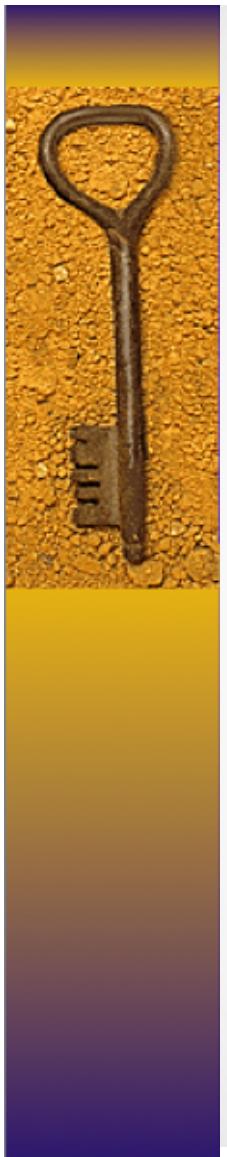


An intervention to unlock the social cure

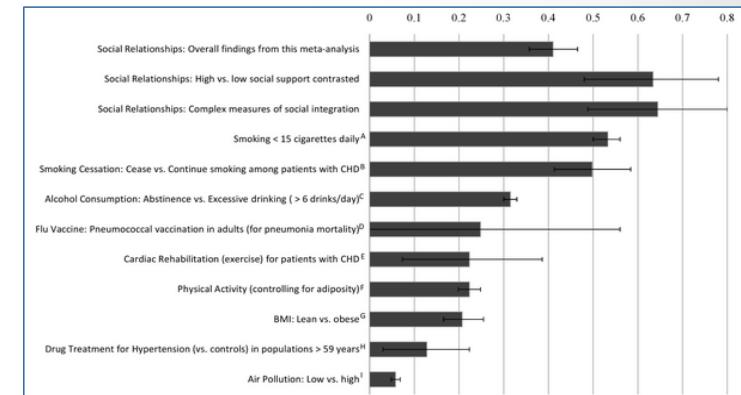
Catherine Haslam
School of Psychology, University of Queensland





Social connectedness and health

- ❖ Medical and epidemiological research has repeatedly shown just how vital social relationships are to health.
- ❖ People who are more socially connected
 - ❖ are more resilient (e.g., Jones & Jetten, 2011; Cohen et al., 1997)
 - ❖ live longer (e.g., Holt-Lunstad, et al., 2010)
 - ❖ have reduced morbidity and are in better health (e.g., Umberson, 2010).
- ❖ It's not just that social connectedness is a factor, it is *more* important than the standard predictors of obesity, alcohol consumption and physical inactivity.



Comparison of odds of decreased mortality across conditions associated with mortality (Holt-Lunstad et al., 2010)



Social connectedness and health

Simple steps to better health

Advice from Queensland's Chief Health Officer

Toward Healthy Communities
Queensland Government

Simple steps to better health

- Choose healthy food and drinks.
- Say no to tobacco.
- Be active every day.
- Achieve and maintain a healthy weight.
- Be sun safe all year round.
- If you drink alcohol, keep at low risk levels.
- Detect cancer early.
- Manage your blood pressure and blood cholesterol levels.
- Reduce your risk of diabetes.

Be active every day

The facts are:

- In Queensland, 1 in 2 adults and 2 in 3 children are active enough to benefit their health.
- Physical activity can reduce the risk of cardiovascular disease, type 2 diabetes, some cancers, dementia and depression and help prevent unhealthy weight gain.

How much physical activity is enough for good health?

- Children and young people need at least 60 minutes of moderate to vigorous intensity physical activity each day.
- Adults need at least 30 minutes of moderate intensity physical activity. This can be accumulated in a few shorter sessions of 10 to 15 minutes.
- If you need to lose weight you may need to be physically active for more than 30 minutes a day depending on your energy intake from food and drinks.
- Physical activity has many benefits beyond weight management.

What can you do to be more active and improve your health?

- Sit less, move more.
- Walk briskly for at least 30 minutes every day.
- Walk whenever you can.
- Take the stairs instead of the lift or escalator.
- Park the car further away from your destination and walk the rest of the way.
- Children should not spend more than two hours a day using electronic media such as computers and TV for entertainment, particularly during daylight hours.

If you drink alcohol, keep at low risk levels

The facts are:

- There were about 27,000 hospitalisations due to alcohol in Queensland in 2006–2008, due mainly to alcoholism, liver cirrhosis, road traffic injury and some cancers.
- 1 in 5 young people drink at levels causing long term harm and enough to cause short term harm each week.
- Drinking less than 2 standard drinks a day reduces the lifetime risk of harm from alcohol-related disease or injury.

Are you at risk?

Yes, if you have more than 2 standard drinks on any day.
Yes, if you have more than 4 standard drinks on any occasion.
Yes, your baby may be at risk if you consume any alcohol while you are pregnant, are planning a pregnancy or are breastfeeding.
Yes, if you consume any alcohol if you are under 18 years of age.

What can you do?

For those who choose to drink, here are some tips to reduce your risk of alcohol-related harm:

- Make every second drink a non-alcoholic drink.
- Drink slowly, count your standard drinks.
- Choose drinks with low alcohol content such as light beer and wine.
- Eat before or while you are drinking.

Be aware that different types of alcohol drinks or container sizes have different amounts of alcohol. To help you know how much you are drinking, all alcohol beverages are labelled with the standard drinks amount.

