

Submission to the Interim Mental Health and Wellbeing Commission

May 2020

Purpose

The purpose of this short submission is to advocate for the prevention of loneliness as a key workstream for the new Mental Health and Wellbeing Commission, and for the inclusion of self-reported loneliness as a key indicator in the proposed new Mental Health and Wellbeing Outcomes Framework.

Background

During April and May 2020, the Helen Clark Foundation conducted some rapid research into the health and wellbeing risks of prolonged loneliness and the likelihood that the Covid-19 pandemic and associated enforced social distancing could exacerbate these risks. Two articles summarising the results of this research can be read [here](#) and [here](#). In June 2020 the foundation will publish a more formal report on this topic.

Our investigation generated six public policy recommendations that could help to reduce the risks of loneliness during and after the pandemic, one of which was 'Invest in frontline mental health services'. This recommendation included the suggestion that responding to the mental health impact of Covid-19 must now be a key plank in the work programme of the Interim Health and Wellbeing Commission, and that its monitoring and reporting should include loneliness as a key variable.

Why measuring and reducing loneliness is important for mental health and wellbeing

Whanaungatanga / belonging is a key plank of wellbeing

The Helen Clark Foundation understands and supports the interim commission's intention to establish a holistic definition of mental health and wellbeing. Our recent research has not specifically explored frameworks for defining and measuring mental health and wellbeing so we will not comment on these elements of the consultation, other than to say that it will be important that this holistic definition of mental health and wellbeing is positively framed and culturally appropriate for Aotearoa New Zealand, ideally grounded in Te Ao Māori concepts of *oranga* and *hauora*.

However the commission chooses to word it, this positively-framed vision for holistic mental health and wellbeing will need to include concepts of *whanaungatanga*, *belonging*, and *connection*. People are social beings: we evolved to live communally, and our brains are wired to respond to social isolation as an existential threat. The notion that people rely on strong, meaningful social connections for our mental health and wellbeing is widely supported by evidence as well as common experience (for a thorough review, see Hawkley and Cacioppo 2010).

As the inverse of connection, loneliness is a useful measure

Loneliness is the absence of such connections, and, as the inverse of *belonging* and *connection*, can be a useful way to measure how well we are doing. It is defined as the painful feeling that occurs when one's needs for connection are unmet. An equivalent concept from Te Ao Māori might be *mokemoke*. Temporary periods of loneliness in response to specific external circumstances are common and universal. Indeed, the fact that everyone will experience some loneliness at some point in their lives makes it a particularly powerful and useful indicator, because we all know what it feels like. When loneliness becomes prolonged and is experienced for extended periods, it carries considerable risks to health and wellbeing.

About The Helen Clark Foundation

The Helen Clark Foundation is an independent public policy think tank based in Auckland, New Zealand.

Building on the lifetime of public service by our patron Helen Clark, we aim to contribute to policy debates on how to achieve a more inclusive, sustainable, and peaceful society. We are non-partisan.

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Reducing loneliness can improve public health

In various New Zealand and international studies, self-reported loneliness has been associated with poor self-reported health, increased morbidity and mortality (i.e. shortened life-expectancy), sleep disruption, suppressed immune function, hormonal imbalance, depression, anxiety, dementia, high blood pressure, heart disease, and more. (See, for example, Hawkins-Elder et al. 2018, Ortiz-Ospina 2019). This strong correlation between loneliness and poor physical and mental health suggests that there are significant public health gains to be made by understanding loneliness and reducing its incidence.

Reducing loneliness requires addressing overall wellbeing

Loneliness is strongly inversely correlated with income. Those earning less than \$30,000 per annum are twice as likely to report feeling lonely than those earning over \$70,000. Those who are unemployed are also more likely to feel lonely than those who are employed (Ministry of Social Development 2016). These figures demonstrate that loneliness and other wellbeing measures are closely linked. A focus on reducing loneliness would therefore also involve improving general wellbeing, for example by increasing income, encouraging employment and training, and improving material wellbeing.

