

AUSTRALIAN CATHOLIC MIGRANT AND REFUGEE OFFICE 2019 CONFERENCE

LONELINESS & MENTAL HEALTH

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DEFINITIONS

- ‘Loneliness pertains to the feeling of missing intimate interpersonal relationships ,and refers to an individual’s subjective evaluation of his or her social isolation’ (de JongGier-veld & Havens, 2004, in Santina et al, 2016, p. 60)
- ‘Loneliness is a complex and usually unpleasant emotional response to social and emotional isolation, which typically includes anxious feelings about a lack of connection or communication with other beings, both in the present and extending into the future.As such, loneliness can be felt even when surrounded by other people.The causes of loneliness are varied and include social, mental, emotional, and physical factors’ (Barber, 2018, p. 209).

LONELINESS versus SOLITUDE

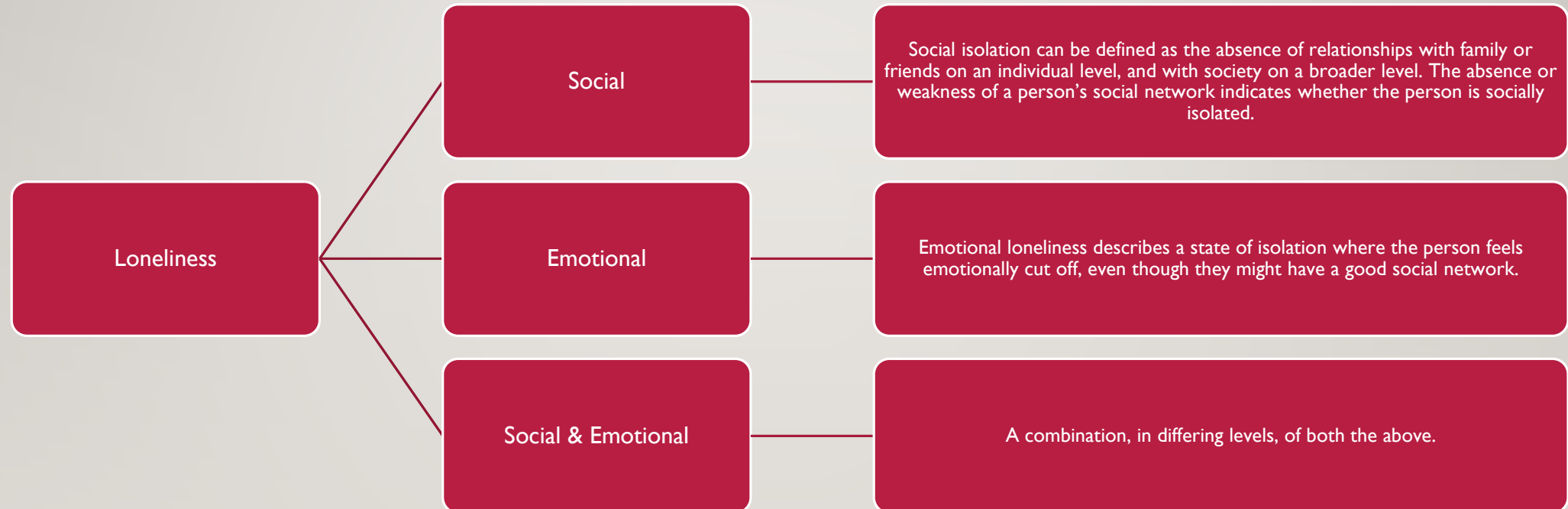
- There is a clear distinction between feeling lonely and experiencing solitude (for example, being a loner or through personal choice). In particular, one way of thinking about loneliness is as a discrepancy between one's necessary and achieved levels of social interaction (Peplau and Perlman, 1982), while solitude is simply the lack of contact with people. Loneliness is therefore a subjective experience. If a person thinks and says that they are lonely, then they are lonely (Barber, 2018, p. 210).

