

The most terrible poverty: Loneliness and mental health

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“The most terrible poverty is loneliness” Mother Teresa

We often hear that smoking, obesity, alcohol and lack of exercise are bad for our health. However, there is a less obvious health harming condition – loneliness. The evidence shows it can significantly reduce our chances of living to a healthy old age and that it can be very damaging to our mental health and wellbeing.

Loneliness and solitude should not be confused. Loneliness is not about being alone, but a subjective experience of feeling isolation. Some people may seek solitude but few, if any, would choose to feel lonely. Although many of us experience loneliness at one time or another, it is often overlooked or dismissed, because our social norms praise independence and self-reliance. It is hard to own up to feeling lonely and a third of us say we would not admit to this.¹ But when loneliness sets in long enough to create a persistent, self-reinforcing loop of negative thoughts and sensations, it can wear us down and become difficult to treat. People who are chronically lonely can get stuck in a loop of negative behaviour, and might push others away or seek transient contacts.

Being lonely can have serious consequences on our mental, emotional and physical health.² Our happiness is derived from our strong and loving relationships, as research from the Nobel prize-winning psychologist Professor Daniel Kahneman shows. Those of us who lack these strong relationships are more likely to have poor physical and mental health outcomes, including increased propensity to depression, sleep deprivation, problems with the cardiovascular and immune systems, early morbidity and even dementia.

The Mental Health Foundation’s report, *The Lonely Society*, raised awareness of loneliness as a causal factor in poor mental health. More people live alone nowadays with the percentage of households occupied by one person doubling between 1972 and 2008. People are living longer but many older people are doing so alone. Work pressures have also had an impact: people feel pressure to be ‘productive’ and busy, and as a consequence neglect vital relationships with friends and family despite surveys revealing that we would like to spend more time with them.

The Lonely Society reveals that 42% of people have felt depressed because they were lonely. Lonely middle-aged adults drink more alcohol, have unhealthier diets

and take less exercise than the socially contented. Lonely individuals are more prone to depression and more prone to cognitive decline and dementia. Loneliness alters our behaviour, increasing the chances of indulging in risky habits such as drug-taking, and can play a role in mental disorders such as anxiety and paranoia. It is a known factor in suicide. The Marmot Review into health inequalities found that individuals who are socially isolated are up to five times more likely to die prematurely than those with strong social ties.

Loneliness as a causal factor in mental distress is well known to doctors, with its potential to increase stress levels, anxiety and depression. However it is also an effect of mental distress. We know that the stigma associated with mental health problems can increase social isolation, which in turn will have an exacerbating impact on the individual's condition. You may feel awkward in company, worrying that others will judge you for your mental health problem, and so you withdraw to avoid this. Social withdrawal can be emotionally very costly, as the individual pulls away from society and society pulls away from them; even family members may start to avoid them, resulting in a profound impact on their sense of belonging and well being.

It is unsurprising, therefore, that some surveys report that two-thirds of people affected by a mental health problem feel lonely often or all of the time. People with severe mental health problems are amongst the most isolated social group of all. They are often judged for their condition and fear rejection from others. Often people will choose just to avoid any contact, or they may make a great effort to conceal their condition from others, which results in additional stress from worrying about being found out. In particular, deliberate isolation is a classic sign of bullying, leaving someone to feel lonely and cut off even in the bustle of the workplace. This is an area where employers need to train managers to recognise and to have the skills to intervene, or they will find sickness absences increasing.

So loneliness is both a cause and an effect of mental distress. When the person isolates more, they face more mental distress. With more mental distress, they choose to isolate themselves. This vicious cycle relegates many people with severe mental illness to a life of social segregation and loneliness.

*“Once I was told people don’t want to be around me as I depress them, so I became somewhat of a recluse.” Comment from Mind’s booklet about *How to cope with loneliness*³*

National surveys of mental ill health in British adults show that levels of social participation are the most significant difference between people with good or poor mental health. The former Minister of State for Care Services, Paul Burstow, described loneliness as *“the great unspoken public health issue.”*

For older people, loneliness and isolation are significant risk factors for poor mental health. Newspaper headlines proclaimed *“loneliness twice as unhealthy as obesity for older people”*. The University of Chicago’s study of 2,000 people over the age of 50, led by John Cacioppo, found those who reported being lonely were 14% more likely to have an early death. Perhaps it is not surprising that, post retirement, people can be lonely and risk mental health problems. After all they have lost the company and status that comes through work; their children may have moved far away; their income and ability to travel or socialise may be reduced; and they may have lost some of the people they have loved and felt closest to. However, we would not argue that loneliness should be seen as a mental health issue, or medicalised into a mental illness. In fact, we’d argue the opposite. Tackling the crisis of loneliness starts with individuals, in communities and in wider society.

