Position statement
on loneliness and
social isolation

Foreword

As a society, we are living longer than ever before. This is certainly something to be celebrated and cherished but it brings challenges in terms of the physical and mental health needs of the ageing population. In addition, older people are at particular risk of experiencing loneliness, for a range of reasons including bereavement, having outlived friends and finding it more difficult to do the things they used to do, owing to poor health and mobility.

In recent years, there has been an increased focus on loneliness across the population with governments in all four countries of the UK producing strategies to address the issue. Members of the British Geriatrics Society and the Faculty of Old Age Psychiatry at the Royal College of Psychiatrists see loneliness in older people every day and know well the impact that loneliness has on health and wellbeing. We are pleased to have collaborated on this position statement outlining what healthcare professionals and governments can do to help combat loneliness among the older population. Healthcare professionals can help to prevent loneliness and social isolation by ensuring adequate treatment for health issues that limit independence such as chronic pain, visual impairment, incontinence, foot health, malnutrition and oral health. It is also crucial that healthcare professionals quickly identify depression, cognitive impairment and dementia and provide interventions and support, including talking therapies, psychosocial interventions and, where appropriate, medication.

Feelings of loneliness do not have to be an inevitable part of growing old, and there is much that all of society – from government right through to community groups and individuals – can do to better support older people. This position statement charts the role that healthcare professionals can continue to play to identify older people experiencing loneliness and ensure that they are able to access the appropriate support and services to help them. While we may remain proud that people are living longer lives, this alone is not sufficient. We must also ensure that they have a good quality of life and that they are enabled to live fulfilling and happy lives into their later years.

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1 Introduction

This paper explains our interest in the issue of loneliness and social isolation among older people. It covers the role of health professionals in addressing loneliness and the increased recognition of loneliness as a public health issue among Governments and other organisations.

The British Geriatrics Society (BGS) and the Royal College of Psychiatrists (RCPsych) Faculty of Old Age Psychiatry are the professional bodies of specialists in the physical and mental healthcare of older people in the United Kingdom. Our shared vision is of a society where all older people receive high quality, person-centred care when and where they need it.

Loneliness is an emotional state, and describes the subjective sense of lacking affection, closeness and social interaction with others. The term 'social isolation' refers to a lack of contact or relationships with other people. It is possible for a person to feel lonely but not to be socially isolated, and to be socially isolated without feeling lonely. Although loneliness affects people of all ages, this document is focused on loneliness in older people, in keeping with the roles of BGS and the Faculty of Old Age Psychiatry.

Older people are often at increased risk of loneliness due to a range of factors that include bereavement through loss of a spouse or partner, longevity (having outlived friends), or poor health/mobility and frailty making it difficult to get out and do the things they used to do. Sensory impairment, mild cognitive impairment and dementia also put people at greater risk of loneliness and may go unidentified. Older people with depression, anxiety and severe mental illness including schizophrenia face particular difficulties and can be hard to reach, with the combination of mental illness and loneliness forming a vicious cycle. Many older people, including those experiencing mental and physical health problems themselves, are carers for spouses whose needs often eclipse their own, and experience social isolation and loneliness as a direct consequence of their caring role.

Our members see on a daily basis the impact that loneliness and social isolation can have on the health and wellbeing of older people. It is for this reason we are engaging with the issue and seeking to bring about change. In June 2018, BGS held a conference for health professionals on the health impacts of loneliness. We will be continuing to address the issue in the conferences we regularly hold for health and care professionals, including joint BGS/RCPsych events. We are also involved in taking forward the implementation of the Government's strategy for tackling loneliness, *A Connected Society*,[1] through our membership of the Loneliness Action Group convened by the British Red Cross.