A standard drink is:

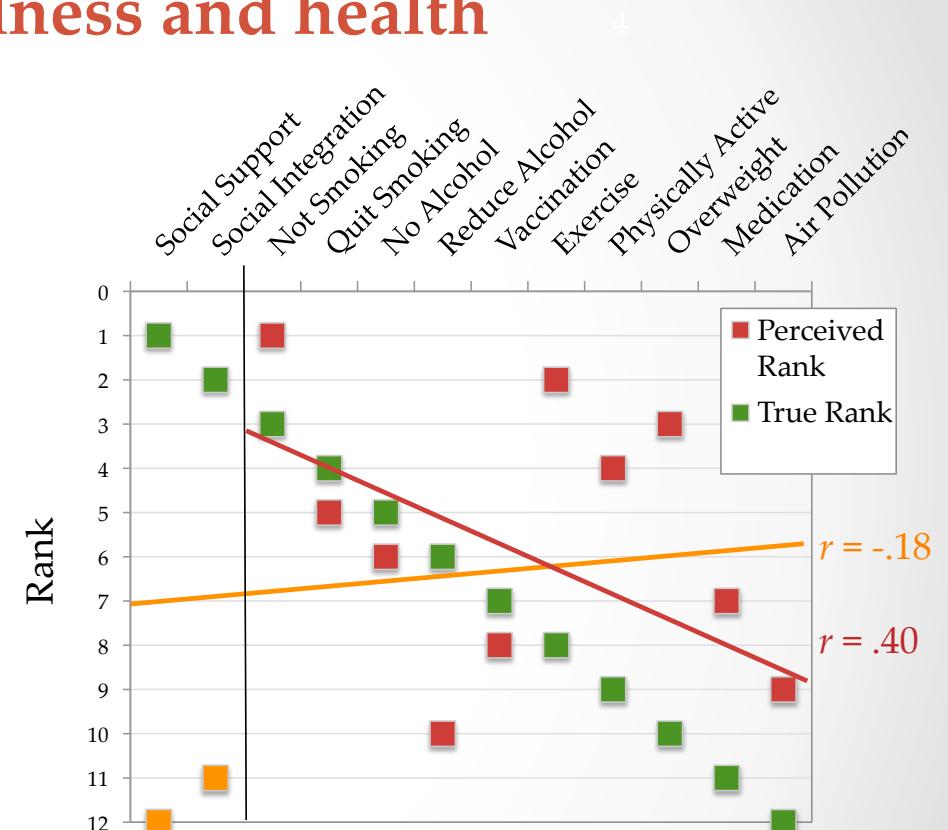
- 2 Pots light beer: 2 x 285 mL (2.7% Alc/Vol)
- Stubbie mid-strength beer: 375 mL (3.5%)
- Pot of full strength beer: 285 mL (4.5%)
- Small glass of wine: 100 mL (12%)
- Nip of spirits or liqueur: 30 mL (40%)

Each of these typical drinks is more than a standard drink:



Social connectedness and health

- ❖ Failure to recognise the importance of social connections arises for a number of reasons:
 1. We're just not aware of the importance of social relationships for our health.
 2. Research has focused in establishing relationships between social disconnection and health, not on intervention. Beyond staying socially connected, there are few recommendations on how best to manage disconnection and which social ties people should invest in developing.
- ❖ Growing evidence of the importance of group-based social ties — with family, friendship, community, sport, work, and other groups (Cruwys et al., 2013; Glei et al, 2005; Haslam et al, 2014, 2015).



Evidence-based rankings of the factors that predict mortality from Holt-Lunstad et al. and rankings of perceived importance by general public (n=250)



Why GROUPS 4 HEALTH?



- ❖ Current therapeutic focus on the *social* is largely at the individual interpersonal level, and this undervalues (a) the influence of the wider social context in which we live and (b) evidence of the particular benefits associated with group belonging.

- ❖ Currently there are no programs that target the building and maintenance of social *group* relationships on health grounds. G4H fills this gap.



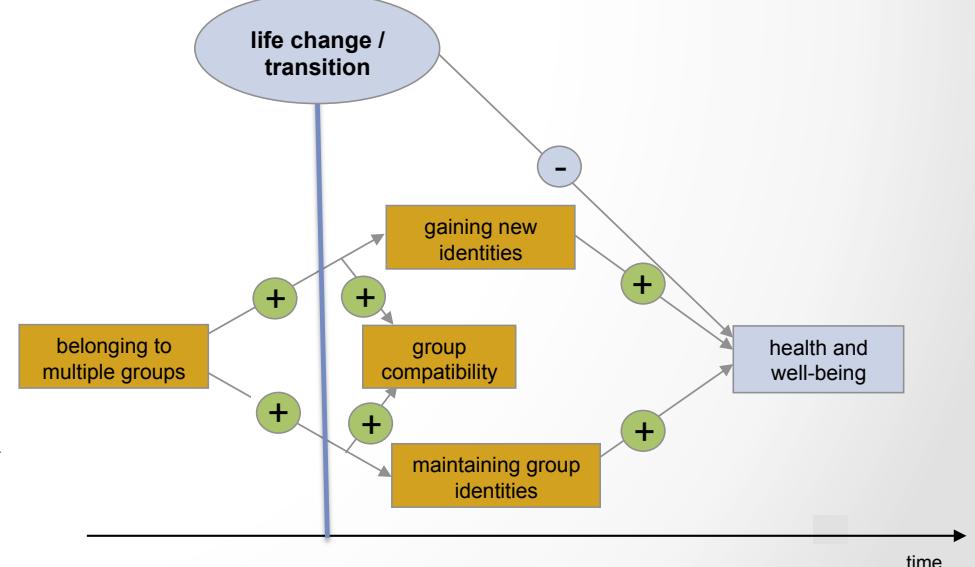


What is GROUPS 4 HEALTH?



- ❖ A theory-derived social intervention that aims to provide people with the skills they need to build and sustain their relationships with groups of others.
- ❖ G4H draws on social identity theorising and the social identity approach to health in particular.