In communities, the role of civil society comes into its own in helping to reduce isolation. Faith communities look out for, and reach out, to people who are isolated. Countless voluntary organisations from Age UK to Mind offer approaches that reduce social isolation – these may take the form of walking groups, gardening groups, art groups and so on, but they all fulfil the basic need to spend quality time with our fellow humans. And in wider society, there are factors that can reduce isolation and increase contact. Local government approaches to planning can help focus on designing housing and communities which enhance social interactions and community wellbeing. Effective GP practices take steps to link their patients to voluntary organisations to engage, involve and support them.

There is a growing recognition that individually we can and should look after our emotional and mental health just as we look after our physical health. Techniques such as Mindfulness are gathering significant interest and the evaluations of their impact are encouraging. The Mental Health Foundation is involved in research programmes to provide more evidence and has established an online course bemindfulonline.com. Even the simple act of having a conversation can make a big difference. People often contact the Mind Infoline and talk about how difficult it can be to initiate conversations when they are feeling very anxious or isolated. Encouragement to start small and simple can make a huge difference.

“The way I deal with loneliness is to go out and spend time outside, maybe have a small conversation with a cashier when I pay for things.”

Comment from Mind’s booklet about *How to cope with loneliness*³

The digital revolution seems to be increasing isolation, as people walk along deep in phone conversations, or reading their screens in the middle of social outings. In contrast, Mind’s Elefriends online peer support community – www.elefriends.org.uk – is a simple idea of a safe space where people can find peer support for

their mental health. With virtually no promotion, it already has 10,000 members, with an average of 15,000 very honest and open posts a month.

“To me, Elefriends means that I am not alone. It is instant access to help and advice from people who have been there and understand what you are saying. It is a safe place to say all the bad or stupid stuff that you can’t say to anyone else and know that no one will judge you. It is a lifeline.”

“It’s nice to feel I’m not alone; often I feel quite alienated because no one I know really suffers from a mental health problem, but when I come on here it reminds me I’m not a freak or weird, I just have an illness. It’s easy to forget when you’re trying to live our daily lives” Quotes from Elefriends’ members

The ability to physically see friends and family via Skype and Facetime can also make a difference in keeping us feeling connected to those we care about, particularly those who are physically isolated. There are also new communities of interest that can link people through a common interest or reconnect them to old friends.

Some people may find that they are unable to get the social contact that they need, or that they experience feelings of constant loneliness that they can’t resolve by themselves. In these cases, a talking treatment, such as counselling or psychotherapy, can help. Talking to a counsellor or therapist allows people to explore and understand feelings of loneliness and can help develop positive ways of dealing with them.

“After living a life full of loneliness, I thought nothing could change. But after I started therapy I realised things can actually get better.”
Comment from Mind’s booklet about *How to cope with loneliness*³

If anxiety about social situations has made people isolated, cognitive behaviour therapy (CBT) may help. CBT focuses on how you think about the things going on in your life – your thoughts, images, beliefs and attitudes – and how this impacts on the way you behave and deal with emotional problems. It then looks at how you can change any negative patterns of thinking or behaviour that may be causing you difficulties. It has been found to be particularly effective for anxiety-based conditions, including agoraphobia and social phobia. The Improving Access to Talking Therapies programme or IAPT, has helped to make some of these treatments more easily available, but there is still a long way to go.

So what needs to change? We urgently need to raise awareness and have a public debate that tackles attitudes that can create the stigma of loneliness and the stigma of mental health. Too many people simply don’t understand the challenges. Some don’t want to try. We need to build a stronger understanding of the impact of loneliness on mental and physical health amongst the medical and social

service professions, so that their assessments take loneliness into account and direct people to the appropriate local services and opportunities. At present, for example, NICE pathway guidance for primary care to strengthen the mental well-being of older people focuses on exercise and physical activity, missing the importance of social connections.

We need much greater access to counselling and talking therapies that help lonely people overcome the negative thinking that leads them to become increasingly sensitive to, and on the lookout for, rejection and hostility. We also need to see a greater emphasis on commissioning local and neighbourhood schemes that engage proactively with people at risk of isolation. With increased funding, this is a role the voluntary sector would be ideally placed to deliver.

The good news is that it is in our hands to do something about this. Our core strong relationships support us, encourage us and give meaning to our lives. Our broader social relationships help us feel connected, at home in our communities and networks, and give us a sense of social worth. We need both. If we lose touch through moving home, changing job, separation, illness, or bereavement, we need to invest time in reaching out and building new relationships. Giving ourselves time to keep our close social relationships thriving and fulfilling is not just one of the key ways to look after ourselves, it is one of life's greatest pleasures.

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- 1 Mental Health Foundation, *The Lonely Society* Report, 2010.
 - 2 Cacioppo, J. T. and Hawkey, L. C. (August 2007) 'Aging and Loneliness: Downhill Quickly?' *Current Directions in Psychological Science*
 - 3 Mind, 2012 'How to cope with loneliness' Available online at <http://www.mind.org.uk/information-support/tips-for-everyday-living/loneliness>

