

Building relationships that matter to counter social isolation and loneliness

PA Association of Psychiatric Rehabilitation Services Virtual Conference

Facing Challenges: Resiliency and Renewal

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Description: Loneliness and social isolation are related but distinct constructs disproportionately affecting people with mental health conditions. Social isolation and loneliness also confer different and significant health threats. Although a number of interventions to build social connections have been implemented, more focus on the nature of relationships may be needed. Focusing on relationships that enhance a sense of mattering, may be one approach to enhancing social connections that reduce isolation and loneliness.



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Outline

1. Defining Constructs
2. Health Outcomes
3. Factors Contributing to Loneliness & Social Isolation
4. Approaches to Building Social Connections



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I. Defining Constructs & Clarifying Terms



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On Social Isolation and Loneliness— Clarifying Terms

“We review selected evidence on the nature of social relationships and focus on.. the extent to which an individual feels *isolated* (i.e., feels *lonely*) in a social world” (Cacioppo & Cacioppo, 2014, italics added).

“More than a fifth of adults in the U.S. (22 percent) and the U.K. (23 percent) say they often or *always feel lonely*, feel that *they lack companionship*, feel left out, or *feel isolated* from others...” (DiJulio et al., 2018, italics added).



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Clarifying Terms- Social Isolation

- **Social Isolation** represents *absence of social connections*
 - Objectively measured by social contacts
 - Social network size
 - Living alone
 - Marital status
- External Social Isolation (Zavaeleta et al., 2017)
 - Frequency of social contact
 - Social network support
 - Presence of discussion partner
 - Reciprocity & Volunteering



Clarifying Terms- Loneliness

- **Loneliness** represents the *inadequacy of social connections*
 - Early conceptualization distinguished social vs. emotional loneliness
 - Social loneliness- absence of acceptable social network
 - Emotional loneliness- absence of an attachment figure
 - Most often measured as discrepancy between desired and actual social relations
- Commonly measured by:
- UCLA Loneliness Scale
 - “how often do you feel that you lack companionship?”
- De Jong Gierveld Loneliness
 - “I experience a general sense of emptiness”
 - “There are many people I can trust completely”



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Clarifying Terms- Mattering

- Element of self-concept (Rosenberg & McCullough, 1981)
- Extension of self-esteem

Central Components

1. Sense that others depend on us
2. Feeling that others regard us as important
3. Belief others are actively paying attention to us

Later added:

4. Belief we would be missed if no longer around



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Positive Aspects of Mattering (Flett, 2022)

- Powerful influence on motivation and action
 - People wish to matter (Pearlin & LeBlanc, 2001)
- Source of resilience and adaptability
 - Resistance to mistreatment from others (Flett, 2018)
- Mattering can be modified and cultivated
 - Through adding value, mattering can be increased (Davis et al., 2019; Milner et al., 2016; Prilleltensky, 2020)
- Concept is broadly relevant
 - Can be seen in its absence
- Remains pertinent over the lifespan
 - Initially focused on youth (NRC, 2002), also relevant in adults (Dixon, 2007)
- Mattering is particularly relevant in times of difficulty
 - Linked to more positive self-appraisals (Besser et al., 2020)
 - Feelings of stability in transitions (Flett & Zangeneh, 2020)



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“The person who feels like he or she matters is someone who feels important, visible, and heard, while the person who feels like he or she does not matter to others feels unimportant, invisible and unheard” (Flett, 2022, p. 4).



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Why does mattering matter?

- Robust predictor of loneliness (Flett et al., 2016; McComb et al., 2020)
- Provides motivation for engaging in relationships (Elliot, 2009)
- Associated with recovery orientation among people with SMI (Pernice et al., 2017)
- Associated with meaning in life (Costin & Vignoles, 2020)



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2. Scope of the Issue & Health Outcomes



