

Disability and Loneliness: A Critical Study of Males under British Social Policies

Shuheng Guo

Social Research Institute, Institute of Education, University College London, London WC1E 6BT, UK

ABSTRACT

Loneliness, which is a subjective perception of an individual's feelings about social relationships, is a public health problem that can easily be overlooked, especially in the disabled population. The complexity of loneliness deserves to be analysed in depth when gender factors and disability co-exist. Employing a case study approach, this paper explores social policy options for loneliness among adult disabled men in the UK from an Evidence for Policy and Practice perspective, taking full account of the unique sensitivities of this group. Based on the theoretical framework of socio-ecological models and the policy cycle, the study critically discusses three cases of social policy evidence in recent years, identifying the strengths and limitations of different policies. Finally, this paper offers some recommendations for addressing the policy problem of loneliness among males with disabilities from the perspective of social policymakers, creating a more inclusive and supportive social environment.

KEYWORDS

Evidence for Policy and Practice; Social-ecological Models; Disabled Males; Social Policy; Loneliness.

1. INTRODUCTION

Loneliness is a prevalent and frequently disregarded public health concern that has substantial detrimental effects on individuals' physical and emotional well-being, as well as societal cohesiveness. Loneliness is a negative feeling that occurs when a person's expectations of social connections do not align with their perceived level of social interaction [1]. The level of loneliness is closely associated with an individual's connection to and acceptance into groups, as it is a subjective perspective that reflects their attitudes towards social interactions. Long-term loneliness is particularly influenced by multifaceted elements like one's health, economy, social ties, and social skills. To tackle this issue effectively, it is necessary to actively engage various stakeholders [2][3].

Furthermore, this issue is particularly noticeable in marginalized communities (particularly individuals with disabilities), who frequently encounter distinct obstacles and hindrances to forming social relationships and being included in society [4] [5]. Individuals with disabilities have faced increased levels of social isolation and limited access to social support networks due to reasons such as physical constraints, communication problems, and social stigma [6] [7]. Adult males are prone to experiencing loneliness and associated emotions of shame as a result of the impact of traditional masculine roles and cultural expectations [3]. When gender and disability overlap, the problem of loneliness becomes more intricate.

This research aims to investigate potential policy measures for tackling loneliness among adult men with disabilities using the Evidence for Policy and Practice (EPP) approach, taking into account the particular vulnerability of this population during the examination of evidence. The following section

of this essay will methodically examine evidence-informed and evidence-based policy and elucidate the process of analyzing the quality of policy evidence. The third section will offer social-ecological models (SEM) and policy cycles as the main framework for examining the existing evidence. In the fourth section, this essay will analyze three pertinent policy evidence utilizing relevant theories to assess the strengths and limits of the evidence offered. Lastly, I have some recommendations for policymakers to tackle the policy issue of social isolation among disabled males.

2. EVIDENCE-BASED POLICY (EBP) AND EVIDENCE-INFORMED POLICY (EIP)

EPP is a comprehensive decision-making method that combines empirical evidence, stakeholder viewpoints, and practical experience. The primary objective is to narrow the divide across research and policy through transforming scientific discoveries into practical and implementable knowledge [8] [9]. Hence, when it comes to EPP projects, it is imperative to thoroughly evaluate the rigor and efficacy of evidence. The Evidence-Based Policy (EBP) approach places empirical research results at the forefront of evidence used in policymaking, with a particular emphasis on quantitative research evidence, including systematic reviews, meta-analyses, or randomized controlled trials [10]. While evidence-based practice (EBP) emphasizes the use of rigorous scientific methodologies and comprehensive reviews to evaluate intervention effectiveness, it may fail to consider alternative sources of knowledge as well as professional experiences that can offer useful insights for policy decision-making [10] [11].

Researchers have argued that Evidence-Informed Policy (EIP) offers a comprehensive and adaptable approach to addressing complex policy issues, acknowledging the constraints of Evidence-Based Policy (EBP) [9] [11]. EIP places greater emphasis on utilizing a wide range of evidence sources, such as results from studies, expert knowledge, stakeholder viewpoints, and local context, to influence decision-making, in contrast to EBP [9] [11]. This participatory approach guarantees that the evidence is academically rigorous and socially robust, accurately representing the diverse perspectives and priorities of individuals impacted by policy decisions. From the perspective of EIP, "good" evidence should possess certain qualities. These include being relevant, timely, and applicable to specific policy issues. Additionally, the evidence should cater to the needs and concerns of various stakeholders, while also acknowledging the distinct social-cultural, economic, and political factors that influence the policy environment [9]. When dealing with intricate social problems like the isolation faced by disabled adult males, experiential knowledge is the most suitable. This type of knowledge encompasses the experiences and viewpoints of various individuals involved and can be applied to qualitative as well as quantitative studies [9]. Thus, EIP is thought more suited for addressing present difficulties.

