



Reducing the Impact of Loneliness and Social Isolation on Mental Health and Substance Use in Colorado.

Background

Peer Assistance Services, Inc. (“PAS”) is a Colorado non-profit dedicated to the prevention and intervention for substance use and mental health concerns. In January 2022, PAS conducted a pilot of Wisdo Health to examine whether Wisdo’s peer support and clinical referral platform can offer a scalable and cost-effective approach to address the impact of loneliness and social isolation on the mental health and substance use of adult Coloradans.

Loneliness and social isolation rates have reached epidemic levels, with recent studies estimating it at 60% of American adults.¹ Research shows that loneliness has a devastating impact on physical and mental health, and leads to higher healthcare utilization and medical costs while severely reducing engagement rates with clinical services, including therapy.³

- Social isolation significantly increases the risk of premature death more than smoking, obesity, and physical inactivity.²
- Loneliness is associated with higher rates of depression, anxiety, and suicide and higher utilization of emergency care services.²

Peer support, a core component of social health, is an evidence-based approach to increasing social functioning, mental health, engagement in self-care, activation in treatment, and quality of life.⁴ Peer support is most effective when provided by those with shared lived experiences.

At a Glance

Peer Assistance Services, a Colorado-based non-profit, collaborated with Wisdo to address the impact of loneliness and social isolation on the mental health and substance use of adult Coloradans. Wisdo recruited 815 Colorado residents to join its peer support and clinical referral platform and analyzed changes in key health measures. **Results at day 90 showed statistically significant ($p < 0.05$) reductions in loneliness, depression, and anxiety rates**, as well as a significant reduction in alcohol risk and the number of mentally and physically unhealthy days experienced by participants.

