Mental Health Awareness Week

9 – 15 May 2022

#IveBeenThere
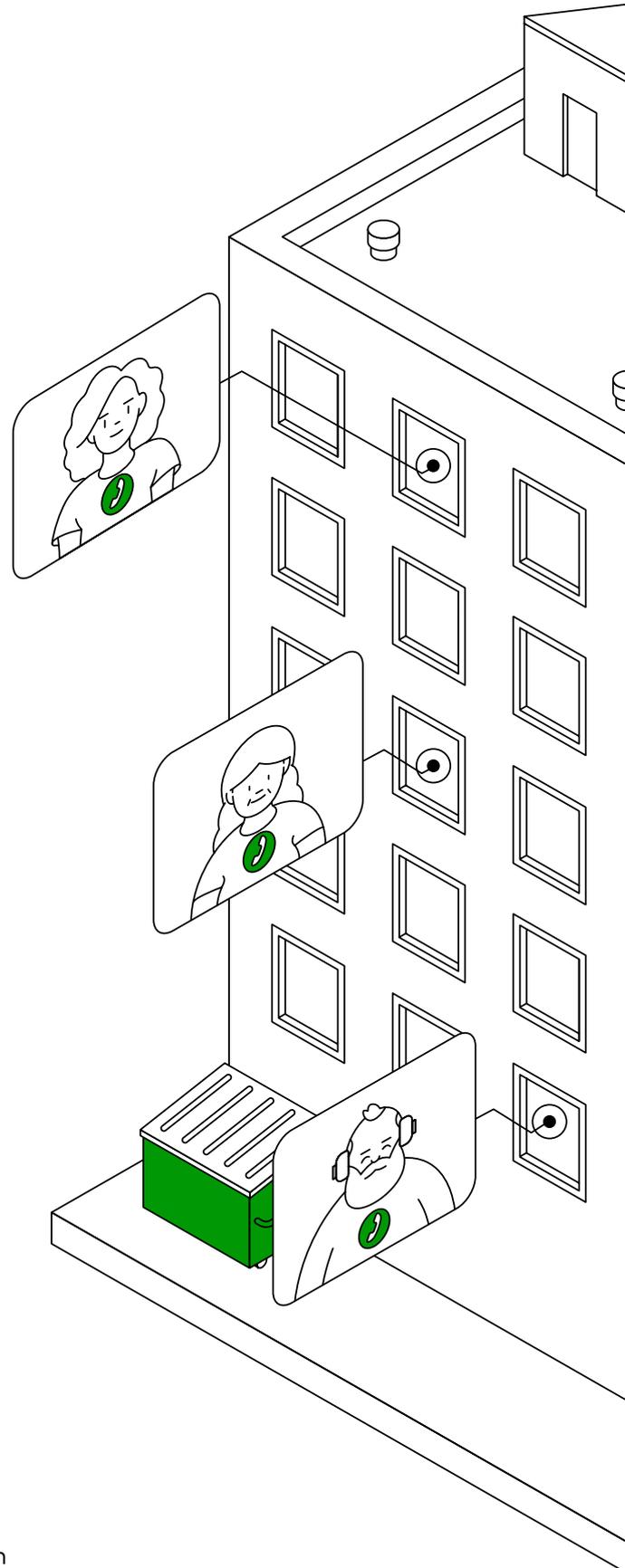
England Policy Briefing

Introduction

Human beings are social creatures. For the great majority of us, social connection and belonging is central to our wellbeing. However, when the quality or quantity of our social relationships does not meet our needs or expectations, we can become lonely. While loneliness is a common experience, when it is long-term and enduring it can have a serious, detrimental impact on our mental health, and it must be taken seriously.
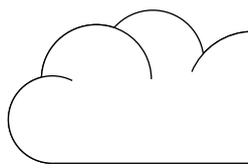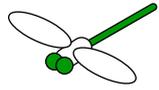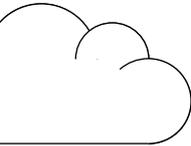
In recent years, the governments around the UK have rightly recognised tackling loneliness as a priority for policy action. Encouragingly, the Westminster Government was the first to appoint a Minister for Loneliness and to publish a strategy on tackling loneliness,[1] and Scotland and Wales have also published loneliness strategies.

