Loneliness: A hidden Killer

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Loneliness: A Hidden Killer

The UK is currently in the midst of a deadly struggle against an invisible and home-grown enemy. This threat to the UK is not international or home-grown terrorism however, it is far more widespread and lethal than either.

If current trends and studies are to be believed, loneliness is an endemic and deadly social challenge which is set to become more and more salient in coming years.

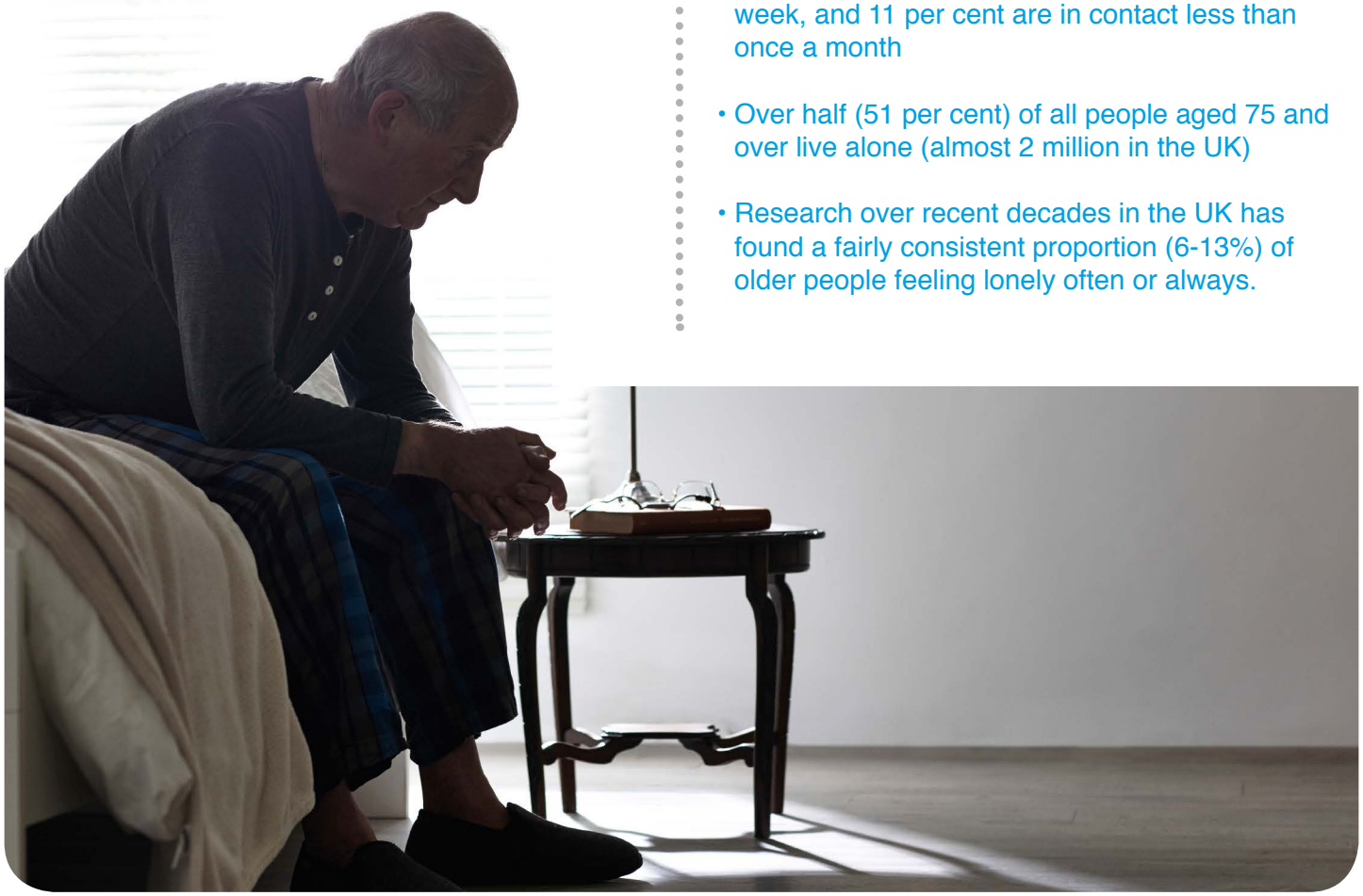
In this paper, we will attempt to provide an overview of the social, financial and philosophical implications of widespread loneliness in Britain today.