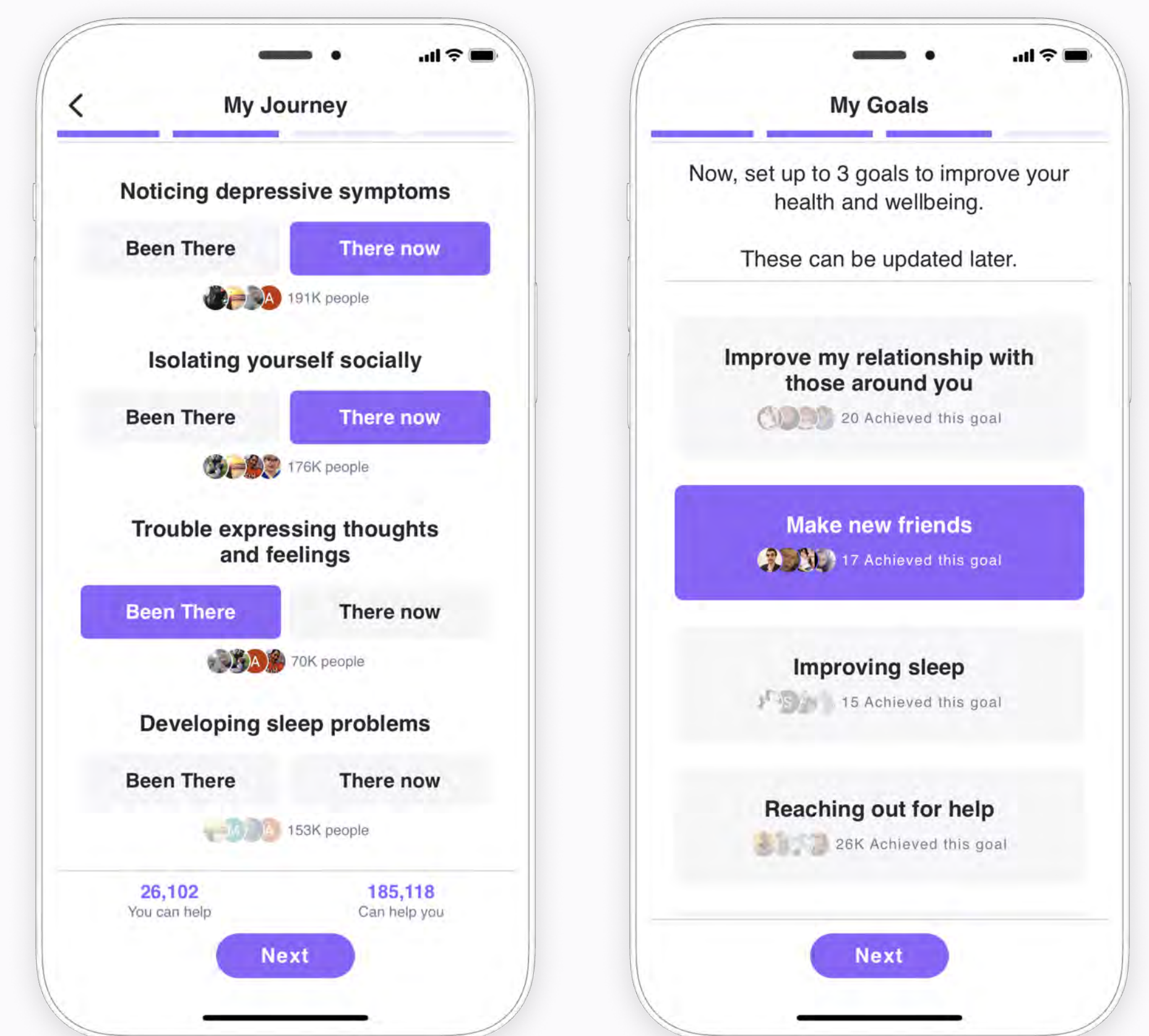
The Approach

The Wisdo platform addresses the harmful and costly consequences of loneliness, social isolation, and low engagement rates on health outcomes and costs. The platform uses AI to map out each user’s obstacles to health, then proactively provides matches to trained peers who’ve been in their shoes and provide emotional support, weekly group coaching sessions to build social skills, and referrals to clinical and SDOH programs covered by their plan or employer. Since its launch in 2018, over 500,000 members ages 18-80 have joined Wisdo.

Wisdo provided a 6-week open enrollment window that allowed participants to join Wisdo at no cost for 12 months. In return, they were asked to complete monthly surveys during the first 90 days. Wisdo was

responsible for recruiting participants, which was done via a social media campaign on Facebook and TikTok with the goal of recruiting at least 500 participants.

Wisdo also configured its application to the needs of the target audience based on input from PAS. This included deciding which of Wisdo’s 50+ communities—focused on topics ranging from mental and physical health, to family matters, identity, and caregiving—will be made available, what monthly validated measures will be collected from participants, what group support sessions will be offered, and which substance use and mental health support services will be promoted by Wisdo as additional support to users based on their risk level. Participants could access Wisdo, a HIPAA- and HITRUST-certified platform, on their mobile iOS and Android devices or on their personal computers connected to the internet.