LONELINESS: SOME VARIATIONS ON A THEME



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(Griffin, 2010)



LONELINESS

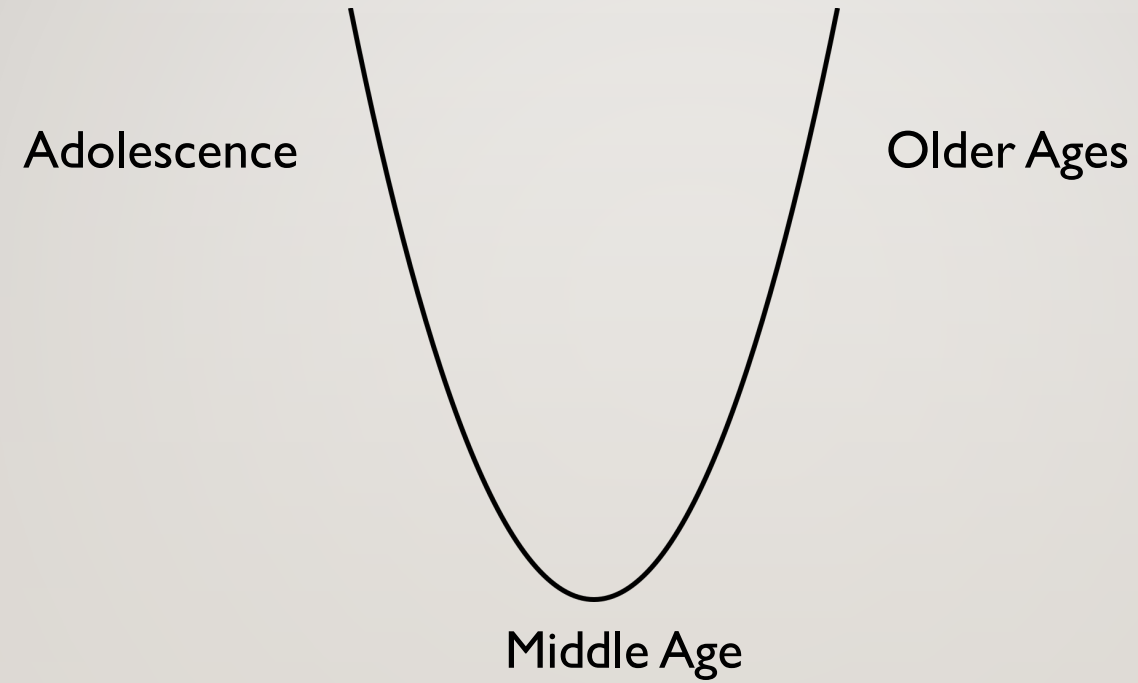
Loneliness is no respecter of:

- Age
- Gender
- Race
- Socio-economic status
- Faith

But each there is a 'relationship' between loneliness and each of these.

LIFELONG PREVALENCE OF LONELINESS

(LASGAARD , FRIIS , & SHEVLIN, 2016)



PREVALENCE OF LONELINESS

(GRIFFIN, 2010)

In 2010 the Mental Health Foundation commissioned Opinium Research to carry out a survey of adults throughout the UK. The online survey took place between 9th and 12th March 2010 among a sample size of 2,256 people.

Results:

1. Our experience of loneliness in ourselves and those around us:
2. Loneliness in society:
3. Seeking help for feelings of loneliness:

OUR EXPERIENCE OF LONELINESS IN OURSELVES AND THOSE AROUND US:

- **Only 22% of those surveyed reported have never felt lonely, and one in ten (10%) reported that they felt lonely often**
- **Around four in ten (42%) felt depressed because they felt alone.** This higher among women 47% as compared to 36% for men) and higher among those aged 18-34 (53% compared to 32% for those over 55).
- **A third (37%) reported having a close friend or family member who they think is lonely.**
- **Over half (57%) those who reported experiencing depression or anxiety isolated themselves away from friends and family....”Did my mental illness worsen my loneliness, or did my loneliness worsen my mental illness?”**

LONELINESS IN SOCIETY:

- **Almost half of us (48%) strongly agree or agree that people are getting lonelier in general.**
- **One in three of us (35%) strongly agree or agree that we would like to live closer to our family so that we could see them more often.** This is higher among women (40%, compared to 29% of men), and among people living in London (41%, compared to 25% of those living the North East). **A third of us (29%) say that we don't have enough time to spend with friends and family.**
- **Two thirds (62%) say technology helps us to keep in touch with people we might otherwise lose touch with.** One in five (18%) of us say that we spend too much time communicating with family and friends online when we should see them in person. This is higher among younger people (31%, compared to 9% of those over 55).