2 Impact on health and wellbeing

Loneliness is common among older people,[2] and critically, it has been shown to be a risk factor for the progression of frailty.[3] A recent study has shown that older patients living alone are 50% more likely to access emergency care services, and 40% more likely to have more than 12 general practice appointments over a 12-month period, compared to older patients not living alone.[4] Another recently published research study has concluded that loneliness carries an independent risk of care home admission,[5] and suggests that tackling loneliness among older adults may be a way of enhancing wellbeing and delaying or reducing the demand for institutional care.[6]

There is strong evidence to show the negative impact on health and wellbeing that loneliness and isolation can have, especially when it is chronic and long term. The Campaign to End Loneliness has summarised the main research into the impact of loneliness on our physical and mental health and wellbeing.[7] In brief, loneliness increases the likelihood of mortality. The effect is comparable to the impact of other well-known risk factors such as obesity, and cigarette smoking. It is associated with an increased risk of developing coronary heart disease, stroke, high blood pressure, dementia, depression and suicidal thoughts. Social isolation contributes to the risk of dementia risk as much as physical inactivity and high blood pressure.[8]

3 The role of healthcare professionals in preventing loneliness and supporting older people

Access to high quality health and social care plays a critical role in enabling older people to engage in society and stay connected. There are opportunities for professionals in primary care, community health, mental health and hospital settings to make a difference to the risk and impact of loneliness, including:

• Provision of adequate treatment for health issues that limit independence such as chronic pain, visual impairment, incontinence, foot health, malnutrition and oral health, which has significant benefits in terms of older people's well-being and independence.[9]

• Identification of depression, cognitive impairment and dementia and provision of adequate treatment and/or support: these conditions can all contribute

to and exacerbate loneliness. Older people with depression may benefit from talking therapies, psychosocial interventions and, where appropriate, medication. There are medications and supportive interventions available within healthcare settings for people with cognitive impairment and dementia which can improve quality of life and wellbeing for people with dementia and their carers. In 2017, the British Geriatrics Society and Royal College of Psychiatrists Faculty of Old Age Psychiatry produced a report on depression in care homes and held a round table meeting with representatives from relevant organisations across the UK including NHS England National Clinical Directors, which led to commitments from most organisations to implement specific improvements.[10] We will continue to follow up on these commitments.

Providing the support required to promote health and wellbeing in older people, particularly those with complex and multiple health conditions, is essential to maintaining independence and the ability to continue to participate in society. Key approaches to this include:

• **Comprehensive Geriatric Assessment (CGA):** CGA is an interdisciplinary process focused on diagnosing an older person's medical, psychological and functional capability. It includes as a core element an assessment of the social support networks available to the person, and their level of participation in activities which are significant to them. There is strong evidence which shows that use of CGA enhances an older person's overall resilience and that when used following an emergency admission to hospital, the patient's likelihood of being able to live in their own home six months later increases by 25%.[11]

4 Improving identification of loneliness

There is social stigma associated with loneliness, and people may not volunteer this information about themselves. It is our view that there are opportunities to better identify loneliness among older people and that these should be built into routine practice. For example, health and social care professionals are well placed to include identification of loneliness and isolation as part of their overall assessment, to record it and to consider ways of supporting people in addressing it. Although this is already happening to some extent, formalising it and building it into assessments would help to improve recognition of loneliness among older people and the development of strategies to address it.

Moves in the *NHS Long Term Plan* to break down the barriers between primary and community healthcare should help healthcare professionals to identify loneliness and work together to help people to alleviate loneliness. However, work to alleviate loneliness does not sit solely with healthcare professionals and many of the services to help address loneliness will be provided by voluntary organisations. As such, partnerships with the voluntary sector must be developed and fostered to ensure that the services required are available to those who need them.

5 Social prescribing

The term 'social prescribing' refers to the practice of GPs directing patients to community workers who offer tailored support to help improve their health and wellbeing. We welcome the recognition by Government of the positive difference that social prescribing is making to the lives of many older people. The *NHS Long Term Plan* includes a focus on social prescribing with an aim to have over 1,000 social prescribing link workers in place by the end of 2020/21, rising further by the end of 2023/24. The Plan outlines an ambition for these link workers to have referred over 900,000 people into social prescribing schemes by the end of 2023/24.[13] While we welcome this focus on social prescribing, we are concerned that many such schemes will be operated by small local charities, for whom funding and staffing are not necessarily guaranteed. This means the availability of these schemes is likely to fluctuate. There will therefore be a need for a centralised database of social prescribing schemes, co-ordinated perhaps at Primary Care Network level, to ensure that link workers are able to access up-to-date information about the services available.

