

Podcast 2: Jenna Littlejohn discusses 'Hearing loss, loneliness and mental health during social distancing'

Gaby: Hello and welcome to this ManCAD British Academy of Audiology podcast, ManCAD or Manchester Centre for Audiology and Deafness is located at the University of Manchester in the UK. I'm Gabrielle (or Gabby) Saunders and I'm a Senior Research Fellow at ManCAD and I moderate these podcasts. We want these podcasts to support ongoing learning, particularly during this COVID 19 crisis. So we're focussing on topics that are pertinent to the practice of audiology with hearing loss under the current circumstances. We're going to continue podcasts on into the future even when life has returned to normal, whatever that might be. We're going to record a new podcast each month that we hope will be of interest to very hearing care providers everywhere and maybe a wider audience. Each will be about 20 minutes long. If you want more information, you can find it on the front page of the ManCAD website [www.research.bmh.manchester.ac.uk/ManCAD/podcasts](http://www.research.bmh.manchester.ac.uk/ManCAD/podcasts) .

Onto today our speaker is Dr. Jenna Littlejohn. She's a Research Associate at the University of Manchester and she's the head of research and dementia services for the Deafness Support Network. She's going to be answering a few questions that I'm going to ask her on the topic of hearing loss, loneliness and mental health during social distancing. We'll hope you find the upcoming content interesting and informative. But before I begin, I'm going to hand you over to Jenna, who's going to introduce herself.

Jenna: Thank you for having me to talk on the podcast today.

My background is much more in basic science and specialized in neurology, neuroscience and neuropsychology. I am really interested in hearing from a much different aspect and my research is in hearing loss and cognitive decline and dementia and the kind of links between those two. So that's the angle that I've approached hearing loss from. My audiology background knowledge has been a lot self-taught and talk from other people.

Gaby: That's great, because that I think is really helpful for audiologists to get a different perspective on things that we think we know about. But maybe we don't.

So, Jenna, why don't you set the scene for us and tell us how you came to be interested in this hearing loss, loneliness and mental health issues during social distancing?

Jenna: As I mentioned, my research is really into hearing loss and cognitive decline. I'm really interested in looking at hearing loss as a risk factor, and also how we can best support people who are living with hearing loss and dementia, because there's almost two completely separate things that we need to do there. However, one of the areas, which I'm most interested in, is trying to understand the mechanism of hearing loss and dementia. So most people will probably have heard of I am sure, that people with hearing loss appear to have a greater risk of developing dementia. One of the theories as to how this might be is through the psychosocial pathway so it's that people with hearing loss might be more likely to be isolated or lonely or depressed, low self-esteem. Those factors themselves increase the risk for

developing cognitive impairment and dementia. So that's really how I got interested in this sort of triangle or this link with hearing loss, mental health, which I think is obviously a big factor at the moment.

Gaby: Because we've been hearing a lot about loneliness and isolation because of the pandemic. So presumably that's sort of part of all of this.

Jenna: Yeah, I think mental health is particularly pertinent at the moment. The UK government guidelines on social distance, we are all being told to stay away from people and hide away as much as possible. But this is particularly stronger for people who are over the age of 70. They have been suggested (at the moment) they are a high risk vulnerable population that have got to take extra precautions, potentially shielding. They are the ones, that as well having other conditions, are high risk for developing and having sort of negative response to the virus. They're being told to shield more than others.

If we think of the people over the age of seventy we'd expect 70 percent of them to have hearing loss. Really, this exacerbates this loneliness and isolation in older people with hearing loss and there's a big difference between social isolation, which is an objective measure really of people's social networks and people's communications. This is obviously out of control for everyone at the moment when none of us are in our social networks probably or hopefully most people aren't as they were. I don't mean hopefully we should obey in terms of following the guidance, but then there's the subjective feelings around the social isolation. That's really where this social and emotional loneliness comes through. This itself has been known to affect long term mental health consequences, quality of life, early mortality, risk of dementia and everything. What I'm interested in is this over seventies, potentially high risk shielding group are probably at much increased risk of being isolated with reduced social networks and feeling lonely. So how is this going to affect people's mental health now, but also in the long term?

Gaby: That makes sense because it's a huge deal. So then explain a little bit how hearing loss layers onto that.

