



OXFORDSHIRE NEEDS ANALYSIS

Mental Health – Loneliness and Isolation

January 2021

This report was produced by Oxfordshire Community Foundation using community mapping and reporting tool Local Insight. This tool has been developed by OCSI and makes use of open data to help councils and community organisations make informed funding and policy decisions. It brings in up-to-date data drawn from the Census, the Department for Work and Pensions, deprivation indices and other sources.

Note that data will change regularly as information is updated on Local Insight. This report was correct at the date of publication.

Key to maps:

20% least
deprived

20% most
deprived

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Introduction

This report will look at a few social issues that affect many of Oxfordshire's population. These are linked to mental health and wellbeing, in particular loneliness and isolation.

The COVID-19 pandemic and lockdowns are in danger of creating an epidemic of loneliness across Oxfordshire. Many more individuals are becoming isolated and experiencing loneliness, in addition to those who were seriously affected by these issues previously. Charities and support agencies are seeing a rise in mental health issues.

The terms isolation and loneliness are often used interchangeably, but they are not the same. Isolation is the physical aspect of being separate from people (ie living alone, remoteness from others, etc). Loneliness is the psychological distress of feeling alone. Isolation is far more likely to be experienced in rural locations, whereas loneliness is more likely in an area that lacks a sense of community, which can frequently occur in urban areas.

Older people

Loneliness

Data from the Census is used to predict the probability of loneliness for those aged 65 and over. The model was devised by Age UK, bringing in survey data from the English Longitudinal Study of Ageing (ELSA) (Wave 5 June 2010–July 2012).

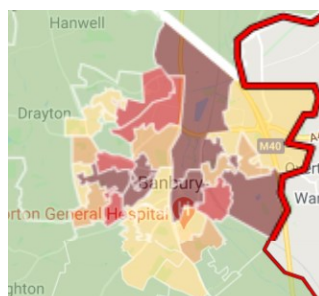
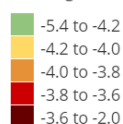
Because it is based on the 2011 Census, the data may be a little out of date, but demographic make-up of areas rarely changes dramatically in Oxfordshire.

We can see from the maps that the areas in which people aged 65 and over are most likely to feel lonely are predominantly in Oxfordshire's urban areas or towns.

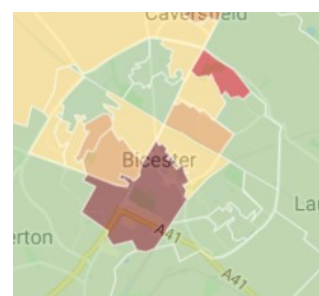
Probability of loneliness for those aged 65 and over

The colours on the map show Probability of loneliness for those aged 65 and over (closer to zero = higher probability of loneliness)