Social Identity Model of Identity Change (Jetten et al., 2009)

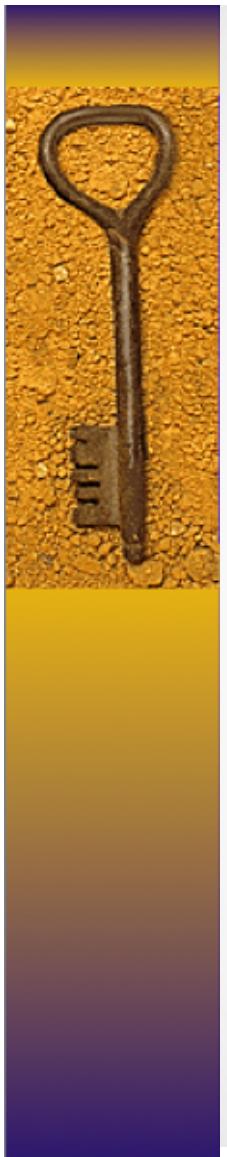




What is GROUPS 4 HEALTH?



- ❖ Not targeted to particular diagnostic groups, recognizing that social disconnection is common to many, with and without diagnosed conditions
- ❖ Can be delivered as:
 - ❖ An independent program to address problems with social disconnection
 - ❖ An addition to other psychological therapy for example in the case of mood, anxiety, or adjustment disorders where social factors contribute strongly to their presentation



The G4H Program



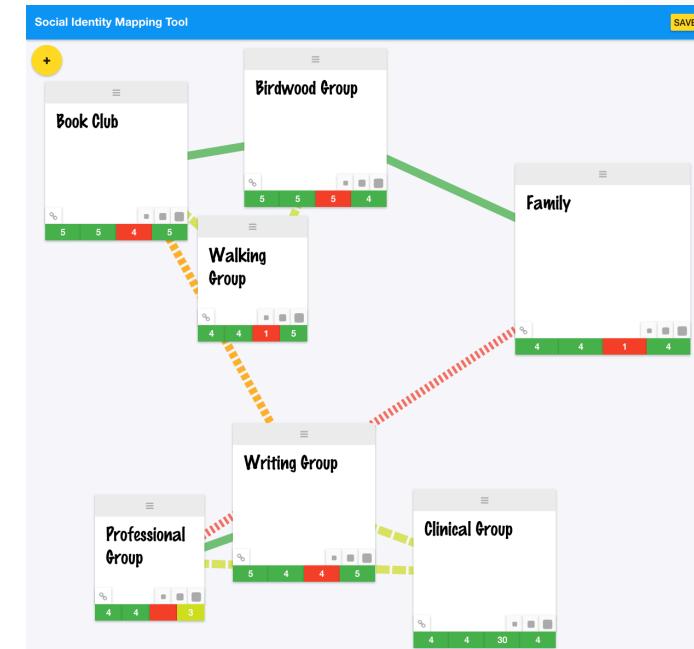
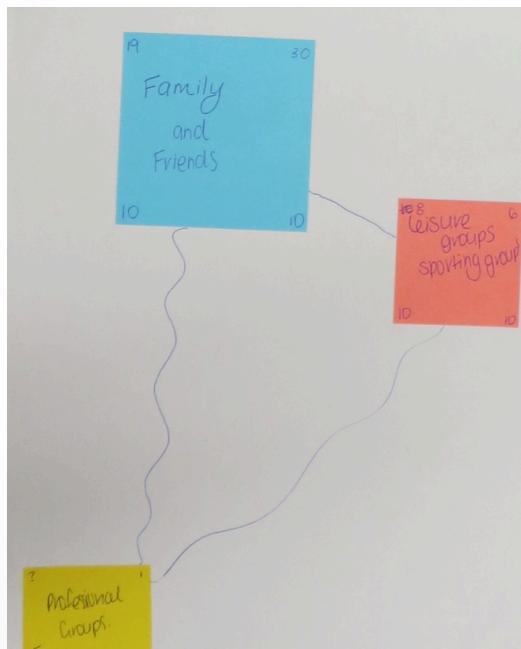
1. Schooling

- Raising awareness of the value of groups for health and of ways to harness this.





Sample Social Identity Maps





The G4H Program



1. Schooling

- Raising awareness of the value of groups for health and of ways to harness this.

2. Scoping

- Developing social maps to identify existing connections and areas for social growth.

3. Sourcing

- Training skills to maintain and utilise existing networks and reconnect with valued groups



