



From the clinic to the community: reducing loneliness through therapy

Age Better in Sheffield is led by South Yorkshire Housing Association and is part of the National Lottery Community Fund's Ageing Better: Fulfilling Lives programme which aims to reduce loneliness and isolation amongst people aged over 50 across England. The programme also aims to improve the evidence base.

At the start of the six year programme, Age Better in Sheffield carried out a comprehensive phase of research and coproduction with people and communities in Sheffield. This identified that poor mental health was a major contributing factor to loneliness and isolation, often triggered by a transitional event such as retirement or bereavement. South Yorkshire Housing Association's coproduction and previous work with people experiencing poor mental health had identified that people often found it difficult to engage with conventional mental health services delivered in clinical settings. Reasons so far identified for difficulty in accessing services include poor mental health, inability to leave the home due to mobility or caring duties, and cost of transport. Anxiety, including anxiety and fear about accessing mental health services, is particularly prevalent.

Wellbeing Practitioners

AGE BETTER IN SHEFFIELD

Wellbeing Practitioners was commissioned in 2015 to deliver intensive counselling to people aged 50 and over and is the largest Age Better in Sheffield project.

- The service provides up to six months of weekly psychological therapy, delivered at a location which the client is comfortable with (-50% start therapy in their home, GP or other community venue), with a view to the client progressing to take part in therapeutic and peer led interventions within Sheffield Mind's wellbeing centre.

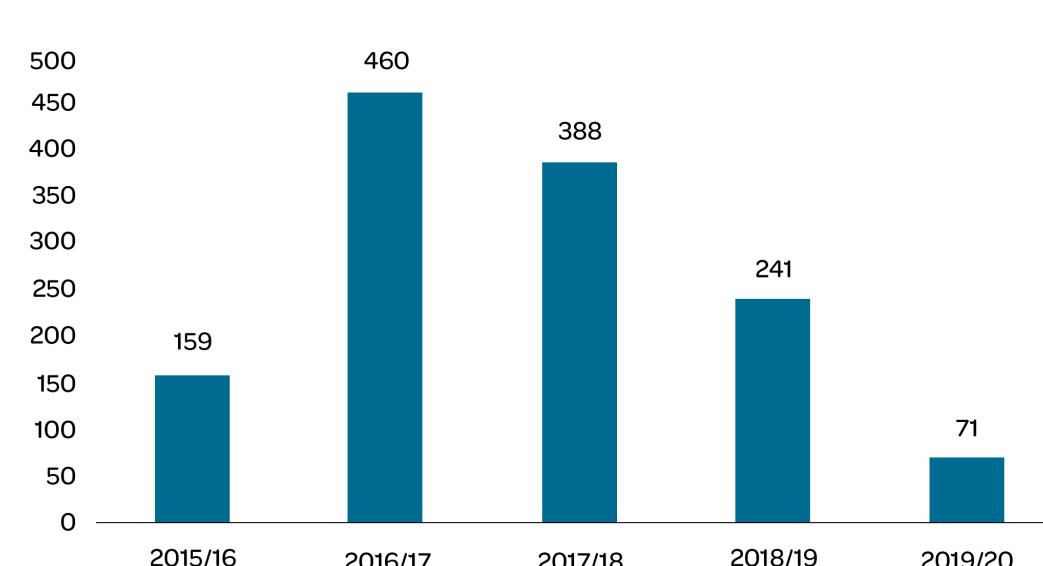
- The service has changed its delivery method over time to reflect learning, for example moving to offering therapy in six week blocks (with potential for extension) rather than an initial offer of 26 weeks.
- The project was recommissioned in 2018, with an increased focus on creative and movement therapies as well as group therapy.
- Sheffield Mind were also part of a consortium delivering a second Age Better in Sheffield intervention, Peer Mentors, which matched people who had experienced loneliness and isolation with people currently experiencing or at risk of loneliness and isolation.
- Participants tended to experience a sense of loss of some kind resulting from a change in life circumstances, including bereavement, ill health and caring responsibilities.

Methods

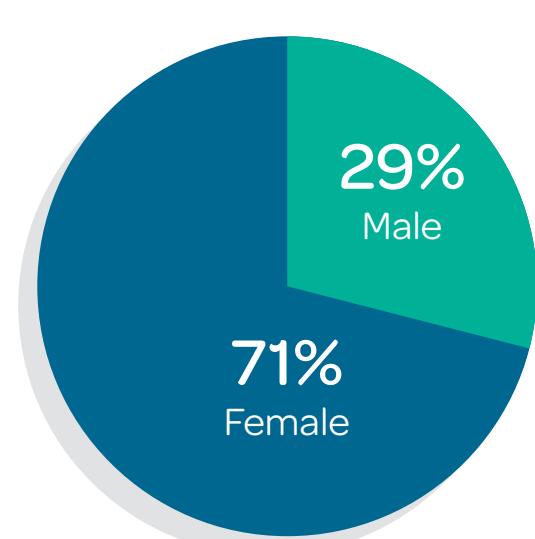
- As part of the Ageing Better: Fulfilling Lives project, Wellbeing Practitioners is being evaluated using a mixed methods approach.
- Learning has also been drawn from a focus group carried out with Wellbeing Practitioners staff.
- Quantitative evaluation is carried out using the national Ageing Better: Fulfilling Lives Common Measurement Framework which measures a range of indicators including loneliness and isolation (using De Jong Gierveld 6 item scale and UCLA scales) and wellbeing (SWEWBWS). A survey tailored to Wellbeing Practitioners is also completed, and Sheffield Mind also sent out a separate questionnaire to participants.
- Coproduction, including co-evaluation, is a key to Age Better in Sheffield, and qualitative evaluation to date has involved interviews and focus groups carried out by volunteer researchers aged over 50 and carried out with participants and practitioners.

