Insights: Loneliness and Mental Health

Series 3, Episode 4 with Dr. Ann-Marie Creaven and Isabel Taylor

Chris Coates 0:04

Hello, and welcome to the fourth episode of our third series of Insights - the podcast from Understanding Society. Understanding Society is a longitudinal survey that captures life in the UK in the 21st century. Every year, we ask each member of thousands of the same households across the UK about different aspects of their life. Each episode of Insights explores how our data has been used in a key area. We look at what we found, and what we can learn from it. I'm Chris Coates your host for this episode, where we'll be looking at loneliness and its links with poorer mental health. What can data tell us about this? And what if anything, can we do about it? Here to discuss this with me are Ann-Marie Creaven from the University of Limerick, and Isabel Taylor from the Joseph Rowntree Foundation, which funds and carries out research that aims to solve poverty in the UK. Ann-Marie, if I can start with you, you research social connectedness and health. To begin with, can you tell us what we know about loneliness in terms of the numbers of people who are affected, and any patterns we see over the course of people's lives?

Ann-Marie Creaven 1:08

Yeah, and I think it might be helpful to be really clear on what loneliness is at the outset. Because one definition is that loneliness, is that feeling that negative feeling that accompanies your perception that the quality or quantity of your social relationships is not enough for you in some way. So it's related to social isolation. But it's different to that, because you could have a lot of people around you and still feel lonely. Or you might have quite a small social circle, and not feel lonely at all. So that's a really important distinction to make, I think at the outset, and in terms of how many people experience loneliness. Here in Ireland where I work, we have took a poll in recent years in the EU with over 20% of people reporting feeling lonely, but data in the UK indicates that around 7% feel lonely often or always. And that's still quite a lot of people. And I suppose then if you think about patterns over the lifespan, that depends a little bit on how you measure to of course, but while there is a public perception that loneliness is an issue for older adults, and it certainly is, it's also a really big issue for young adults. So while older adults might experience loneliness, because they've retired from the workforce, and they lose their social networks that way, or because they have health issues that might impede their getting out and about into their communities, or because of bereavement for example, in older adulthood. Younger adults also feel lonely, but for different reasons. So they are transitioning out of school, they might be transitioning out of their home life and missing that parental support. And even if they're not making that move, their social participation might be hindered by living at home with their parents. So these changes in our social lives in young and older adulthood mean that we see a U shape in terms of how common loneliness is with a really high amount of loneliness in young adulthood, much lower loneliness in midlife and higher loneliness in older adulthood again.

Chris Coates 3:02

So you've used Understanding Society to look at this connection between loneliness and mental health. What have you found?

Ann-Marie Creaven 3:10

Yeah, so we were quite interested in using this data because well, first, it has a good measure of loneliness in it, actually. And that can be hard to find in some large-scale data sets. And we are interested in the link between loneliness and more well-established measures of mental health like psychiatric distress, or a reported history of depression diagnosis. So while loneliness is related to mental health, it's not the same thing as depression. And we wanted to understand how loneliness is related to depression. Because loneliness is so common, people might experience it from time to time. And that's not necessarily a big problem. But when loneliness is very acutely felt or when it becomes chronic. So when you're always reporting loneliness, then we think it might lead to a bigger issue for people. So we use the Understanding Society dataset to categorise people across two time points. So we looked at waves nine and 10, taken about a year apart that measured loneliness in the population. And we categorise people as having not really much loneliness at either time, as having transient loneliness. So they were lonely at one of these times, or chronic loneliness, so they're lonely at both times. And with these three groups, then we looked at how these groups differed in terms of their psychiatric distress, and the history of depression. And it's not too surprising that we found that those who weren't lonely had lower levels of psychiatric distress and were less likely to have a history of depression. Those who are lonely at one time point were more at risk of psychiatric distress and depression and those who are lonely are both time points were the most at risk. And what was interesting about these findings is it shows up even loneliness at one time point might be a risk for a bigger mental health issues, but that loneliness repeated really a year apart is the biggest risk factor. So I think that is something really important to know, as many of the studies looking at this question already hadn't actually looked at it in that short window of time that we did with the Understanding Society data.

Chris Coates 5:13

Okay and that I mean, you know, speaking as a layperson that makes that makes perfect sense. Are there any particular patterns you can see in the results? Are there specific groups of people, for example, who are more likely to be lonely than others?