Jenna: What we've seen from the past research is that hearing loss is associated with these increased rates of social isolation, loneliness, depression and feelings of low self-esteem and during this pandemic where we're not supposed to be communicating face to face, people are relying on technology to communicate, we're relying on phone calls or video calls or speaking to people from afar. This can be really hard for people with hearing loss. We've heard from lots of people who have hearing loss who've said actually I really struggle on video calls. This is even for people who are at any age, any age with hearing loss and working. We're working from home. All ManCAD and the University; everyone's working from home. We're spending a lot of time on video calls. There is some talk, well this is great because it's still face to face communication, but actually it's not quite the same. If you've thought anything on this as well. Although we will get some of the visual cues, people with hearing loss really still struggle to hear over the video call and there's increased cognitive effort and delays and I know some people have mentioned about subtitles on the technology, which just doesn't work. So they can be left feeling much more tired, fatigued, much more effort to go into having this conversation. It leads back to that age-old well perhaps they just won't engage to the same and therefore they'll become more isolated. The

networks will decrease and they'll feel more lonely. You're back in this sort of cycle of potentially, you know, poor mental health now and in the future. I think also from listening to your last podcast with Kevin Munro, there's the issues with face masks, the face coverings as well exacerbating issues for communication with people with hearing loss. So even if you are face to face, chances are you might be wearing a facemask. That's something we don't need to go into, that was a really good discussion of this. There's lots of discussions going on around that as well. But people with hearing loss might struggle even more due to these, the lockdown and the effects of lockdown. So that's why I'm interested in understanding mental health in this group of people specifically.

Gaby: That makes total sense. I'm just going to do a bit a self-promotion because we're actually right now running a survey on the impact of face coverings on communication and hearing and to what extent does it, not only is there the simple hearing aspect of it, but there is the sort of feeling of connection and engagement with the person, because it's certainly my perception and I'm finding this out from the survey is if somebody has a face covering it's almost like there's a barrier there. And so your feeling of well, should I be even engaging with this person and to what extent should I be chatting and having a social conversation versus more using it for simply information exchange.

Jenna: Completely. I'm not going out much, but you know, going for a walk. Even if we cross the road, you try and smile at people, don't you, and say hello and if you've got a face mask on people don't know you're smiling at them necessarily or can they hear you if you say hello? Like you said it's a barrier to even that meaningless or what we call when we're talking about isolation and loneliness is actually very meaningful to have those conversations with strangers.

Gaby: Has there been any evidence, as yet, I know lots of people looking into it. That there's been evidence that Covid 19 has changed anything from a hearing loss and mental health perspective.

Jenna: I know there's lots of research being undertaken across the University of Manchester that I know of and I'm sure nationally and internationally and there's lots and lots of things coming out about the effects of coronavirus on quality of life and mental health. There's lots of awareness for people, for children, for working from home, for people on furlough, people adapting to changing our way of life from a kind of a mental health point of view. But as far as I'm aware, although there's some research looking into how coronavirus might affect hearing specifically, I know there is a publication which is coming out shortly from ManCAD looking at a systematic review of the effects of people who've had the virus on hearing dysfunction and there's lots of interest in that. I don't think there's anything or there's nothing that I'm aware of specifically which is looking at hearing loss and mental health. That's something that over the past couple of months, a small team of us at ManCAD has been interested in and we're working on. What we want to see, what we want to try to measure is whether the effects of social distancing are more severe for older people with hearing loss in terms of mental health issues compared to older people with normal hearing levels.

Gaby: Can you tell me more about that?

Jenna: Yes. It's tricky to be able to know how to measure this best. So what we've had to do, obviously, research is hard to do in these times. We're not supposed to see anyone face to face. So we've turned it into an online survey which is aimed at people over the age of 70, which I know in itself is a sort of hard to reach digital demographic. There might be slightly differences we'll get from that. But what we're hoping to do is attract people over the age of 70 for various reasons. One of them is this social distancing and we know that people over the age of 70 potentially won't be working as much so that they will be at home more. We're asking them, they have been told they are a vulnerable population they should be shielding. We are asking questions about living situations, the demographics, the background and we're trying to work out whether the hearing loss itself is a factor over and above other factors that we know. Such as, if people live on their own in a flat compared to living with their family and they have a beautiful garden and they can go for a walk because, to me especially potentially before when we weren't supposed to be going out as much. So we are asking the respondents to complete various questionnaires, such a self-report hearing measures, questions about their social interactions before the pandemic and now during lockdown. Now how they are. Then also questions of their mood. So any depressive thoughts and feelings, any feelings of anxiety, social and emotional loneliness and general change in cognitive function? So we're trying to ask this as soon as they enrol and then twelve weeks later, as we kind of see how the lockdown and everything changes, we'll be able to relate it to that period in time. We're hoping to get basically sort of turning it back round, hoping to see whether there is a difference for people with hearing loss because of this over-reliance on technology now. Do people with hearing loss get the same meaningful interactions from a telephone call as somebody who doesn't have hearing loss.

