

# Interventions for loneliness and social isolation

- Social isolation is the lack of social contact or support; loneliness is the feeling of being alone or isolated.
- Loneliness is a multifaceted issue and may not be simply resolved by tackling one aspect alone.
- General practitioners may be well-placed to identify people who are, or who are at risk of, loneliness and social isolation.
- Overall, evidence of effective interventions is limited, but group-based activities and support that provide opportunities for social interaction appear to show some promise in addressing isolation and loneliness.
- The Campaign to End Loneliness produced a toolkit to support CCGs and Health and Wellbeing Boards understand, identify, commission and evaluate interventions to tackle loneliness in older people.

This evidence briefing has been produced by the Centre for Reviews and Dissemination. Full details of methods are available on request ([paul.wilson@york.ac.uk](mailto:paul.wilson@york.ac.uk) or [liz.bickerdike@york.ac.uk](mailto:liz.bickerdike@york.ac.uk)). The content of this briefing was judged to be up to date as of June 2014.

The briefing has been produced as part of independent research funded by the NIHR Health Services and Delivery Research programme (Project ref: 12/5002/18). The views expressed in this publication are those of the authors and do not necessarily reflect those of the NIHR or the Department of Health.

## Background

South Tyneside CCG expressed interest in the evidence for interventions aimed at reducing loneliness and social isolation, particularly in elderly people.

Loneliness is not the same as social isolation. Isolation is a lack of social contact or support, whereas loneliness is the feeling of being alone and isolated (it is possible to feel lonely in a room full of people). Both can impact considerably on a person's quality of life and on their utilisation of health and social services. Coping, self-esteem, and psychosocial health are significant moderating factors for perceived isolation and feelings of loneliness.<sup>1</sup> A range of interventions may be deployed to target these moderating factors. These include support groups or counselling, telephone or web-based support, social skills training or simply provide opportunities for social interaction.

This evidence briefing focuses on older people identified as being, or at risk of being, socially isolated and/or lonely. Any intervention aimed at reducing or preventing loneliness or social isolation compared to no intervention or usual care is considered. Outcomes of interest include any measures of health services utilisation and associated costs.

## Evidence base for effectiveness

We identified seven relevant systematic reviews of interventions for people who are, or who are at risk of, loneliness and social isolation.<sup>1-7</sup> The reviews overlapped slightly in terms of scope and included studies. The majority of systematic reviews evaluated interventions targeted at older people, however one large systematic review included interventions for children, adults and older people.<sup>7</sup>

### *Group interventions*

Group interventions providing activities or support appeared to show some promise in reducing loneliness in three systematic reviews.<sup>1-3</sup> Groups studied included people with long-term conditions or limited mobility, bereaved people, nursing home residents, retirement community residents, and caregivers.

Group activities, such as reading to children in schools, or art, writing and exercise sessions, seemed to produce improvements in social, mental or physical health.<sup>2</sup> Community-based group exercise programmes reduced loneliness in physically inactive community-dwelling older people.<sup>3</sup> Long-term effectiveness may be improved by providing activities that enhance self-esteem and personal control, for example skills training and involving older people in the planning, development and delivery of activities.<sup>1</sup>

Support groups and discussion sessions also appeared beneficial for specific populations, for example people who were bereaved or had a chronic condition.<sup>2</sup> However, it is worth noting that support groups were only effective for people who had the social skills to participate, and where they were sustained (for 5 months or more).<sup>4</sup>

### *One-to-one interventions*

Two systematic reviews evaluated one-to-one interventions. Interventions were evaluated in diverse populations, similar to those who received group interventions. Overall, home visits providing direct support did not appear to alleviate social isolation or loneliness, although two studies included in the review suggested visiting programmes improved social support and activity, and one study reported positive effects for a one-off nurse visit that provided health assessment, information and referral.<sup>1,2</sup> Individual counselling, evaluated in only one study, appeared to improve feelings of wellbeing but had no effect on improving social networks or social support.<sup>2</sup>

The majority of the studies included in the two systematic reviews did not demonstrate any statistically significant effects of one-to-one interventions on loneliness or social isolation. The lack of observed effect may be due to the intervention, but equally the study design or choice of outcome measurements.<sup>2</sup> One-to-one and group interventions were not directly compared so it is difficult to determine whether group interventions are better than one-to-one interventions.