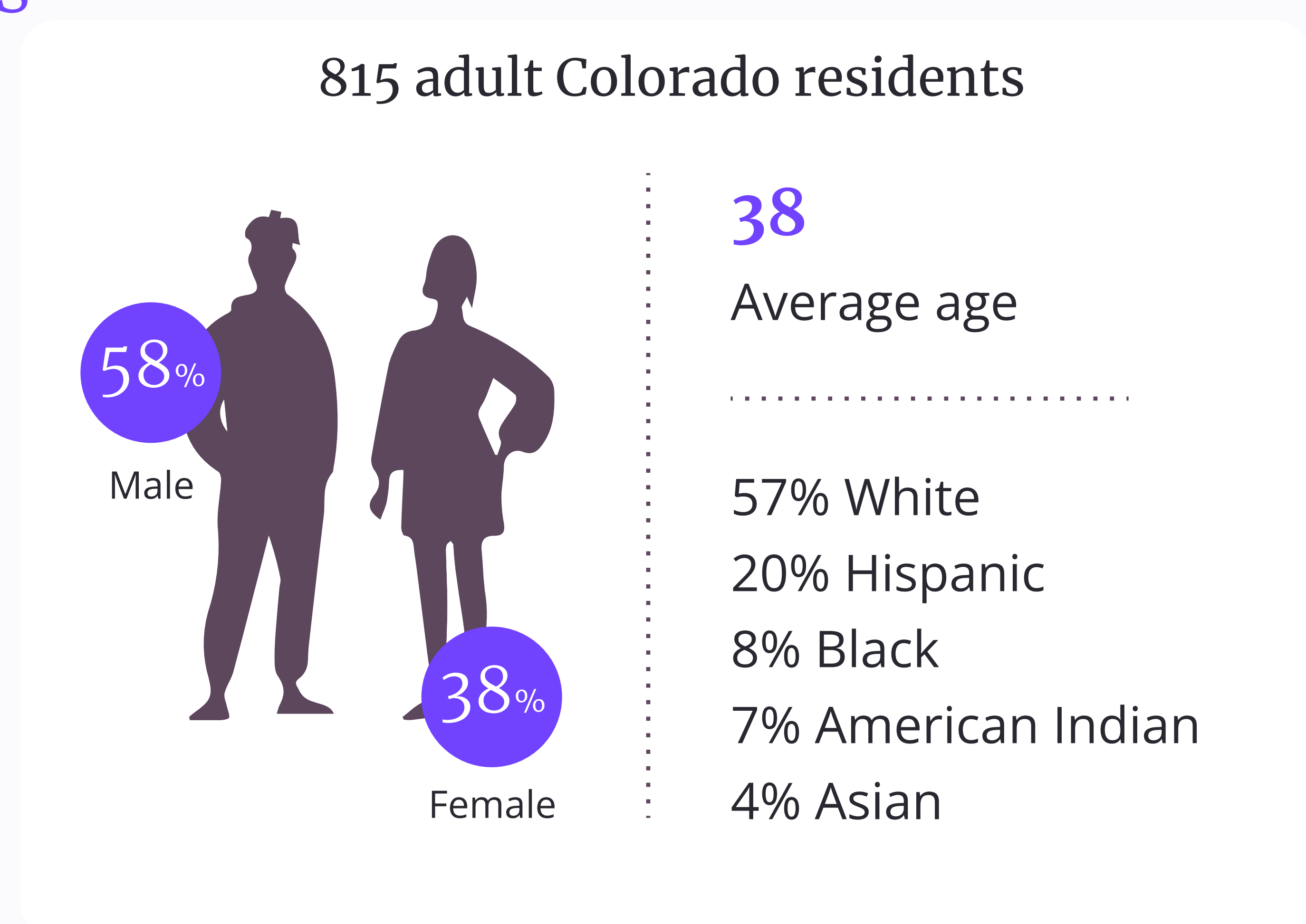


Demographics and Engagement Rates

In total, 815 adult Colorado residents aged 18–64 joined the pilot. The average age was 38, with 58% male and 38% female. Overall, 57% of participants identified as White, 20% as Hispanic, 8% as Black, 7% as American Indian, and 4% as Asian. The demographic breakdown is representative of the overall Colorado population.

The most popular Wisdo communities chosen by participants were loneliness, building self-esteem, coping with depression, anxiety, coping with alcohol addiction, and coping with substance use.