We will then go on to examine various different mitigation strategies in future papers and blogs which can be found via the iNetwork website. In doing so, it is hoped we will go some way to showing that only a holistic approach, combining grass roots community action, local and national government focus/support and wholesale culture change will prevent a loneliness epidemic which will stretch our society to breaking point.

What is loneliness and who is lonely?

Let's begin by looking at a few statistics. Loneliness is an issue that almost all of us will experience at some point in our lives. It is a major challenge facing many modern societies, here in the UK though, we are notably bad at dealing with it. According to the ONS, Britain is the loneliness capital of Europe, ranking 26th out of 28 countries by the proportion of the population who say they have someone to rely on if they have a serious problem. Perhaps this poor ranking is not surprising when we look at recent statistics produced in a 2012 joint report by the LGA and the Campaign to End Loneliness:

- 12 per cent of older people feel trapped in their own home
- Six per cent of older people leave their house once a week or less
- Nearly 200,000 older people in the UK do not get help to get out of their house or flat
- 17 per cent of older people are in contact with family, friends and neighbours less than once a week, and 11 per cent are in contact less than once a month
- Over half (51 per cent) of all people aged 75 and over live alone (almost 2 million in the UK)
- Research over recent decades in the UK has found a fairly consistent proportion (6-13%) of older people feeling lonely often or always.



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At this point in our analysis of loneliness, it would be useful to make a few clarifications. It is generally accepted that loneliness, as a concept, is extremely subjective and hard to quantify in studies and research. There are, however, convincing studies which have defined loneliness to an extent which enables effective analysis, treatment and prevention.

It is important to make the distinction between loneliness as a personal perception and social isolation as an objective phenomenon. Social isolation can be objectively determined by externally comparing a person's social interactions to norms and averages. If they are significantly lower than average then a person could be said to be socially isolated.

Crucially though, this does not mean that person is lonely and it does not imply they will suffer the negative health effects of loneliness which we will examine a little later.

Instead, loneliness must be understood as a personal perception, it is the dissatisfaction and distress caused to an individual when there is a discrepancy between desired and perceived social relationships.

Loneliness, then, is not solitude per se, which people can sometimes take solace in. Rather it is the gulf between perceived and desired social interaction. If a person becomes distressed that they do not have access to the social interactions and support groups they want or feel they should have, that person can be said to be experiencing loneliness.

Why are people lonely and getting lonelier?

Now that we have established a workable definition of loneliness, we can move on to look at the root causes of it and what's more, why it is set to become an increasingly prevalent issue in coming years. There are numerous factors which have long been recognised as major contributors to loneliness in the elderly in particular. These include:

- Frailty and weakness associated with ageing
- Dwindling economic resources
- Retiring/leaving a career and therefore losing connections with workplace relationships and support networks
- Death of a spouse or close friends
- Illness/disability and loss of mobility
- Social stigma attached to loneliness often prevents vulnerable people from reaching out.

These issues have been recognised in medical and academic communities for decades as factors which increase the vulnerability and susceptibility of older people to loneliness. As such, there have been considerable efforts within government and local communities to mitigate these circumstances.

Why then is loneliness still a growing problem?

The answer to this question is complex; in short, attitudes, schemes and help programmes have simply not been able to keep pace with rapid social change. Change which can leave people of all ages more susceptible to loneliness in the name of socio-economic progress.

