mhpn
Mental Health Professionals' Network

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Collaborative Mental Health Care in a Changing World

March 2023

COLLAB LAB
Social Isolation and Loneliness

Session purpose

At the end of this session, participants will have:

- increased confidence to participate in interdisciplinary collaborative care when responding to mental health presentations where social isolation and/or loneliness is a feature

- a better understanding of how interdisciplinary collaborative care can contribute to better outcomes for people who are experiencing social isolation and/or loneliness.

Session format

Part	Description	Timing	Location
1	Social Isolation and Loneliness Overview by Adjunct Assoc Prof. J R Baker and Dr James Ibrahim	30 mins 3 – 3.30 pm AEDT	This room
2	Moderated discussion of vignettes	1 hour 3.30 – 4.30 pm AEDT	Breakout rooms
3	Feedback & session conclusion	30 mins 4.30 – 5 pm AEDT	This room

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Collaborative Mental Health Care in a Changing World

Social Isolation and Loneliness COLLAB LAB

How to interact

How to interact in Parts 1 & 3

Chat box
- Engage with other delegates (direct message to an individual or post to everyone)
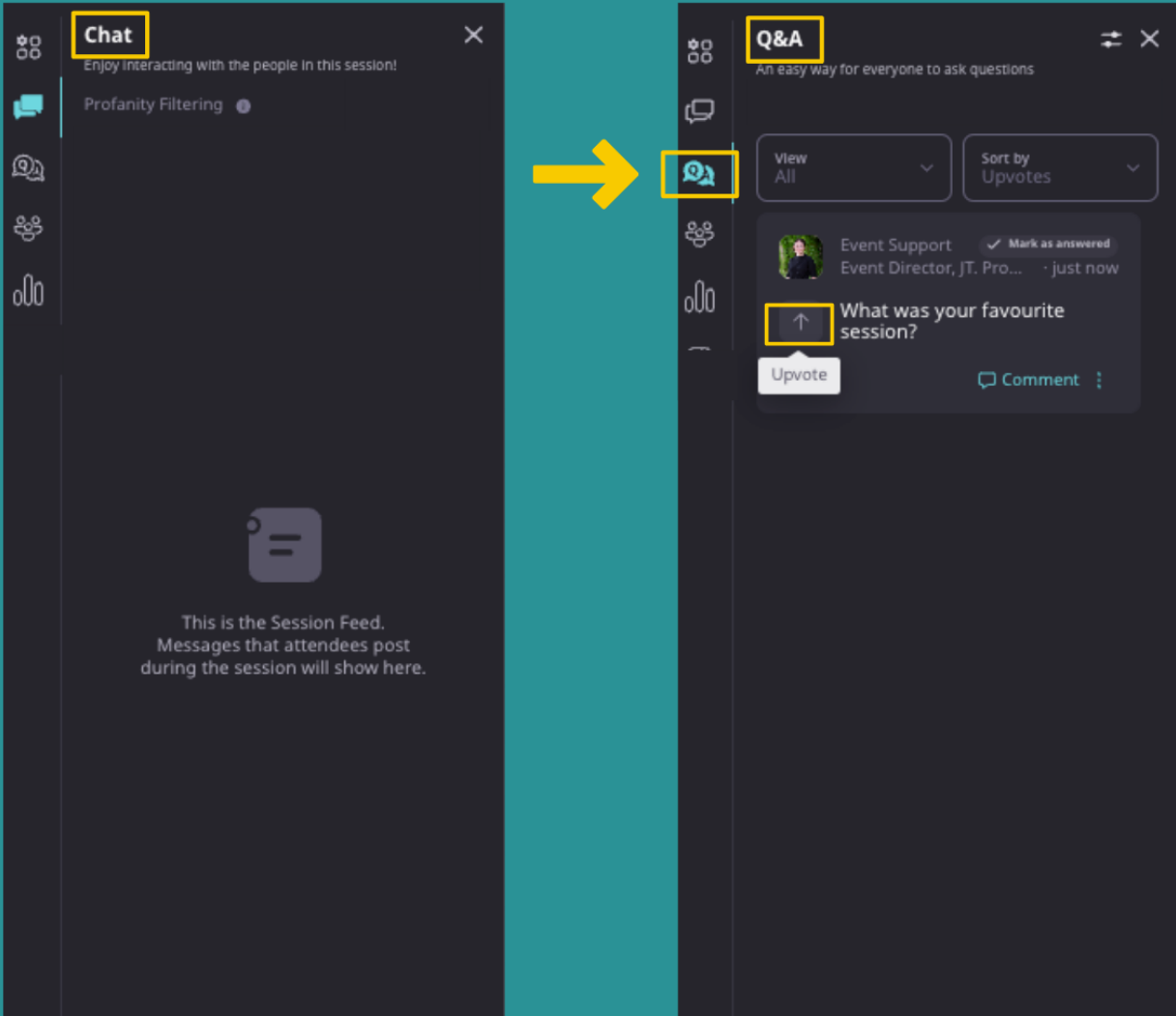
Tech issues? Post in the Q & A tab to receive help, or visit the Help Desk.

