

The motto of the Jo Cox Foundation is “Combatting loneliness one conversation at a time” (www.jocoxloneliness.org/). Jo Cox was assassinated while a Member of Parliament by a right-wing fanatic, but her work on social inclusion and participation for about nine million lonely people in the UK continues. The foundation’s latest report on loneliness has just been welcomed by Prime Minister Theresa May, who promised “to take action” to address loneliness (Walker, 2018). Both objective social isolation and subjective feelings of being alone are associated with raised all-cause mortality (Leigh-Hunt *et al.*, 2017). Various aspects of loneliness are related to poor mental health or suicide, with the most consistent relationship being between social isolation and depression (Leigh-Hunt *et al.*, 2017).

The good news today is that the present Minister for Sport and Civil Society, Tracey Crouch, has been appointed the first Minister for Loneliness. Furthermore, she has announced a multi-million pound fund that would help her pull together existing work being carried out on loneliness, to create a framework for intervention in the future (BBC News, 2018). A promising start is that she recognises the prevalence of loneliness at all ages (although the appearance can differ in childhood, early adulthood or old age). I hope that we, in the research community, will help the new Minister develop evidence-based practice, within her framework initiative.

This year a new, inter-agency UK Prevention Research Partnership has begun. A good area of research might be how “to take action” preventing depression among lonely people. Possible areas for research might either be building connections to new social networks or by showing how people belong (and are valued within) their community. The experience of Burls and Caan (2004) with the community phenomenon of “embracement” is that groups of vulnerable people benefit from opportunities for “bottom up” social inclusion. One of Crouch’s suggestions is to develop new architectural approaches to housing, making social connection easier for older people.

Experiences of rejection or victimisation can amplify loneliness. In this issue of the *JPMH*, Alang reports on depression in an American population that frequently experiences discrimination. In preventing or overcoming depression, one trusted and supportive person can make a difference. In this issue, Bishop *et al.* review mental health coaching. In general, working alongside a coach who understands “where you are coming from” may be a viable, non-clinical intervention. Social and economic policy clearly impacts on loneliness. I look forward hopefully to future work by the new NIHR Mental Health Policy Research Unit in London: it is led by a Member of our Editorial Board, the Economist Paul McCrone.

In terms of Prevention Research, interest is growing in several professional areas, for example, the Faculty of Public Health supports a growing public mental health group (www.fph.org.uk/public_mental_health_special_interest_group) and the Royal College of Psychiatrists hosts a public mental health network (www.rcpsych.ac.uk/policyandparliamentary/publicmentalhealth.aspx). Both mental health groups have established collaborations on developing policy, with statutory bodies like Public Health England and charities like the Mental Health Foundation. A memorable moment in 2017 was when the Association of Directors of Public Health signed the Prevention Concordat (www.adph.org.uk/wp-content/uploads/2017/11/ADPH-Policy-Position-Mental-Health.pdf). Expertise in both collaboration and leadership will be vital, to succeed in preventing mental illness.

As well as changes in practice to prevent mental illness (Public Health England, 2017), new connections between higher education and practice will be needed to improve research on prevention, at the population level. Last week I visited the new Department of Health Policy at

LSE, the London School of Economics and Political Science. It was impressive to see links growing there with both clinical and voluntary sector mental health, and bridge building that spanned academic communities in many countries.

Loneliness is a so-called Wicked Problem that can seem too big and multi-faceted to address. However, a lesson from environmental action is to engage in both local and global initiatives for change. For example, suicide prevention has stalled in the UK (HM Government, 2017). However, understanding local factors like loneliness, unemployment and depression in men, in combination with national initiatives on alcohol pricing (Caan, 2018) might just shine a light on the prevention of harm.

For professionals, preparation and training often make a decisive difference to prevention. Recently, Barclays Women of the Year Awards included Laura Prescott, a bereavement liaison nurse. She was honoured for the vital role she and her team played helping families, in the wake of the 2017 bombing of a concert at the Manchester Arena. Helping people cope with loss and despair is a valuable way to take action. This Summer in Sierra Leone over 500 people died suddenly in flooding and mudslides. In total, 20 prepared and trained mental health nurses were able to engage with the bereaved, traumatised community to “help mitigate risk factors for mental illness” (Harris *et al.*, 2018). Faced with a national level of loss, they were combatting horrific loneliness, one conversation at a time.

A Quiz

Loneliness is [choose the correct answer]:

- | | |
|------------------------------------|------------------------------------|
| [1] Subjective | [2] Objective |
| [1] A problem for Older people | [2] A problem for Young people |
| [1] An Urban problem | [2] A Rural problem |
| [1] A health issue for Individuals | [2] A health issue for Communities |

(Answer: all of the above)

References

- BBC News (2018), “Minister for loneliness appointed to continue Jo Cox’s work”, available at: www.bbc.co.uk/news/uk-42708507 (accessed 17 January 2018).
- Burls, A. and Caan, W. (2004), “Social exclusion and embracement: a helpful concept?”, *Primary Health Care Research & Development*, Vol. 5 No. 3, pp. 191-2.
- Caan, W. (2018), “Measuring the prevention of harm due to minimum alcohol pricing”, *BMJ*, Vol. 360, available at: www.bmj.com/content/bmj/360/bmj.k130.full.pdf (accessed 14 February 2018).
- Harris, D., Wurie, A., Baingana, F., Sevalie, S. and Beynon, F. (2018), “Mental health nurses and disaster response in Sierra Leone”, *Lancet Global Health*, Vol. 6, No. 2, pp. e146-7.
- HM Government (2017), *Preventing Suicide in England: Third Progress Report of the Cross-government Outcomes Strategy to Save Lives*, HMG, London.
- Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N. and Caan, W. (2017), “An overview of systematic reviews on the public health consequences of social isolation and loneliness”, *Public Health*, Vol. 152 No. 11, pp. 157-71.
- Public Health England (2017), “Prevention concordat for better mental health”, available at: www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health (accessed 30 August 2017).
- Walker, P. (2018), “Loneliness strategy to be developed in memory of Jo Cox”, *The Guardian*, 17 January, p. 20.