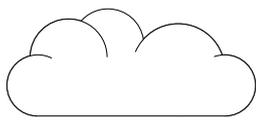It is essential that we do not lose this momentum.

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Loneliness and mental health

Despite positive action from the government, the coronavirus pandemic has increased levels of loneliness. According to the British Red Cross, 41% of people reported feeling lonelier since the first lockdown.[2]

Our own survey figures suggest that 7% of UK adults feel 'often or always' lonely now, compared to 6% who reported that they had felt 'often or always' lonely before the pandemic, mirroring the Office for National Statistics' findings that the number of people feeling 'often or always' lonely had increased from 5% in April 2020 to 7.2% in February 2021.[3] This means that around 3.7 million adults living in Great Britain feel lonely.

Loneliness has serious consequences for individuals and wider society. On an individual level, it is associated with mental health problems such as depression, anxiety,[4] and suicidal ideation,[5] with the evidence suggesting that the relationship is bidirectional.[6] Our Opinium survey found that 62% of people who reported being 'often or always' lonely said that feelings of loneliness had a negative effect on their mental health, including 75% who said that loneliness made them feel low mood; 55% who said that loneliness made them feel 'socially anxious'; and 44% who reported that loneliness led them to have suicidal thoughts and feelings. One research review suggests that social isolation and loneliness increase the risk of depression up to nine years later.[7]

For wider society, a government-commissioned report into the economics of loneliness conservatively estimated that the wellbeing, health and work productivity cost of severe loneliness is at least £9,900 per person per year.[8]

Stigmatisation of loneliness remains an issue. Our survey* found that 25% of people feel 'ashamed' about being lonely, and that 35% of people would not admit to someone that they felt lonely.

*All figures described as coming from 'our poll' or 'our survey' are recent figures from Opinium Research, from a survey conducted for Mental Health Awareness Week. Total sample size was 6000 UK adults. Fieldwork was undertaken between 23rd February and 7th March 2022. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

Loneliness and inequalities

Although loneliness can affect anyone of any age or background, loneliness affects some groups more than others.

Existing evidence shows that people living in deprived areas report higher levels of loneliness than those in non-deprived areas.[9] Unemployment,[3] loss of a partner, renting, and having health conditions self-described as 'limiting' are all also particularly closely related to feelings of loneliness.[10]

Our poll for Mental Health Awareness Week 2022 found that the demographic groups most likely to report being 'often or always' lonely were:

- Separated (17%)
- Unemployed, or 'other not working' (13%)
- Disabled (13%)
- Working in a caring profession (13%)
- LGB (13%)
- Single parents (13%)
- Living alone (12%), with parents and/or with siblings (10%), or living with friends (10%)
- Full time student (11%)
- Single, never married (11%)

Contrary to received wisdom, being younger is a risk factor.[10] Our 'Coronavirus: Mental Health in the Pandemic' series of research surveys has repeatedly shown that young people are particularly likely to be experiencing loneliness during the pandemic. In wave 8 of our survey (late November 2020), 38% of those in the 18–24 age range experienced loneliness in the past two weeks, compared to 34% in the 25–34 age range and 27% in the 35–44 age range.[11] Our Mental Health Awareness Week poll found that 10% of 18–24 year olds (the youngest age group surveyed) were 'often or always' lonely, compared to the average of 7%.