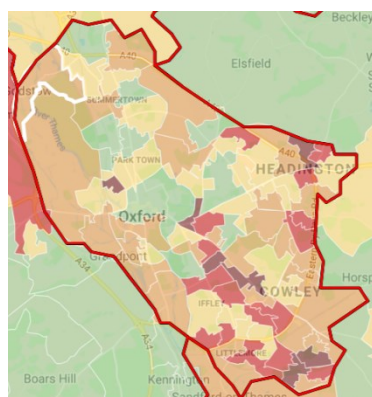
Showing all areas at LSOA level



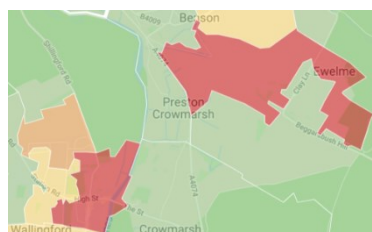
Banbury



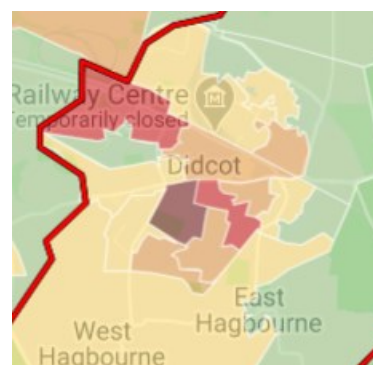
Bicester



Oxford City

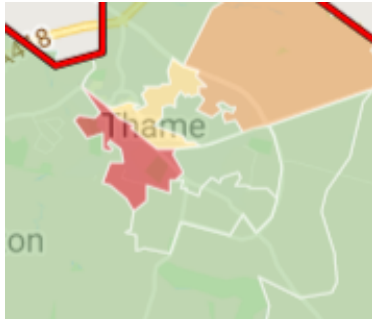


Benson/Wallingford

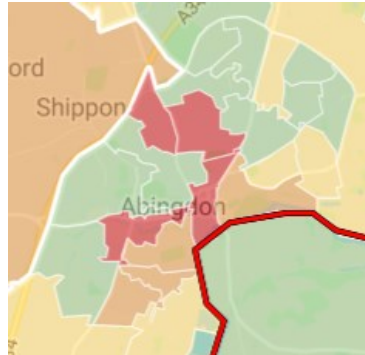


Didcot

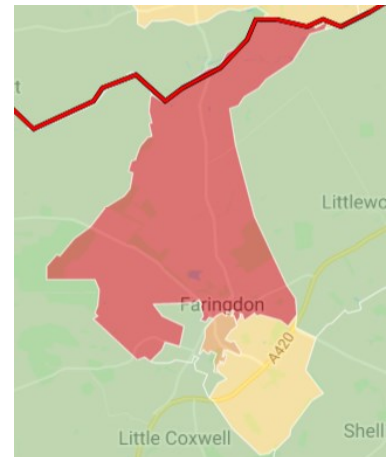




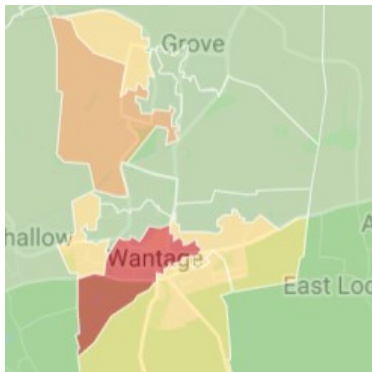
Thame



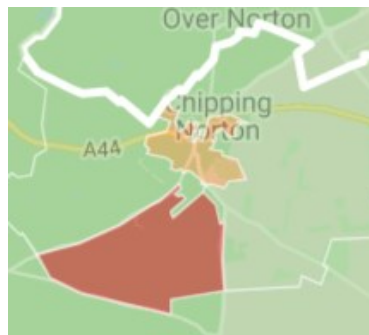
Abingdon



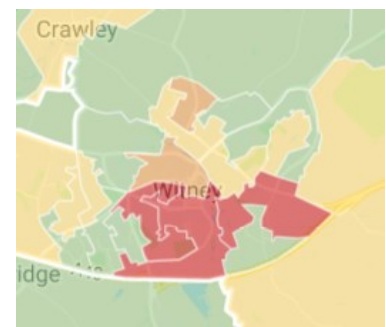
Faringdon



Wantage



Chipping Norton



Witney

During the COVID-19 pandemic it has been necessary for many services provided by both the public and charity sectors to either stop or change in light of lockdown regulations. We know from our conversations with and grant applications from charity sector organisations that this has affected the older population to a great extent. There are many older peoples' groups that have been unable to continue, including exercise groups, arts and crafts groups, gardening groups and companionship groups. Some have moved to deliver their services online, but this does not work for many of the beneficiaries, who may be very reliant on these activities for relief from loneliness. It is a fair assumption to make that the problem with loneliness will have worsened in all areas of Oxfordshire during the pandemic.

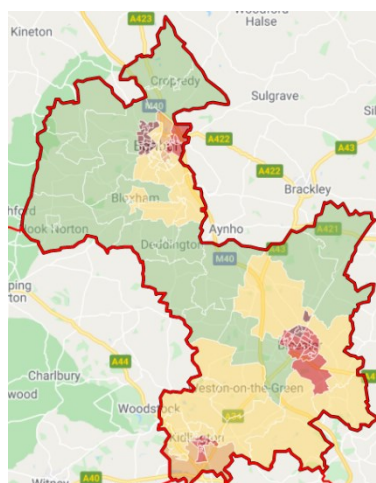
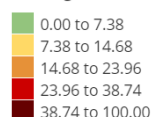
Areas that have a high probability of loneliness in people aged 65 and over are very similar to the areas that have a higher Community Needs Index: Active and Engaged Community score. This measures the levels of third sector civic and community activity, and barriers to participation and engagement. It shows whether charities are active in the area, and whether people appear to be engaged in the broader civic life of their community.