3. SOCIAL-ECOLOGICAL MODELS AND POLICY CYCLE

The Social Ecological Model (SEM) is a conceptual framework employed to comprehend the intricate interplay between humans and their surroundings [12]. SEM has its origins in Urie Bronfenbrenner's ecological systems theory, which was introduced in the 1970s. This theory highlights the reciprocal relationship between individuals and their environment in determining human development [13] [14]. The analysis takes into account a range of elements at different levels of impact, including individual traits and wider social and environmental circumstances, and how they interact with one other [13] [14]. Fig 1 illustrates how Structural Equation Modeling (SEM) emphasizes the dynamic connections between various internal elements, interactions between individuals, organizations, neighborhoods, and societal factors. It also examines how these factors influence human behavior and outcomes. The levels of influence are sometimes depicted as concentric circles that extend outward from the central individual [14]. This model illustrates that social systems consist of individual individuals, groups of

actors, and organizations collaborating with each other [14]. Thus, when confronted with social issues that do not have a single best solution, Structural Equation Modeling (SEM) is recognized to possess distinct benefits [15].

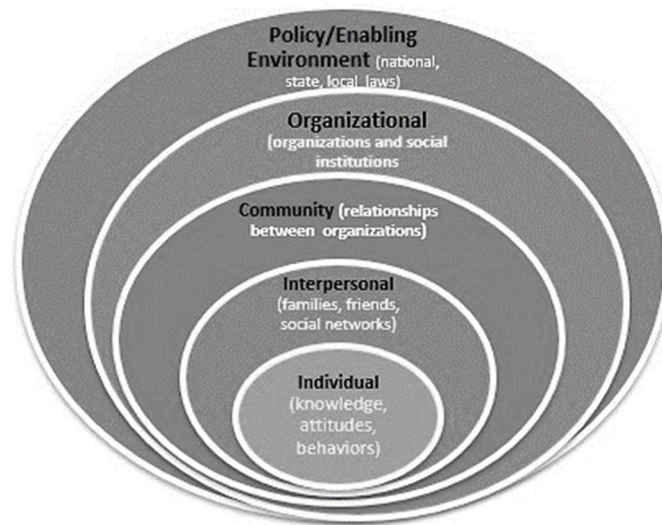


Fig. 1 The Social Ecological Model (Brofenbrenner, 1977)

To investigate the issue of loneliness in disabled adult males, Structural Equation Modeling (SEM) can be employed to analyze the impact of numerous factors at multiple levels. These factors include social support networks, community variables such as the availability of community resources, as well as societal issues such as stigma and discrimination. SEM, however, has a propensity to ignore the structural drivers of power dynamics and policy cycles in favor of proximal and observable factors [14] [16]. The cross-analysis of policy cycle theory can effectively support the iterative character of policymaking [17]. The policy cycle theory highlights five essential stages in the process of making policy decisions, which are agenda setting, policy development, decision-making (adoption), application, and evaluation (as shown in Fig 2). The policy cycle can effectively address the problem of loneliness among impaired adult males by facilitating the connection between research findings and policy implementation [17]. Hence, this paper employs policy cycle theory to act as an adjunct to SEM in order to ascertain policy priorities, formulate strategies based on empirical evidence, and assess policy outcomes.

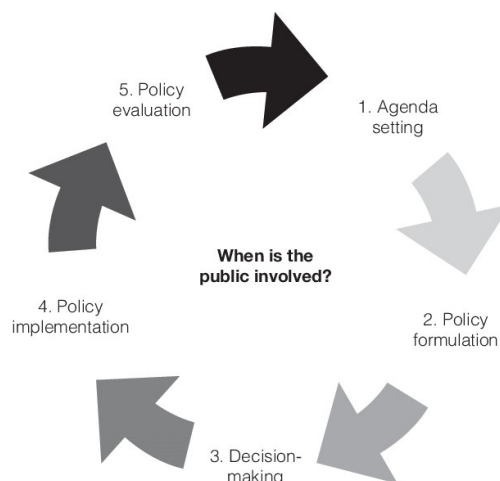


Fig. 2 Five Stages of The Policy Cycle (Cariney, 2013)