Gaby: Do you also ask how they're communicating with people now, like telephone versus video call versus shouting through the window at your neighbour's or what?

Jenna: Yes, we've tried to ask as thoroughly as possible. How many people do you tend to communicate with on a weekly basis now? We've got a before and then a now and then which medium. It's how often would you have communicated via this medium. So there is; face to face, in the street, there is a telephone call, an email, a text message. We're trying to look at different mediums that people are using. Again, is this different for people with hearing loss? But we also have some open ended questions which ask people, how things have changed specifically for them. What have been any positives from this? How have they adapted and what are potentially the worst negatives? What are the things that they're finding? We hope that this will be able to give us some information of how well people are coping. It might be able to help something that we can share in the future. The people who are isolated and indeed, especially if they do have hearing loss to keep them socially connected. There might be some people who are doing really well and they've said, well, no, I don't talk on the telephone, but I do X, Y and Z. This is something that potentially we would be able to say, unfortunately, this pandemic was awful for everyone but we have learned some things. Loneliness is such a major factor affecting older people and affecting people throughout the UK. I think we are one of the loneliest countries or something based on some research done last year that really affects quality of life and mental health and early mortality. It's not just during this pandemic. If we can take this time of people being told they have to stay at home, how well you are adapting and what can we learn from it? We're also hoping to kind of get that as an added benefit of how we can help people in the future.

Gaby: Because what it strikes me. I thought about this, it's bringing loneliness to the mainstream and therefore, hopefully afterwards people will be a lot more aware of it. It won't just be something that people think of loneliness oh that doesn't apply to me and why would it so I'm moving on. Everybody's experienced at least a little bit of that.

Jenna: Exactly and it's not just then older people who are typical, 40 percent of older people say that they have a lonely summer all of the time. There will be younger people who have never felt lonely before because they've been so busy that, you would never thought that. But during this pandemic they have and maybe there's things we can learn from them as well. How can we best support lonely people? That's why we are asking. Have you had any positives or what? What have you adapted and what have you changed? Will you take any positives from this? And that's really trying to understand that.

Gaby: I wonder also I mean, I think we shouldn't forget the positives because I do think that people have potentially been in contact with more people because of this. They've made the effort.

Jenna: Exactly. I think that's even for potentially you know, isolated people, if you know your relative that lives on their own and they don't contact them that often because you think they go out and about and they do and they're very busy. Well maybe you're contacting them even more now, you wouldn't have before because everybody has such busy lives. And like you're saying, it might have brought people closer together. That's something that really we should be reporting on as well.

Gaby: I think so, too. I mean, on a personal level, I would say I have definitely communicated with a much broader range of people because of this, because we think, golly, people, we're all on our own, we've got to make the effort and wouldn't it be wonderful if it carried over?

Jenna: Really, I mean, we have exactly the same as you. I've got some really good friends who live in London and we speak on the phone, we try and see each other when we can but we never video called. Since the pandemic, we've been video calling every week. We don't see each other, we see each other a couple of times year but really that's just it. Potentially, we are going to be more connected from this. But sort of flipping on its head. We do want to understand how that is for people with hearing loss. Is it the same? Is it as easy? What are the challenges? Or, you know, is technology brilliant? In some cases? So that's what we sort of really what we're hoping to find out is are people with hearing loss disadvantaged in this situation and perhaps they are not but perhaps they are due to the issues.

Gaby: So just to as you put it, come back to the topic. I think it's a fabulous study. So good luck with that. But in the meantime, you know, as an audiologist, say they're communicating with their patients remotely or however it is. What would you tell them they should do if they have? Should they be sort of stepping into the territory of investigating mental well-being or should they stay away? And if they do, what should they do about it? What advice could you give audiologists on the front line about this?

