

## Royal College of Psychiatrists Consultation Response



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**DATE:** 10 March 2017

**RESPONSE OF:** THE ROYAL COLLEGE OF PSYCHIATRISTS in  
WALES

**RESPONSE TO:** HSCS Committee, Isolation and Loneliness

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness, and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

RCPsych in Wales is an arm of the Central College, representing over 550 Consultant and Trainee Psychiatrists working in Wales.

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## **Health, Social Care and Sports Committee Inquiry into Loneliness and Isolation**

1. The Royal College of Psychiatrists in Wales is pleased to respond to the Committee's inquiry into Isolation and Loneliness. Loneliness can occur at any time in our lives, regardless of how many people are around us. It is an unwelcome feeling of a lack of, or loss of, companionship. Loneliness is more common amongst older people and more common again for the very elderly (age 80+) so the Committee is correct to focus its inquiry on the elderly. However, it should also be noted that loneliness and isolation can affect people at other life stages and situations. Loneliness can be a contributing factor to a range of mental health conditions including depression and can be a risk of suicide.
2. Loneliness and isolation are two very separate things. 'Loneliness' is the overwhelming sense of being on one's own. It is associated with unpleasant emotional distress that arises when we feel estranged from or rejected by others, or a lack of emotional intimacy and interaction with society. This may lead to frustration, unhappiness and sometimes depression. 'Isolation' is the removal or absence of physical and social relationships and contacts. Some people express loneliness even when they are not isolated. This can be because the relationships they have with the people they see do not provide the emotional support that they need. Other people may have only a few contacts but are not lonely.
3. Loneliness is subjective because experiences are very personal and differ from individual to individual. There are different types of loneliness such as emotional loneliness and social loneliness. Emotional loneliness is the absence of a significant other who you are emotionally attached to and social loneliness is the lack of a wider social network of friends.
4. The characteristics and the physical and mental health of the individual tend to influence whether an individual is likely to become lonely or not and their response to it. Expectations and attitudes are crucially important. People who expect to be surrounded by emotionally supportive family and friends and then do not receive this support are likely to report that they are lonely.

### **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**

5. A number of research studies conducted at different times suggest 5% to 16% of the older population is lonely. The probable estimate is that about 10% of the general population aged over 65 in the UK is lonely and this figure is even higher in those aged 80+. It is difficult to say if the proportion is increasing but we know that the numbers are as our elderly population continues to grow. It is also important to bear in mind that the percentage of older women living alone exceeds that of men in each age group and women become progressively more likely than men to live alone with age.

6. The number of isolated older people at risk of loneliness is likely to be much larger. 12% of older people say they feel trapped in their homes and 6% report that they leave their homes once a week.
7. There are a variety of causes of loneliness including social isolation, the loss of a loved one, physical disability or poor health, low self-esteem, and depression. It is important that there are many risk factors including:
  - Poorly managed transitions tend to occur in older people and can trigger loneliness;
  - Gay men and lesbians are at greater risk of becoming lonely and isolated as they are more likely to live alone and have less contact with family;
  - Ethnic minority older people have higher rates of loneliness than for the rest of the population;
  - Poor health reduced mobility cognitive and sensory impairment including dual sensory impairment increase the older person's chance of being lonely;
  - Depression could have a negative impact negatively affecting people's perception of the social resources available to them;
  - Geography also has an influence if they are in deprived urban areas or in area in which crime is an issue.

**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**

8. Loneliness is not only caused by poor mental and physical health; the reverse is often true where loneliness can have an adverse effect on a person's psychological and physical state of being. Loneliness has been shown to cause increased risk of heart disease (raised blood pressure), disruptive sleep, which is associated with daytime fatigue making a person more prone to viruses and infections. Lonely people can be less attentive to what other people are saying and this can have a negative impact on relationships and this reduction in social engagement will negatively impact on mood and cognition.
9. Our main concern is the mental health need brought about by loneliness and the difficulty in treating those who are isolated. Loneliness is one of the three main factors leading to depression (including poverty and bereavement). Depression impacts greatly on a person's wellbeing and quality of life. It is common amongst older people and the prevalence of depressive symptoms increase with age (Singh, A). Depression affects

8 – 12% of the general population but this is much higher in the elderly population at 20%.

10. Depression is not an inevitability of old age. Those that 'age well' are often those with religious beliefs, good social relationships, perceived good health, and socioeconomic status.

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

11. Loneliness and isolation can result in a deterioration of physical and mental health. This is noticeable in the elderly where levels of loneliness are particularly high and where age plays a natural part on a person's physical health. However, isolation and loneliness can affect all ages and the signs and symptoms may not be easily identifiable in younger people as they are often in natural social networks such as schools or in employment. Completed and attempted suicides in middle-aged men have increased significantly in recent years and reported incidence of self-harm in the younger population have also increased significantly. Although these rises are due to a number of factors including loneliness and social isolation, we do know that people are not receiving the help that they need either because they are less likely to seek help or because they are unable to access basic services.