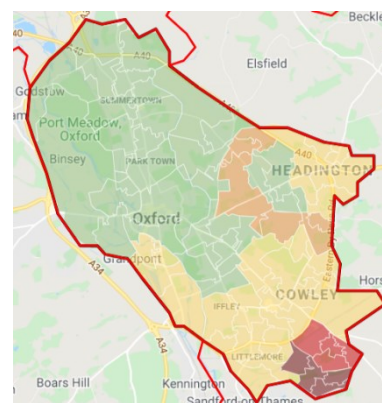
Community Needs Index: Active and Engaged Community score

The colours on the map show Community Needs Index: Active and engaged community score (higher = greater need)

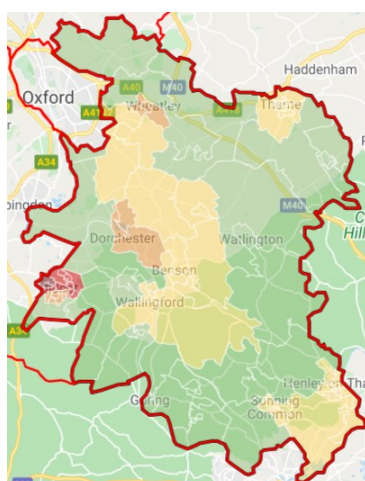
Showing all areas at LSOA level



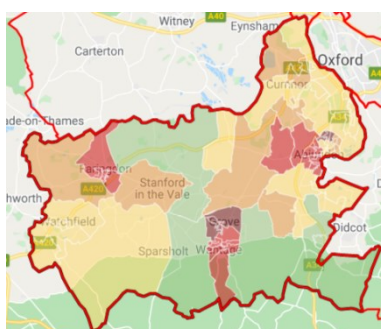
Cherwell



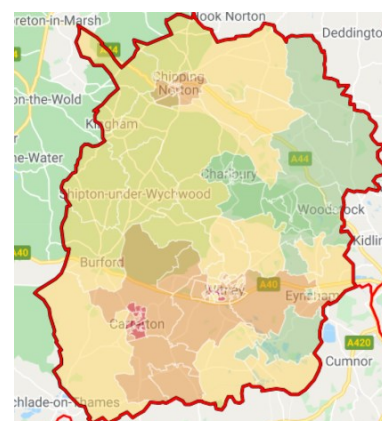
Oxford City



South Oxfordshire



Vale of White Horse



West Oxfordshire

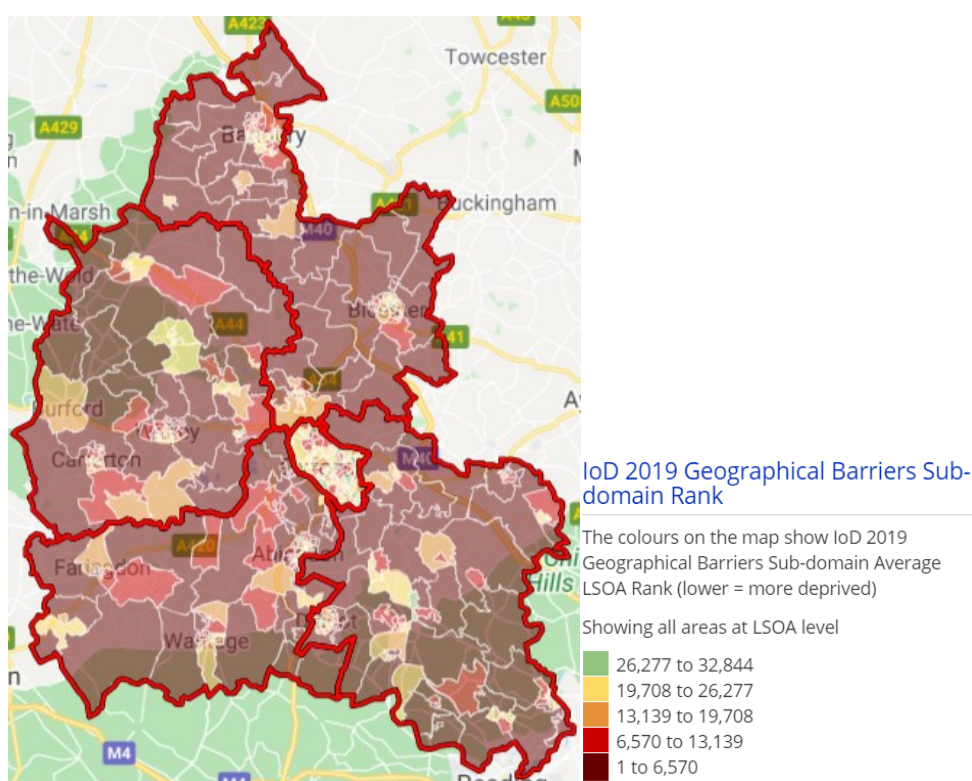
From both the maps above, it can be seen that areas of Banbury are particularly deprived by these metrics, as well as Bicester, Didcot, Blackbird Leys, Faringdon, Wantage and Grove, Abingdon, Witney and Carterton. OCF's Age Friendly Banbury project has been making great strides in reducing loneliness for the older population of Banbury before and during the lockdown.