Those groups that were most lonely before the pandemic were even more isolated during the pandemic,[12] widening the unequal experience of loneliness in the UK.
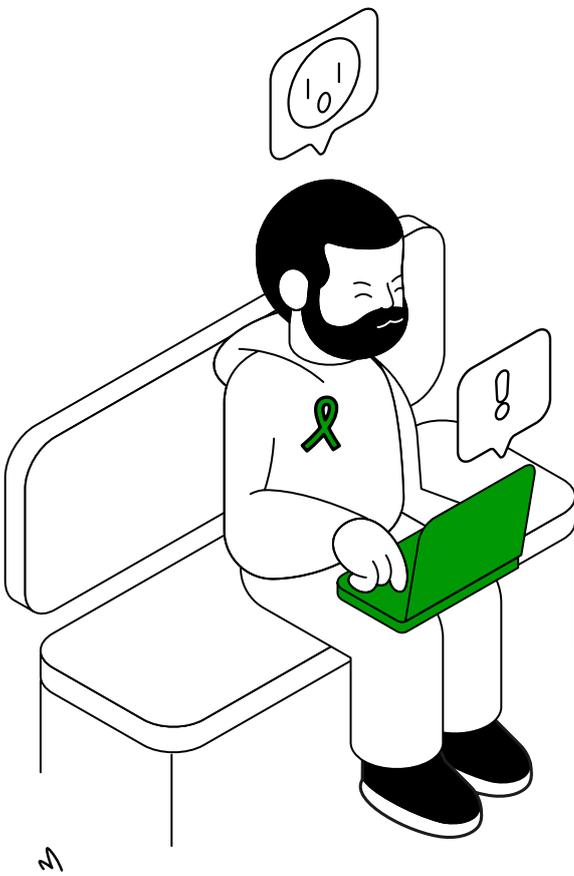
Policies

1.   Taking a strategic approach to loneliness

The UK government published the world's first government strategy for tackling loneliness, 'A Connected Society: A strategy for tackling loneliness' in 2018.[1] The strategy lays a strong foundation for action to tackle loneliness, and subsequent reviews have filled some of the gaps in the original strategy, for example by improving the policy offering for children and young people.[13]

However, the strategy is let down by the public health ecosystem in which it sits.

Local authorities are best placed to deliver loneliness interventions, yet councils are chronically underfunded. Public health, and, in particular, public mental health, has been neglected in England for too long. Despite recent uplifts, the Public Health Grant in 2021/22 was 24% lower than in 2015/16, representing a £1 billion real terms cut.[14] Further, the British Medical Association has found that less than two per cent of the Public Health Grant is spent on promoting public mental health.[15] Considering that local authorities are on the front line of preventing loneliness, this failure to resource councils adequately undercuts the vision of the loneliness strategy.

This constraint on councils' ability to action the loneliness strategy's vision at a local level may explain why only 7% of English respondents to our survey were aware of any actions the government is taking to tackle loneliness.

Recommendations

We recommend that the Treasury restores the Public Health Grant to 2015/16 levels. Local authorities should be expected to increase public mental health spending at a greater rate than wider public health spending to work towards parity.

The government should reinvest in youth services and guarantee that all young people have access to a centre offering a range of activities in their local area.

There is a clear link between loneliness and mental health – in our survey, 10% of those who experienced mental health problems reported feeling loneliness 'often or always', compared to 2% of people who had not experienced any mental health problem. The government's forthcoming mental health and wellbeing plan should include a strand on preventing loneliness, to recognise its close inter-relationship with mental health problems.

The government's loneliness strategy must also account for the wide range of inequalities identified in the section above and seek to deliver targeted support where we know it is most needed. For example:

- Job centres should carry literature about loneliness and job coaches should be able to discuss feelings of loneliness and signpost to further support

- The Department for Education (DfE) should support universities and colleges to alleviate feelings of loneliness among their students

- The Department of Health and Social Care (DHSC) should investigate ways to prevent carers from developing feelings of loneliness

- The NHS should ensure that people with disabilities and long-term conditions routinely receive psychological support as part of managing their condition.

2. Developing the community resources needed to tackle loneliness

People draw on their local communities as an important source of protection against loneliness. However, a poor sense of community belonging can rob people of this vital protective factor.

Underinvestment in local communities means that strong, local community networks do not exist for some groups of people. Those living in deprived areas,[9] who are younger renters,[10] or those in minority cultural or ethnic communities[16] are particularly at risk of lacking this social resource. Our data shows that 48% of people from a mixed or multiple ethnic background and 49% of LGB respondents reported that they did not have enough opportunities in the community to connect with others in a meaningful way, compared with 35% of the whole population.