4. DISCUSSION ON CASES

4.1. Three Cases of Policy Evidence

4.1.1. Source 1: LinkAge in Bristol

Source 1 (S1) presents details about the 2024 effort to eradicate loneliness. It specifically highlights a program by LinkAge, a charitable organization based in Bristol, which aims to diminish loneliness and social isolation among those aged 55 and above. This initiative employs a community development strategy that centers on intergenerational collaboration and aims to combat social isolation by questioning age stereotypes. The program aims to foster active engagement and enhance the well-being of older individuals by offering a range of activities including community centers, archery, cooking, and yoga. According to an independent evaluation conducted by the University of West England, volunteers have a vital role in the organization. The evaluation also found that LinkAge is in line with the goals outlined in the Marmot Review - Fair Society Healthy Lives, and has successfully produced positive results about social interactions, well-being, and physical activity.

4.1.2. Source 2: Friendship Lab in Philadelphia

Source 2 (S2) is a CNN report on a doctor from Philadelphia, U.S., who struggled with feeling isolated and alone in 2016. It underlines how norms of society and gender conventions prevent males from openly expressing their feelings. It focuses on the influence of "Friendship Lab," a therapy group headed by therapists Dr Rob Garfield and Jake Kriger that aims to help men form deeper ties and emotional closeness with one another. It provides a secure area for guys to express themselves, get support, and improve their communication skills. Participants have reported that making closer ties with other guys improves their mental well-being.

4.1.3. Source 3: SENSE in the UK

Source 3 (S3) is a 2021 press release from SENSE, a prominent disability charity in the United Kingdom. The press release emphasizes alarming facts, revealing that a significant majority (61%) of impaired individuals endure persistent feelings of isolation, which increases to 70% amongst young disabled individuals aged 16 to 24. The statement highlights the considerable influence of isolation in society on psychological wellness, as more than two-thirds of individuals with disabilities report that their mental state is negatively impacted by feelings of loneliness. The study also uncovers the unequal effect of the COVID-19 epidemic on disabled individuals, intensifying sentiments of seclusion and disregard. Lucy Dawson's personal testimonies provide more evidence to support this point. Consequently, SENSE urges the government to take immediate action and highlights the necessity for enhanced support and funding for initiatives that tackle loneliness.

4.2. Applying SEM to Policy Evidence

4.2.1. The Micro Level: Individual Internal Factors and Interpersonal Relationships

At the micro level, variables promoting loneliness among adult impaired guys include marginalized populations (e.g. disabilities), gender (e.g. males), age (e.g. adult), and the associated social isolation [1] [3] [18] [19]. Because of physical constraints, handicapped people have fewer acquaintances and social supports than the general population, making them more vulnerable to perceived social isolation [19]. Social separation promotes emotions of loneliness [18]. Furthermore, while hegemonic maleness is not usually widely acknowledged as an interpretative framework, conventional gender norms have a greater impact on men than women in terms of experiencing loneliness as a result of male ideals [3]. To treat loneliness among adult handicapped guys, it is vital to assist them in eliminating social isolation and enhancing their loneliness experience [1]. This indicates that they require additional assistance in regard to their interpersonal connections.

All three sources offer policy insights for tackling loneliness at the individual level. S1 emphasizes the implementation of programs within the community to tackle the issue of loneliness among elderly individuals. Activities such as social events and programs aimed at fostering friendships typically focus on those who are 55 years old and older. This narrows down the relevance of S1 to disabilities, youth and males. Specifically, neighborhood events like shooting, cooking, and yoga might not be appropriate for those with disabilities. On the other hand, S2 offers a different choice for tackling loneliness among men by providing a friendship workshop that allows for human-computer connection. However, it does not specifically mention the disabled community. S1 and S2 primarily emphasize older individuals and therapeutic interventions, perhaps neglecting the distinct requirements of young disabled guys and the systemic obstacles that contribute to feelings of loneliness. In contrast, S3 indicates internal characteristics like psychological health and mental wellness on an individual basis. Furthermore, S3 targets young impaired people who are absent from S1 and S2. S3 focuses on raising awareness and advocating for government intervention rather than giving particular ways to assist individuals at the micro level.

4.2.2. The Meso Level: Institutions and Communities

To tackle the issue of loneliness among adult disadvantaged males at the meso level, it is important to take into account a wider array of social support systems, such as family, friends, neighborhood, volunteers, and social groups [1] [3] [7] [19]. Utilizing social support from both local communities as well as volunteers has been shown to effectively alleviate the issue of social isolation in those experiencing loneliness [20]. Nevertheless, the efficacy of acquiring formal companionship (from close friends and family members) support is inadequate mostly because of the deficiency of skill in ameliorating loneliness amongst official social companions [21] [22] [23]. Thus, certain academics argue that organizations and communities might incorporate "formal companions" as part of social assistance for individuals experiencing loneliness. They also propose providing training in social skills and psychological instruction [21] [22] [23]. Disabled populations require a more extensive array of assistance. These supports can enhance the social skills and willingness of individuals who are affected by mobility or communication obstacles, as well as other negative factors. This, in turn, helps to address concerns associated with loneliness by promoting proactive encounters [7] [15] [19].