Isolation

We can assess physical isolation using the Indices of Deprivation 2019: Geographical Barriers Sub-domain ranking. Each of the 32,844 LSOAs (neighbourhoods of around 1,500 people) nationally are ranked for their physical accessibility and proximity of local services. Distance to the following are included in this indicator: a post office; a primary school; a general store or supermarket; a GP surgery.

It is quite obvious from the map below that, by this measure, the majority of Oxfordshire is in the most deprived 20% nationally.





It is not surprising that there are many residents of Oxfordshire who would consider themselves to be isolated when the travel times to some of the most essential services are longer than in most other parts of the country.

Shown in the table below are the districts and wards of Oxfordshire that have a greater percentage of pensioners living alone and are in the top quartile of wards, with the greatest geographical barriers. Most likely, we will find most of our most isolated older people in these wards.

Area	District	% pensioners living alone	Number of pensioners living alone	Geographical Barriers Ranking*
England		12.40%	2,725,596	16,490
Cherwell		10.50%	5,967	11,304
Oxford City		10.90%	6,049	18,409
South Oxfordshire		12.10%	6,570	10,197
Vale of White Horse		12.00%	5,947	8,360
West Oxfordshire		12.30%	5,319	10,838
Woodstock and Bladon	West Oxfordshire	17.80%	319	11,620
Summertown	Oxford City	15.80%	447	6,840
Botley and Sunningwell	Vale of White Horse	15.30%	364	4,444
Kennington and Radley	Vale of White Horse	15.30%	412	10,088

Area	District	% pensioners living alone	Number of pensioners living alone	Geographical Barriers Ranking*
Milton-under-Wychwood	West Oxfordshire	15.30%	133	4,884
Steventon and the Hanneys	Vale of White Horse	14.70%	187	5,628
Watlington	South Oxfordshire	14.10%	240	6,046
Blewbury and Harwell	Vale of White Horse	14.10%	302	3,496
Ascott and Shipton	West Oxfordshire	14.00%	116	5,177
Chadlington and Churchill	West Oxfordshire	14.00%	113	1,511
Stonesfield and Tackley	West Oxfordshire	14.00%	235	5,891
Sonning Common	South Oxfordshire	13.90%	391	10,301
Garsington and Horspath	South Oxfordshire	13.70%	204	7,441
Deddington	Cherwell	13.10%	486	7,871
Thame	South Oxfordshire	13.10%	620	4,905
Cumnor	Vale of White Horse	12.90%	306	4,257
Wootton	Vale of White Horse	12.90%	182	4,443

* IoD rankings are based on the average ranking of LSOAs in the ward. The lower the number the more deprived the area is (1 is the most deprived LSOA). For wards anything under 10,000 would be in the most deprived 20% of the country.

Mental health

Loneliness and isolation can be major factors in a person's mental health. This is true of the whole population of whatever age, race, gender or wealth. COVID-19 has doubtlessly had an effect on mental health, both the loneliness and isolation caused by lockdowns and through the exacerbating effect that reduced service provision has had on existing problems.