Jenna: Yeah, I mean, I think this is really tricky. Not being sort of an audiologist myself and understanding exactly how people's practice work. But I think what I do is sort of understand from talking to different audiologists and from working in the community. I work for a charity as well, a local Cheshire charity and I've spoken to lots of people who access audiology services. I think potentially not even during the coronavirus but definitely now there is a difference in provision across the UK as to what audiologists are offering their patients. Are they coming in now seeing them face to face? Are they seeing them over the phone? I'm not hundred percent sure how this is. But I do know that there's some prioritisation potentially for children. So I'm not sure and again, this might be very local and different areas. So whether audiologists are seeing their patients routinely and they can ask them about that, that's sort of a different question. I mean, we do know that hearing loss is a risk factor for loneliness. There is some evidence which we will discuss in the journal club, that treatment of hearing loss with hearing aids or hearing management might help to alleviate some of this in the short and the long term. So I think it's really important that audiologists are discussing these issues with patients. So with patients who are contacting and saying my hearing aids broken, I'm sure audiologists are still helping repair them. But as I said, I'm not completely au fait with the provision in all the areas, but it's really important that they are maintained as soon as possible because this will have a big impact on it.

To go back, should the audiologists be asking them; in terms of a holistic approach I think it would be great if audiologists were checking in on their mental health specifically now in this time, because if they are seeing the patients, patients might be used to going to different medical appointments. You might pick up on these things. But during the crisis, we know lots of medical appointments have been rescheduled and we're trying not see people face to face. So if audiologists are seeing or speaking to patients, it might be worth just checking in. We're not asking about doing a survey and report and survey or questionnaire and asking them specific questions of are they lonely, are they depressed. But a few simple: How are you getting on and are you coping OK. If it comes up in conversation rather than maybe trying to get the best questionnaire to be able to diagnose anything, we're not suggesting audiologists should suddenly take on mental health as their champion you know we are now looking at mental health as well as the hearing. But in terms of holistic care, I don't see why there's no reason why they shouldn't be able to. I think it's really important that they could potentially check in on their patients. If it comes up that someone says, I'm really struggling. I'm not getting out of bed. I've got my hearing aids. I can't hear anyone. So I'm not doing anything. And you think, oh, gosh, that's really not normal. Then perhaps after the hearing aid is sorted, the audiologists could check in on them. Or if they didn't think that was their place, ask their permission to refer to the GP. You know, we're not saying that audiologists should take this on. Mental health is such a big and vast and complicated area? I don't think it's the role of the audiologist. But during this time, in the pandemic where there's potentially limited contact, it might be really helpful if Audiologists do practice holistic care, as I know they do anyway in normal practice and in clinics. What do you think?

Gaby: Yes, I think audiologists have a role in checking in and being aware if there's an issue and for, I think audiologists, their job is to forward on information, it's not their job to cope with it. In fact, I had a really fascinating presentation, and I've actually got the paper sitting here. I haven't read it. That's going to come out in the special issue of IJA by John Greer Clark, Kris English and Joe Montano, who've written a paper called "Heightening Our Vigilance towards Patient Well-Being" and their message is ask the difficult

questions. And when you have the information, go to the right support source. Don't try to tackle it, but take the responsibility for asking the hard questions. I think that personally, I think that's a really good message.

Jenna: I think that's brilliant. Like what I was saying, hopefully, you know, the audiologist just doesn't know if this person is seeing any other health professional, you might be able to ask. So if you can ask the question and even put it not in a serious way. But we're all struggling. How are you getting on? Are you struggling more than normal. Are you okay? Or would you like to talk to someone about that? Not saying it's them, but with your permission or even just advising them to contact their own GP because there are services around at the moment which the GP will be able to refer to. There's lots and lots going on for looking after mental health. So I think if audiologists are, like you said, can check in and pass on. I think that that would be brilliant.

Gaby: Good. Well, thank you, Jenna. That sounds really good advice. So I think now we are going to end here. This has been a really fascinating conversation. We'd love to carry on. What I'd like to do is encourage those of you listening if you want to ask follow up questions or give some feedback, share ideas about future podcasts. You can send me an email. It's accessible through the ManCAD Web site or my email address is [Gabrielle.Saunders@Manchester.ac.uk](mailto:Gabrielle.Saunders@Manchester.ac.uk) . I hope you enjoyed this discussion and are going to come back to the next podcast. It will come out within the next four weeks and we will definitely get the word out both on the website and through mailing lists. Until then farewell and stay well.