How to interact

What: Loneliness / Social Isolation

Loneliness

- a subjective negative feeling that the number or quality of relationships are lower than preferred [1]

Social Isolation

- an objective lack of social contacts or social participation in activities [2]

Why is this a problem?

- Relationship with mental ill health [3-5], health care usage and hospitalisations [6], multimorbitidity [7], mortality [8]

[1] https://doi.org/10.1093/abm/kaaa044

[2] https://doi.org/10.1136/heartjnl-2017-312663

[3-5] https://doi.org/10.1037/abn0000162 | https://doi.org/10.1016/j.psychres.2020.113117 | https://doi.org/10.1177/00048674211072437

[6] Longman, J., Passey, M., Singer, J., Morgan, G., 2013. The role of social isolation in frequent and/or avoidable hospitalisation: rural community-based service providers' perspectives. Australian Health Review 37, 223-231.

[7] https://doi.org/10.3390/ijerph17228688

[8] Klinenberg, E., 2016. Social Isolation, Loneliness, and Living Alone: Identifying the Risks for Public Health. American journal of public health 106, 786-787.

The Need: Screen and Intervene

- Loneliness by age [9]
- We know that 80%–90% of health outcomes are linked to social determinants of health (health-related behaviours, socioeconomic, environmental factors) [10]

Figure 1 Loneliness across the lifespan
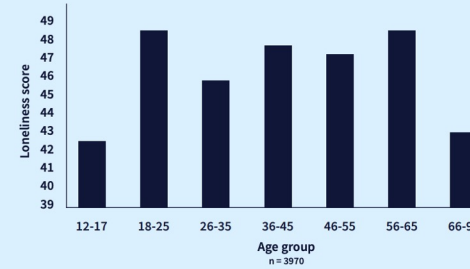
1. Loneliness severity as assessed by the psychometrically- validated University of California Los Angeles Loneliness Scale. Estimates based on pooled data from the Australian Loneliness Report (2018) and Young Australian Loneliness Survey (2019). Acknowledgements to Swinburne University, Australian Psychological Society, and VicHealth.

- As lethal as smoking 15 cigarettes per day [11]
- Similar impact on premature death as obesity [12]
- 50% increased risk of dementia [13]
- a 30% increased risk of incident coronary artery disease or stroke [12,14]
- and a 26% increased risk of all-cause mortality [12]

[9] Abbott, Jo ; Lim, Michelle ; Eres, Robert et al. / The impact of loneliness on the health and wellbeing of Australians. In: InPsych. 2018 ; Vol. 40.