The Small Area Mental Health Index (SAMHI) is a composite annual measure of population mental health for each Lower Super Output Area (LSOA) in England. The SAMHI combines data on mental health from multiple sources into a single index:

- NHS mental health related hospital attendances
- GP Patient Survey, Q34: "Best describe your own health state today"
- Prescribing data (antidepressants)
- National Institute for Health and Care Excellence (NICE) Quality Outcomes Framework – diagnoses of depression
- DWP Incapacity Benefit and Employment Support Allowance for mental illness.

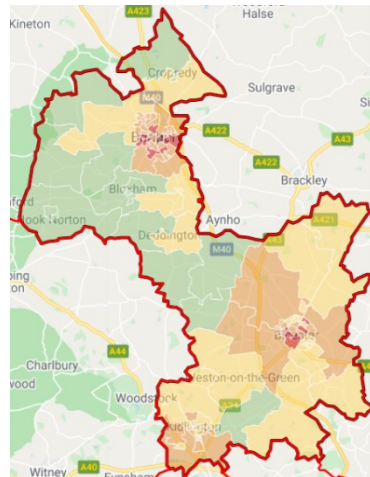
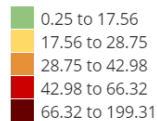
A higher score indicates that an area is experiencing high levels of mental health need.



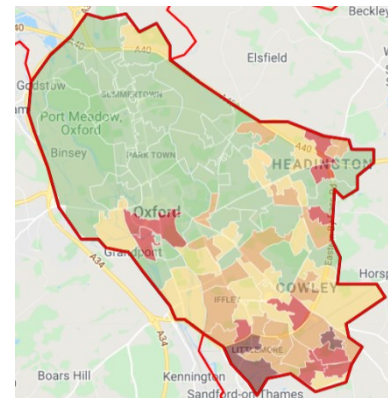
Small Area Mental Health Index

The colours on the map show Small Area Mental Health Index (higher score = higher levels of need)

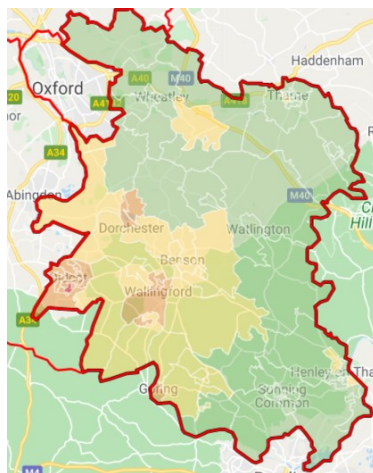
Showing all areas at LSOA level



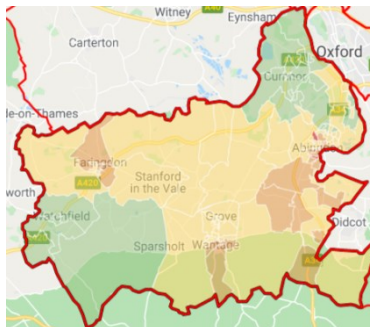
Cherwell



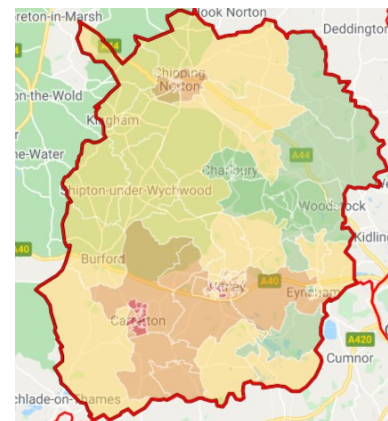
Oxford City



South Oxfordshire



Vale of White Horse



West Oxfordshire

From the maps above, we can see that Oxfordshire, on the whole, is not badly affected by mental health issues in comparison to England as a whole. However, there are hot-spots of poorer mental health in Banbury, Bicester, areas of Oxford City, Didcot, Abingdon, Witney and Carterton.

The following groups are frequently identified as being at greater risk of loneliness and isolation. They are also identified as being of high risk of mental health problems, suggesting that the two risks are interlinked.