On the other hand, areas with strong local businesses and adult education are more resilient to loneliness.[3]

There is also promising evidence that volunteering and participation in arts, sport, and physical activity can help to alleviate loneliness[17] and our Opinium data shows that 38% of people between the ages of 18-24 reported that exercising more helped them with their mental health when they were feeling lonely. Further, there is good evidence of the cost-effectiveness of exercise programmes for children, young people and adults for preventing mental health problems.[18]

For people from minority backgrounds in particular, faith-based organisations[19] can provide a consistent, meaningful way to connect with others of a similar background and outlook.

Social prescribing is an important component of efforts to address loneliness. Indeed, research suggests that social prescribing can help to 'reduce people's loneliness along with increasing their wellbeing and sense of purpose', while delivering a net return of £3.42 per £1 invested.[20] However, for social prescribing to be effective – and equitably so – there must be opportunities for people from all backgrounds and ages to benefit from such programmes. Currently, it is not clear who is responsible for funding such opportunities.
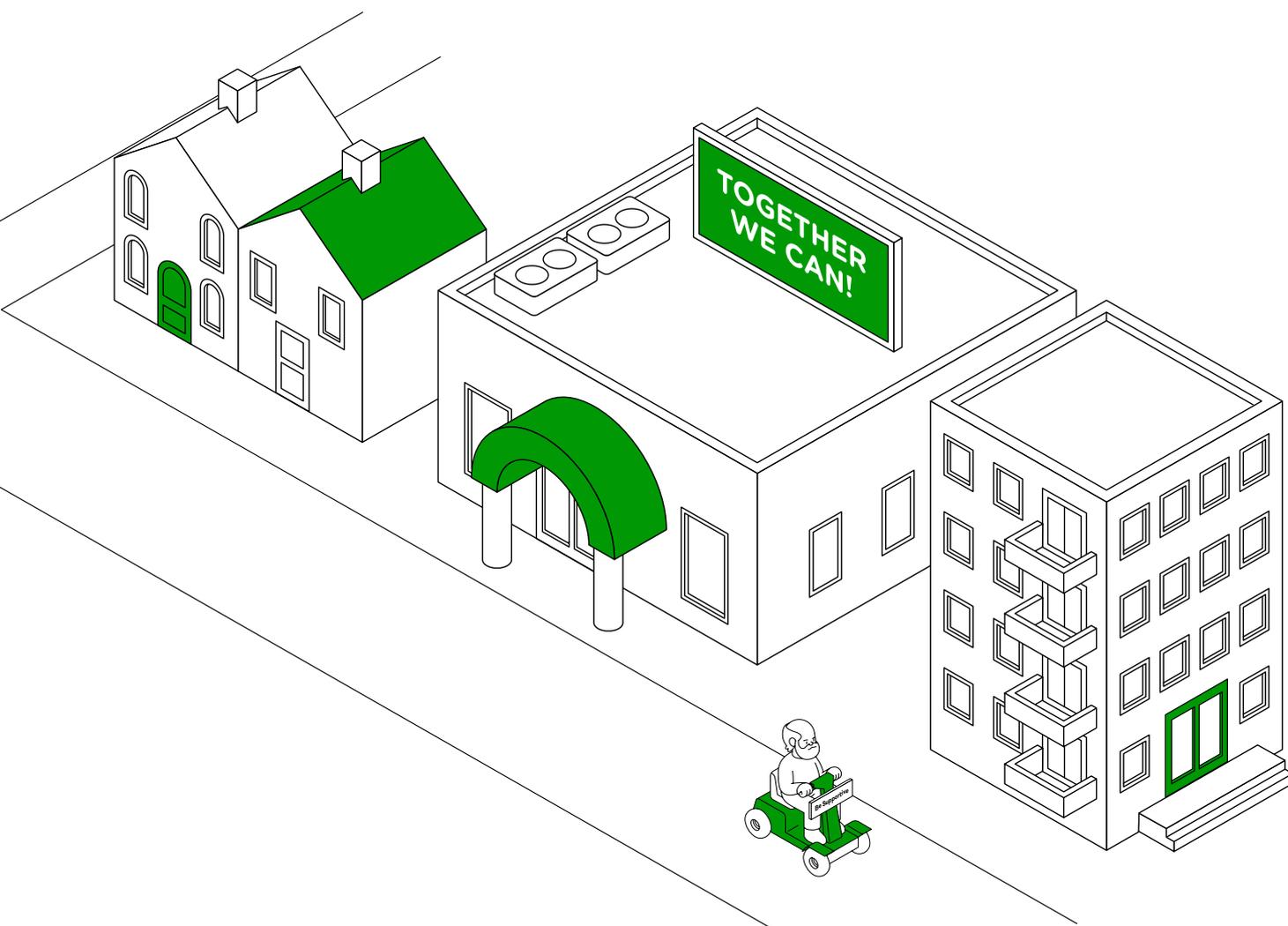
Recommendations