[10] Jani A, Liyanage H, Hoang U, *et al.* Use and impact of social prescribing: a mixed-methods feasibility study protocol *BMJ Open* 2020;**10:**e037681. doi: 10.1136/bmjopen-2020-037681

[11] Tiwari SC. Loneliness: A disease? Indian J Psychiatry. 2013 Oct;55(4):320-2. doi: 10.4103/0019-5545.120536. PMID: 24459300; PMCID: PMC3890922.

[12] Holt-Lunstad J, Smith T, Baker M, Harris T & Stephenson D 2015. Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. Perspectives on Psychological Science 10:227–37

[13] Kuiper JS, Zuidersma M, Oude Voshaar RC. Social relationships and risk of dementia: a systematic review and meta-analysis of longitudinal cohort studies. *Ageing Res Rev.* 2015;22:39–57

[14] Valtorta NK, Kanaan M, Gilbody S. Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. *Heart.* 2016;102:1009–1016.

How do you know: Screening for loneliness

- Direct measures of loneliness
  - "Do you feel lonely?" or "How often do you feel lonely?"

- Indirect measures of loneliness
  - UCLA Loneliness Scale [15]
  - De Jong Gierveld Loneliness Scale [16]

- Metrics of social isolation
  - Questions around the quantum of supports, like "How many friends do you have?"

- Measures of broader social support
  - Social Provisions Scale [17]

Lots of different tools, but direct questions are often more parsimonious.

[15] http://dx.doi.org/10.1207/s15327752jpa6601_2; https://www.icmha.org/wp-content/uploads/2020/02/UCLA-Loneliness-Scale.pdf

[16] https://doi.org/10.1177/0164027506289723

[17] Cutrona, C. E., & Russell, D. W. (1987). The Provisions of Social Relationships and Adaptation to Stress. Advances in Personal Relationships, 1, 37-67. http://depts.washington.edu/uwcssc/sites/default/files/hw00/d40/uwcssc/sites/default/files/Social%20Provisions%20Scale_0.pdf

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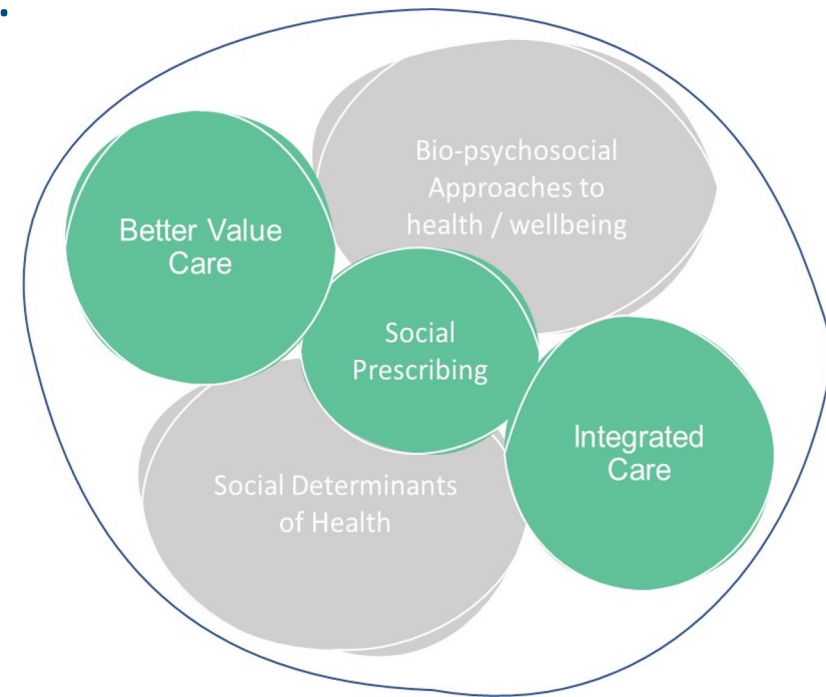# Why now: The changing landscape of wellbeing

Challenges: Barriers to addressing SI/Loneliness

- Limitations on time / fee-for-service funding models

- Loneliness screening often isn't part of standard workflow

- Can feel like it's outside of our scope of practice / field of reach

- Not sure what supports are available, what to do next?

