

LI 27

Ymchwiliad i unigrwydd ac unigedd

Inquiry into loneliness and isolation

Ymateb gan: Cymdeithas Ponthafren

Response from: Ponthafren Association

Ponthafren Association

Consultation - Inquiry into Loneliness and Isolation National Assembly for Wales - Health, Social Care and Sport Committee

Submission from Ponthafren Association.

- 1.0 The following submission is in response to the first two points raised ie,
- the **evidence for the scale and causes** of the problems of isolation and loneliness, including factors such as **housing**, transport, community facilities, **health and wellbeing services**;
 - the **impact** of loneliness and isolation on older people in terms of **physical and mental health and wellbeing**, including whether it disproportionately affects certain groups such as those with dementia;
- 1.1 Ponthafren Association is a registered charity operating out of our Wellness and Learning Recovery Centres in Welshpool and Newtown, offering support to people with mental health issues and those experiencing isolation and loneliness.
- 1.2 We provide a facility where people can relax, access support, including support from their peers and participate in a wide range of workshops, activities and courses, as well as providing an out-of-hours counselling and crisis service. We direct people to other organisations and specialist support services in the county. Many of our members have a range of psychiatric conditions and personality disorders. Some self-harm or are involved in substance misuse, others are involved in the criminal justice system, have been offenders in the past, or are homeless. Many have dual diagnosis, where their mental health issues are compounded by a learning disability or alcohol / drug dependence.
- 1.3 We follow a holistic approach to recovery, supporting individuals with a person-centred planning approach and offer a service to address both mental and physical well-being as the two are interlinked. We provide training and activities that help people to:
- Understand and manage their mental health condition
 - Build skills and develop confidence
 - Support independent living
 - Seek employment or training opportunities

Ponthafren's direct relationship to people affected by Loneliness and Isolation: many of our members, due to their mental health issues, experience loneliness and isolation. This can cause an inability to engage in mainstream activities due to lack of confidence and low self-esteem. Some are unable to talk to their family and friends about the issues they are facing on a daily basis and this can cause them to become disengaged from their pre-existing support networks. Some of our members have become long term unemployed or have retired and have become disengaged from their local community.

Ponthafren's relationship to services for people with dementia: we offer support for people who care for people with dementia and people in the early stages of dementia. All of our services are accessible to the above groups. The majority of our staff and volunteers are all Dementia Friends trained. We have played an integral role in the development of Newtown as Dementia

Friendly Community and sit on the steering group. Our staff and volunteers provide regular activities for a local carers of people with dementia group and work very closely in partnership with CREDU providing a monthly carers group.

3.0 Policy Framework

3.1 National Assembly for Wales http://www.cpa.org.uk/cpa-lga-evidence/Merthyr_Tydfil_County_Borough_Council/Ageing_Well_in_Wales_Programme.pdf

3.2 In line with the Powys Ageing Well Plain we aim to help achieve improvements in the quality of life for our members across the following aspects of the Ageing Well programme's priorities.

In delivering these priorities, our vision is that we work with people who use our services and their families to make sure older people in Powys:

- Have the opportunity to take part in social activities and be included in the community, to maintain their well-being;
- Are given relevant information, so that they have an increased choice and control over what matters to them;
- Have greater access to health and social care which is close to home and can meet their needs;
- Experience a good quality of life; and are safe from abuse and neglect.

http://pstatic.powys.gov.uk/fileadmin/Docs/Adults/Integration/Powys_Ageing_Well_Pan_2016-2019.pdf

3.3 Ponthafren Association recognises that Loneliness and isolation are not the same thing: the causes of loneliness are not just physical isolation and lack of companionship, but also sometimes the lack of a useful role in society. Many of our service users experience this because of their mental health issues make them feel less worthy or unable to continue to play an active role in society because of the stigma that surrounds their 'condition' or their personal lack of confidence and self-esteem.

Whilst social isolation is an objective state – defined in terms of the quantity of social relationships and contacts – loneliness is a subjective experience. Loneliness is a negative emotion associated with a perceived gap between the quality and quantity of relationships that we have and those we want. Ponthafren offers people the opportunity to engage with their peers and participate in meaningful activities that are requested by our memberships. We offer a range of life skill courses, such as Confidence Building, Resilience skills, Conflict Management and Emotional well-being. We also offer a range of physical activities such as low impact exercise, a walking group, Zumba and Tai Chi.

4. Evidence

4.1 Our membership during 2016 peaked at 592 members out of the North Powys population of approximately 63,000.

4.2 The age breakdown of our 2016 membership is as follows with the average age of our members being 47.8 (Powys average 45.1, Wales average age 41.4)

1	0 - 4	231	25 - 49
1	5 - 9	159	50 - 64
1	10 - 14	123	65 - 89
31	15 - 19	0	90 plus
45	20 - 24	592	Total

4.3 Our 2016 membership is represented in the following categories:

76	Older People	45	Physical / Sensory Disability
29	Elderly Mentally Ill	2	Carers
227	Adult Mentally Ill	25	CYPP
3	Learning Disability	185	Other (No health problems)
		592	Total

261 of our members do not declare any health grounds on their membership form which implies that their main reason for attending is in order to address isolation or loneliness. Of course, many people in the other categories might also suffer from isolation or loneliness.