- Black and minority ethnic groups
- Carers
- Homeless people
- LGBT (lesbian, gay, bisexual and transgender) people
- People living with physical or learning disabilities
- Refugees and asylum seekers
- Those associated with poverty and socio-economic disadvantage
- Single parents



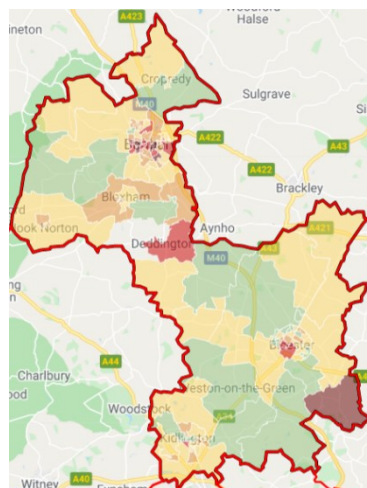
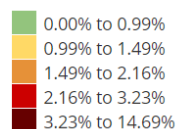
The pandemic and lockdown have adversely affected the services for these groups, and it has probably had a more detrimental effect on their wellbeing. The areas of greatest need on the Small Area Mental Health index are also the areas of Oxfordshire that have higher numbers of people from the groups identified above.

Data on the proportion of working age people receiving Personal Independence Payment (PIP) for mental health reasons is also revealing:

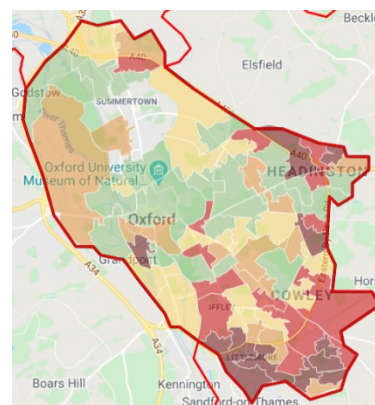
Personal Independence Payment (PIP), mental health claimants

The colours on the map show % of working age people receiving Personal Independence Payment (PIP) for mental health related conditions

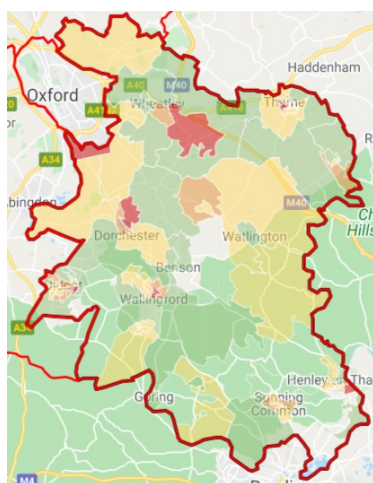
Showing all areas at LSOA level



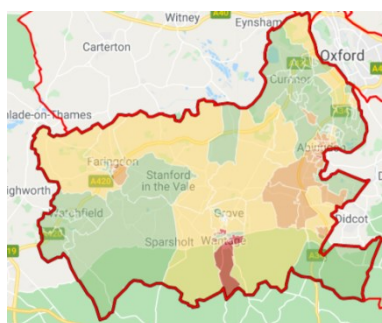
Cherwell



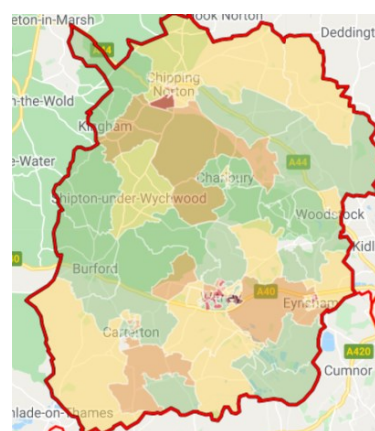
Oxford City



South Oxfordshire



Vale of White Horse



West Oxfordshire

This data is from the Department of Work and Pensions and is from July 2020. The number of people receiving this benefit is increasing.



Area	PIP claimants mental health %	PIP claimants mental health – number
Oxfordshire	1.34%	5,788
Cherwell	1.54%	1,432
Oxford City	1.49%	1,586
South Oxfordshire	1.13%	958
Vale of White Horse	1.20%	988
West Oxfordshire	1.25%	824
Banbury Town	2.14%	644
Wantage Town	1.64%	117
Witney Town	1.64%	290
Abingdon	1.42%	306
Kidlington	1.39%	118
Bicester	1.38%	276
Didcot	1.34%	248
Carterton	0.93%	106

The table above shows the numbers of people claiming PIP for mental health reasons. Towns in Oxfordshire with over 100 claimants have been included. Close to 6,000 is a significant number of people across Oxfordshire who will need support for their mental health. The pandemic has increased both the number of these people and frequently increased the severity of the mental health condition. Lockdown has limited the support available or hampered access to it. Counselling, group therapy and all talking treatments have often had to stop or move to an online format. Groups such as Alcoholics Anonymous and Narcotics Anonymous are usually held in venues that are now closed.

