

LI 06

Ymchwiliad i unigrwydd ac unigedd

Inquiry into loneliness and isolation

Ymateb gan: Penny Gripper

Response from: Penny Gripper

### **Inquiry into loneliness and isolation**

The Committee will aim to assess the extent and impact of loneliness and isolation experienced by people in Wales, particularly older people, and how it can be addressed, by considering:

Why particularly older people???? This is a serious issue across the whole age range, particularly for vulnerable groups such as those with disabilities, especially those which affect social function such as Autism Spectrum, Mental health, and some neurological conditions. It affects people who are unemployed and living in poverty in rural areas, or areas which are otherwise wealthy, including commuter belts. It is a serious problem for new mothers, again particularly if they have moved into an area and have no social networks. In mental health we have managed to get this recognised in the Together for Mental health delivery plan as a whole age range issue. This can also be a real problem in inner city areas and where communities are not stable with houses being bought and sold, or tenants moving in and out frequently. It can particularly affect transient communities such as students, and may be a part of the reason for the onset of psychosis often first presenting in students living away from home. It can be a problem for self-employed people in jobs that don't involve a lot of contact with people, and also for carers of any age. As an intelligent person with Aspergers I have experienced loneliness and isolation – not always from not being in the same place as others, but from not being accepted and included in those settings, from an early age. I was particularly isolated (not in contact with others for about 22 hours a day) from the end of my pregnancy and when my son was little, which contributed to peri-natal mental health problems and since I developed mental health problems again at the age of 38 following unemployment due to work-place bullying.

- **the evidence for the scale and causes of the problems of isolation and loneliness, including factors such as housing, transport, community facilities, health and wellbeing services;**

In my work with people with mental health problems I have not heard any stories of people's experience that has not included loneliness and isolation, as a factor in the development of their mental health issues. I believe there is an evidence base for the destructive influence of loneliness and isolation on mental health for people of any age, although I cannot give you the references I'm sure a lit search would furnish them.

The level of stigma and discrimination at all levels of Welsh society amplifies this once mental health problems set in. The Time to Change Wales project has created even more felt stigma and discrimination for those with mental health problems expected to work for nothing to give presentations, act as champions or lead projects. It feels demeaning, exploitative and deeply unjust that the people who suffer as a result of stigma and discrimination are expected to sacrifice themselves by working for nothing to right a wrong that they did not cause. Those involved also get totally inadequate and insufficient support, creating a real risk to them in this work. The project has put many mental health service users out of work who were delivering training on mental health awareness for a fair income. The emphasis on negative experiences, rather than on showing what we can achieve, and what we have in common with those who do not have mental health problems just exacerbates the 'poor thing' mentality that we are trying to escape. It is deeply humiliating to be treated in this way, and leads many to shy away from social contact to avoid it. The attitude that people with mental health problems should not be paid for essential work is deeply entrenched in all levels of Welsh public life, with service user and carer representatives usually being the only people

round the table in high level committees who are not being paid. The use of time banking to avoid paying a minimum wage is unacceptable, and should not be tolerated. This attitude is particularly entrenched in our biggest mental health charities, who continue to get Welsh government funding and seats on government committees despite this engrained blindness to the consequences of keeping people with mental health problems in poverty, and re-enforcing their feelings that they are not valued by society. The poverty this condemns service users to, is an added factor in isolation.

The difficulty accessing appropriate treatment, such as emotional coping skills courses and interventions for people with mild to moderate problems exacerbates the problem, and increases the number of people who go on to develop more severe problems. Stress management courses which are poorly delivered or over-crowded are putting people off seeking help. The evidence base for skills learning is that didactic courses make very little impact. Rooms full of people are not accessible to people who suffer high anxiety in large groups. If we are looking for evidence base and environments which support building relationships and friendships then the stress management model should be one with an interactive style and small group work as well as refreshment breaks where people can get to know each other.

It stuns me how new developments for leisure and health facilities are increasingly being built out of town away from public transport hubs. Many hospital facilities cannot be accessed by visitors using public transport as it is impossible to get there and back in a day. This means that people on wards cannot have visitors. In Carmarthenshire there is a persistent tendency to place mental health, and now a new health development in Llanelli, which is in the furthest South Eastern corner of the region. Hywel Dda is an area with very poor public transport links, especially between counties. The new psychotherapy service has been placed a good 20 minutes walk from the nearest bus stop, on a route that has only 5 buses a day. Great if you have money enough to have a car, but excluding anyone who doesn't, who cannot walk an hour each way from the local station/bus station.

Local Authority Gym facilities are a really important way to improve life for people with mental health problems, but the prescription scheme in Carmarthenshire limits the hours of access to the gym, so that I cannot get there by public transport in the hours available. Difficulty getting benefits when you have a mental health problem – much exacerbated by PIP introduction, means even the £2 per session Gym fee for on prescription exercise is excluding.