Numerous commentators have made the case that many of the traditional factors which cause loneliness listed above are exacerbated by certain features of modern society. One of the most obvious features is simply that, thanks to modern medicine and healthier lifestyles, we are all living considerably longer than our ancestors. This has the knock on effect of creating a larger total number of older people who often continue living long after they become frail and infirm.

To add to this, a more globalised job market means that more and more people opt to move away from traditional family and friend support networks in search of personal and professional opportunities. In doing so, many people can fall out of contact with these traditional support networks and then can find themselves far more susceptible to social isolation and loneliness once they retire.

This leads us nicely on to discuss one of the most interesting and problematic hypothesis when it comes to loneliness. It has been suggested that there is a contemporary cultural element to increasing loneliness in our society. The case has been put that, in recent decades, it has been impressed on society that individualism,

materialism, self-reliance and productivity are the most virtuous of personal traits. McCulloch (2013) suggests that "Society is too materialistic and individualistic". It has been argued these attitudes have led to a so called "cult of busyness" Olds & Schwartz (2009) in which we have come to treat human relationships and socialisation as incidental rather than essential to our wellbeing.

Although few studies have found a direct link, it would be far from outrageous to suggest that this culture shift, alongside changes in relationship and marriage culture, could go some way to explaining the dramatic increase in solo dwelling which has been observed in recent years. "The proportion of adults living alone in England and Wales almost doubled between 1973 and 2011, from 9% to 16%, according to the ONS" Barford (2013). It is also important to mention the influence of modern architecture on this statistic, the rise of solo dwellers can be taken quite literally, in that modern high rise architecture in urban areas can contribute to people's isolation.

To conclude this point then, recent changes in work, relationship and domestic culture, combined with a highly globalised and competitive job market, have meant that we no longer live in close knit, homogenous communities, staying close to our family and childhood friends for most of our lives. More and more of us are set to live transient professional lives which require us to uproot and move away in pursuit of opportunities, capital or adventure. The days of communal living in rural communities or grid iron pattern terraces are gone. Most would argue for the better. We cannot, however, ignore the new social challenges these developments present us with.

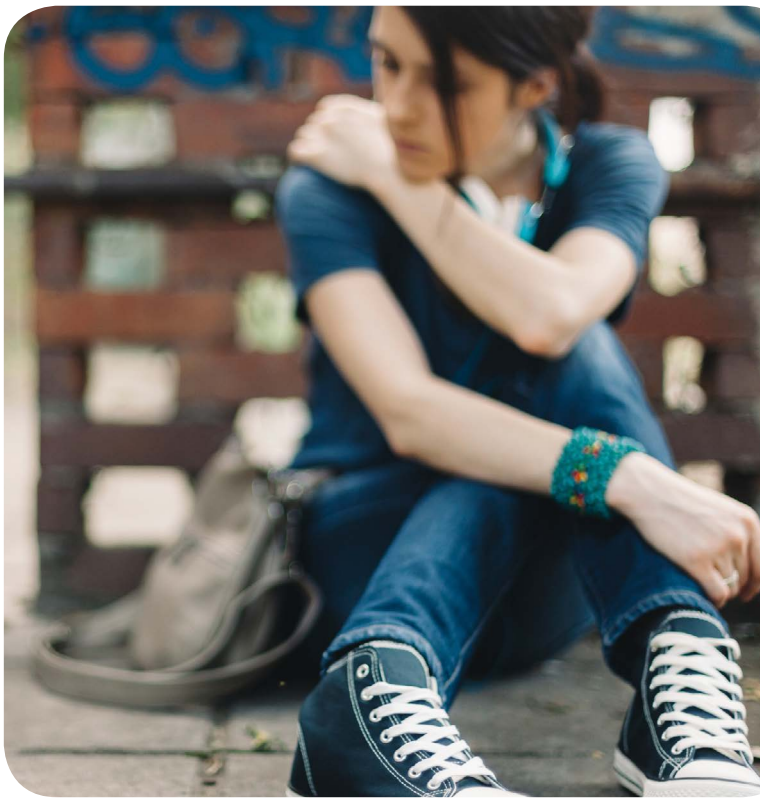
A final point to consider is the contentious role that social media has increasingly come to play in our lives when it comes to our friends and relationships. With approximately 72% of internet users active on some form of social media, its influence on all of our lives is becoming more and more pronounced.