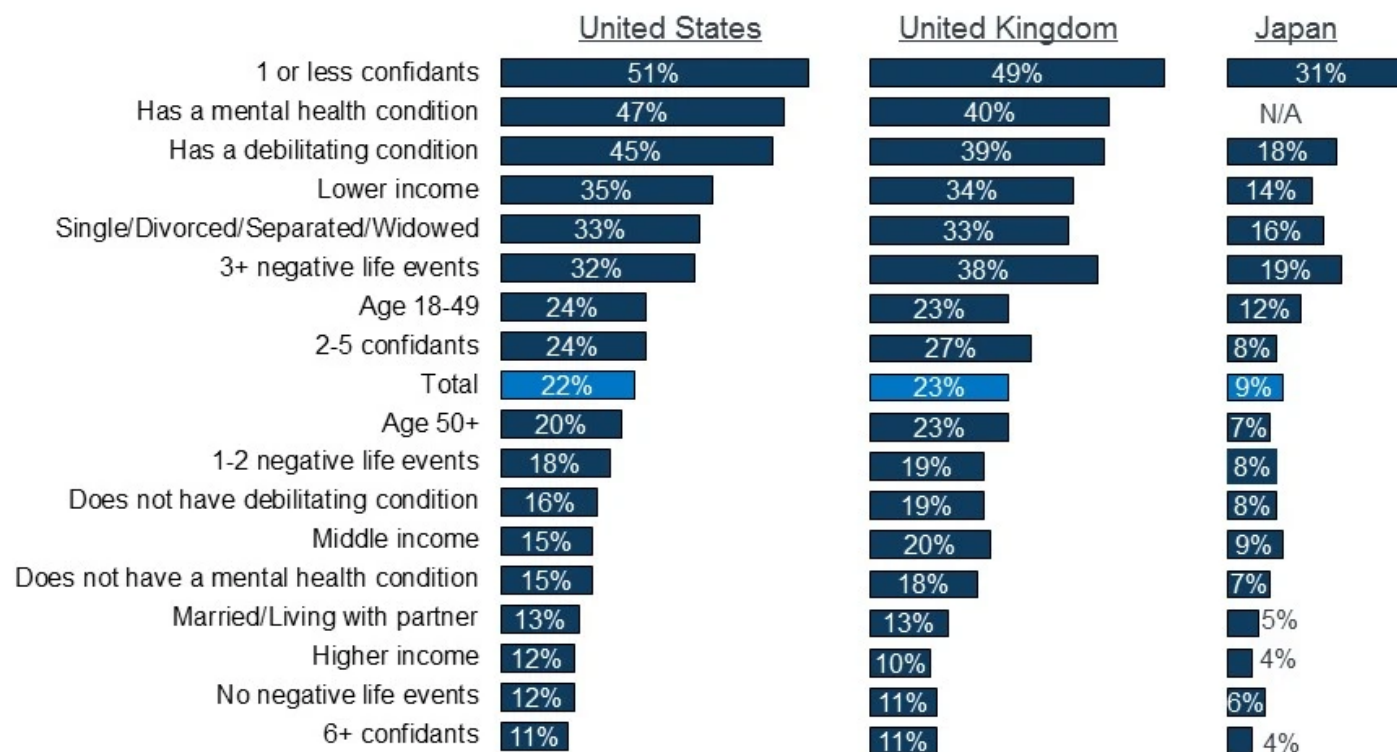
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Figure 2

Reports of Loneliness and Social Isolation Highest Among Those with Few Confidants, Physical and Mental Conditions

Percent who say they always or often feel lonely, left out, isolated, or that they lack companionship:



NOTE: Sample size is insufficient to show percent reporting loneliness and social isolation among those who have a mental health condition in Japan.

SOURCE: Kaiser Family Foundation/The Economist Survey on Loneliness and Social Isolation in the United States, the United Kingdom, and Japan (conducted April–June 2018)