- More obvious presenting 'high risk' needs (e.g., to address lower steps on Maslow's Hierarchy of Needs)

- Easier to focus on biological & psychological factors, harder to focus on social and environmental factors.

Social Prescribing: What is it?

Model of care that involves referring people to **non-medical and community-based supports**, to assist in reducing isolation, disadvantage and other unmet needs.

- **Non-clinical**
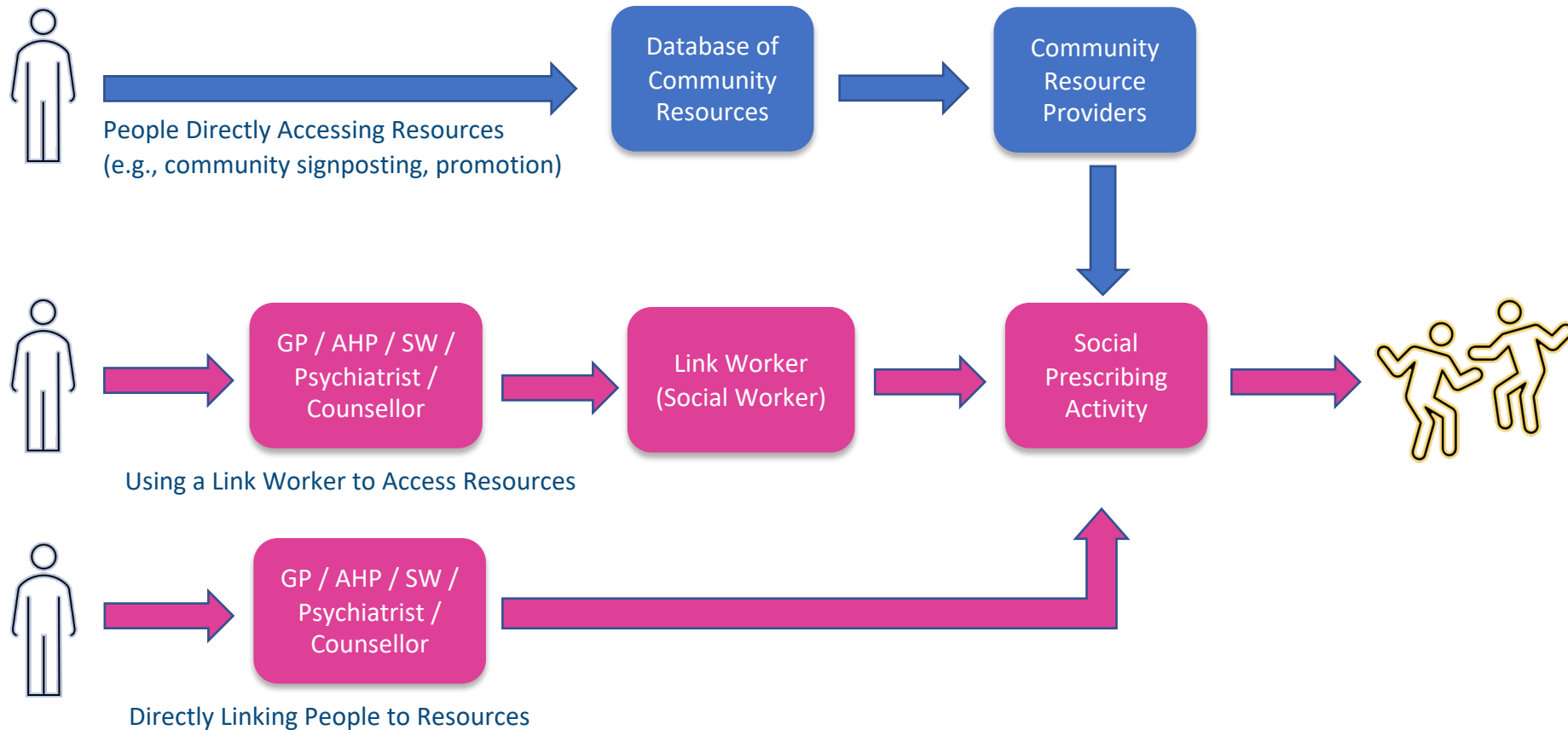- **Patient directed**
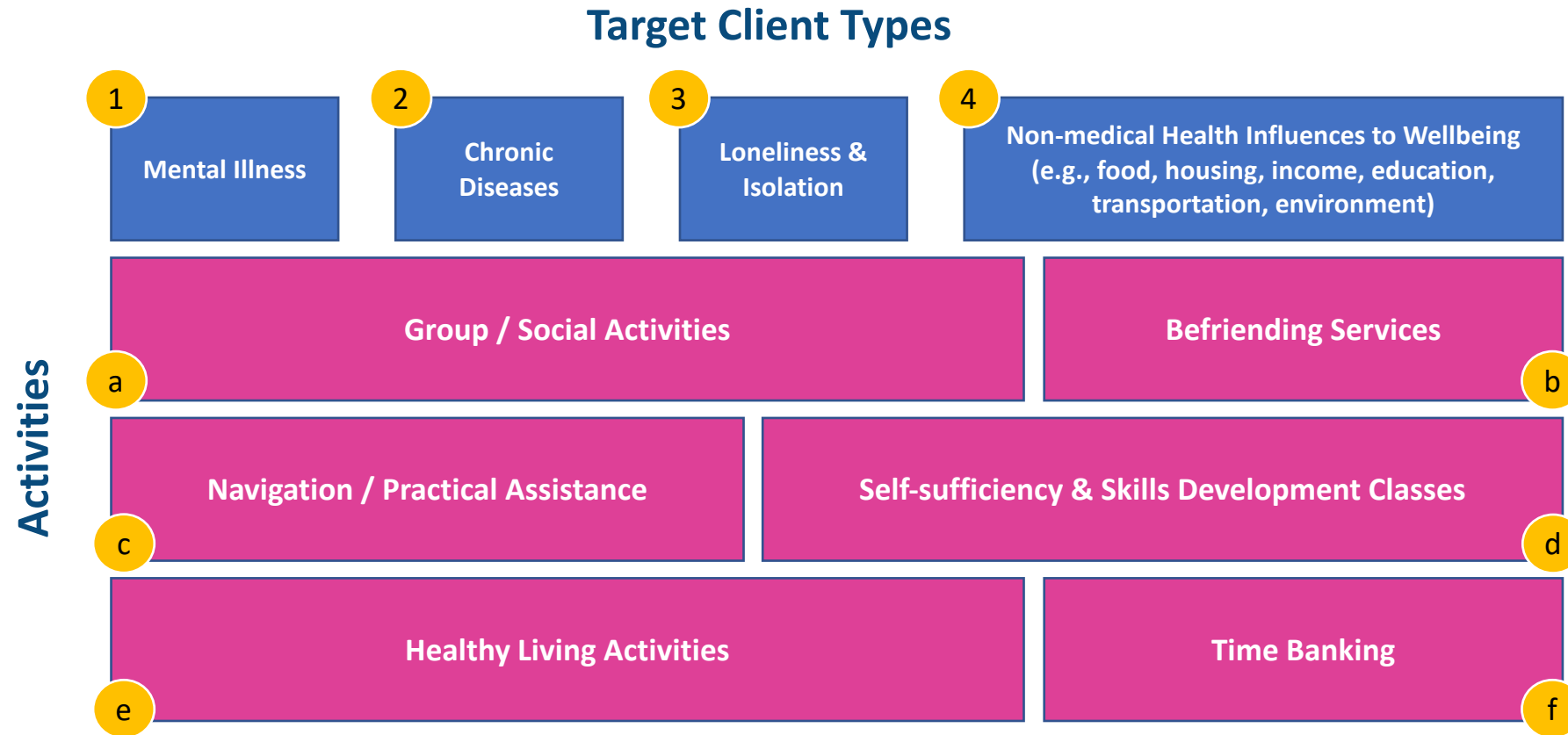- **Holistic**
- **Sustainable**