A 2014 article from the RSA article pointed out how social media can be something of a poison chalice when it comes to friendship. This will be a problem for younger generations in particular as they age, they must come to terms with the fact that a large number of connection or 'friends' on sites like Facebook and Twitter do not equate to complex and intimate human relationships which are crucial to combatting loneliness. "Communicating in edited and bite sized versions of ourselves does not provide fertile ground for empathy, real connection and a deeper understanding of human nature" Nwulu (2014). This assertion is in line with clinical evidence which has gone some way to prove the mental and physical benefits of human contact and face to face talk in particular, see Forsyth and Forsyth (2014).

There are other ways in which social media use can in fact make us more susceptible to feelings of loneliness. It has been extensively discussed in the fields of psychology and philosophy how our self-image is constructed partly by our own perceptions and partly by the perceptions of others.

Social media has added a whole new dimension to this. It has been suggested that through the medium of social media we now perceive ourselves in constant competition and comparison with the often idealised and romanticised lives of other people. This can inherently lead to feelings of social inadequacy, as we 'realise' that our lives do not live up to the idealised social lives which other people present as their own on social media. Let's take the safe assumption that a persons' desired level of social interaction is to some extent influenced by the idealised version of a 'regular' social life presented by others on social media.

In doing this it is easy to see how some people may become dissatisfied at the discrepancy between their internally perceived levels of social interaction and the desired 'normal' levels of social interaction on social media.



The Health Effects of Loneliness:

We already know that loneliness can cause feelings of sadness and distress, but there is an increasing body of research and evidence showing that loneliness is far more harmful to our mental and physical health than people often think.

First let's look at some of the serious mental health implications of loneliness. It has long been understood that loneliness and mental health are, at times, two very closely related issues. It is important to stress however that loneliness in itself is not a mental health condition, as stated above it is a discrepancy between desired and perceived social interactions. What then are the mental health consequences of frequent or prolonged loneliness? Numerous studies have found causal links between loneliness and depression, anxiety and low self-esteem, Emerson & Jayawardhana (2015).

Loneliness has also been associated with even more serious mental illnesses such as personality disorders, psychoses and suicidal tendencies.

Further to this there is a worrying increase in the number of studies that show links between loneliness and early cognitive decline and onset of diseases like Alzheimer's. See Wilson et al (2007).

Something which has, until recently, been poorly understood in the study of loneliness was the effect that it can have on a person's physical as well as their mental health. Again, there is a large body of new research linking loneliness to a plethora of different ailments; it is summed up quite nicely however by Hawkley and Cacioppo (2010) when they conclude that in general "loneliness accelerates physiological ageing".

High blood pressure, insomnia and stress are just some of the symptoms of loneliness which can then go on to exacerbate chronic conditions suffered by many elderly people in particular. Olsen et al (1991) found that loneliness has been shown to increase the risk of cardiovascular mortality, those who reported being lonely were at significantly greater risk than those who never reported being lonely. As a result of various negative health impacts, many studies have gone as far as to classify loneliness alongside smoking, obesity and little exercise as one of the major Public health concerns in the UK, Europe and the USA.

One study carried out by Holt-Lunstad et al (2010) of 300,000 people found a 50% boost in longevity in people who have a strong social network. The study even went as far as suggesting that being active in a social network was as good for long term survival as giving up a 15 a day smoking habit. Although realistically impossible to accurately compare the health consequences of chronic loneliness to smoking 15 cigarettes a day, it does highlight what a surprising and worrying public health issue loneliness actually is.