We have a reliable existing indicator for measuring loneliness in Aotearoa New Zealand

We are fortunate in Aotearoa New Zealand to already have an established measure of self-reported loneliness. In the most recent survey, conducted in 2018, 16.6 percent of the population over 15 reported feeling lonely all, most or some of the time in the previous four weeks, and a further 22.4 percent reported feeling lonely a little of the time. 61 percent said they were not lonely at all in the four weeks (Stats NZ 2018). The next survey is due to be conducted this year and reported in 2021, though it is possible data collection and reporting will be delayed due to disruptions caused by Covid-19. It will be particularly important to review whether and how Covid-19 impacts on levels of self-reported loneliness. This measure of loneliness could be a key indicator in the new Mental Health and Wellbeing Outcomes Framework.

The risks of loneliness are likely to have been exacerbated by Covid-19

The period of enforced social isolation (Alert Level 4 “lockdown”) associated with Covid-19 had obvious impacts on people’s social connections, essentially severing many of them temporarily. At the time of writing New Zealand is at Alert Level 2 and many social activities have resumed; however, the impact of the isolation period is likely to be felt for some time. Even at lower alert levels, there is an ongoing requirement for social distancing that will have a suppressant effect on social interactions. There remains an ongoing risk that further outbreaks of Covid-19 will require people to go back into social isolation. Even if this does not happen, it is likely that the heightened risk of infection will change social behaviour. As loneliness researcher Julianne Holt-Lunstad puts it: “just like we’re worried about an economic recession, we should worry about a social recession—a continued pattern of distancing socially, beyond the immediate pandemic, that will have broader societal effects, particularly for the vulnerable” (Wright 2020). It will be particularly important to be actively monitoring loneliness and seeking to mitigate its negative impacts during the coming months and years.

Conclusion

A positively-framed vision of belonging and connection will need to be a key plank of the definition of mental health and wellbeing eventually adopted by the new Mental Health and Wellbeing Commission. While it is important that this vision of connection is defined and described positively – as the presence of something, not the absence of something – self-reported loneliness will provide a useful way to measure how well this positive vision is being achieved. This is because loneliness is tangible, universally experienced and therefore understood, and because we already have a well-established indicator of it in the Stats NZ wellbeing measures. Prolonged feelings of self-reported loneliness are strongly linked to increased physical and mental health risks, meaning a focus on reducing loneliness will have considerable public health benefits. Loneliness is also strongly correlated with other negative wellbeing indicators such as low income and unemployment, meaning a focus on reducing loneliness will require addressing other key aspects of wellbeing. The Covid-19 is likely to have significantly exacerbated the risks of loneliness and its negative consequences for some time to come. For these reasons, The Helen Clark Foundation recommends that a focus on tracking and reducing loneliness over time becomes a key focus for both the interim and final Mental Health and Wellbeing Commission.

References

- Hawkins-Elder, Hannah, Taciano L Milfont, Matthew D Hammond, and Chris G Sibley. 2018. "Who Are the Lonely? A Typology of Loneliness in New Zealand." *Australian & New Zealand Journal of Psychiatry* 52 (4): 357–64. <https://doi.org/10.1177/0004867417718944>.
- Hawkey, Louise C., and John T. Cacioppo. 2010. "Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms." *Annals of Behavioral Medicine : A Publication of the Society of Behavioral Medicine* 40 (2). <https://doi.org/10.1007/s12160-010-9210-8>.
- Ministry of Social Development. 2016. "The Social Report 2016." Ministry of Social Development. <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/monitoring/social-report/index.html>.
- Ortiz-Ospina, Esteban. 2019. "How Important Are Social Relations for Our Health and Well-Being?" Oxford Martin School. Our World in Data. July 17, 2019. <https://ourworldindata.org/social-relations-health-and-well-being>.
- Stats NZ. 2018. "Wellbeing Statistics: 2018." Stats NZ. <https://www.stats.govt.nz/information-releases/wellbeing-statistics-2018>.
- Wright, Robin. 2020. "How Loneliness from Coronavirus Isolation Takes Its Toll." *The New Yorker*. March 23, 2020. <https://www.newyorker.com/news/our-columnists/how-loneliness-from-coronavirus-isolation-takes-its-own-toll>.