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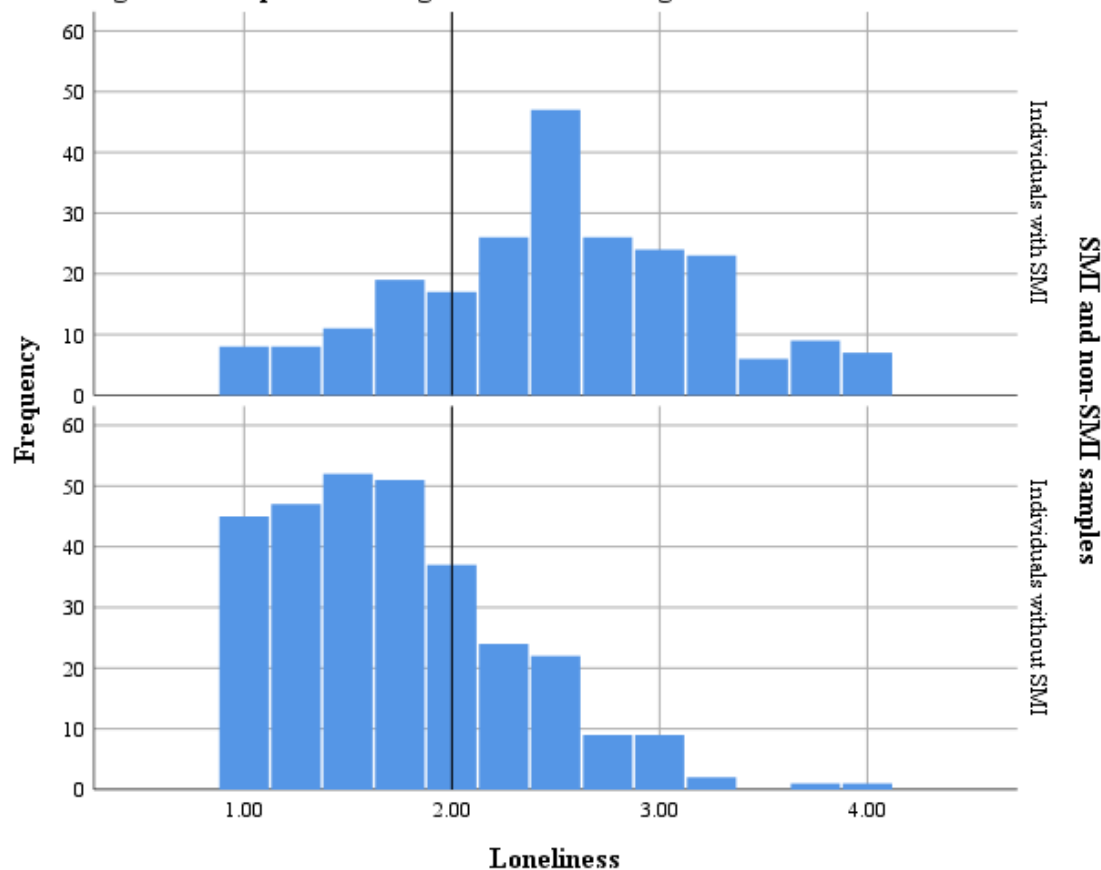
Social Isolation & Loneliness among Adults with SMI

- Greatest unmet needs among people with SMI (Fortuna et al., 2019)
- Social Isolation Indicators
 - Live alone more frequently (49% vs 17%)
 - More likely to be single/ never married (65% vs 31%)
 - Know fewer neighbors
- Social networks
 - 2.5 times smaller
 - More frequently other MH system users
 - Fewer friends (Koenders et al., 2017)
 - Significant "churn" of members (Perry, 2014)
- Loneliness
 - Higher rates of loneliness (up to 80%; Eglit et al., 2018)



Scope of the Issue- Loneliness

Figure 1. Comparison of High Loneliness among Adults with and without SMI



Note: Reference line is Median (1.75) + 1 IQR = 2.00



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Health Outcomes- Social Isolation



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Social Isolation

- Poor health behaviors (Eng et al., 2002; Hanson, 1994; Lochter, 2005)
 - Heavy drinking
 - Sedentary behavior
 - Poor nutrition
- Increased mortality risk (Holt-Lunstad et al., 2010)
- HPA axis activation & cardiovascular disease (Liu et al., 2017)
- Oxidative stress, inflammation (Wolkowitz, et al., 2018).
- Cognitive decline, increased dementia risk (Beland et al., 2005; Fratiglioni et al., 2004)



Health Outcomes- Loneliness



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Loneliness

- Depressive symptoms (Cacioppo et al., 2006; Jaremka et al., 2014)
- Poor sleep quality (Cacioppo et al., 2004; Mahon, 1994)
- Poor general health (Fortuna et al., 2021; Goosby et al., 2014).
- Difficulties in cognitive control (Baumeister et al., 2005)
- Overall cognitive decline (Wilson et al., 2007)
- Elevated cortisol (indicating chronic stress) (Adam et al., 2006; Doane et al., 2014)
- Elevated suicidal thoughts & attempts (Heinrich & Gullone, 2006; Stravynski & Boyer, 2001)



Potential Mechanisms (Hawkley & Cacioppo, 2010)

- Loneliness → feeling unsafe → hypervigilance for social threat
- Surveillance for social threat → Cognitive bias to see
 - Greater threat
 - Negative social interactions
 - Retain more negative social information
- Self-fulfilling prophecy contributes to:
 - Feelings of hostility
 - Stress
 - Pessimism
 - Anxiety



Potential Mechanisms

- Vigilance for social threat ↓ capacity for self-regulation
 - Less regulation of positive emotion
 - Less likely to engage in physical activity
 - Greater obesity
 - More likely to abuse alcohol
- Vigilance for social threat ↑ Hypothalamic-pituitary-adrenal (HPA) Activation
 - Hypertension
 - Atherosclerosis
 - Coronary heart disease

Hawkley, L. C., & Cacioppo, J. T. (2010) Loneliness matters: A theoretical and empirical review of consequences and mechanism. *Annals of Behavioral Medicine*, 40, 218-277.