To sum up, we as human beings are social animals. Social networks and human interactions have been shown to be not only beneficial but imperative to mental/physical wellbeing, happiness and maintaining cognitive faculty. Furthermore there is a large body of scientific evidence which goes some way to outright proving a direct link between loneliness and mortality/morbidity. Louise et al (2010) sums it up aptly and almost poetically by stating "a perceived sense of social connectedness serves as a scaffold for the self-damage the scaffold and the rest of the self begins to crumble."

The Social Cost of Loneliness

In order for us to fully understand the scale of the issue, it is important that we look at not just the tragic personal implications but also at the social and economic impact that increasing loneliness is having on the UK as a whole. To realise these impacts we need to first set the scene and look at the major challenges of budgets and capacity already faced by the public sector. Over the past five years or so we have seen increasing cuts and pressure on the public sector to deliver high quality services for significantly less cost. Local government budgets have been slashed by up to 40% in some areas and although NHS spending has been ring fenced, the case could easily be made that health spending has not increased in line with ever mounting new costs. Additionally we have seen healthcare professionals come under increasing pressure to work longer and longer weeks in order to meet GP appointment and hospital waiting time targets.

The effect that these budget cuts and increased expectations can have on public servants has been clear to see in 2014-16 with nurses and junior doctors both turning to industrial action in protest. To summarise then, it is clear that numerous vital public sector institutions believe they are, at present, over stretched and underfunded.

How then does this relate to loneliness?

The answer is quite simple really; the public health cost of an increasingly lonely population puts a huge burden on already strained services such as GP's, A&E departments, mental health services and adult social care.

Of course it is extremely hard to quantify the monetary cost of loneliness by itself due to its close relationship with a host of other physical and psychological conditions.

As such there is little research which attempts to do this. Let's take a look at what we do know then, we have already discussed in a previous section the link between loneliness and Alzheimer's disease. Alzheimer's disease currently costs the NHS an estimated £20 billion a year. As is true with other conditions linked with loneliness, such as cardiovascular disease or long term depression the curative and palliative care costs for these illnesses in an ever ageing population are astronomical. This is quite clearly a case of prevention being better than cure. Tackling a key factor (loneliness) in the development of chronic illnesses in even a small fraction of sufferers would not only save vast amounts of public money, but also provide the social benefits of improving quality of life and happiness of those suffering from loneliness and/or chronic illnesses. With loneliness being scientifically linked to expensive to treat and manage chronic illness, it is easy to see why groups like the Campaign to End Loneliness are pushing hard for it to be recognised as a major public health concern, alongside issues like smoking and obesity.

Further to the financial cost of treating symptoms, which may be brought on or exacerbated by loneliness, there is a heavy cost in time and professional capacity. In other words it is becoming increasingly apparent that many health and social care professionals often become bogged down in large numbers of people who may be turning to public organisations not because they are unwell or even need any help/advice per se but simply because they are lonely. Again this is a difficult trend to analyse and quantify as it is extremely hard to tell who might be 'just lonely' or 'just medically ill' many users of health and social services may be both or neither. There have been numerous studies though which directly link loneliness to health and social care utilization in older people. One such study, carried out by Cheng (1992) found that distress caused by loneliness significantly explained higher physician utilization in elderly females, independent of health factors. Another study found that loneliness was significantly associated with emergency hospitalisations, Molloy et al (2010).

It seems, then, that lonely people are on the whole more likely to be frequent visitors to both family doctors and emergency rooms. The reason for this is not complicated. People crave and require human interaction for their wellbeing, many people have few friends or relatives to speak to and so console and find support in their relationships with doctors, nurses, social workers etc. As Emmerson & Jayawardhana (2015) put it "For many, the doctor patient relationship is one that provides social support rather than solely medical treatment". Sadly, these cases are not isolated; it is not just a handful of extremely lonely people who do this. The stark reality is that for thousands of older people the majority of their human interactions are with public sector workers and health care professionals.