Befriending schemes, where an individual befriender provides social support, have been shown to have a modest effect on depression in range of population groups, but the benefit of such schemes in older people is unclear.<sup>8</sup>

Community navigator services, where navigators act as a link between hard-to-reach individuals and local services, have been evaluated in the USA. These “gatekeeper” programmes appear to be successful at identifying and referring on socially isolated older people who have not routinely come to the attention of services.<sup>4</sup>

### *Technology-assisted interventions*

Two systematic reviews included studies assessing computer training and internet use (delivered either individually or in groups) as means to reduce loneliness in older people.<sup>2,6</sup> Studies included studies community-dwelling and people living in residential or nursing homes. The computer training ranged from 2 weeks to 3 months and aimed to help older people communicate with family and friends, as well as obtain news and other useful information. There was some limited evidence of benefit but the poor quality of included studies makes it difficult to generalise.

Three systematic reviews evaluated telephone-based interventions, however none showed a beneficial effect on loneliness.<sup>1-3</sup> A telephone crisis support line for older people at risk of suicide decreased social isolation and depression, but had no effect on loneliness. Telephone partnering between low-income women, aimed at increasing social support, had no effect on social isolation, loneliness or depression. Similarly, there was no evidence of an effect for either web-based or telephone support for informal caregivers.

### *Intervention design*

There are few direct comparisons between the different interventions evaluated making it difficult to determine whether one type of intervention is better than any other. One large systematic review included interventions for children, adults and older people. It suggested that interventions aimed at addressing negative thoughts have a larger effect than interventions providing social support, social skills or opportunities for social interaction.<sup>7</sup> Training involved individual or group counselling aimed at changing perceptions of loneliness. However, in the small number of included studies where social cognitive training was delivered to older people, mainly in groups, there appeared to be no significant reduction in loneliness.

## **Cost effectiveness**

Cost effectiveness data for interventions is extremely limited; only one relevant economic evaluation was identified by our searches. The study found that a psychosocial group rehabilitation programme for lonely older people reduced mortality, improved subjective health and reduced resource utilisation.<sup>9</sup> Health service use costs were lower for people who participated but were not broken down in to component parts limiting generalisability. Subjective health was also measured with an unvalidated tool so there remains some uncertainty about the cost-effectiveness of the intervention.

## **Implementation**

Successful implementation may depend on the ability to identify people who are, or who are at risk of being, socially isolated or lonely. In most studies participants were classified as being lonely or at risk of loneliness due to other characteristics, for example being widowed, an informal caregiver, living alone or in a nursing home.<sup>2</sup> Some studies identified potential participants through mass-media advertising, direct mail and personal contacts.<sup>1</sup> “Wayfinder” or community navigator services have also been used to identify socially isolated people.<sup>10</sup> General practitioners being more aware of their patients’ personal circumstances, may be well placed to identify socially isolated people.<sup>11</sup>

A number of studies reported low participation rates. This underscores the importance of matching interventions to the needs, attitudes and preferences of the recipients.<sup>3</sup> Flexibility and choice seem to be key attributes in developing effective and appropriate interventions. Consideration also needs to be given to the provision of transport to venues, so that people are able to engage with group or community sessions.<sup>11</sup>

A briefing produced by the Social Care Institute for Excellence, which drew on a wider range of research, noted the importance of voluntary agencies in a number of interventions. They highlighted the need for strong partnership arrangements to be in place, to ensure interventions are sustained.<sup>10</sup>

The Campaign to End Loneliness, a network of national, regional and local organisations working together to reduce loneliness in later life, have produced a toolkit for health and wellbeing boards. The toolkit provides guidance on identifying local prevalence of loneliness, strengthening partnerships and evaluating implementation when producing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.<sup>12</sup>

NESTA's Centre for Social Action Innovation Fund web pages detail a number of projects aimed at reducing loneliness, for example The Silver Line telephone helpline.<sup>13</sup> Although there are no formal evaluations about their effectiveness, this resource highlights some existing approaches that may be of interest.