Ann-Marie Creaven 5:25

There certainly are. Yeah, we didn't specifically explore who is more likely. But Understanding Society data has included a lot of analysis that has helped with this. So we do know that people are at risk of loneliness, often are those who have a physical or mental health condition, particularly long standing one, because that probably impedes your social participation to some degree. People who are not in education or employment are at greater risk of loneliness. Because not only are you not able to engage with these social networks at school or university or work, but you are also on a

lower income. So your ability to spend money on activities that keep you connected to the community is lower then, and we also see that women and men tend to report similar levels. But when we see a gender difference, it's usually that women are reporting higher levels. Now, we don't quite know if that really reflects true loneliness, or what maybe it reflects an unwillingness on the part of men to report it in some cases. But we certainly have a good deal of information on what risk factors are out there for people who are lonely, and certainly having a mental health or physical health condition having a lower socioeconomic background. These are really important risk factors for loneliness.

Chris Coates 6:37

Isabel, if I can turn to you, when you were working at the National Centre for Social Research, you did some research for the department for Digital Culture, Media and Sport. What did you find on this?

Isabel Taylor 6:48

Well DCMS, we're particularly interested in some of the life experiences that might increase people's risk of loneliness, as well as things like protected characteristics and the relationship that that might have via social isolation that might lead to higher levels of loneliness. And we actually saw many of the same findings that Ann-Marie has spoken about in terms of the groups who were more likely to feel lonely. So that included in our analysis that came up as young people, women came up, almost consistently reporting high levels of loneliness, and then people who live alone, so we're, we're experiencing that potential social isolation at home. But we also saw that people who had recently moved to a new area, so they had recently moved to their current address, so maybe feeling social isolation, because they did not have the connections in their local community also reported higher levels of loneliness. As Ann-Marie has spoken about, we also found that very close relationship between mental wellbeing and loneliness, but we also found indications that that's a relationship that runs both ways. So not only are people who report lower mental wellbeing more likely to say that they are then subsequently lonely. But also people who have previously said that they are experiencing loneliness, are also more likely to go on to report poor mental health as well. So it does appear to be a very complex relationship between these two factors going in both directions, I think as well speaking to Ann-Marie's point about what actually is loneliness and how it is felt by different people in different ways, and how that relates to things like isolation. And we were also able to use different questions that measure loneliness in different ways from the data that we were looking at. So this is actually from DCMS' own community life survey, where they ask not only a direct question, asking people, how often do you feel lonely, but also ask a series of questions that are intended to capture different dimensions of loneliness? So this includes things like, how often do you lack companionship? How often do you feel left out? And how often do you feel isolated from others? So we were able to use those three questions as almost an indirect measure of loneliness. And then compare those results, to responses to the question that asked respondents directly, how often do you feel lonely. And so we actually saw a slightly higher level of loneliness when we were using that indirect measure. Although it's not directly comparable in the way that it's measured, it does seem to indicate that there was a bit of a disconnect there, though most of the drivers or most of the risk

factors for loneliness, were the same, but we did pick up some potential for it actually been the way we talk about loneliness that's actually shaping what we are measuring here because we did actually find that people from Asian or British Asian backgrounds were more likely to be lonely using this indirect measure than they had reported using the direct measure as well.

Ann-Marie Creaven 9:49

Isabel, if I can jump in there, I think it's so great that you've used both those measures of loneliness. I think that's a great strength of the Understanding Society data too, is that you have those three items that are indirect and then that direct one. Because I often wonder if by keeping those items over time, we might be able to see if there's a particular stigma attached to loneliness or whether that's decreasing. So it's really interesting that you found out some cultural differences there and in where those differences were.

Isabel Taylor 9:49

Yeah, I completely agree. I think the potential to use those questions, specifically over a long term, and specifically looking at different groups really will tell us a lot about how we talk about loneliness, or how we talk about loneliness in different groups. And I think stigma is one of the big issues that restricts our ability to really know what's going on, if we talk about it explicitly, but I do think the question of how we talk about loneliness, and how that has changed over time, really is one of the things that's really difficult to measure, given the data that we're collecting, but could be investigated further, if we have the potential for having more data that measures these different things.

Chris Coates 10:55

That's really interesting. Thank you, both of you. And so Isabel where there differences in loneliness levels, in terms of things like sex and age and sexuality, for example?