A 2013 article from The Campaign to End Loneliness estimated that “as many as one in 10 patients arriving at GPs surgeries are there not because they are medically unwell, but because they are lonely”. The sheer scale of this issue becomes clear if we take a very rough estimate of around 340 million GP and practical nurse visits in England alone every year. That’s a possible 34 million medical visits from people who may well be medically healthy and simply in need of social interaction. If we multiply that number by the approximate cost (£45) of a single GP visit (source) we arrive at the staggering figure of £1.5 billion as the annual cost of loneliness motivated GP and nurse visits each year. This is without factoring in any treatments or referrals or considering any worsening chronic illnesses which could be made worse by loneliness. It is important to clarify that sum is based on various different estimates from different years and different sources. It is, therefore, unlikely to be anything near accurate. It does however give us an indication of what a massive issue this really is.

It does seem almost callous to talk about the financial cost of loneliness and healthcare in this way. It is important, however, that we do not shy away from difficult conversations about the cost of Health Care. Whether you agree with public sector austerity or not, changes in the UK’s demographics mean that treating long term chronic illnesses, which are often exacerbated by loneliness, with time and resource intensive curative and palliative medicine is simply not a viable long term plan.

Of course we should help those who are ill now as much as possible without focusing on financial implications. It is, though, also vital that we try to focus on building a forward looking, holistic, approach to health and social care which tackles social issues such as loneliness which can be at the root of various health issues. As we have seen, we must now take loneliness seriously and treat it as a major social and public health crisis. In the next part of this blog we will look at some of the many ways in which local authorities, governments, NGO’s and volunteers are working successfully to combat loneliness.

References

Cheng, S. (1992). Loneliness-distress and physician utilization in well-elderly f males. Journal Of Community Psychology, 20(1), 43-56. http://dx.doi.org/10.1002/1520-6629(199201)20:1<43::aid jcop2290200107>3.0.co;2-3

Forsythe, N., & Forsythe, E. (2014). Can talking relieve illness caused by loneliness?. Practice Nursing,25(9), 460-462. http://dx.doi.org/10.12968/pnur.2014.25.9.460

Gerst-Emerson, K., & Jayawardhana, J. (2015). Loneliness as a Public Health Issue: The Impact of Loneliness on Health Care Utilization Among Older Adults. Am J Public Health, 105(5), 1013-1019. http://dx.doi.org/10.2105/ajph.2014.302427

Hawkley, L., & Cacioppo, J. (2010). Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms. Annals Of Behavioral Medicine, 40(2), 218-227. http://dx.doi.org/10.1007/s12160-010-9210-8

Holt-Lunstad, J., Smith, T., & Layton, J. (2010). Social Relationships and Mortality Risk: A Meta-analytic Review. Plos Med, 7(7), e1000316. http://dx.doi.org/10.1371/journal.pmed.1000316

Molloy, G., McGee, H., O'Neill, D., & Conroy, R. (2010). Loneliness and Emergency and Planned Hospitalizations in a Community Sample of Older Adults. Journal Of The American Geriatrics Society, 58(8), 1538-1541. http://dx.doi.org/10.1111/j.1532-5415.2010.02960.x

Olds, J., & Schwartz, R. (2009). The lonely American. Boston: Beacon Press.

Olsen, R., Olsen, J., Gunner-Svensson, F., & Waldstrøm, B. (1991). Social networks and longevity. A 14 year follow-up study among elderly in Denmark. Social Science & Medicine, 33(10), 1189-1195. http://dx.doi.org/10.1016/0277-9536(91)90235-5

Wilson, R., Krueger, K., Arnold, S., Schneider, J., Kelly, J., & Barnes, L. et al. (2007). Loneliness and Risk of Alzheimer Disease. Arch Gen Psychiatry, 64(2), 234. http://dx.doi.org/10.1001/archpsyc.64.2.234