and social isolation are hugely complex. Interactions with suicide and suicidal feelings are also complex. What we do know is different measures of loneliness and social isolation all show a relationship with suicide rates; it can be a risk factor itself, or a catalyst for other risk factors, or something that underscores a lifetime of adversity. It is important to note that not all people who feel lonely or are measurably socially isolated will feel suicidal or experience suicidal crisis, but it does increase the risk.
- Loneliness is in the top five reasons why people contact the Samaritans.
- The US Suicide Prevention Strategy recognises the concept of connectedness and the Samaritans want it to be a part of the Scottish Suicide Prevention Strategy as well.

Pete White, Positive Prison? Positive Futures

- People are crushed by poverty, lack of work and opportunity and a lack of experience of positive relationships. Prisoners are not monsters, they are people. It is important to recognise the wellbeing of prisoners and how loneliness and isolation can affect them.
- The geographic location of prisons means that links and connections prisoners have with friends and family outside are easily broken. Research shows that prisoners who are well connected with their families and friends outside of prison are less likely to re-offend.
- It is also difficult to develop relationships, most importantly *positive* relationships, in prison. “The isolation that ends up in prisons starts elsewhere”. Prisoners are vulnerable and often have a number of failed relationships outside of prison and therefore find it hard to develop new ones. They can be lonely amongst a lot of people if they have no experience of positive relationships and don’t really know how to develop or maintain positive connections.
- Sometimes people with convictions self-impose loneliness (in and out of prison) in order to maintain a reputation or to detach themselves from a reputation they no longer identify with.

Mark Hazelwood, Scottish Partnership for Palliative Care

- The aim of the Scottish Partnership for Palliative Care is to improve the way in which people cope with death, dying and bereavement. They work to address the impact of bereavement and loss on social isolation.
- It is important to recognise and understand how loneliness and social isolation is exasperated by our inability to deal with bereavement.
 - People feel awkward talking about it and people suffering from loss due to bereavement feel unable to talk about it. There is a general lack of understanding of what to do or how to be around someone who has suffered from bereavement or loss.
- *To Absent Friends, a people’s festival of storytelling and remembrance* hosts a range of events for a variety of different audiences; from care homes to schools, from the Usher Hall to local community hubs; there is even a beer festival.
- The aim of *To Absent Friends* is to provide an opportunity to remember people who have passed, a means to address loneliness and to discuss bereavement in a safe and acceptable way.
- “Because dead ordinary people live on in the stories of the living”.

Liz May, Action for Sick Children Scotland

- Loneliness and social isolation is a huge issue for children and young people with long term conditions. They can feel different to their peers because:
 - They feel excluded when they cannot do the same thing as their classmates.
 - If they have a physical disability they may have poor body image.

- They may suffer from mental health issues and depression as a result of their long term condition.
- "It becomes a habit. It becomes normal to be lonely". After diagnosis many parents report their children become reclusive, having previously been outgoing and happy.
- Being off school due to their condition, children lose touch and become anxious about returning, causing further isolation. Young people not in work, training or education are isolated and this can be exasperated by their gender, sexuality or ethnic background, resulting in increased stigma. This has a greater lifelong impact: if children and young people can't make social connections and learn social skills during adolescence: it is more difficult for them to do so in later life.
- Supporting children back to school, the provision of equality training for staff and pupils, flexible hours, and classes that promote social interaction such as drama and art can help children and young people integrate back into school. Afterschool groups and clubs that are person centred can help them feel connected.
- Children and young people with long term conditions have a right to be included in inclusive activities. Services need to listen to and work with them to develop services, reduce stigma and break down barriers. It is important to support the mental health and wellbeing of children and young people before reaching crisis. All this can only be achieved if all sectors work together.

John Davidson, Music in Hospitals

- Music in Hospitals provide over 1,700 professional live performances of Scottish Folk music each year, for people in hospitals, hospices, care homes, day centres & special schools throughout Scotland.
- Shared music sessions in care can help combat loneliness, "music is essential for the emotional wellbeing of residents"
- The audience participated with John in a live sing along session singing traditional folks songs: 'Coulter's Candy' and 'Mhairi's wedding'.