SEEKING HELP FOR FEELINGS OF LONELINESS:

- **One in ten of us (11%) have sought help for feeling lonely.** This is higher among those living in the South West (16%, compared to 8% in Yorkshire and Humberside. **One in three of us (30%) would be embarrassed to admit to feeling lonely.** This is higher among younger people (42%, compared to 30% of those aged 35-54 and 23% of those over 55).

LONELINESS IN SOCIETY:

- ‘Finally, our findings revealed that the perception of reduced quality, not quantity, of interpersonal relationships was associated with poor psychological health. From a societal perspective, and in the interests of reducing the burden of psychological distress, efforts should be made to enhance the quality of social connections as opposed to promoting the virtues of larger social networks’ (Hyland, et al, 2018)

WHAT TO DO?

Diocesan Clergy Life & Ministry Offices:

- develop 'contact teams' for persons engaged in ministry in rural and remote area to regularly (weekly) contact clergy and pastoral workers to just 'shoot the breeze'
- Facilitate social networking means, e.g., *FaceBook* groups, to keep abreast of activities
- [Where possible] Encourage clergy and pastoral workers to join local 'recreational' groups
- Assist clergy and pastoral workers to begin non-faith-based social networking groups, e.g, book clubs, etc.

** Develop 'quality' and not 'quantity' groups that allow clergy and pastoral workers to connect with others in non-ministerial relationships.

REFERENCE LIST

Barber, C. (2018). Loneliness and Mental Health. *British Journal of Mental Health Nursing*, 7(5), 205-214. <http://dx.doi.org/10.1016/j.chb.2016.03.084>

Chen, W., Wu, S., Ling, L., & Renzaho, A. M. N. (2019). Impacts of social integration and loneliness on mental health of humanitarian migrants in Australia: evidence from a longitudinal study. *Australian & New Zealand Journal of Public Health*, 43(1), 46–55. doi: 10.1111/1753-6405.12856

Gerino, E., Rollè, L., Sechi, C., & Brustia, P. (2017). Loneliness, resilience, mental health, and quality of life in old age: A structural equation model. *Frontiers in Psychology*, 8. <https://doi-org.ipacez.nd.edu.au/10.3389/fpsyg.2017.02003>

Griffin J. 2010. The lonely society? <https://bit.ly/2dgs78G> (accessed 31 July 2019)

Henriksen, J., Larsen, E. R., Mattisson, C., & Andersson, N. W. (2019). Loneliness, health and mortality. *Epidemiology and Psychiatric Sciences*, 28(2), 234–239. <https://doi-org.ipacez.nd.edu.au/10.1017/S2045796017000580>

Hyland, P., Shevlin, M., Cloitre, M., Karatzias, T., Vallières, F., McGinty, G., ... Power, J. M. (2018). Quality not quantity: Loneliness subtypes, psychological trauma, and mental health in the us adult population. *Social Psychiatry and Psychiatric Epidemiology*: <https://doi-org.ipacez.nd.edu.au/10.1007/s00127-018-1597-8>

Lasgaard M, Friis K, Shevlin M (2016) “Where are all the lonely people?” A population-based study of high-risk groups across the life span. *Journal of Soc Psychiatry & Psychiatric Epidemiology*, 51:1373–1384.

Smith K. J., & Victor, C. (2019). Typologies of loneliness, living alone and social isolation, and their associations with physical and mental health. *Ageing & Society*, 39(8), 1709–1730. <https://doi-org.ipacez.nd.edu.au/10.1017/S0144686X18000132>