

Social Isolation and Mental Health Paper

The purpose of this paper is:

- a) to set out what we are currently doing to address social isolation as a key component to tackling mental illness;
- b) how we're responding to the amplified need, specifically for key cohorts who have become increasingly isolated due to COVID and its restrictions, both through formal support and building resilience; and
- c) to seek the views of HWB members as to where and what the gaps are in our approach, and to consider what remedies are available.

Summary of Issue

The impact of social isolation and loneliness on individual's physical and mental wellbeing are well known. Social isolation is recognised as a risk factor for suicide with increased risk of depression, low self-esteem, reported sleep problems and increased stress response. Loneliness is bad for the heart and a strong predictor of premature death, with people who are lonely more likely to be readmitted to hospital, have a longer stay and visit a GP or A&E.

The Impact of COVID on social isolation and loneliness

The COVID pandemic has posed significant health risks for our population; however, the risk to health outcomes extends beyond the clinical risk of COVID, the socio-economic and lifestyle factors that influence health outcomes have also been adversely disrupted during the pandemic.

COVID has also amplified and increased the pace at which cohorts of people who would traditionally be at risk of social isolation are impacted, but also it has created a new group of people who have become increasingly anxious about the disease itself and the impact on their life. For example, parents who have become increasingly isolated either due to financial impacts or the absence of informal connections through schools, people whose employment has changed through furlough, working at home or unemployment, recently bereaved who have been unable to have the normal in-person connections that support during this time.

There will also be a generation of children and young people who have been adversely affected by the pandemic and this will likely have long term impacts for their emotional wellbeing, educational outcomes and longer-term economic wellbeing.

What we have now and how it connects

The [Essex Joint Health and Wellbeing Strategy 2018 – 2022](#) identified social isolation and loneliness as a key priority. A whole system approach was mobilised in 2019 designed to connect resources across the system.

The key aims are:

- Communities have a better understanding of the impact of loneliness and how to help each other.

- There is a range of community led support to prevent and reduce loneliness and build capacity to support people to live well.
- People who are lonely, or at risk of loneliness are recognised and can access local information and support to live well.
- People with complex needs can access support to reduce loneliness and feel part of their local community.

This approach includes:

- **Commissioned services addressing social isolation and loneliness as part of their wider response to improve independence** – there are a range of ECC commissioned services that deliver specialist services to support people, promote wellbeing and help them to gain/regain independence, these include the Essex Children and Family Wellbeing Service, Alzheimer’s Society - Dementia, Carers First - carers, ECL - sensory, Summit – Learning Disabilities and Autism, Futures in Mind – mental health to name but a few. Beyond this, there are a range services commissioned by CCG/health partners as well as other local programmes that address the issues of social isolation and loneliness.
- **Services directly commissioned to tackle social isolation and loneliness** Provide, as the strategic partner to tackle loneliness, deliver a single point of access for Livewell Linkwell network support including Care Navigator Plus network (a partnership between a number of voluntary sector and community sector providers using a social prescription approach). The Rural Community Council of Essex (RCCE) as a Livewell Linkwell partner deliver the social prescribing and the social isolation model, including the United in Kind coaches – as does the West Essex Community Action Network (WECAN). Social engagement partners delivering Essex Befriends, or befriending service, includes Action for Family Carers, MIND, Mencap and independent Age.
- **Place based community care and support** – Primary Care Networks are key to integrating primary care with secondary and community services, pivotal to improving population health and taking a proactive approach to hidden needs to support. Social Prescribing Link Workers help to reduce health inequalities by supporting people to unpick complex issues affecting their wellbeing, enabling people to have more control over their lives. There is also a multitude of smaller and larger infrastructure organisations such as the Council for Voluntary Service (CVS) organisations and volunteer centres who work in a place to build community resilience and in doing so tackle loneliness.
- **Community Networks** – Faith communities play a positive role in neighbourhoods supporting those most in need, strengthening resilience, reinforcing local identity and helping to connect communities. The Essex Faith Covenant continues to drive the partnership between faith communities and public services. Parish and Town Councils as the first level of local government provide communities with a democratic voice. Networks like

these play a key role in the identification of local needs and utilising community assets to provide a structure to take local community action. The importance of Neighbourhood level schemes has emerged as an effective means to reduce loneliness and isolation during the pandemic.

The future model for tackling social isolation and loneliness

There is a need in any future model to amplify what already exists in terms of the offer to increase the connectedness and ensure that the scope of the offer addresses the needs of emerging cohorts who are becoming increasingly isolated because of COVID. An offer is needed that seeks to provide formal support alongside resilience building and encouraging conversations around isolation and loneliness, that builds on existing pathways and expertise within the system.

People's identities are being impacted and generating a negative sense of being;

- Sense of loss, shame, confusion, failure, frustration and range of other emotions leading to feelings of helplessness, a lack of confidence and self-esteem and sense of belonging.
- Leads to isolation and or loneliness and whilst might be felt in those families and areas that are more deprived, is transcending populations regardless of personal socio and economic status
- These groups include:
 - COVID recovery; long COVID sufferers,
 - minority groups; faith groups;
 - new parents; lone parents
 - young men and women
 - Those who are now unemployed or seen changes in their employment
 - The bereaved

We need to innovate responses that resonate and engage those who don't know about or those who don't know they could benefit from some support and where to get it.

Next Steps:

Health and Wellbeing Board members are asked to discuss the issues, provide their different perspectives, and consider what and where the gaps may be in the current approach.

Appendix 1: Examples of action across Essex tackling loneliness

The below table illustrates some examples of offers/actions across Essex tackling loneliness and isolation. Note, that this is not an exhaustive list.

Organisation	Offer
Provide CIC	Delivers a single point of access for the Livewell Linkwell network support - helping residents find and connect you to specialist organisations across the County.
Rural Community Council of Essex (RCCE) and West Essex Community Action Network (WECAN) – <i>United in Kind Service</i>	Dedicated United in Kind coaches in each district who are working to raise awareness of loneliness and isolation, recruiting Community Champions, developing ‘acts of kindness’ and providing communities with workshops and support to deliver their own activities.
Community360	They have been providing over 150+ calls per week to Essex residents and families feeling isolated
Rayleigh, Rochford and District Association for Voluntary Service (RRAVS)	Have worked during the pandemic with faith group leads to conduct welfare checks for the clinically vulnerable and signpost to support where needed.
Chelmsford CVS	Have offered Befriending training to COVID Support groups as a way of enhancing the community offer
Tendring CVS	Have been supporting/matching isolated people with digital buddies as well as matching people with walking buddies to help build confidence and increase physical activity.