## Conclusions

Overall the quality of the evidence is poor. Numerous interventions have been evaluated in a diverse range of older populations making it difficult to determine for whom an intervention is likely to be more effective than another in a particular setting.

Group-based interventions show some potential for reducing loneliness and social isolation. There remains a lot of uncertainty about the magnitude of benefit, the cost of interventions, and what the most successful (component parts of) interventions are.

## References

1. Cattan M, White M, Bond J, Learmouth A. Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing and Society*. 2005;25:41-67. doi: 10.1017/S0144686X04002594
2. Dickens AP, Richards SH, Greaves CJ, Campbell JL. Interventions targeting social isolation in older people: a systematic review. *BMC Public Health*. 2011;11:647. doi: 10.1186/1471-2458-11-647
3. Medical Advisory Secretariat. Social isolation in community-dwelling seniors: an evidence-based analysis. *Ontario Health Technology Assessment Series* 2008;8(5). [http://www.health.gov.on.ca/english/providers/program/mas/tech/reviews/pdf/rev\\_aic\\_iso\\_20081002.pdf](http://www.health.gov.on.ca/english/providers/program/mas/tech/reviews/pdf/rev_aic_iso_20081002.pdf)
4. Findlay RA. Interventions to reduce social isolation amongst older people: where is the evidence? *Ageing & Society*. 2003;23:647-58. doi: 10.1017/S0144686X03001296
5. Hagan R, Manktelow R, Taylor BJ, Mallett J. Reducing loneliness amongst older people: a systematic search and narrative review. *Aging & Mental Health*. 2014. doi:10.1080/13607863.2013.875122
6. Choi M, Kong S, Jung D. Computer and internet interventions for loneliness and depression in older adults: a meta-analysis. *Healthcare Informatics Research*. 2012;18(3):191-8. doi: 10.4258/hir.201.18.3.191
7. Masi CM, Chen H-Y, Hawkey LC, Cacioppo JT. A meta-analysis of interventions to reduce loneliness. *Personality and Social Psychology Review*. 2011;15(3):219-66. doi: 10.1177/1088868310377394
8. Mead N, Lester H, Chew-Graham C, Gask L, Bower P. Effects of befriending on depressive symptoms and distress: systematic review and meta-analysis. *British Journal of Psychiatry*. 2010;196:96-101. doi: 10.1192/bjp.bp.109.064089
9. Pitkala KH, Routasalo P, Kautiainen H, Tilvis RS. Effects of psychosocial group rehabilitation on health, use of health care services, and mortality of older persons suffering from loneliness: a randomized, controlled trial. *Journals of Gerontology Series A - Biological Sciences and Medical Sciences*. 2009;64(7):792-800. doi: 10.1093/gerona/glp011
10. Windle K, J. F, Coomber C. Preventing loneliness and social isolation: interventions and outcomes. Social Care Institute for Excellence research briefing 39. 2011. <http://www.scie.org.uk/publications/briefings/files/briefing39.pdf>
11. Age UK. Evidence review: loneliness in later life. 2014. [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Evidence\\_Review-Loneliness\\_2014.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Evidence_Review-Loneliness_2014.pdf?dtrk=true)
12. Campaign to End Loneliness. <http://campaigntoendloneliness.org/toolkit/>
13. NESTA. Centre for Social Action Innovation Fund. <http://www.nesta.org.uk/project/centre-social-action-innovation-fund/our-portfolio>