It is essential that commissioning practices ensure that older people from minority groups - including black, Asian and minority ethnic groups and lesbian, gay bisexual and transgender people - have access to social prescribing that meets their needs. It is important to remember older people are not a homogenous group and

- **A regular holistic medical review by a General Practitioner:** Both of our organisations warmly welcomed the 2017 introduction of the requirement for GPs to practise routine frailty identification for patients who are 65 and over. There is now an increasingly strong evidence base to inform service design, and to enable interventions to be adapted to better meet individual need.[12]

- **Clear and open lines of communication between primary care, community health, mental health, inpatient care and social care professionals:** In keeping with the focus of the *NHS Long Term Plan*[13] on truly integrated care, this will ensure that people experiencing loneliness are able to access all available opportunities for help and support.

- **Recognition of the needs of carers:** Carers sometimes feel that their world shrinks to become their home and the hospital or GP surgery, and often overlook their own needs whilst focusing on those of the person they are caring for. This often leaves them feeling lonely and isolated. Healthcare professionals are well placed to help carers to access support but must be aware that carers may not necessarily volunteer information about themselves.

social prescribing will need to offer opportunities for older people from minority groups to make meaningful social connections.

We are also concerned that many of the services rely on people being able to leave their own home in order to engage with them. This may exclude people who most need support, including many older people living with long term health conditions, cognitive impairment/dementia, anxiety, depression, psychosis/enduring mental illness and those caring for another person. We would like to see a greater focus on how to tackle loneliness among older people for whom socialising itself is a challenge and/or are unable to leave their own home without support. Without this focus, these groups will continue to miss out on the health and wellbeing benefits provided by access to social activity summarised above.
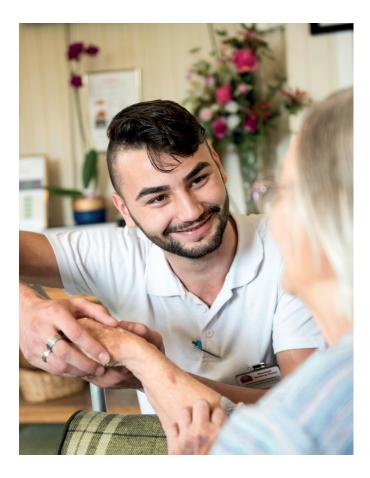
6 The role of voluntary sector interventions

We are aware that there is a wide range of effective projects and initiatives that voluntary sector organisations are delivering throughout the UK. Examples that our members know from their own experience are working well and making an effective contribution to tackling loneliness among older people with health challenges include:

- **Companionship, befriending and support to get out and about.** Many of the older people our members work with are unable to leave their own home, or need support to do so. The Royal Voluntary Service (RVS),[14] Age UK,[15] Goodgym[16] and many smaller local organisations provide vital befriending services to support people in their homes. Volunteers spend time with people in their home if they are unable to go out, or support them to go out and do things that they would not feel confident to do by themselves.

- **Support for lonely or socially isolated older people who need hospital admission:** The British Red Cross provides volunteers to accompany an older person when they are admitted to hospital, or accompany them and help them to settle back at home when they are discharged.[17] This support is invaluable in the difference it makes to older people and reduces their likelihood of being re-admitted to hospital. There will be many smaller local organisations providing similar support.

We are also aware that RVS are currently developing a new initiative for volunteers on hospital wards to become befrienders to patients who either have no visitors, or would like a visit in the daytime if their friends and family are unable to visit then. In terms of addressing loneliness among people who have been admitted to an acute hospital ward, this has the potential to make a significant difference to their emotional health and wellbeing.

- **Creating a dementia friendly society.** Alzheimer's Society (e.g. through the establishment of Dementia Friends)[18] and the National Dementia Action Alliance[19] have taken a lead in helping to create a dementia friendly society.

- **Supporting carers:** Carers UK and many other national and local charitable organisations offer essential support to carers including those experiencing social isolation and loneliness.

- **Intergenerational practice**: There are many examples of intergenerational practice involving the voluntary sector as well as health and social care, aiming to "bring together people in purposeful, mutually beneficial activities which promote greater understanding and respect between generations and contribute to building more cohesive communities" (Beth Johnson Foundation definition). Many examples of intergenerational practice are in care homes, where despite being in the presence of others, many people experience loneliness.