Better Value Care

Bio-psychosocial Approaches to health / wellbeing

Social Prescribing

Integrated Care

Social Determinants of Health

Social Determinants of Health (SDOH) Domains

Various Means of Connecting people to Community

People Directly Accessing Resources (e.g., community signposting, promotion) → Database of Community Resources → Community Resource Providers → Social Prescribing Activity

Using a Link Worker to Access Resources → GP / AHP / SW / Psychiatrist / Counsellor → Link Worker (Social Worker) → Social Prescribing Activity

Directly Linking People to Resources → GP / AHP / SW / Psychiatrist / Counsellor → Social Prescribing Activity

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The Who & How of Social Prescribing on a Page

Target Client Types

1 Mental Illness

2 Chronic Diseases

3 Loneliness & Isolation

4 Non-medical Health Influences to Wellbeing (e.g., food, housing, income, education, transportation, environment)

Activities

a Group / Social Activities

b Befriending Services

c Navigation / Practical Assistance

d Self-sufficiency & Skills Development Classes

e Healthy Living Activities

f Time Banking

(a) Groups or social projects to create a support network of peers and encourage social engagement; (b) Services to provide companionship and emotional support; (c) Services that assist people to directly access supports or navigate systems; (d) Activities that help people develop skills, increase confidence, and self-manage health or social issues; (e) Activities that educate people on healthy living, encourage active lifestyles, or engrain healthy living habits into daily routines; (f) A barter-type system of community support which improves social inclusion, self-esteem and confidence