Paul Okroj, Chest Heart and Stroke Scotland

- Asked delegates if they were aware of Scottish Government plans for a national strategy to tackle loneliness and social isolation – only a third of the room were aware a strategy was proposed.
- Through discussions with the Scottish Government we know that:
 - The Scottish Government will be developing a new approach to social isolation over 2017. This will build on existing work such as Equal Opportunities Committee's Inquiry into Social Isolation and Loneliness, Befriending Networks' Loneliness Summit and the best available evidence and research. There will also be engagement and consultation with stakeholders starting in early 2017
 - There has been no decision made beyond 2016-17 regarding additional funding.
- Delegates were asked to consider what a national strategy should look like, through a facilitated discussion at their tables.

Read a summary of the table discussions and plenary feedback [here](#)

Professor Thomas Scharf, Newcastle University

- Loneliness and isolation are related but distinct concepts.
 - Loneliness is the gap between actual and desired social relationships: responding to loneliness means reducing this gap. This is referred to as cognitive discrepancy theory.
 - Social isolation is an objective measure reflecting an individual's lack of contacts or ties with others (family, friends, acquaintances, neighbours, service providers)
- There are two types of loneliness and they both require a different response:
 - Emotional: reflects a person's perceived lack of intimate attachment
 - Social: sense that people are not part of an engaging social network of family and friends
- The duration of loneliness can range from transient, situational, chronic and seasonal loneliness. This raises the question, at what point do you intervene?
- Unequal distribution of income, power, wealth and experience of stigma and discrimination can lead to loneliness.
- The strategy needs to focus on these drivers in order to respond in a more joined-up, integrated way. Anti-poverty measures provide an effective means to address loneliness.

Dr Andrew Fraser, NHS Health Scotland

- We are social animals and value our connections.
 - In prison: we cannot comfort or be comforted
 - People suffering from dementia may not have any memory of any social contact
 - There is a possibility that technology and digital resources can help tackle loneliness and social isolation, but those who are suffering from it are often the most deprived and are digitally excluded.
- Social isolation and loneliness are public health and health inequalities issues. It is the responsibility of all sectors to deal with loneliness and social isolation.
- We need action across all social determinants of health and at structural, environmental and individual level. Public health response to loneliness should be joined up, strategic and human rights based.
- "I think the collective wisdom in this room could write this strategy."

Key Points from table discussions about what a strategy on loneliness and social isolation should look like:

1. Raise awareness and use positive language
2. Support what already works well
3. Policies should support social connectedness and reduce stigma
4. A role for all sectors
5. Build on other public strategies: for example, housing, environment and mental health
6. Prevention
7. No short-termism: invest for the future
8. Focus on life events and transitions that make everyone vulnerable
9. Start early and go from cradle to grave
10. Make preventing loneliness a cultural change
11. Enabling not prescribing
12. Recognise loneliness is a social determinant of health
13. National and Local
14. Value caring for each other in our communities
15. Clarify what counts as success
16. Create a social movement

Additional points from the wider table discussions:

1. Start citizenship education from children's earliest years with.
2. Not top down; instead government should create an enabling environment
3. What counts as success? What are the measurements and outcomes?
4. Who is the strategy for?
5. Identify at risk groups, engage them, ensure people are involved
6. Three stages - preventative, responsive and reparative
7. Cross cutting across policy and sectors
8. Long term strategy, with investment and a cultural change for the future
9. Don't start from scratch - build on and fund what works
10. Lots happening but all uncoordinated - we need knowledge exchange
11. It should not be national vs. local but national AND local
12. Role of Integrated Joint Boards, NHS and Community Care Partnerships

Conclusions and Next Steps

VHS's Claire Stevens set out an agenda for further collaboration and action:

- Loneliness and its impact on health is a recurring theme in VHS's work with voluntary health organisations, as evidenced by our [Living in the Gap](#) report and this year's [Membership Survey Report](#)
- The voluntary sector has unparalleled expertise and experience in tackling this issue and the concrete outcome from this conference is a firm offer to the Scottish Government: 'let's help write the national strategy'.
- Next steps: VHS will work with British Red Cross, Befriending Networks, Chest Heart and Stroke Scotland, and all our respective networks, to take this offer to the Scottish Government.

Beyond the Conference

- [Sign up for our monthly e bulletin](#), where we'll keep you posted about developments around the national strategy
- [Join us now](#) to stay in touch. We welcome voluntary health sector champions from all sectors.
- [Read and promote the blogs](#) on loneliness and social isolation on our website
- Invite us to give a presentation, run a workshop or attend a discussion at your own event

For further information contact:

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We welcome new members from all sectors – [join us now](#).

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