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3. Factors Contributing to Social Isolation & Loneliness



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Risk Factors among Adults with SMI-

Personal

- Personal Factors
 - High bodily pain & lower physical function (Fortuna et al, 2020)
 - High levels of internalized stigma (Lim et al., 2018; Prince et al., 2018)
 - Longer contact with MH system, more severe affective symptoms (Wang et al., 2020)



Risk Factors among Adults with SMI- Social Cultural

- Social Cultural Factors
 - Small social networks and little social capital (Wang et al., 2020).
 - Social networks with few friends and poor connection with neighbors (Koenders et al., 2017; Kriegel et al., 2020)
 - Disruptive life events job loss, divorce, residential instability (Perry, 2014)



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Risk Factors among Adults with SMI- Social Environmental

- Social Environmental
 - Transportation significant in community participation (Nagata et al., 2020)
 - Disproportionately live in low resource, high crime areas (Brusilovskiy & Salzer, 2012)



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4. Approaches to Building Social Connections



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Befriending



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Befriending

Characteristics

- Supportive relationship
- Between person with SMI and volunteer
- Regular one-on-one companionship
- Core focus of building a friendship

Typical Design

- Matching of pairs
- Weekly contact
- 1-2 hours
- Social/recreational activities
- Home or community



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Befriending

- Evaluation of befriending outcomes
 - Depression
 - Social support
 - Quality of life
 - Social network
 - Social functioning
- Evidence supporting outcomes is weak (Siette et al., 2017)
- Recommendations
 - Identifying appropriate participants
 - Ensuring appropriate frequency & duration
 - Understanding mechanisms
 - Ensuring adequate infrastructure



Social Prescribing



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Social Prescribing

- “A process of linking individuals who use primary care to non-medical supports within their community” (Mahut & Fortune, 2021, p. 136)
- Origins in the UK
- Address non-medical burden in primary care
 - Poverty
 - Isolation & loneliness
 - Nutrition
- Seeks to address Social Determinants of Health (SDOH)



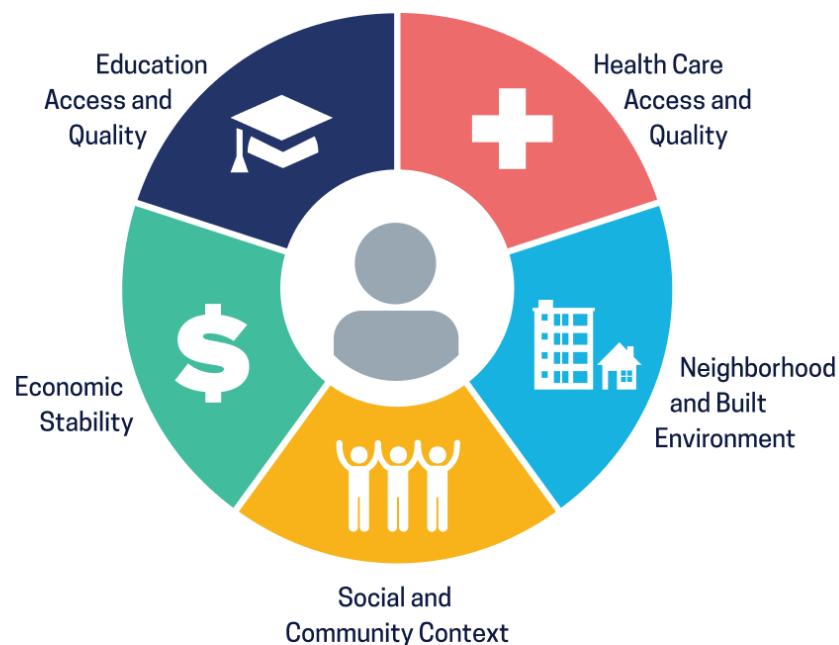
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Social Prescribing

1. Education Access & Quality
2. Economic Stability
3. Social & Community Context
4. Neighborhood & Built Environment
5. Health Care Access & Quality

Social Determinants of Health



Social Determinants of Health
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 Healthy People 2030



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Social Prescribing

- Delivered by “Link Worker” or Navigator
 - Bridges gap, primary care to community supports
 - Identifies needs and interests
 - Connects to community resources
 - May accompany client to new resources
- Goals
 - Enhanced social networks
 - Increased “sense of belonging”
 - Reductions in social isolation.