Local education courses are also excluding people now by reducing the number of courses and only giving courses that lead to some kind of qualification – something that not all are able to achieve. They also tend to exclude people who have qualifications already, which means that these people, if they have other disadvantages can become isolated. One local lady with a mental health problem was accessing a pottery class for several years, which kept her stable. After the council introduced a rule that you could not do the course for more than two years, she was soon on an in patient psychiatric ward for several months. This was a false economy. Local education courses need to be recognised as an extremely important venue for vulnerable people of all ages to make friends and meaningful relationships.

- **the impact of loneliness and isolation on older people in terms of physical and mental health and wellbeing, including whether they disproportionately affect certain groups such as those with dementia;**

It is critically important that isolation and loneliness are not seen as a problem just of older people, and not even a more of a problem for older people than others. It is far harder to be isolated and alone all your life, or at a young age when you see no prospect of this improving. It has physical and mental health effects for people of all ages, with unhealthy life-styles, often addiction to digital media, other addictions, comfort eating, lack of physical exercise and all the physical consequences of that. For people of all ages the consequences have a huge cost on the health and social services, and impact not only on the individuals but on others in their sphere of influence, such as carers, relatives, neighbours. At present there are far more facilities and community projects for older people and people with learning disabilities to have social contact and quality of life, than for disabled adults who are not in education, training or employment.

- the impact of loneliness and isolation on the **use of public services**, particularly health and social care;

In the first instance isolated and lonely people may be much less likely to engage with services, because it is too difficult to get there, because their social skills are so poor that they cannot engage or their behaviour is seen as unacceptable, or because they do not value themselves enough, or are too anxious. However, as a result of not getting the services they need at a time when serious problems could be prevented, they are likely to become heavy users of services. Often the services they use are the most expensive, such as mental health services. There is a perception that lonely people over use services in order to get contact, but I would be sceptical without good research. In my experience, the people I know who are isolated avoid services.

- ways of **addressing problems of loneliness and isolation in older people, including interventions to specifically address the problems and other projects with wider aims. Evidence for what works and the outcomes for older people in terms of health and wellbeing;**

We need to first address problems of isolation and loneliness for those in our society who are socially excluded, for all kinds of reasons. Services need to be better linked to public transport. Local education needs to be expanded, made available to whoever wants it as long as they want it, with discounts for people on any kind of disability benefit, or income related benefits.

It is inequitable that discounts for services are only given to students and the retired, when they are often better off than people with disabilities who are unemployed as a result.

Discounts for people with disabilities needs to be extended to all community facilities such as leisure centres, and planning rules need to be introduced to put these facilities close to transport hubs, or to locate transport hubs next to the facilities. Hospital parking needs to be expanded as services and patient numbers expand, and free bus services provided to all health facilities, from main transport hubs. We need better more long term secure funding for third sector services which provide activities, and support groups for vulnerable groups, and a culture of paying fair wages to people providing public services or contributing to their governance, design and development. We need to do more to create employment for isolated and lonely groups of working age, so that they have established social networks if they survive into retirement. Funding for disability charities from government should be dependent upon them having a default of paying service users for any essential work they do in the funded project, unless and only when the person wants to do the work voluntarily would this not happen. Facilities for social meetings, such as village halls, and funding for social groups should also be better funded to encourage people getting together to share interests and common goals.

- the extent to which initiatives to combat loneliness and isolation experienced by other groups may also help to address these issues for older people;

You need to look at this the other way around. There are many initiatives for older people and people with learning disabilities, but virtually nothing for other less visible/working age groups. If you deal with loneliness and isolation of people up to the age of retirement, you will set them up with long-lasting social support networks and social skills which they can continue to use when they are old. You need to create and support local community development which is inclusive of all, which celebrates diversity and values everyone.

- current **policy solutions** in Wales and their cost effectiveness, including the Ageing Well in Wales programme. The approach taken by the Welsh Government in terms of maintaining community infrastructure and support, and using the legislative framework created in the Fourth Assembly, e.g. the *Social Services and Wellbeing (Wales) Act 2014* and the *Wellbeing of Future Generations (Wales) Act 2015*.

As far as I can see the situation is worse than it was. When I was in my 40s there was free access to swimming for over 50's. Now I'm over 50 there is discounted access for over 60s.

We have yet to see what the delivery plan action on loneliness for all ages in mental health will deliver.

At least older people's loneliness is on the agenda. This means they have far more hope of a solution. The policy agenda for loneliness and isolation has to become age inclusive, starting with young children with language or social skill disadvantages, and including people of working age who are suffering from any kind of social exclusion. Not addressing these problems will lead to more mental health and substance misuse costs, more homelessness, more unhealthy lifestyle caused physical health costs, more pressure on A&E, more demand on social care and more anti-social behaviour and cyber crime.