We recommend that the Department for Levelling Up, Housing and Communities (DLUHC) and the Department for Digital, Culture, Media and Sport (DCMS) develop a strategy for community infrastructure to build stronger, connected communities. As part of the government's Levelling Up agenda, emphasis should be given to those areas with poor existing provision, or those with demographics skewed towards groups at higher risk of loneliness.

Local commissioners and planners should use coproduction techniques to co-design programmes and initiatives aimed at improving social connectedness and preventing loneliness, working with members of the highest risk groups.

DHSC should expect Integrated Care Systems to map the availability of social prescribing opportunities and call attention to gaps where capacity is lacking. The government should take greater responsibility for funding the social interventions to which healthcare professionals are directing patients. The government should also explore how social prescribing could work better for children and young people and for people with disabilities and long-term conditions.
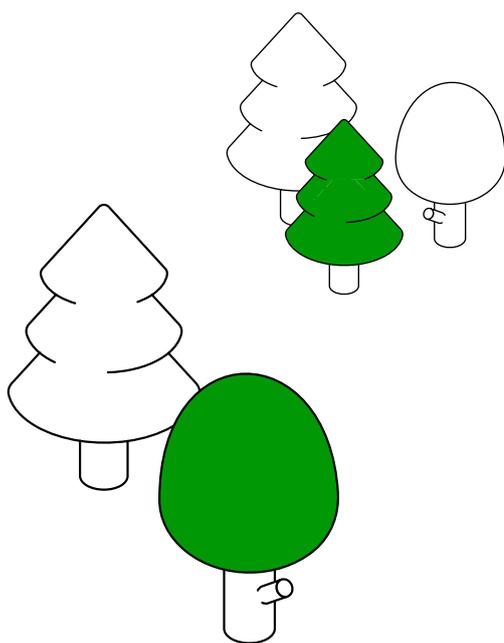
3. Building a greener lived environment that supports social contact

The physical environment in which we live can have a profound effect on our subjective experience of connection and loneliness.

A less desirable built environment is associated with greater experiences of loneliness. We know that our sense of connection to nature is fundamental to our mental health, and that both the availability of nature and the biodiversity of nature are associated with this wellbeing benefit. [21] Further research shows that less green space coincides with feelings of loneliness and a perceived lack of social support[22] and a lower sense of neighbourhood safety can also contribute to feelings of loneliness,[3] both factors that are more likely to affect those living in deprived areas.