4.4 We run a very successful counselling service which is free to our members at the point of access. This service had the following referrals during 2016:

158	Self	7	Montgomeryshire Family Crisis Centre
66	GP	6	Kaleidoscope (Drug & Alcohol service)
21	1:1 Recovery scheme	6	Probation service
15	Community Mental Health Team	17	Other
14	Counsellor referral	310	Total

4.5 The age breakdown of the referrals to the counselling service is as detailed below:

19	15 - 19	15	65 - 89
41	20 - 24	0	90 Plus
172	25 - 49	11	No age recorded
52	50 - 64	310	Total

The average age of the referrals is 39.7

4.5 One of the questions that we ask all counselling clients is "Do you feel less stigmatised and more a part of the community?" the 62 responses were as follows:

- Yes 42
- No 8
- Neutral 11
- Did not answer 1

4.6 We also offer group life-skills courses and asked the participants "Do you feel less stigmatised and more a part of the community?" the 120 responses were as follows:

- Yes 93
- No 11
- Neutral 11
- Did not answer 5

5. Impact of loneliness and isolation on older people in terms of physical and mental health and wellbeing

"At Ponthafren we have found that engagement in purposeful activity can make a profound impact on older people who have lost their way and become socially isolated, their family, and the community within which they live."

Case Study

One gentleman who had recently retired felt that he had lost his standing in the local community, he felt that he no longer played an important role in his local community. He had no knowledge of mental health issues and did not realise the negative impact his behavior was having on his relationship with his wife. He went on our accredited volunteer course and became a volunteer driver for us. He also joined the local gym with our support and now accesses that on a regular basis. He admits that this is not necessarily for the exercise but for the social interaction with others he meets there. This has enabled his wife to have time on her own and for her to interact with her own group of friends. Whereas prior to his accessing our services he wanted to be around her continuously, which was having a negative impact on her mental health and wellbeing. She felt isolated from her friends and unable to socialize.

6. **Impact of loneliness and isolation on the use of public services**

"At Ponthafren we have found that lonely people have more cause to use public services, particularly social care and health, than other people. Lonely members are more likely to:

- visit their GP
- Use accident and emergency services
- Report incidents to Police

We have experienced all the above with many of our members, but now the accident and emergency services will refer and signpost people to ourselves, which is positive".

Case Study

One of our members who is 50 years of age would repeatedly make calls to the Police to report incidents, when they attended the scene they were finding that the person just wanted to talk and have company. They frequently called out the emergency services at weekends and in the evenings to say they had taken an overdose or were having chest pains to try to get admitted to hospital. A Police Community Support Officer made a referral to our service so that the person was able to increase their social network and gain appropriate support. The person has now attended life skills courses, which include resilience skills, this has enabled them to deal with issues that they are experience and talk more freely about them to their peers.

7. **Positive impact of Digital inclusion**

"At Ponthafren we have found that by accessing digital technology it has led to increased social interaction and had a positive impact on a person's Mental Health and Wellbeing. The person becomes less socially isolated due to them being able to be in touch with a wider social network, on line and also through meeting others on the courses and in our centres."

Case Study

One lady who was 70 came to our basic computer course and our 'learn to use a mobile phone' course because she had family in numerous places around the UK. She was unable to communicate with them on a regular basis and felt very isolated and excluded from their lives. She felt that going to the local college was too daunting for her, but being in a small group with people of a similar age and similar lack of knowledge gave her the confidence to learn skills that were completely alien to her. She now Skypes her family, texts and emails and is also on social media. She can see pictures of her grandchildren and keep in regular contact with them, whereas previously she was unable to see her family growing up and felt totally disconnected from them.

8. **Benefits of 'Whole Community Working**

" At Ponthafren we have found that the effect of volunteering on depression among the older members encourages social integration, it also encourages people to play an active role in other areas of society, increases their social circle and makes them feel valued again."

Case Study

One of our volunteers is 67 years of age facilitates our Outreach group in a nearby town. This group is made up of people who are over 60 years of age and would otherwise be very isolated in their community because of their mental health issues. This volunteer has recently had physical health issues as well as mental health issues, but one of the driving factors surrounding his recovery was the thought of getting back to volunteering again and supporting the group. Volunteering has increased his social network. He feels he is valued and this has had a positive impact on his life, whereas prior volunteering he had been made redundant from a job with the local authority and had become withdrawn and in his words 'lonely and without purpose'.

9. Stigma

Because of the stigma surrounding mental health issues, a lot of our members have detached themselves from their families and friends, either because they feel ashamed and unable to talk about their issues as they feel a burden to society, or because their family and friends do not understand what they are feeling. The majority of our members are on benefits and would not be able to afford a counsellor. Waiting lists for NHS Counsellors and Psychiatrist are long in Powys. We are able to offer our members counselling free at the point of access, which then enable them to talk about their issues. We also offer life skill courses in a group setting or on a one to one basis.

By being able to get involved in meaningful activities with others, increases peoples self-esteem and confidence and be less responsive to stigma attached to their mental health issues. We offer people a safe pair of hands in a non-judgmental way, which enable stigma to be less of an issue.

We also offer physical activists which include Zumba, Walking groups, beginners running, swimming and low impact aerobics. All of these activities can be isolation fighters. They can give people a reason to get up in the morning and get out to meet others.

Due to stigma, we see that it is hard for our members to retain friendships and make meaningful friendships with others, until they gain confidence and greater understanding about their own mental health issues that they are experiencing.

Some of our members have become depressed because of loneliness and some have become lonely because of their mental health issues.

Please see embedded voice recordings from three of our members below who tell their story:

<i>Please double click the below icons to open the sound files in your default program:</i>		
<u>Interview 1</u>	<u>Interview 2</u>	<u>Interview 3</u>

References

1. Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions: (2005) Mima Cattan, Martin White, John Bond and Alison Learmouth: <http://carechat.ca/wp-content/uploads/2012/04/isolation-studies.pdf>
2. Loneliness as a Public Health Issue: The Impact of Loneliness on Health Care Utilization Among Older Adults: (2014)
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<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302427>
3. http://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence_review_loneliness_and_isolation.pdf?dtrk=true