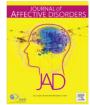
Proof-of-concept study



Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad



Research paper

GROUPS 4 HEALTH: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health 

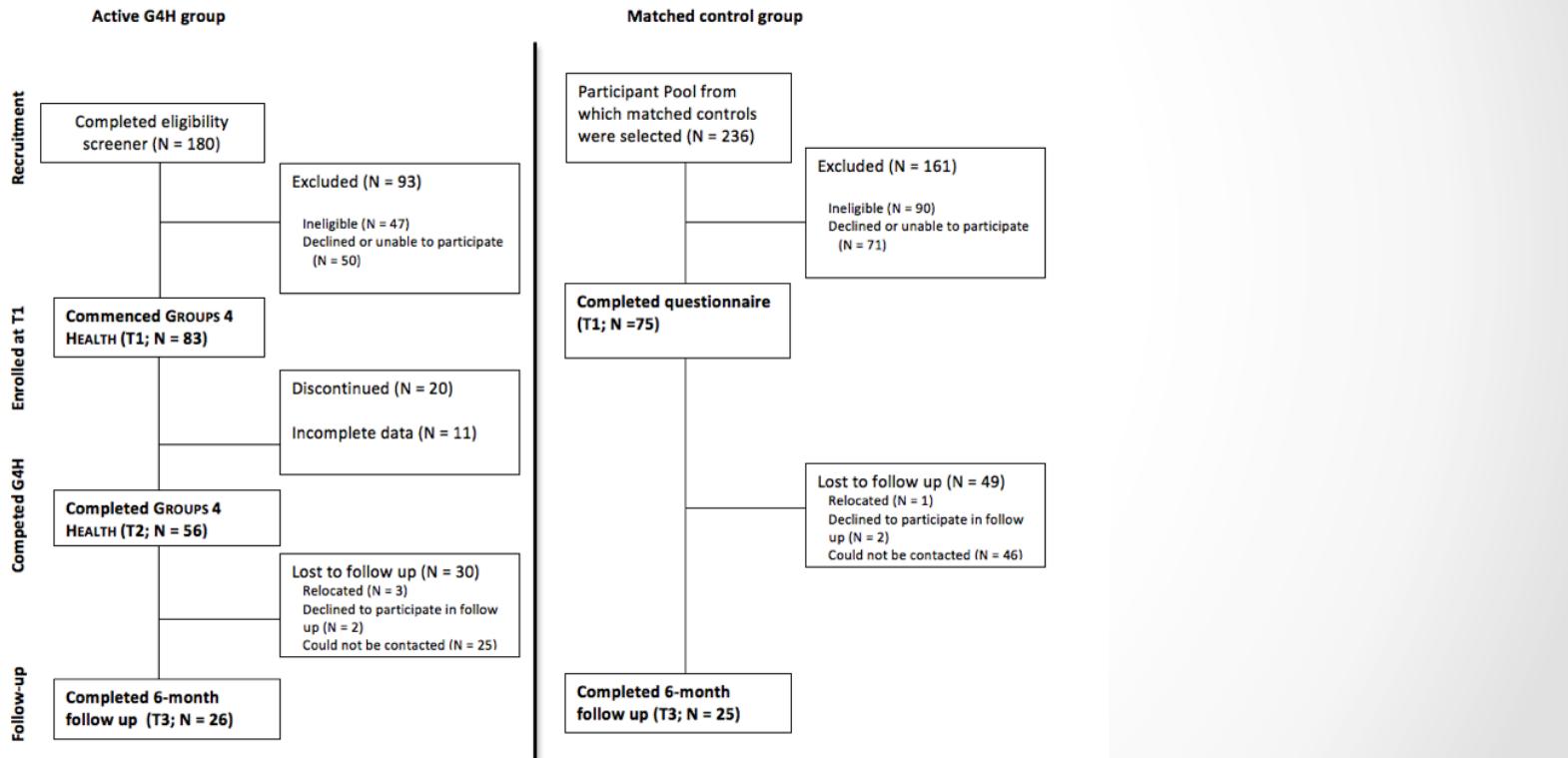
Catherine Haslam*, Tegan Cruwys, S. Alexander Haslam, Genevieve Dingle,
Melissa Xue-Ling Chang

University of Queensland, Brisbane, Australia

- ❖ *Participants:* Two university student groups screened for social isolation and psychological distress
 - ❖ G4H group: 83 commenced (T1), 56 completed (T2), 26, 6-mnth follow-up (T3)
 - ❖ Comparison (Matched to G4H) group: 75 (T1), 25 (T3) 6 month follow-up



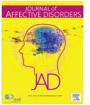
Proof-of-concept study



Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad



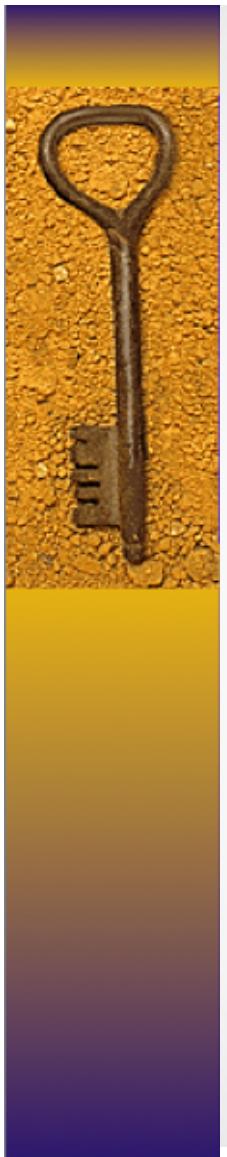
Research paper

GROUPS 4 HEALTH: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health [☆]

Catherine Haslam*, Tegan Cruwys, S. Alexander Haslam, Genevieve Dingle,
Melissa Xue-Ling Chang

University of Queensland, Brisbane, Australia





Proof-of-concept study

- ❖ G4H program manualized, with associated workbook. Conducted in the UQ Psychology Clinic, with groups delivered by pairs of trained Clinical Psychology and MAP interns in receipt of group supervision.
- ❖ Primary outcomes: mental health (*DASS-21*), well-being (*SWLS, self-esteem*), social connectedness (*Roberts UCLA Loneliness scale*), subjective health (collected T1-T3)
- ❖ Secondary Outcomes (process measures): *G4H identification, Multiple Group Membership* (collected T1-T2)

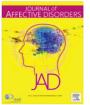
Contents lists available at ScienceDirect
Journal of Affective Disorders
[journal homepage: www.elsevier.com/locate/jad](http://www.elsevier.com/locate/jad)

