The bane of lockdown loneliness

By the time this editorial appears we will, with all good luck, already be beginning to ease our way cautiously out of lockdown. In addition to the 125 000 or more COVID-19-associated deaths in the UK, which have disproportionately affected elderly, underprivileged men, we should not underestimate the toll that ‘lockdown loneliness’ has had on the many older people living alone during the pandemic. Age UK estimates that there are at least 1.4 million elderly folk in England who are chronically lonely.

Loneliness is scary and its effects are debilitating. It affects wellbeing, it heightens anxiety and depression as well as adding to stress. It relentlessly undermines physical health through high blood pressure, cardiovascular disease, stroke and cognitive decline, as well as aggravating Alzheimer’s disease. It significantly shortens lives. Feeling lonely can also have a negative impact on self-esteem and mental health, especially if these feelings have persisted for a long time. The elderly living in isolation are most at risk, and men, who tend to be less well connected with friends and family than women, are disproportionately affected. This may help to explain the higher incidence of suicide among males compared with that of females.

Unfortunately, the recent Government White Paper on the reorganisation of the NHS – or re-disorganisation as some have described the proposals – has little to offer on this issue. Its promise to ‘remove transactional bureaucracy’ and ‘ensure the system is more accountable’ sound laudable; however, the new powers for the Secretary of State to ‘take back control’, to coin a phrase, do not necessarily seem that justifiable. It is not clear what problem they are supposed to solve. Claims that the pandemic has demonstrated the need for greater management from Whitehall are unconvincing in the light of some of the missteps we have seen. It is far from clear that additional powers to intervene in reconfiguration will speed things up – in fact, the opposite seems more likely.

Currently the only choice that most isolated elderly folk have is to either soldier on alone, or reluctantly move to a care home. The fact that almost a quarter of all deaths during the pandemic have occurred in the care home sector is a major disincentive to leave their own home however lonely they are, not to mention the considerable costs involved.

As we consider a strategy to counter loneliness, we should consider the link between housing and isolation among older people. A recent report on ‘Homes for Later Living’ does this, taking the quality of life metrics as a way of measuring general wellbeing. The evidence shows that someone aged 80 years who has moved into specialist retirement housing typically exhibits the wellbeing and quality of life characteristics of someone 10 years younger.

The current suffering of the isolated elderly is a sad indictment on our society, particularly since it does not need to be like this. There are many things we can do, but social connection has proven to be the best antidote. As the pandemic eases this is an issue that urgently needs to be addressed.