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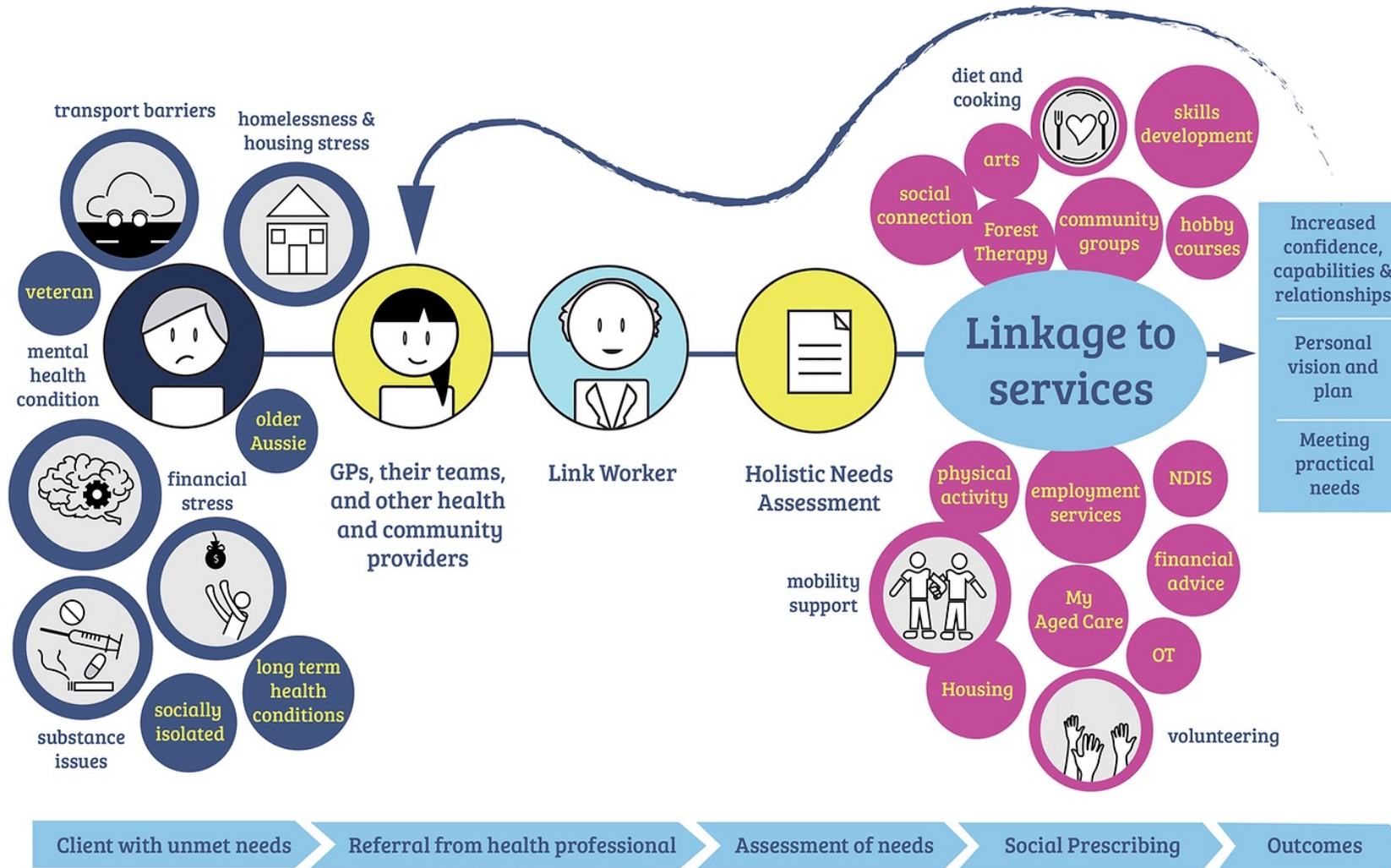
Does it work? (local and internation results)

Reduced use of health services

- Reductions in hospitalisation (61-80%) [19,20]
- Health service contact of more than once a week reduced 75% [19]
- Reduction in GP visits [21]
- An average 24% fall in A&E attendances following referral [22]

Improved quality of life and psychosocial wellbeing

- Improvements in quality of life and wellbeing [19,20]
- General improvements in psychosocial wellness [19]

**Increased work readiness and social participation**

- Increased vocational readiness / ability to work [19]
- Increased satisfaction with social support by 55% [19]
- Non-participation in social activities reduced by 77% [19]
- Participation in 5 or more activities a week increased by 63% [19]

[19] https://doi.org/10.25082/AHB.2020.01.001
[20] https://doi.org/10.1007/s10597-020-00631-6
[21] https://doi.org/10.3389/fpubh.2022.902199
[22] A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications | The Essence Project

97% improvement in **Wellbeing**

80% reductions in **Hospitalisations**
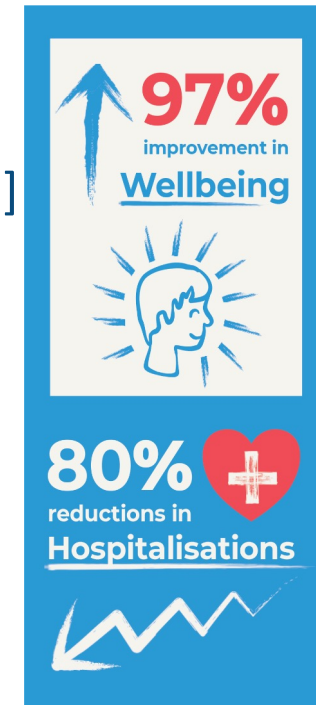
Urbis evaluation evidenced return of $3.86 for every dollar invested

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Current State: Implementation in Practice