Research paper

GROUPS 4 HEALTH: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health

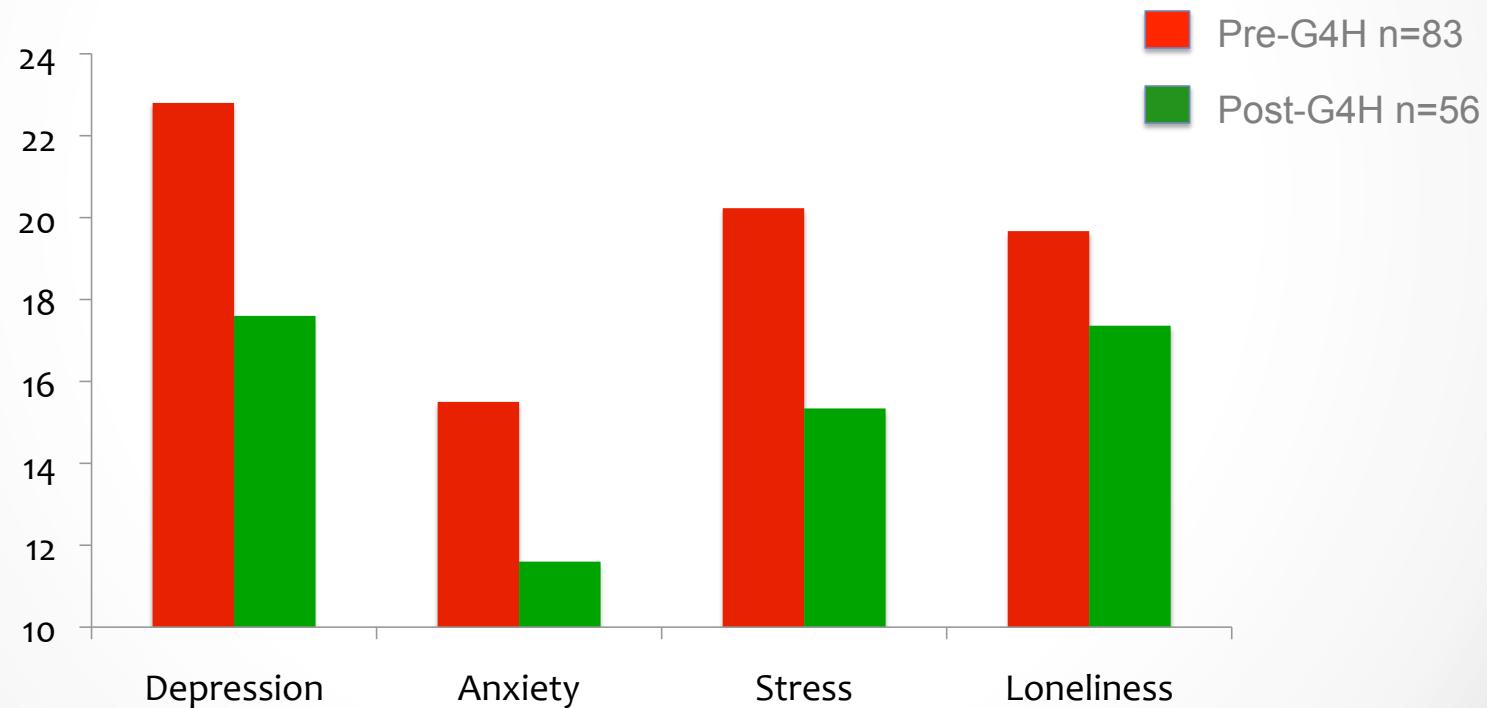
Catherine Haslam*, Tegan Cruwys, S. Alexander Haslam, Genevieve Dingle, Melissa Xue-Ling Chang

University of Queensland, Brisbane, Australia





Proof-of-concept study



Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad



Research paper

GROUPS 4 HEALTH: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health

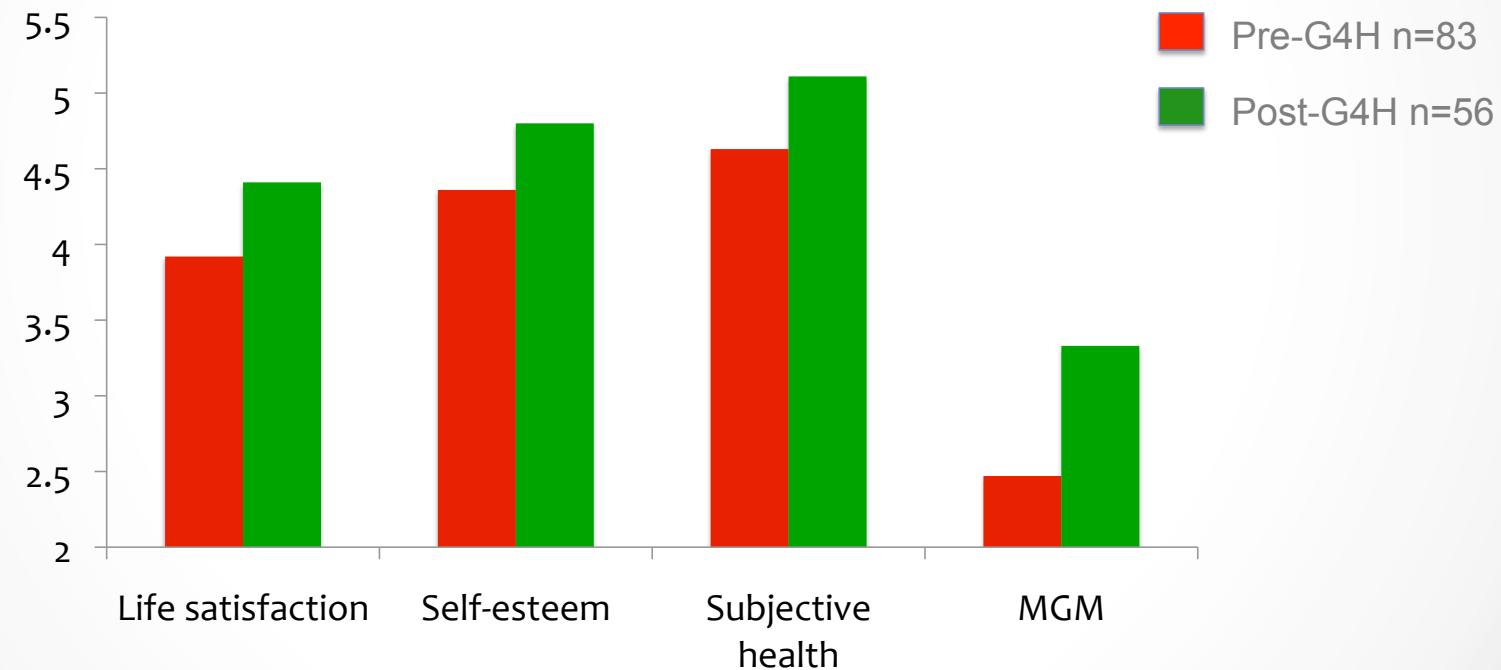
Catherine Haslam*, Tegan Cruwys, S. Alexander Haslam, Genevieve Dingle, Melissa Xue-Ling Chang