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Natural Supports



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“resources and strategies that promote the interests and causes of an individual with or without disabilities, that enable him or her to access resources, information, and relationships inherent within integrated work and living environments and that result in the person’s enhanced independence, productivity, community integration and satisfaction.”
(Schalock, 1995)

“...emotional or instrumental support clients receive on a non-professional basis from people they interact with in natural social settings...” (Tsai et al. 2012)



Where do people rely on supports? (Schalock, 1995)

- Befriending
- Financial Planning
- Employee assistance
- Behavior support
- In-home living assistance
- Community access and use
- Health assistance

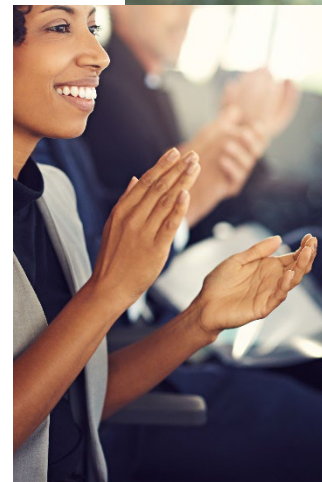


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Multidimensional Support

- Aid
 - Instrumental assistance such as:
 - Financial planning
 - Employment opportunities
 - Transportation
 - Living assistance
 - Health assistance
- Affect
 - Emotion regulation
 - Encourage hope
- Affirmation
 - Identity
 - Convey value & worth



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Support through social networks

- Different ties provide different supports
 - Strength of weak ties
- Larger, centralized homophilous networks (Loran et al 2017)
 - Better in supporting care
- Smaller, decentralized heterophilous networks
 - Better in supporting social integration
- Initiating new activities
- Sustaining behavior

“Structured socialization [e.g. going to an organized activity with others]...gives you a purpose so that you feel compelled to keep going and make friends and stuff, and be sociable with other people.”

WELL + GOOD

FITNESS TIPS

Science Says Working Out With a Friend Is
Actually Better for You—Here's Why

 Well+Good Editors



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How do natural supports form?

- Contact
- Development of Close Relationships
- Joint activities



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Close Relationships

- Close friendships (Hall, 2018)
 - Acquaintance → 140 hours contact → Close Friend
 - Acquaintance → 300 hours contact → Best friend
- Contact most conducive
 - Shared leisure
 - Indicates joint interest
- Value of Close Friends
 - Higher functioning (Michael et al., 1999)
 - Increased longevity and health practices (Jackson, 2010)
 - Better mental health (CDC, 2005)



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Enhancing Mattering



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Mattering- Feeling Valued & Adding Value

- Asserted to be fundamental human needs (Prilleltensky, 2020)
- Feeling valued “Feeling valued incorporates respect for diversity, the need to belong, inclusion, and fairness.”
- Adding value “consists of empowerment, autonomy, a sense of control over our lives, mastery, self-efficacy, and self-determination.”



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Characteristics of Strong Social Connections (CIVIC)