Conversely, the useability and walkability of a neighbourhood is protective against loneliness, particularly for older adults.[23] Our survey found that 'getting out of the house' was the most widely reported action across all age groups that people felt had helped them with their mental health when they were feeling lonely.
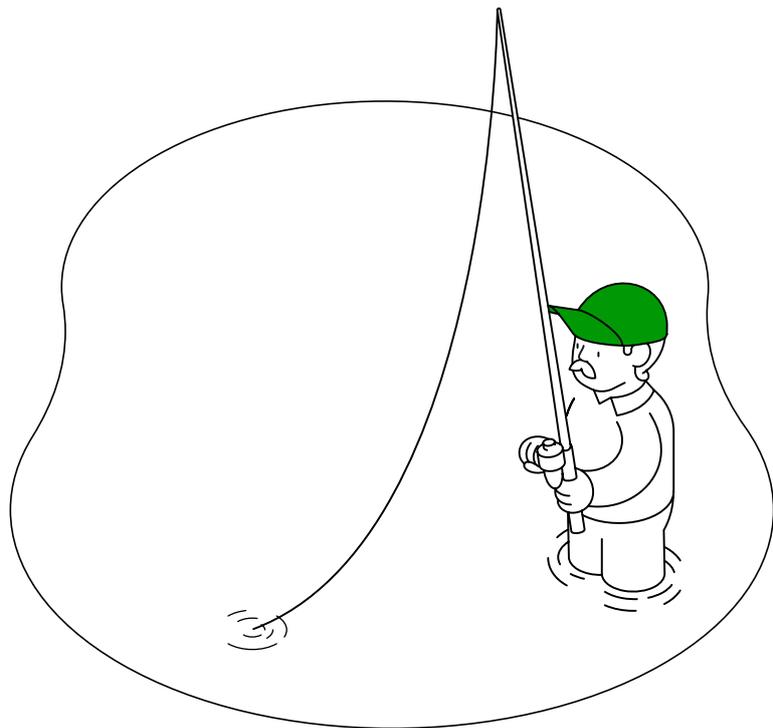
The Centre for Thriving Places recommends acting across the system to deliver better access to housing, transport and green space to develop an 'active and empowered community'.[24]

In general, the planning system should be focused on delivering greener, pro-social spaces that support people's health and wellbeing by making healthy choices easier.

Recommendations

As part of the new cross-government mental health and wellbeing plan, we recommend that the government funds local authorities to maintain and improve green spaces, with a focus on expanding biodiversity and nature availability in areas with poor existing provision.

Local neighbourhood planning must deliver safe, pro-social spaces that meet 'universal design principles' which guarantee as standard that places are accessible to the greatest number of people. Local planners should proactively engage with seldom heard members of the public, particularly those who currently struggle to access existing infrastructure, to ensure that people find purpose and meaning in newly designed spaces.
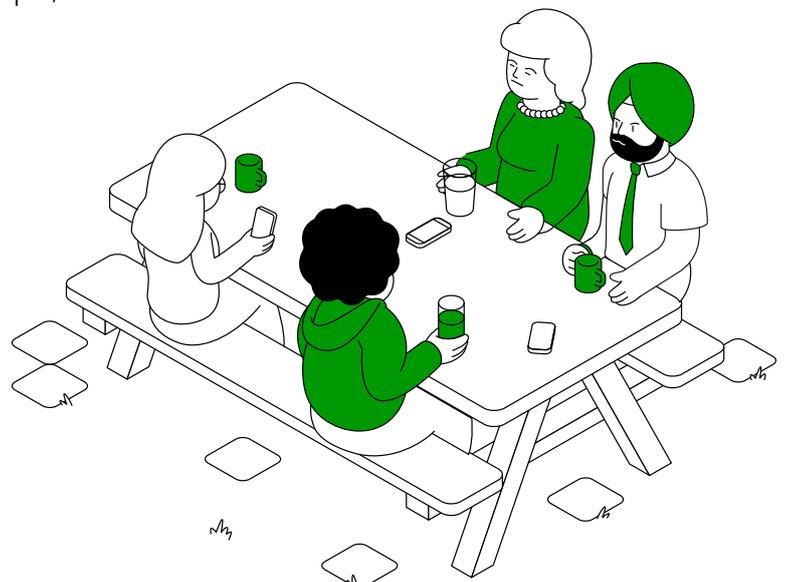
4. Supporting children and young people with interventions in education settings

Children and young people are particularly vulnerable to loneliness.

Our **'Coronavirus: Mental Health in the Pandemic'** repeatedly found that young people are particularly likely to be experiencing loneliness during the pandemic. In wave 8 of our survey (late November 2020), 38% of those in the 18-24 age range experienced loneliness in the past two weeks, compared to 34% in the 25-34 age range and 27% in the 35-44 age range.[11] Our Opinium survey for this year's Metal Health Awareness Week found that 40% of full-time students reported that the coronavirus pandemic caused them to feel loneliness.