- **Animal assisted therapy**: Animal assisted therapy may reduce the perception of loneliness in some older people, particularly those resident in care homes and

who have previously owned pets. Volunteers from organisations including Pets as Therapy regularly visit care homes and hospitals with therapy pets.

We highlight these examples to demonstrate the key role that voluntary sector organisations can play, working closely with providers of public services, in tackling loneliness. We will be working to raise awareness and understanding among our members of existing services so that they can signpost to them when needed. It is however essential that voluntary sector organisations are partners in the planning and delivering of services to alleviate loneliness. While the programmes may be free at the point of delivery, it is important to remember that they are not free to provide and the organisations providing them must be paid to do so.

7 Recognition of loneliness as a health issue

In recent years there has been greater recognition of loneliness as a key issue across the UK Governments. In Westminster, *A Connected Society* was published in 2018, recognising the social change needed to address loneliness.[1] In addition, a Minister for Loneliness has been appointed within the Department for Digital Culture Media and Sport and is charged with delivering the Government's strategy for alleviating loneliness. In addition to this, Ministers at four other Government departments have had loneliness added to their briefs. The Scottish Government has also published *A Connected*

Scotland – a strategy for addressing loneliness and social isolation in Scotland.[20] This strategy comes with increased investment for local communities to help people to tackle loneliness and social isolation at a local level.

The Welsh Government has also recognised loneliness as a key issue and consulted on what should be included in a loneliness strategy in 2018. The full strategy was due in 2019 but has not yet been published.

The focus on loneliness is not limited however to the national Governments. Numerous other organisations have recognised this as an issue as well, a few of which are detailed below:

- **The Royal College of Nursing** passed a resolution at their 2019 conference to engage with the Governments of the UK on loneliness in order to improve the ability of nursing staff to recognise loneliness.[21]

- **The Royal College of General Practitioners** has published a community action plan on tackling loneliness for each of the four nations of the UK.[22]

- **The Local Government Association** has published guidance for local authorities on combating loneliness aimed at older people.[23]

8 Current position and future action

The British Geriatrics Society and Royal College of Psychiatrists Faculty of Old Age Psychiatry have welcomed Governments' increased prioritisation of loneliness and isolation, and the support this has from parliamentarians. We especially welcome the development of a cross-departmental approach to tackling the issues. However, there is still a long way to go in delivering the solutions that work well in practice at a scale that matches levels of need. We believe there is more that can be done to address the causes of loneliness and isolation.

We recognise the positive commitments made by Government in its Strategy for Civil Society published in 2018 and its vision for all people to be able to thrive, connect with each other, and give back to their communities.[24] Notwithstanding these commitments, we have concerns about the capacity of the voluntary sector in some parts of the UK to respond to the demands that social prescribing will place on it.

Our view is that tackling loneliness and social isolation at a society-wide level is dependent in part on the successful delivery of the *NHS Long Term Plan*. We call on Government to ensure that the momentum created by the plan is continued and that the implementation

of the Plan is sufficiently resourced, both financially and through the development and delivery of a workforce strategy that better recognises the need for more specialists in older people's healthcare. Greater flexibility in where a person is cared for and timely treatment for conditions that limit independence are essential if loneliness among older people is to be tackled successfully.

9 Recommendations

• Government efforts to reduce loneliness in our society must be responsive to the needs of older people, who may be living with complex and longstanding physical and mental health problems and/or have complex social needs.

• Those responsible for commissioning and implementing initiatives to reduce loneliness must ensure that provision is made for the specific needs of older people, who often have differing needs to younger people related to physical health, mental health and social needs.

• The root causes of loneliness in older people are often long term, and services must be responsive to this and address these causes.

• Providers of initiatives to address loneliness must recognise that group activities in particular are not suitable for everyone, and that some older people experiencing loneliness may need 1:1 support and may not be able to benefit from group-based activities.

• Service offerings must include provision for the needs of older people with severe mental illness experiencing loneliness, who represent a hard-to-reach group. This will require clear care pathways and collaboration between older adult mental health services and community partners.