Apart from mental health services, lockdowns have closed or restricted access to so many other facilities that are essential to many peoples' mental health: places of worship, pubs, libraries, sports clubs and gymnasiums, community centres, cafés, etc.

Conclusion

Four years ago, OCF published *Oxfordshire Uncovered*, a document that highlighted some of the most pressing concerns in our county. One of the chapters focused on loneliness and isolation; it is a problem we have faced for many years and will continue to tackle into the future. The effects of loneliness on physical health – comparable to smoking 15 cigarettes a day – have been well publicised. There can be no doubt that this is a serious issue.

We published another insight report a couple of years ago. We highlighted that loneliness and isolation does affect the older population, but not only the older population. A BBC survey showed that loneliness was more prevalent in those aged 16–25 than those aged over 70. Also, we reported, as we have above, how loneliness and mental health issues tend to be more prevalent in ethnic minority and LGBT communities, and amongst disabled people.

The cause of loneliness is not just about a lack of people – it is as prevalent in large cities than in rural areas. The cause of loneliness is a lack of feeling connected to the people around you – not feeling part of community.



To prevent loneliness, it is often suggested that we should take up an activity or hobby – somewhere where we might meet like-minded people. This may be a book club, a sports club, arts, religion, politics, study, etc. But the COVID-19 pandemic and lockdowns have seen many of these activities curtailed. Isolation has become one of the most-used words during the crisis.

COVID-19 and the actions to stop the spread of the disease are the perfect storm to cause loneliness. For those who were already an active part of a community, it is likely that our connections have been weakened. If we were already lonely before the pandemic, it is highly likely that our situation has not been improved. Mental health has been assailed by COVID-19 in other ways too: we must also factor in anxiety about catching the disease, or worrying that an older relative or friend might become extremely ill or even die.

But...

It is hard sometimes to spot a silver lining to such a perfect storm cloud, but we have seen communities pull together in extraordinary ways. OCF received significant and rapid donations from the National Emergencies Trust and the Indigo Trust designed to support grassroots community responses, alongside contributions from other trusts, donors and the public. We are delighted to say that we found it easy to pass this money on as there were so many brilliant, responsive projects started to help our most vulnerable residents across the county, delivered by adaptable, competent and resilient organisations.

We saw hundreds of new community support groups spring up. They, and more established charities, pulled together to ensure people had food to eat, received prescriptions and had company. Online initiatives and socially distant contact kept many from falling into despair, and some people discovered the possibilities that digital forms of communication open up for the first time.

Recommendations

- **Keep up the momentum.** This pandemic could be an opportunity to truly strengthen communities. We've seen so many people step up and volunteer. We've seen so many more acts of kindness and support between neighbours. Could we continue this on the other side of the pandemic? If we can, we will not see the end of loneliness or mental health problems, but we will reduce them significantly and make our communities better to live in for all. This will require ongoing focus, and crucially funding. OCF is committed to supporting the most disadvantaged through insightful and impactful grant-making, and a commitment to our strategic programmes, such as Age Friendly Banbury.
- **Get more people online.** The pandemic has revealed the huge inequalities in access to technology, in particular amongst disadvantaged families with school-age children, and older people. OCF's new project Getting Oxfordshire Online aims to tackle the digital deficit, a problem underlying many of the big issues.



Appendix: Data sources (via Local Insight)

Probability of loneliness for those aged 65 and over

Shows a prediction of the prevalence of loneliness amongst usual residents, living in households, aged 65 and over. The data is from the 2011 Census and the model was devised by Age UK of the Wave 5 (June 2010–July 2012) using the English Longitudinal Study of Ageing (ELSA) survey. This prediction has been generated for each person; this starts with a base value, which is then adjusted based on a number of other variables. The result is a final prediction value for each person, showing these results as averages for each geographical area. Areas with a value closer to 0 predict a greater prevalence of loneliness amongst those aged 65 and over and living in households compared to areas with a value further away from 0. This prediction value has been generated as follows: Base value is -4.54969. If aged 75 to 79 then deduct 0.3141. If marital status is Widowed or a surviving partner from a same-sex civil partnership then add 1.0833. If marital status is divorced, a dissolved same-sex civil partnership or separated then add 0.5408. If they do not live alone then deduct 0.968. If their general health is bad or very bad then add 2.317. If their general health is fair then add 1.7688. The prediction values as described have not been designed by ONS, they are based on analysis by Age UK of the Wave 5 (June 2010–July 2012) of the (ELSA) survey. ONS have applied these values to the 2011 Census data.

