COMORBIDITY GUIDELINES

The role of social connection and loneliness in the wellbeing of people experiencing homelessness and substance use

Webinar attendee questions with answers from Dr Marlee Bower and Carlos Duarte

Question: How do you define loneliness?

Loneliness is defined as a very aversive emotion that can occur when a person feels that their social needs are not currently being met. Loneliness is different from social isolation in that a person can be socially isolated, but not feel lonely. Simultaneously, they can also feel lonely whilst surrounded by people.

Question: Just a general question, is there research conducted around whether loneliness is more prevalent in densely populated cities?

There is emerging research about the relationship between urban density and loneliness. A recent UK-based study using the UK Biobank dataset (n=405,925) found that every 1000 units/km^2 increment in residential density within a 1km radius catchment was associated with a 2.8% higher odds of loneliness. This suggests that people living in areas with higher residential density (usually including more apartment buildings, or townhouses in close-quarters) tend to feel lonelier. However, there is still a lot of research to do in this space to understand whether this is a UK-specific trend, and to understand what it is about living in dense, rather than less dense conditions, that may lead to loneliness.

Question: Any thoughts around vicarious trauma for workers with heavy case loads of clients with addiction and isolation in their lives?

Staff in the AOD sector with large caseloads are more susceptible to vicarious trauma or secondary stressors, due to the nature of the clients being served. The impacts may vary from person to person, but they may certainly affect the person on multiple levels; emotional, physical, cognitive, behavioural as well as on a psycho-social level. The emotional impact may cause feelings of; hopelessness, helplessness, being overwhelmed, anxiety and possibly even sadness and depression. On a cognitive level such secondary stressors may cause negative thoughts as well as pessimism. On

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a physical level chronic exposure to client's trauma's/loneliness may cause fatigue, aches and pains as well as issues with sleep and general anxiety.

All these factors may snowball and exacerbate one another and also increase emotional and cognitive stressors. In addition, these issues make Burnout a real concern.

Mitigation strategies should focus on:

- Good self-care strategies. NADA (Network of Alcohol and Other Drugs Agencies) has free resource for worker wellbeing that can be accessed here: https://nada.org.au/resources/worker-wellbeing/
- A balanced case-load restricting number of clients seen per day. Also being mindful to spread most difficult cases out.
- Ongoing training and education on vicarious trauma and self-care.
- Regular one on one supervision, especially after dealing with a difficult case. Employers should encourage staff to attend supervision as required and not only once a month.
- Regular group supervision with emphasis on peer support to reduce feelings of isolation and encourage emotional support.

Question: I have a question regarding the older communities. I have had older clients speak about loneliness and the feelings of invisibility, have you looked at this as well? Especially as women over the age of 55yrs are now becoming one of the fastest growing homeless population.

I am uncertain as my practice tends to be more male dominated and I have not had an increase in older woman attending my service. This does not mean that it is not the case in general. My universal answer to this would be that irrespective of age, gender, colour or creed (as I highlighted in one of the previous questions), it is important to provide a safe space for our clients so that a solid therapeutic relationship can be established. It is also imperative to allow the client to be. As a therapist focus on the concepts of empathy, non-judgement, unconditional positive regard and congruence.

Question: How can psychologists support people experiencing homelessness with a housing/substance use concerns connect with other people?

Provide a safe space for our clients that is culturally sensitive, so that a solid therapeutic relationship can be established with TRUST at the CORE. Let the client set goals and ensure that barriers to social connection are dealt with. The main barriers to social connection are:

- Addiction which is usually associated with disconnection and isolation.
- Mental health issues such as psychosis, paranoia, depression, anxiety and trauma as these may hinder social interaction and connection.
- Help clients develop social skills like improved communication conflict resolution and emotional regulation. All of these play a role in developing and enhancing relationships and connection.