• Primary Care Networks must ensure that health and social care professionals are aware of locally available support for older people experiencing loneliness and how this can be accessed; this will require coordinated updates and strong communication links across and between organisations.

• Commissioners of loneliness services must recognise that many of the providers of services will be small, local charities for whom certainty of funding is not guaranteed. Where possible, commissioners should enter into longer term arrangements with providers to ensure that charities have sustainable funding.

References

1. A Connected Society: A strategy for tackling loneliness. HM Government; 2018. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf
2. Evidence Review: Loneliness in Later Life. Age UK; 2015. Available at: www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_june15_lonelines_in_later_life_evidence_review.pdf
3. Social isolation and loneliness as risk factors for the progress ion of frailty: the English Longitudinal Study of Ageing. Gale C, Westbury L, Cooper C, the English Longitudinal Study of Ageing, Age and Ageing, Volume 47, Issue 3, 1 May 2018, Pages 392–397, https://doi.org/10.1093/ageing/afx188
4. Dreyer K, Stevenson A, Fisher R, Deeny SR. The association between living alone and health care utilisation in older adults: a retrospective cohort study of electronic health records from a London general practice. BMC Geriatrics 2018;18:269 Available at: https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-018-0939-4
5. Loneliness as a risk factor for care home admission. English Longitudinal Study of Ageing. *Age and Ageing* 2018;27:896-900.
6. Hanratty B, Stowl D, Collingridge Moore D, Valtora NK. Loneliness as a risk factor for care home admission in the English Longitudinal Study of Ageing. *Age and Ageing* 2018;47(6):896–900.
7. Threat to health - Campaign to End Loneliness. Available at: www.campaigntoendloneliness.org/threat-to-health.
8. Livingston, et al. Dementia prevention, intervention, and care. *Lancet* 2017;390:10113.
9. Oliver D, Humphries R, Foot C. Making our health and care systems fit for an ageing population. The King's Fund; 2014. Available at: ww.kingsfund.org.uk/sites/default/files/field/field_publication_file/making-health-care-systems-fit-ageing-population-oliver-foot-humphries-mar14.pdf
10. RCPsych and BGS. Depression among older people in care homes. Available at: www.bgs.org.uk/sites/default/files/content/attachment/2018-09-12/Depression%20among%20older%20people%20living%20in%20care%20homes%20report%202018.pdf
11. Ellis G, Whitehead MA, O'Neill D, Lanhorne P, Robinson D. Comprehensive geriatric assessment for older adults admitted to hospital. BMJ 2011;343:d6553 2011;343:d6553. Available at: https://doi.org/10.1136/bmj.d6553
12. Identifying frailty. NHS England; 2017. Available at: www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/frailty-risk-identification.
13. NHS Long Term Plan. NHS England; 2019. Available at: www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf
14. Royal Voluntary Service - Community companions. Available at: www.royalvoluntaryservice.org.uk/our-services/supporting-people/community-companions.
15. Age UK - Befriending services. Available at: www.ageuk.org.uk/services/befriending-services.
16. Good Gym - Run regularly to see an isolated older person. Available at: www.goodgym.org/coach-runs.
17. British Red Cross - Support people to live independently. Available at: www.redcross.org.uk/get-involved/volunteer/support-people-to-live-independently.
18. Dementia Friends - and Alzheimer's Society initiative. Available at: www.dementiafriends.org.uk.
19. National Dementia Action Alliance. Available at: https://nationaldementiaaction.org.uk.
20. A Connected Scotland: Our strategy for tackling social isolation and loneliness and building stronger social connections. Scottish Government; 2018. Available at: www.gov.scot/publications/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-connections.
21. Debate: Loneliness. Royal College of Nursing; 2019. Available at: www.rcn.org.uk/congress/what-happened-at-congress-2019/21-loneliness
22. Loneliness. Royal College of General Practitioners. Available at: www.rcgp.org.uk/policy/rcgp-policy-areas/loneliness.aspx.
23. Combating loneliness. Local Government Association; 2016. Available at: www.local.gov.uk/combating-loneliness.
24. HM Government. Civil Society Strategy: Building a future that works for everyone; 2018. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732764/Executive_summary_-_Civil_Society_Strategy.pdf