#### Suicide

12. Suicide can occur at any age. In the UK, the risk is highest amongst men aged 35-55 and then amongst people over 75. Worldwide, the over 75's are the group with the highest suicide rates yet suicide prevention initiatives often overlook this group. Loneliness can be a significant contributing factor. *Talk to Me 2*, the suicide and self-harm strategy for Wales sets out a number of measures to combat loneliness. We would advise considering that *Talk to Me 2* could be strengthened by emphasising the need for local ownership of implementation. In other evidence, Samaritans Cymru recommend loneliness mapping as a strategy to identify men at risk. We feel that this may merit further investigation.

#### Alcohol

13. The very psychosocial factors linked to loneliness amongst older people (including bereavement, retirement, boredom, isolation, homelessness and depression) are all associated with higher rates of alcohol use. Because of physiological changes associated with ageing, older people are at increased risk of adverse physical effects of substance misuse, even at relatively modest levels of intake. Psychiatric comorbidities of substance misuse are sadly common in older people including intoxication and delirium, withdrawal syndromes, anxiety, depression and cognitive changes/dementia but this problem often is ignored or left unnoticed.

14. The overall figure of elderly people being treated for substance misuse problems is rising, including for addiction to alcohol. Because there are no services available in Wales to deal with the specific needs of this age group, the numbers of people being seen by CDATs may be tip of the iceberg. This is very worrying. We are not aware of the scale of the problem so it is likely that a large group of elderly people's needs are not being met and that their conditions are worsening. We know that how the body reacts to alcohol changes as you get older. Older people who consume too much alcohol are at greater risk than the general population, primarily due to risks associated with old age, such as frailty, cognitive impairment, and co morbidities. The interaction alcohol can have with some prescribed medication is also cause for concern.

**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**

15. Loneliness is a sign that something needs to change, so it is important that the person plans ahead so that they are active and busy. There are simple steps that an individual can take to combat loneliness, such as getting involved in social activities, discovering a hobby, helping others who are lonely, keeping active – or if this is not possible, stimulate the brain and imagination by reading and writing.

16. There are however fundamental issues that are much more difficult for individuals to overcome. The poor provision of public transport links particularly in rural areas result in people being isolated. Many elderly people stay at home because there are no or very few public toilets. We know that the Public Health Wales Bill once passed will address the issue of public toilets and we believe that the provision of Health Impact Assessments is a good lever to ensure that any decisions being made about transport and regeneration takes into account it's on the health of elderly people. We had called specifically for the reintroduction of this provision in the Bill when it was introduced at the last Assembly.

17. Organisations like Age Connects Wales, Age Cymru and many others, who deliver essential befriending services that so many older people rely on. It is vital that the third sector is fully engaged and supported to provide their expertise and knowledge, particularly as they have become a lifeline to many people.

18. Older people who are socially disconnected and feel lonely rate their physical health lower than that of others so are more likely to visit their GP to make use of their services. One study suggested that loneliness is a predictive use of Accident and Emergency services independent of chronic illness. There is an opportunity for those working in primary care and emergency departments to spot signs of loneliness and be able to provide signposting to relevant services.

19. There are ways of addressing problems of loneliness and isolation in older people. Below are a number of examples.

- Understanding the nature of the person's loneliness and developing a personalised response and supporting them to access appropriate services is key.
- Develop services to support them to maintain existing relationships.
- Develop new connections and change their thinking about their social connections with a menu of such approaches.
- Group based services are generally better.
- Concentrate on existing clear and positive relationships. Having friends is more important than frequency of seeing them.
- Support older people to sustain these relationships and build up a reserve of social support and psychological support resources to compensate when they are unable to do things.
- Identifying people at risk of loneliness can be difficult (not all are socially isolated and there is the social stigma associated with loneliness) but targeting those disproportionately affected by loneliness – lower socio-economic groups, the widowed, the physically isolated, people who have recently stopped driving, those with sensory impairment and the very old – has proven most effective.
- Support older people through difficult transitions such as bereavement.
- Transport and urban planning which will affect the person's ability to participate socially.
- Interventions not specifically targeted at combating isolation and loneliness can still have a tangible positive effect on people who are lonely.
- Intergenerational contact is probably more effective in combating loneliness than contact with one's own age group.
- Interventions to elevate loneliness can be signposting service or providing individual support for the individual such as befriending, mentoring, buddying, way-finders.
- Group interventions such as day centres, social groups, community arts, local history groups, health promotion, walking groups, healthy eating groups and volunteering work, possibly more use of technology.

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