S1 and S2 increase individual and interpersonal experiences on a micro level, but their main contribution is to give two referenceable Meso-level viewpoints. Bristol's LinkAge successfully displays the usefulness of community institutions and local therapeutic groups in reducing loneliness; at the same time, the Friendship Lab in S2 indicates a viable model for organizations to address male loneliness. Localized measurements and policies, whether for a neighborhood or an organization, can have an impact on its efficacy [1]. S1 is primarily concerned with localized interventions within Bristol, which could restrict its application to a larger policy context at the meso level, particularly in other parts of England beyond Bristol. Similarly, the instances of success in S2 take place in Philadelphia, USA, suggesting specific constraints in terms of generalizability. While S3 recognizes the significance of institutional assistance, it may not provide explicit suggestions or tactics for successfully executing meso-level policy.

4.2.3. The Macro Level (Societal Factors)

At the macro level, creating a more available and equitable society is a more ambitious effort to alleviate the loneliness of disadvantaged men. This entails multi-sector collaboration among government, academic institutions, funding authorities, and other groups involved in policy decision-making [1]. Increasing social involvement and reducing loneliness necessitates social policies as the primary driving force, while there is currently a dearth of assessment of community policy initiatives that improve social circumstances and indirectly reduce loneliness [18]. Furthermore, research into community-driven social enterprise models can be beneficial methods for reducing loneliness in social policies since they are frequently founded in and directed by communities [2]. Incorporating provisions for businesses in policies may prevent a uniform approach and promote adaptability in

enhancing loneliness policies [2]. The discussion of supporting meaningful social interactions should be situated within a wider framework of social policies, including housing, employment, welfare, and infrastructure [1].

While the three sources have been beneficial on smaller scales, they are not yet powerful or effective enough on a larger scale. S1's collaborative approach to combating loneliness, through partnerships with governments and philanthropic organizations, showcases its ability to give valuable reference for policy making at the macro level. Although S1 highlights the significance of social elements, it fails to consider larger structural disparities or systemic obstacles that may restrict its relevance in a broader policy context on a macro scale. Similarly, S2 explores the notion of masculine socialization patterns and cultural norms, which result in social isolation among males, especially within the framework of conventional masculine ideals. Considering cultural factors is essential for improving the efficiency of policies [10]. Although S2 highlights the significance of social transformation, it may not provide explicit recommendations or tactics for efficiently executing macro policies. Conversely, S3 is the one source amongst these three that supports more government intervention to tackle chronic loneliness in disabled individuals, particularly young disabled individuals. However, it lacks precise suggestions or interventions specifically designed for male adults with disabilities.

Table 1. Evidence Gap (Social-Ecological Models)

Perspective	Source 1 (S1)	Source 2 (S2)	Source 3 (S3)
Micro Level	Addresses loneliness among older adults but limited to age 55+, excluding other demographics like disabled and young males.	Offers an alternative for male loneliness but neglects the disabled population.	Targets young disabled individuals, focusing on mental health and emotional well-being.
Meso Level	Demonstrates effectiveness of community interventions but localized to Bristol, limiting broader policy applicability.	Provides a model for male loneliness improvement but based in Philadelphia, USA.	Acknowledges institutional support importance but lacks specific implementation strategies.
Macro Level	Emphasizes social factors but overlooks broader inequalities, limiting wider policy relevance.	Highlights cultural considerations but lacks specific macro policy recommendations.	Advocates for government action but lacks specific interventions for disabled adult males.

4.3. Applying Policy Cycle to Policy Evidence

Policy-making is an intricate and involved process that includes numerous revisions and has an impact on various stakeholders [17] [24]. Numerous public policy problems are complex and do not have a definitive or singular solution. Hence, policymakers must thoroughly analyze the non-linear procedure for policy iteration [17] [24]. This study analyzes the effectiveness of three sources at various times within the policy cycle frame.