University of Queensland, Brisbane, Australia





Proof-of-concept study



Contents lists available at ScienceDirect

Journal of Affective Disorders



journal homepage: www.elsevier.com/locate/jad

Research paper

GROUPS 4 HEALTH: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health

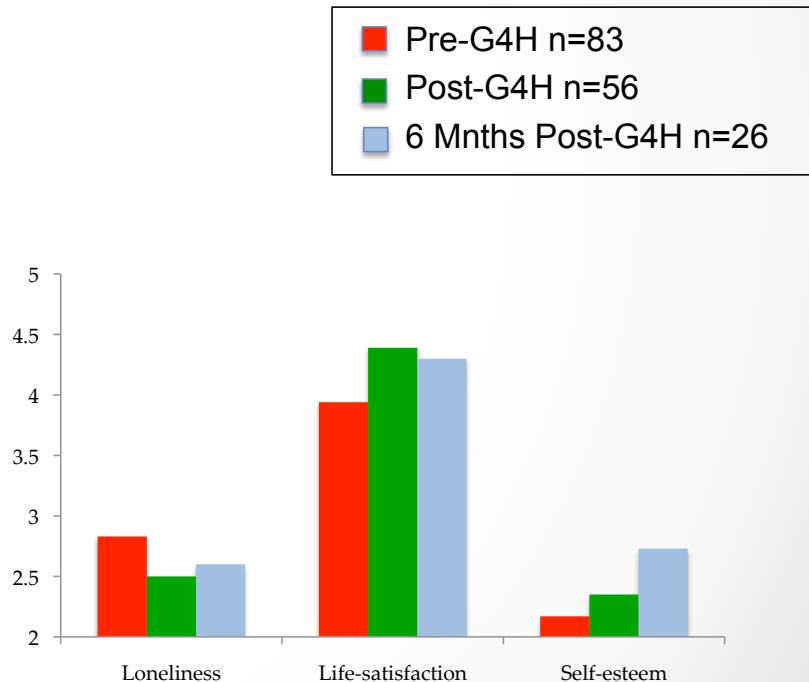
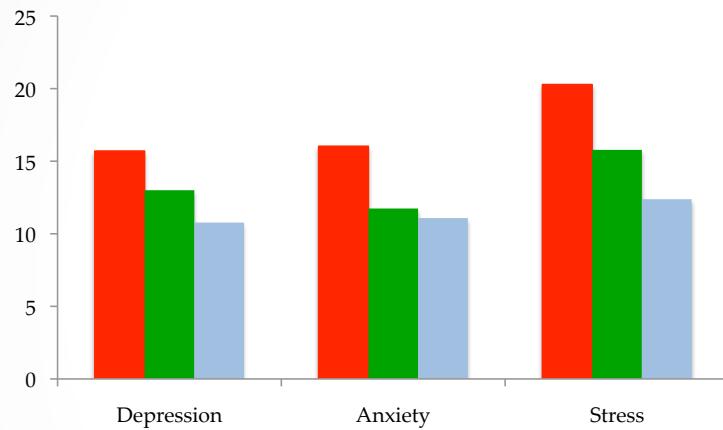
Catherine Haslam*, Tegan Cruwys, S. Alexander Haslam, Genevieve Dingle,
Melissa Xue-Ling Chang

University of Queensland, Brisbane, Australia





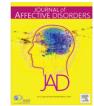
Proof-of-concept: T1-T3



Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad



Research paper

GROUPS 4 HEALTH: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health

Catherine Haslam*, Tegan Cruwys, S. Alexander Haslam, Genevieve Dingle, Melissa Xue-Ling Chang

University of Queensland, Brisbane, Australia





G4H vs non-treatment



Research paper

GROUPS 4 HEALTH: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health

Catherine Haslam*, Tegan Cruwys, S. Alexander Haslam, Genevieve Dingle, Melissa Xue-Ling Chang

University of Queensland, Brisbane, Australia

	G4H Group		Non-treatment	
	Mean T3-T1	P value	Mean T3-T1	P value
DASS-D	-4.61	.026*	-1.20	.643
DASS-A	-5.0	.008*	-2.00	.363
DASS-S	-4.77	.004*	-3.12	.133
Self-esteem	0.69	.001*	-0.12	.463
Life Satisfaction	1.38	.337	-0.76	.478

Notes: Mean score change T3 (6 months post G4H) minus T1 (pre-G4H)

DASS: Depression, Anxiety and Stress Scales



G4H mechanism

Research paper

GROUPS 4 HEALTH: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health

Catherine Haslam*, Tegan Cruwys, S. Alexander Haslam, Genevieve Dingle, Melissa Xue-Ling Chang