These elevated feelings of loneliness in younger age groups are not just a pandemic phenomenon. In 2018, the Office for National Statistics reported that being 16-24 years old was one of the characteristics most closely associated with experiencing feelings of loneliness.[25]

Following our 'Coronavirus: Mental Health in the Pandemic' study finding that young people have been suffering high rates of loneliness during the pandemic, we worked with our Mental Health Foundation (MHF) Young Leaders* policy group to understand what loneliness means to young people, and how it affects their lives.

Our MHF Young Leaders helped us to identify policy priorities which would be relevant to their lives and their experiences of loneliness, and we worked with them to coproduce **policy recommendations.[26]**

Recommendations

We recommend that DfE makes a mental health and wellbeing policy a statutory requirement for all schools in England.

As part of their approach to supporting pupils' wellbeing and mental health, all schools should provide regular low-level training to parents/guardians and teachers on how to identify signs of loneliness in young people, the agencies and helplines that can help and ways in which they can help to prevent and respond to loneliness in young people.
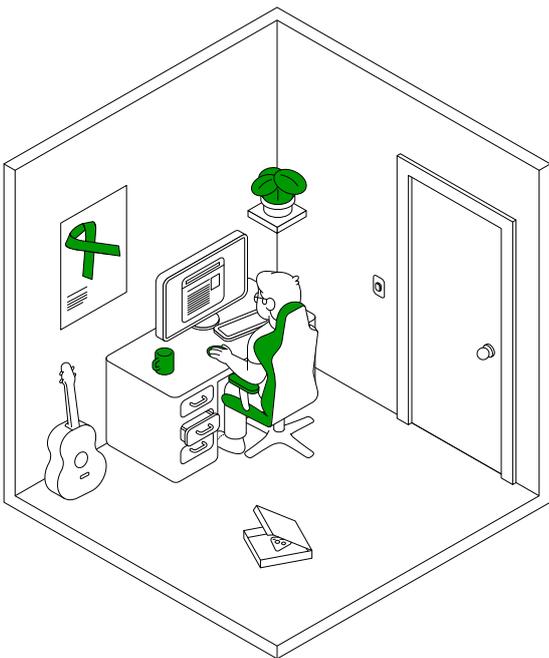
Every school should also implement at least one low-level intervention to combat loneliness on a sustainable long-term basis.

*The Mental Health Foundation Young Leaders are a group of 14–25-year-olds from diverse backgrounds and a range of different lived experiences, who are hosted by Leaders Unlocked.

5. Ensuring that everyone has access to digital communication technology, and the skills to use it, and respecting preferences for non-digital forms of communication

Digital communication has revolutionised our ability to communicate, making it possible to talk to distant friends, relatives, and even strangers in real time. For some, this has made it possible to find likeminded people where none exist in the communities around them. Others find that digital communication is no substitute for in-person social contact.

Regardless of individual preference, digital exclusion is a significant barrier for people to achieve their desired quantity and quality of social relationships. Whether digital access would be a supplement and facilitator to in-person socialising, or a means of feeling a part of a global sub-culture, being digitally excluded removes these options. This has been especially obvious during the pandemic, when so much communication was forced online.

There are still 1.5 million UK households with no access to the internet,[27] a further 2 million that struggle to afford internet access,[28] and 14.9 million people with very low levels of digital engagement.[29] While people of any age can be digitally excluded, Age UK report that 42% of over-75 year olds are digitally excluded[30] and Ofcom figures show that 9% of families with children don't have access to a laptop, desktop, or tablet.[31]

The government's response to the pandemic did, however, demonstrate that concerted government action to tackle digital exclusion is possible, if it is willing to address this. The Department for Education delivered more than 1.3 million laptops and tablets to UK pupils during lockdown to support them to access education and support services.[32]

Recommendations

The government should continue to resource schemes used during the pandemic to ensure that all school children have access to digital technology and the necessary skills to study and keep connected.

The government should pay particular attention to guaranteeing access to digital technology in residential care settings. There should also be a greater focus on training and supporting all people later in life to give them the skills and confidence to use digital technologies. Local councils should provide space in public libraries or other community spaces for older adults who want to learn more about using digital technology.

While digital technology is an essential tool, the government must not neglect more traditional forms of communication and ensure both that written and landline communication methods are available for those who prefer to use them, and that these are actively offered and positively supported.

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