Isabel Taylor 11:06

Yep. So one of the things that DCMS was particularly interested in were how protected characteristics relate to loneliness, and whether or not there is a potential relationship between the social exclusion then this could potentially lead to and higher rates of loneliness. So we did see pretty consistently a relationship between these two factors, or this range of factors. And we saw that women, younger people, as I mentioned before, in our research, people on lower incomes or in semi routine professions, even when we control for income, or reported higher levels of loneliness, but one of the things that was a particular interest of DCMS was looking at people from the LGBT plus community, which understanding society allowed us to do. And we did also see that people who reported as being lesbian, gay or bisexual also reported higher levels of loneliness. And I think there is a potential for a lot of further research in this area to disentangle that a bit more. But it does

suggest that there is potentially a link between the social isolation that may come or social exclusion that they may experience and how that is related to loneliness as well.

Chris Coates 12:22

And obviously, this is this was work that you did for a government department. So did you come to any conclusions about what governments can do, if anything to tackle loneliness?

Isabel Taylor 12:33

So DCMS holds the responsibility for the strategy to combat loneliness in the UK Government. And so they are very keen to identify those policy levers that can be pulled to help reduce loneliness. I think one of the things that did come up from the research we did was that lots of the factors that are associated with alleviating loneliness are not necessarily things that governments can address in terms of policy responses, because some of them are linked to characteristics and the kinds of things that the government might not want to explicitly take action on. But I think one of the things that we did see clearly as Ann-Marie mentioned, she found in her research as well, was this relationship between having a long-term health condition or as, as she's already gone into detail in poor mental health and loneliness. And those are areas where the government can take action and a knock-on effect, to improve loneliness might be one of the consequences of that. But I think as well, we also saw that the risk factors were different across different ages, or different groups of people, depending on their age. And so I think one of the things that did come out from the work was that a kind of a specific strategy might be needed across different people at different life stages, to make sure that the measures that are introduced to address loneliness appropriate for people of different ages and their experiences of life in general, at that point in time.

Chris Coates 14:02

Coming back to you Ann-Marie, did your research have anything to say about policy? About about what kind of interventions might work?

Ann-Marie Creaven 14:09

Yeah, so the research we talked about so far, which was with Katarzyna Wolska as well. Well, this research suggested to me that people who report loneliness at one time point that's a little bit of a red flag for developing loneliness later, and we don't want to catastrophize and overreact to that. But it's just good to know that people who are reporting high loneliness at one time point it is a precursor to the development of other mental health issues. We also did some qualitative work with Emma Kirwin, who's an Irish Research Council scholar I work with where we explicitly asked young people what they thought about loneliness which complements this Understanding Society data quite well. And they had a lot to say. And something that really stuck out with me across the Understanding Society data and our interview data is that loneliness is a really common experience and it will sometimes go away by itself. So it doesn't necessarily need heavy handed intervention.

And we certainly wouldn't like people who experience loneliness to think that it should be stigmatised or that there's something wrong with them, I instead would see any efforts to intervene as being focused on promoting opportunities for connection. So because loneliness is so common, looking at how we can build connected communities, having more opportunities for people to meet, for example, low cost opportunities, playgrounds, libraries, building environments, that facilitate connection might alleviate low level loneliness in ways that avoids having to have a really heavy handed intervention. And that can have knock on effects for other health issues as well. If people can be out and about in their community, and physically active, for example, that can only be a good thing. So a big takeaway for me across the research studies is that occasional loneliness is not a welcomed feeling. It's certainly a little bit of a warning sign to reconnect. We don't necessarily need heavy handed intervention, but certainly building opportunities for connection and repeated opportunities that target particularly those groups that are vulnerable, the young adults, the older adults, those with mental health issues already, those could be really valuable targets for intervention, I think.

Isabel Taylor 16:18

Can I just ask about the issue related to kind of stigma and talking about loneliness? And whether or not you think even if governments don't have a role to play in kind of heavy handedly addressing loneliness? Do you think they could do more to address the stigma of loneliness, which might then also have a knock-on effect as well?

Ann-Marie Creaven 16:35

Yeah, I actually think governments do have a role to play in loneliness. But I think the role might be earlier than people think it is. So rather than wait till people are chronically lonely and intervene then. I would say building communities where that occasional loneliness is easily remedied as something really positive. So for example, if I moved to a new job, I'm going to feel lonely, because I miss my wonderful work colleagues, right. So organisations that are mindful of that and have opportunities to for connection and repeated opportunities. That was something we found in our quality of research. But if you miss the first connection opportunity, for example, in college, you find it very hard to catch up. So I think organisations that build multiple opportunities for connection, and governments that think about connection in their other policies, so could be around built environment or active travel. I think, actually, if changes were made there, we might see better community connection. And you mentioned that you found as well, that those who are at a new address reported higher loneliness. So of course, those people who are moving, they need to have easily accessible opportunities and lots of them to get embedded in their community before the loneliness becomes a bigger issue I think.