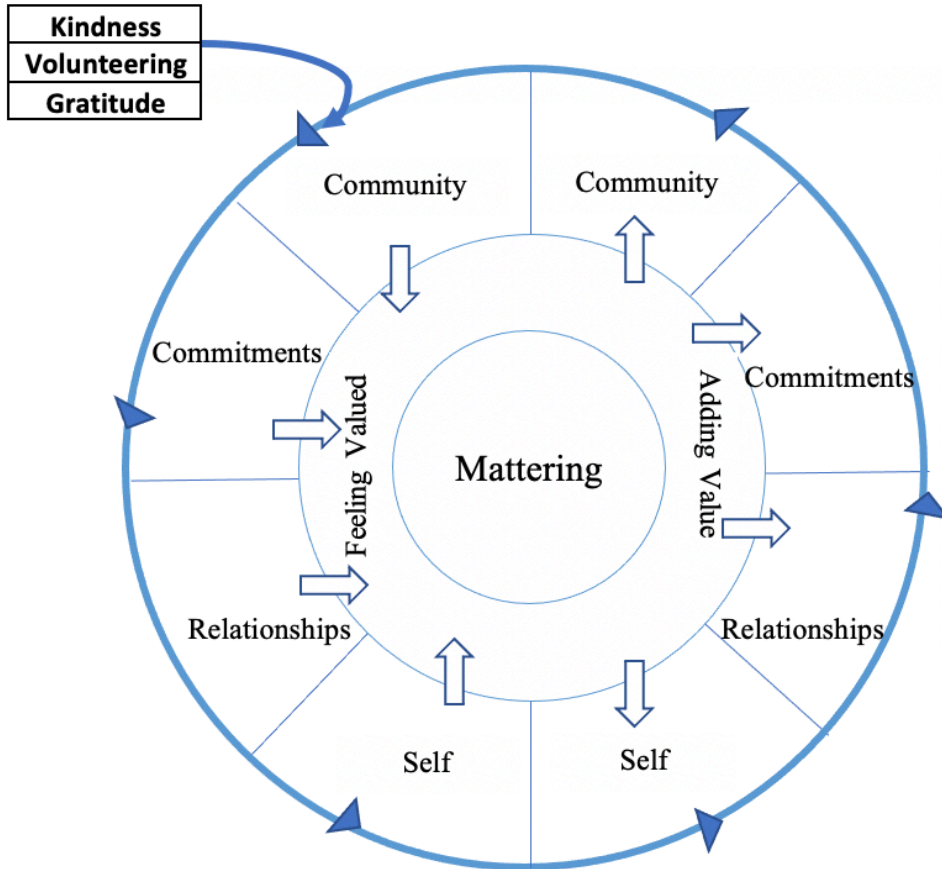
- **C**loseness
- **I**ntity & common bond
- **V**alued relationships
- **I**nvovement
- **C**ared for and accepted



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Enhancing Mattering



CIVIC Components

Community: Those places where people feel welcomed and included for who they are. These welcoming places provide opportunity for social interaction and engagement in meaningful activities.

Commitments: Activities with an external commitment for participation. This might include work, formal volunteer activities, caretaking responsibilities, among others.

Relationships: Established, important relationships—friends, family, peers.

Self: This is comprised of attitudes about one's self. Self-worth, self-esteem, and locus of control



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Thank You!!

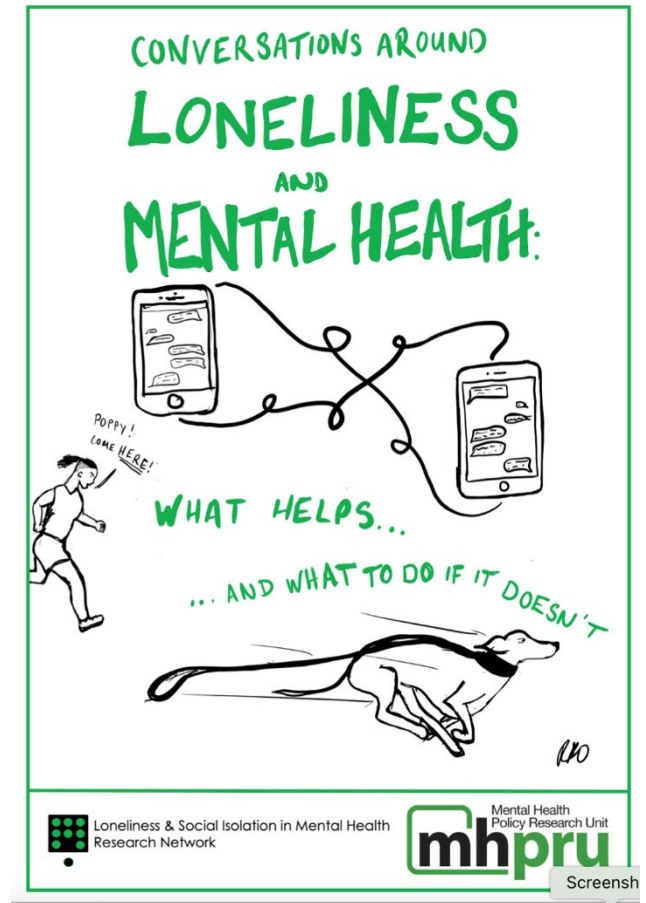
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An interesting resource from
mental health service users in
the UK



https://www.ucl.ac.uk/psychiatry/sites/psychiatry/files/conversations_around_loneliness_mental_health_18.01.2022.pdf



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