Our reach

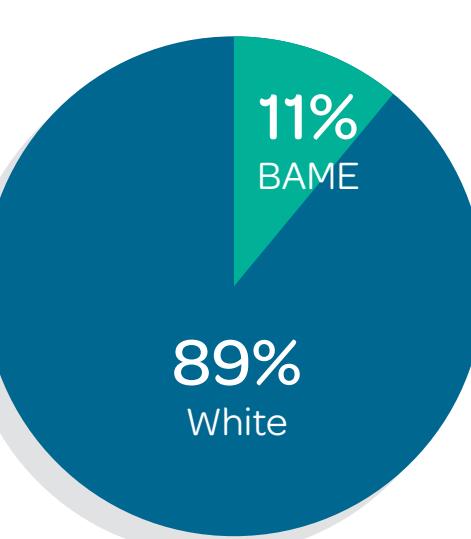
Total participants



Gender breakdown



Ethnicity



Age range

Age Range	Count	Percent of all
40-49	8	1%
50-59	381	47%
60-69	252	31%
70-79	108	13%
80-89	63	8%
90-99	4	0%
100+	0	0%

Levels of loneliness and isolation and wellbeing of participants

Breakdown	WBP Year 1	WBP Year 2	WBP Year 3	WBP Year 4
Total	4	4	5	5
40-49	6	4	4	5
50-59	4	5	5	5
60-69	4	4	4	4
70-79	4	4	4	3
80-89	3	4	4	3
90-99	0	0	0	5

Overall social and emotional loneliness,
6 item De Jong-Gierveld Scale
0 = least lonely, 6 = most lonely
Comparator: TNS Omnibus (2016)
overall mean average = 1.6

Outcomes

- 80% of Wellbeing Practitioners' clients during the first three years have improved in wellbeing (80% on SWEMWBS). 62% demonstrated improvements in EQ-VAS health self-reported score.
- Responding to a questionnaire devised by Sheffield Mind, 61% of respondents reported visiting their GP less frequently for their mental health concerns (one client reported a reduction from weekly visits to every two months).
- Ageing Better programmes across the country have identified that it is much harder to reduce loneliness and isolation than wellbeing, but 47% improved on De Jong Gierveld 6 item scale, the highest of Age Better in Sheffield interventions, and 52% improved against the UCLA loneliness scale.
- 45% of participants increased social contact with family members, and 43% increased social contact with non-family members. In a questionnaire devised by Sheffield Mind, 78% of respondents reported more regular contact with family, friends, colleagues, neighbours or others in their community.
- Wellbeing Practitioners have worked hard to increase access for men, who are typically under-represented in psychological treatment: the percentage of male clients has increased by 13% between year 1 and year 5.
- Involvement in Wellbeing Practitioners has influenced Sheffield Mind's approach to therapy in many ways. A greater focus on working with older adults has helped practitioners to understand the most effective ways of working with them and the challenges that are presented.

"It didn't completely wipe out my problems and my mental health but it just made me aware of why I think the way I do, and helps me to find strategies to cope with how I feel with depression on a day to day basis, and also to understand others and to sympathise and empathise with people." (Joanne)

Learning

Over the course of the programme, clinicians and Age Better in Sheffield have gained in learning about the potential for counselling to reduce loneliness and isolation and improve wellbeing:

- Loneliness isn't always solved by reducing isolation: improving people's sense of wellbeing and rekindling an interest in hobbies can make people feel less alone even if they remain physically isolated.
- Challenges for older adults in accessing therapy include stigma and fear around mental health and what mental health practitioners might mean for them: fear of 'men in white coats' and the recollection of time of asylums.
- A male clinician having a regular slot on local radio appears to have been influential in increasing uptake amongst men, as well as having male counsellors.
- Many people need a substantial period of therapy, but offering counselling in six week blocks with reviews (and the potential to have further blocks) has reduced the average number of counselling sessions that people receive before they are happy to end.

- Therapy delivered at people's home enables people who would not otherwise to access therapy to do so. Therapists have learned that delivering therapy in someone's home needs to be tailored to the environment. Expectations of outcomes for those who receive therapy at home may be different to those who are already able to function within the community.

- Early indications suggest that group therapy is not successful for those who have not already received individual therapy, particularly amongst people from lower socio-economic backgrounds and of white British ethnicity. Group interventions appear to work better for those who have already received a short period of individual therapy.

Next steps

- Wellbeing Practitioners was initially commissioned for three years. Its promising outcomes means that Sheffield Mind has been recommissioned to deliver the project for a further two and a half years.
- The current iteration of Wellbeing Practitioners includes more group, creative and movement therapies to allow greater reach and to explore preferences identified by people from different ethnicities with a view to increasing access for people from BAME communities. This is already providing learning as above.
- Further evaluation is being carried out to explore the impact of home and community-based therapy provision.