<http://webarchive.nationalarchives.gov.uk/20160105160709/>

<http://www.ons.gov.uk/ons/about-ons/business-transparency/freedom-of-information/what-can-i-request/published-ad-hoc-data/census/demography/index.html>

How often updated: Irregular (published January 2016)

Source: Age UK <https://www.ageuk.org.uk/our-impact/policy-research/loneliness-maps/>

Community Needs Index: Active and Engaged Community score

The Community Needs Active and Engaged Community score measures the levels of third sector civic and community activity and barriers to participation and engagement. It shows whether charities are active in the area, and whether people appear to be engaged in the broader civic life of their community. The Active and engaged community domain forms part of the Community Needs Index that was developed to identify areas experiencing poor community and civic infrastructure, relative isolation and low levels of participation in community life. The index was created by combining a series of 19 indicators, conceptualised under three domains: Civic Assets, Connectedness and Active and Engaged Community. A higher score indicates that an area has higher levels of community need. Date: 2019. How often updated: Irregular (September 2019)

Source: Oxford Consultants for Social Inclusion (OCSI) and Local Trust
<https://localtrust.org.uk/insights/research/left-behind-understanding-communities-on-the-edge/>

IoD 2019 Geographical Barriers Sub-domain Rank

The Indices of Deprivation (IoD) 2019 Geographical Barriers sub-domain measures the physical accessibility and proximity of local services. The following indicators are included: road distance to a post office: a measure of the mean distance to the closest post office for people living in the Lower-layer Super Output Area; road distance to a primary school: a measure of the mean distance to the closest primary school for people living in the Lower-layer Super Output Area; road distance to a general store or supermarket: a measure of the mean distance to the closest supermarket or general store for people living in the Lower-layer Super Output Area; road distance to a GP surgery: a measure of the mean distance to the closest GP surgery for people living in the Lower-layer Super Output Area. Data shows Average LSOA Rank, a lower rank indicates that an area is experiencing high levels of deprivation. Date: 2019. How often updated: Irregular (September 2019)

Source: Ministry of Housing Communities and Local Government (MHCLG)
<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>



Small Area Mental Health Index (SAMHI)

The SAMHI is a composite annual measure of population mental health for each Lower Super Output Area (LSOA) in England. The SAMHI combines data on mental health from multiple sources (NHS mental health related hospital attendances; GP Patient Survey Q34 "Best describe your own health state today"; prescribing data – Antidepressants; QOF – depression; and DWP – Incapacity Benefit and Employment Support Allowance for mental illness) into a single index. A higher score indicates that an area is experiencing high levels of mental health need.

Date: 2017. How often updated: Irregular (published January 2020)

Source: Place-Based Longitudinal Data Resource (PLDR)

<https://pldr.org/dataset/2noyv/small-area-mental-health-index-samhi>

Personal Independence Payment (PIP), mental health claimants

Shows the proportion of working age people receiving Personal Independence Payment (PIP) for mental health reasons. PIP helps with some of the extra costs caused by long-term disability, ill-health or terminal ill-health. From 8th April 2013 DWP started to replace Disability Living Allowance (DLA) for working age people with PIP. Claimants are classified by primary health reason for making the claim using ICD summary disease codes. ICD (disease) summary codes are based on the International Classification of Diseases, 10th Revision, published by the World Health Organisation. The ICD code for those with mental health conditions is 'Mental AND Behavioural Disorders (F00 - F99)'. For reporting purposes, the disability conditions as recorded on the PIP IT system have been mapped to reflect as closely as possible the appropriate ICD10 code. Note only claims in payment are included in the indicator. Rate calculated as = (PIP claims in payment)/(Total population aged 16-64)*100. Date: July 2020. How often updated: quarterly (published September 2020), with next update expected December 2020.

Source: Department for Work and Pensions (DWP)

<https://www.gov.uk/government/organisations/department-for-work-pensions/about/statistics>