- Figuring out in your own workflow and where this fits in
  - When to screen (i.e., first appointment or when creating a plan)
  - What to screen for (i.e., loneliness, social support, isolation)

- Figuring out what resources are available / creating your map
  - PHN services / directories, local council, library, Ask Izzy

- Creating your own community assets
  - Walk and Talk with the Doc (Gippsland)
  - Book club

Future State: What's on the horizon

- Link Work Social Prescribing to be trialed at greater scale
  - PHNs around Australia testing, refining models

- National community capital / capacity building funding continues to be provided
  - Resilience funding (bush fires, floods)
  - Community development funding

- Other emerging models of social activation
  - Asset Based Community Development (ABCD)
  - Behavioural activation funded programs

Want to learn more? Visit these.

- Australian Social Prescribing Institute of Research and Education (ASPIRE)
  https://www.creatingopportunitiestogether.com.au/

- National Academy of Social Prescribing (NASP)
  https://socialprescribingacademy.org.uk/

- Social Prescribing Roundtable
  https://chf.org.au/sites/default/files/social_prescribing_roundable_report_chf_racgp_v11.pdf

- Social Prescribing: A rapid literature review to inform primary care policy in Australia
  https://www.healthsystemsustainability.com.au/wp-content/uploads/2020/08/sprapidreview_3-2-20_final.pdf

- More than Medicine: Exploring Social Prescribing in Australia
  https://friendsforgood.org.au/assets/downloads/FriendsForGood-ResearchReport-SocialPrescribing.pdf

- Social prescribing as an intervention for people with work-related injuries and psychosocial difficulties in Australia
  https://doi.org/10.25082/AHB.2020.01.001

ASPIRE thank you!

- **Dr JR Baker**
  CEO, Primary & Community Care Services Ltd
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  jbaker@pccs.org.au

- **Dr James Ibrahim, General Practitioner,**
  Director of Terrey Hills Medical Centre. Chair of the
  RACGP Social Prescribing Specific Interest Group and
  Sydney North Health Network AOD clinical lead

Meet the Moderators

Four breakout rooms

Christine Callaghan

Chris Lines

Kaylene Ryan

Siân Slade

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Part 2: Moderated Vignette Discussion

Four breakout rooms

Moderated by	Go there if your surname start with:
Christine Callaghan	A – D
Chris Lines	E – K
Kaylene Ryan	L – Q
Siân Slade	R - Z

How to get to your breakout room
- Navigate back to Program Schedule
- Join the appropriate breakout room based on your surname

In the breakout room please have your camera on

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How to get to the breakout room

Part 3: Feedback

Please get settled.

We'll start in a few minutes when everyone has arrived.

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Part 3: Breakout Room Feedback

- What did your breakout room learn about the value different professions/services offer to mitigate the negative impact of social isolation and loneliness?

- What ideas were generated to improve capacity and/or increase the opportunities to engage in collaborative care that mitigate the negative impact of social isolation and loneliness?

- What hurdles or challenges were noted in how we currently work together in this space?

- How does collaborative care contribute to better outcomes for people experiencing social isolation and loneliness?

Coming Up . . .

- **Social Isolation & Loneliness Networking Hub** tomorrow at (starts at 10 am AEDT)

  - MHPN supports networks that bring together practitioners whose work supports people experiencing family violence to engage in interdisciplinary professional development, peer support and networking.

    - **Drop in** to the Networking Hub to learn more.
    - **Can't make it,** but want to learn more? Scan the QR code and leave your details to register your interest in joining a new social prescribing network.

- **Guided Mindfulness** in 15 mins (starts at 5.15 pm AEDT)

  - Today's program concludes with **The Nexus Between Climate Change & Mental Health panel discussion**, tonight from 6.00 pm AEDT

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Thanks for Participating

Before you log off, please complete the
Feedback Survey by clicking on the Survey tab to the right.

Plus, we'll email a survey about the entire Conference next week. Please complete it – it will help inform future Conferences.