

## Loneliness and Isolation in Wales

### RCGP Wales response to Consultation by Welsh Government Health, Social Care and Sports Committee

1. RCGP Wales represents GPs and doctors in training as GPs in Wales. We welcome this consultation as we are aware that large numbers of patients across Wales are troubled by loneliness and this was reflected in the recent report by Age Cymru. This is compounded by the increasing age of the population and the gradual urban drift plus changing family dynamics with increasing single householders and single parents. Isolation and loneliness is not simply a rural problem but is commonly seen in the high-rises of our cities and amongst the busy estates and terraces. It can affect the employed and the unemployed and all ages.
2. GPs may see some patients who complain of depression, when the person may have low mood and sadness is miss-attributed to clinical depression, but it can result in true clinical depression. Other forms of mental health problems can often result in loneliness and isolation due to the problems arising from difficulties for those affected to go out and socialise e.g. agoraphobia, severe anxiety disorders, minor learning disability or being ostracised. For some of these people the mental health measure and the primary care mental health support services could be helpful but the services are often over stretched and can be difficult for some to access. Improvements in some of these services could potentially reduce some of the problems.
3. Physical disability may limit some people's ability to socialise due to lack of suitable transport support. Disability both physical and mental plus unemployment can mean that there is limited funding to help support transport to social groups resulting in isolation. Some GPs and clusters are linking with local groups to sign post patients for localised support.
4. Bereavement is often a real trigger. A caring relative may have stopped work or lost contact with friends and social networks due to the deterioration in the health of a cared for relative. GPs potentially can help identify these people as carers. Carers may not have the same GP as the cared for person or make it clear to the doctor that they are carers. There needs to be an increase in public awareness of the definition of carers and the fact that social services have a duty to assess them in relation to their own needs. Sadly, this does not happen quickly enough and support from social services is limited. Once the carer becomes bereaved then if there has been support this ceases as the carer ceases to be a carer. There may be additional problems due to changed income, loss of confidence in rebuilding social networks or entering the workforce. Social services need to be able to continue to support this group following bereavement. In some areas, this occurs. For a few living in council supported disabled properties, they are asked to move out into alternative accommodation very quickly occasionally away from what support networks they still have and Social Services need to handle these situations more

sensitively.

5. Mechanisms need to be developed to enhance local community cohesion. These can potentially be triggered by groups who have similar needs e.g. midwives, or antenatal classes encouraging young mothers to meet after they have their babies. Local venues can be encouraged to help by enabling them to meet easily, say in community centres, libraries, local pubs or coffee shops. These can be drop in rather than membership groups. GP surgeries could advertise the meetings as could local shops and community groups. Local authorities may be able to help support some of these events.
6. Socialising and exercising is good for mental wellbeing so “walks/runs in the park” or Saturday runs are needed. Valeways is a charity in the Vale of Glamorgan supported by the local authority which promotes walking for easy to more difficult routes. Services such as ‘Mind’ have walking groups which are not for “serious” walking, but more of a chat and getting some physical exercise. Churches may have initiatives such as “Messy Church” which get together generations to do crafting activities. The University of the Third Age has a broad range of activities available to the older age group. Local Authority’s run evening classes that can lead to social integration. For some of those who are isolated it may be difficult to access these services either due to poor transport, fear or other commitments e.g. caring.
7. Some communities have a lot of activities available for all ages and these are advertised locally or via the internet e.g. Wenvoe Village between Barry and Cardiff have several village groups and a monthly community magazine advertises these in ‘Wenvoe What’s On’. In the small market town of Llanfyllin, Powys there is a ‘Good Companions Club’, which meets weekly from March to December. They go on short trips have people in to talk to them on various topics and have parties at Christmas. This is popular with the elderly. In addition, they run a monthly Lunch Club at the local hotel. This involves a hot meal then cake and cup of tea or coffee for £6. Transport is provided for both by volunteers.
8. GPs are in some cases able to identify loneliness and isolation if it is reported or searched for in their patients. There are organisations and groups, who are already providing some of the solutions but GPs are not always aware of these nor are the public. Some way of improving awareness is required and also helping and supporting those who are reluctant to participate to try.