4.3.1. Agenda Setting

During the agenda-setting phase, these three sources are essential in increasing awareness and emphasizing the widespread occurrence of loneliness amongst disabled males, bringing attention to

the problem on the policy agenda. They underscore the significance of tackling this matter and urge policymakers and stakeholders to take action. Nevertheless, a close examination uncovers that although these sources efficiently increase awareness, they may lack precision in pinpointing the underlying factors that contribute to loneliness among disadvantaged males. This constraint has the potential to impede the effectiveness of future policy responses, since a comprehensive comprehension of the fundamental determinants is crucial for devising focused solutions.

4.3.2. Policy Formulation

The significance of S1 and S2 lies in their value to provide targeted interventions and frameworks that can effectively address the issue of loneliness. This encompasses therapeutic groups and communal activities. These interventions have a contributory function in the policy cycle in that they provide actionable strategies. Nevertheless, the presence of contextual elements in various environments fosters inefficiency and constraints, resulting in obstacles to scaling. As shown by S1, engaging in community activities can be an effective approach to addressing loneliness, contingent upon factors such as group cohesion, norms of culture, and accessibility. S2 proposes therapy groups as an effective approach to tackle feelings of loneliness. The efficacy and scalability of this approach are constrained by issues such as social stigma, participant preparedness, accessibility to mental health resources, and the accessibility of therapists. S3 advocates for the widespread adoption of governmental measures aimed at protecting the welfare of disabled individuals. Although praiseworthy, the absence of precise implementation techniques poses difficulties in converting it into practical policies.

4.3.3. Policy Adoption

S1 and S2 exemplify effective policy adoption models adopted in Bristol and Philadelphia correspondingly, presenting viable strategies for adoption in other areas. Nevertheless, the interventions' localized nature may restrict their implementation on a national scale, necessitating adjustments to suit various circumstances. However, S3's support for government intervention is in line with wider policy objectives, which helps to generate momentum in tackling the issue of loneliness in disabled males. However, the presence of uncertainty and absence of clear measures may impede its implementation.

4.3.4. Policy Implementation

S1 underscores the need of involving stakeholders and mobilizing resources to effectively conduct community interventions, while S2 underlines the necessity of institutional support and training for facilitators. Nevertheless, the interventions need a significant amount of resources, which may provide difficulties when it comes to implementing them, particularly in settings with limited resources. Similarly, the advocacy efforts of S3 may encounter opposition or setbacks in their execution because of the absence of precise policy recommendations and implementation plans.

4.3.5. Policy Evaluation

Ultimately, S1 and S2 offer chances for continuous evaluation in policy assessment, allowing for the measurement of intervention effectiveness and the gathering of information to make necessary improvements for better outcomes. Nevertheless, the absence of comprehensive assessment procedures may restrict the capacity to quantify the enduring effects of treatments on loneliness outcomes. Similarly, it may be arduous to objectively analyze the advocacy efforts of source 3, hence making it challenging to estimate their efficacy in promoting policy change.

Table 2. Evidence Gap (Policy Cycle)

Stage	Contribution	Limitations
Agenda Setting	Raise awareness	Lack specificity in identifying root causes
Policy Formulation	Offer specific interventions	Limited applicability and scalability
Policy Adoption	Showcase successful models	Localized nature may limit national adoption
Policy Implementation	Emphasize stakeholder engagement and resource mobilization	Resource-intensive nature may pose challenges
Policy Evaluation	Provide opportunities for ongoing evaluation	Lack robust evaluation mechanisms

5. CONCLUSION AND RECOMMENDATIONS

To summarize, although the three sets of policy evidence provide useful insights into treating loneliness among handicapped men in the United Kingdom, their potential to completely cure this societal issue is restricted. Source 1 gives community-based solutions, Source 2 provides therapeutic examples, while Source 3 recommends government action. Nevertheless, each case has its own set of flaws. For example, S1 focuses primarily on senior adults, ignoring younger impaired guys, S2 shows little regard for disabled people, and S3 offers insufficient measures to combat loneliness amongst disabled males.

Furthermore, policy decision-making should take into account alternative perspectives as well as to the three pieces of data. These factors encompass the significance of tackling structural disparities, systemic obstacles, and social customs that contribute to the experience of loneliness among disabled males. Policymakers should prioritize the development of all-encompassing and equitable policies that specifically target the distinct requirements of this demographic. This include the promotion of social integration, the provision of specialized support services, and the dissemination of information regarding the difficulties encountered by disabled males. In addition, it is important to strive for the improvement of community support networks, the enhancement of accessibility to mental health solutions, and the cultivation of a more welcoming and beneficial societal environment for those with disabilities. To effectively manage loneliness among disabled males, a comprehensive approach is necessary. This entails the participation of individuals, organizations, and society at various levels, taking into account elements at the individual, interpersonal, institutional, communal, and societal levels.

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