University of Queensland, Brisbane, Australia



	Social identity mechanisms		G4H Identification		Multiple group membership	
	R ² change	P value	Change in Identification B	P value	Change in Identification B	P value
DASS-D	.17	.003	-4.33	.008*	-2.02	.136
DASS-A	.21	<.001	-3.42	.002*	-1.94	.024*
DASS-S	.18	.003	-2.86	.031*	-2.32	.036*
Social anxiety	.04	.181	-0.12	.379	-0.16	.174
Life Satisfaction	.26	<.001	0.13	.469	0.73	<.001*
Self-esteem	.01	.448	0.09	.422	0.07	.471
Loneliness	.17	<.001	-0.14	.030*	-0.16	.007*

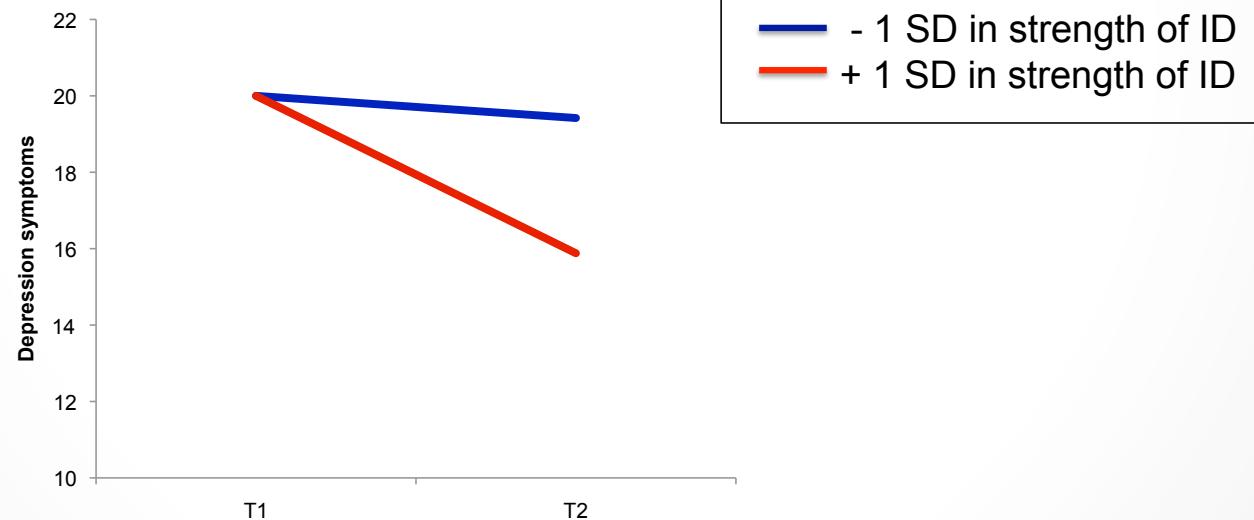
Notes: ID = identification

DASS: Depression, Anxiety and Stress Scales



G4H mechanism

Increased strength of identification predicted improvement in depression, anxiety, stress, life satisfaction and loneliness.



Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad



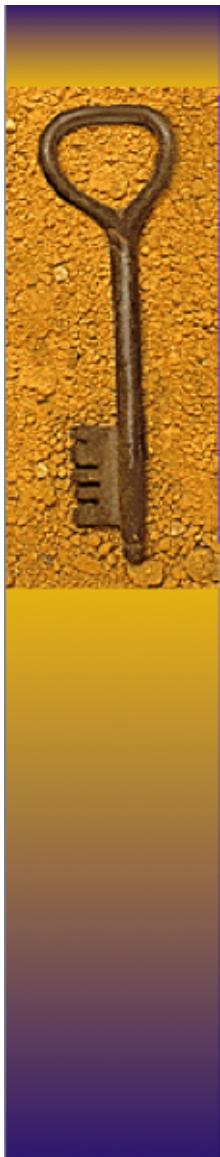
Research paper

GROUPS 4 HEALTH: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health

Catherine Haslam*, Tegan Cruwys, S. Alexander Haslam, Genevieve Dingle, Melissa Xue-Ling Chang

University of Queensland, Brisbane, Australia



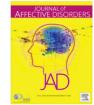


Participant feedback



Contents lists available at ScienceDirect

Journal of Affective Disorders



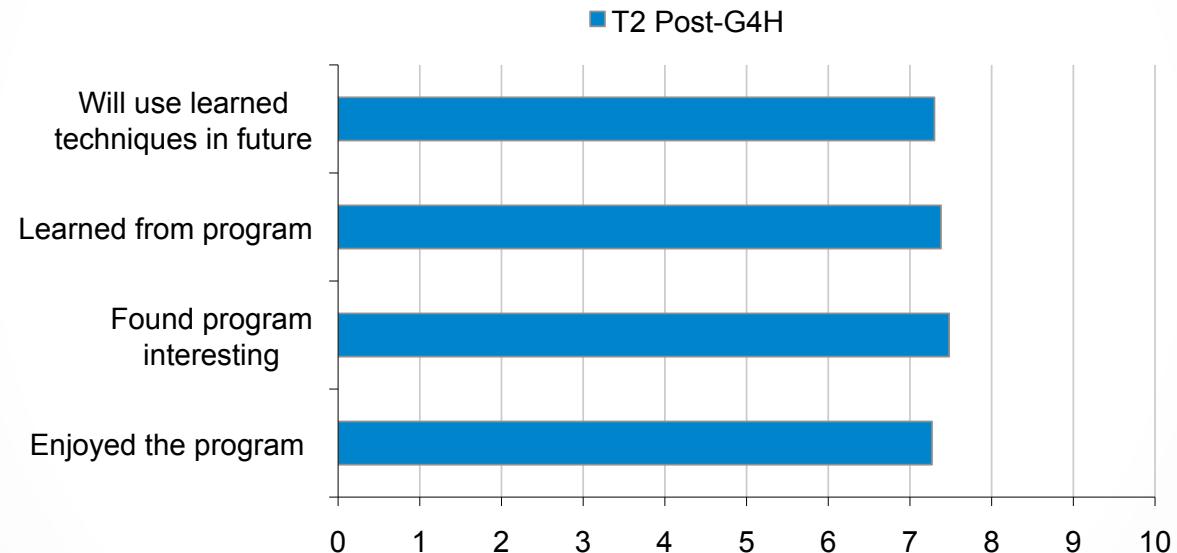
journal homepage: www.elsevier.com/locate/jad