Isabel Taylor 17:51

Yeah, that's exactly what I was thinking about when you were mentioning those kinds of experiences that make it difficult to make that initial connection. And I think a lot of the factors we are talking

about won't be surprising to people, when we talk about the kind of risk factors for experiencing loneliness. And because it makes it makes sense, right, that someone who's new to an area who might not have those links in yet is more likely to experience loneliness. So I completely agree with that. And I think your point on active travel is really interesting from a kind of UK government point of view, because DCMS has a responsibility in that area as well. So it does have kind of the potential to have an overview of all of these different factors that could come together, and have that kind of overarching view of the types of things that might be able to improve people's lives in these areas.

Ann-Marie Creaven 18:37

Yeah and I think if you do that it has other benefits too. But also what the advantage of that kind of strategy of getting in early before there's a significant issue is no one needs to feel stigmatised by their loneliness. So if you're occasionally lonely, and you can say it's because I've moved house or job or area, there's not really a big stigma attached to that that's really understandable. But if your loneliness is very acutely felt or chronic, that's when people withdraw a bit socially or might feel a bit reticent about signing up to something about that. So I think unity can obviate the need for a strategy that stigmatising if you get in earlier, so I think there's multiple advantages to that. But of course, some people will develop more chronic or acutely felt loneliness, and certainly anything that reduces the stigma around that because it is such a normal part of life. We all need connection, so much anything that would reduce stigma around that would also be welcome.

Chris Coates 19:31

This is really interesting. Thank you both. It seems to me that from that, that question I asked about policy, that the impression I'm getting is that one of the best ways to tackle this is not to have policy on loneliness, but because there are these factors like health and there are economic factors and there are factors like you know, protected characteristics. It's tackling those other things has a knock-on effect, is that right?

Ann-Marie Creaven 19:57

I think it can have a knock-on effect, but I would still I'd like to measure loneliness in that, because otherwise loneliness might drop off the radar. And it is so common and so distressing for people who are experiencing it. I suppose putting connection as a factor that drives some of the other policies, I think would be how I approach it.

Isabel Taylor 20:17

And I think those other policies could help at least to reduce potentially isolation in the way that we talk about isolation rather than loneliness. To put my JRF hat back on, we recently did some analysis actually using Understanding Society, again, looking at the ways that people who drop into very deep poverty, potentially stopped socialising or can't afford to socialise anymore. So it increases their isolation. And then that could have a knock-on effect as well. So I think in terms of some of the

policy responses we've spoken about, they may have a bigger impact on isolation, but because of all of the complexities of, of what we mean, when we talk about loneliness that Ann-Marie outlined at the start, it's not necessarily a silver bullet for that. And I completely agree, it's not something that we should assume we can then also stop talking about and kind of move on from.

Chris Coates 21:08

And finally, a question for both of you, is this a growing problem? Or is it just one that we're more aware of now? Is it is it becoming more urgent to tackle it? Or is it just that we take it more seriously?

Ann-Marie Creaven 21:20

So I think it is both a growing problem and one we're becoming more aware of. So we know a lot, for example, about how young people are particularly risk for loneliness, and we know more about different risk factors for loneliness than before. So we should be better able to put solutions in place to support people, I do think it's important that we don't lose sight of connection. So we talk a lot about loneliness, but also promoting connection can have benefits for people who don't yet feel lonely, for example. So I hope that in all of our discussions about loneliness, we can keep connection as a word that's really focused on as well.

Isabel Taylor 21:54

And I think from a data perspective, knowing whether or not it's a long-term increase in loneliness is not just is just something that we can't say, because we don't have the data going back far enough to look and see how it's changed over a longer period of time. But I think the combination of factors is probably the most compelling argument for me about it both being a more prevalent experience, but also a change in how we talk about it. And I think as well, because we have been talking about some of those risk factors like long-term mental health or physical health issues, we know that those are becoming more common across the population. And so there is the risk that if those are driving loneliness, then as more people report having a long-term health problem, for example, and that might also increase the risk of loneliness as well.

Chris Coates 22:42

What a fascinating discussion. Thank you so much, Ann-Marie Creaven and Isabel Taylor. You can find out more about how the data from Understanding Society is changing practice and informing policy by visiting the website understandingsociety.ac.uk and by following us on social media. This was a Research Podcast production. Thank you for listening and remember to subscribe wherever you receive your podcasts.