Research paper

GROUPS 4 HEALTH: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health

Catherine Haslam*, Tegan Cruwys, S. Alexander Haslam, Genevieve Dingle, Melissa Xue-Ling Chang

University of Queensland, Brisbane, Australia





Current and Future developments

Currently part-way through an RCT with wait-list control recruiting from wider community services, psychology services, and GP practices.

G4H
Groups for Health

Groups 4 Health is an evidence-based psychological intervention that directly targets the psychological distress that results from loneliness and social isolation. It provides people with the knowledge, skills, and confidence to increase their social connectedness, and in particular, their group-based social identifications. The G4H programme was developed by [researchers](#) from the Social Identity and Group Network of The University of Queensland and is currently the focus of research and trials in Australia and with partners around the world. This website contains information for [G4H participants](#) and practitioners, as well as details of [current trials](#) and upcoming training [events](#). We hope you find the website useful, but if you require further information, please [contact us](#). - The G4H team

Join in and feel well!
Are you interested in joining Groups 4 Health? The next opportunity to participate begins April 2016. G4H is a free intervention that interests you, please register your details here:
If you encounter any problems registering, you can subscribe to our list directly by clicking [here](#).

First Name
 Last Name
 Email Address

<http://www.groups4health.com>



Current and future developments

- Planning adaptations of G4H for particular contexts
 - Groups 4 Health: Education
 - Groups 4 Health: Retirement
 - Groups 4 Health: Addiction Recovery
 - Groups 4 Health: Mums





Team

Catherine Haslam
Jolanda Jetten
Tegan Cruwys
Genevieve Dingle
Alex Haslam



Thanks also to: Melissa Chang
Sarah Bentley
Flora Suh
UQ Clinical Psychology and MAP Interns

CIFAR

CANADIAN
INSTITUTE
FOR
ADVANCED
RESEARCH



Australian Government
Australian Research Council



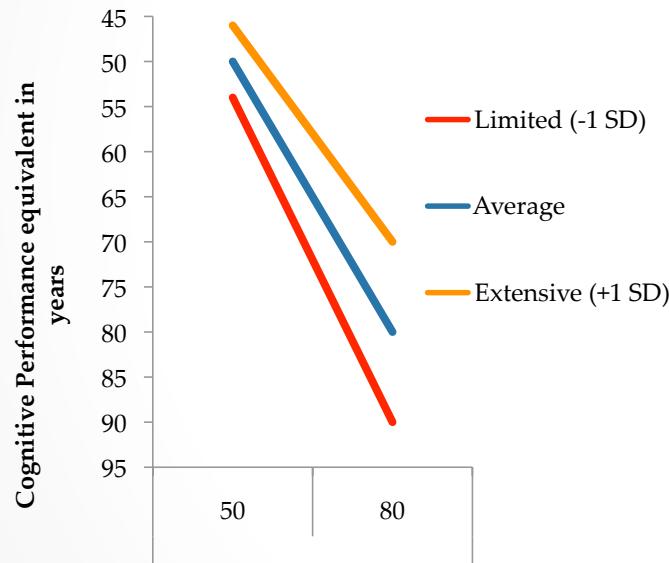
 THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA





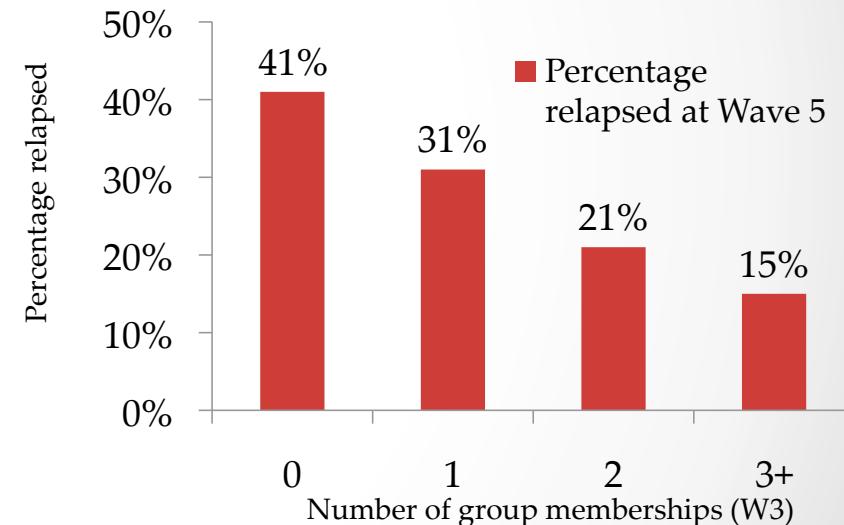
Why invest in group ties?

Cognitive and chronological age as a function of group ties



Social group ties are more protective against cognitive decline than individual ties (Haslam et al., 2014)

Group ties as a function of depression relapse



Depressed older adults who increased their social group ties reduced their risk of relapse (Cruwys et al., 2013)