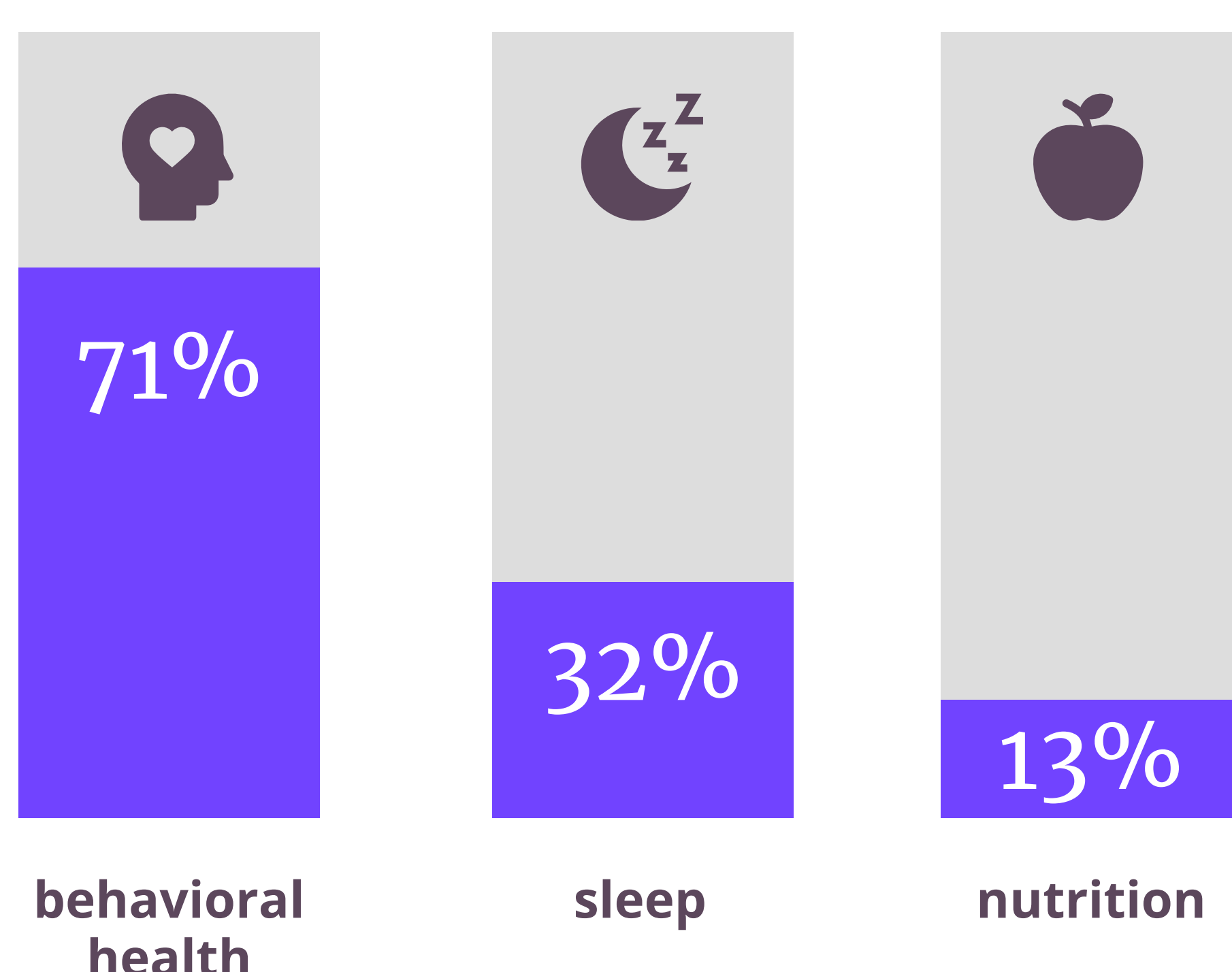
An analysis of the data submitted by users found that the most significant gaps in quality of life experienced by participants upon joining Wisdo were behavioral health (71%), sleep (32%), and nutrition (13%).



Retention, defined as the percentage of participants who engaged with the Wisdo platform, remained high throughout the pilot, with 86% engaged in month 3. In addition, a high percentage of participants engaged in conversations with peers while using the app, with 68% during their first month on Wisdo, 44% during their second month, and 32% of participants during their third month. On average, participants visited Wisdo 3 times a month, sending 36 personal messages and 5 group messages. These retention rates are 6-10x higher than the average for digital health apps.

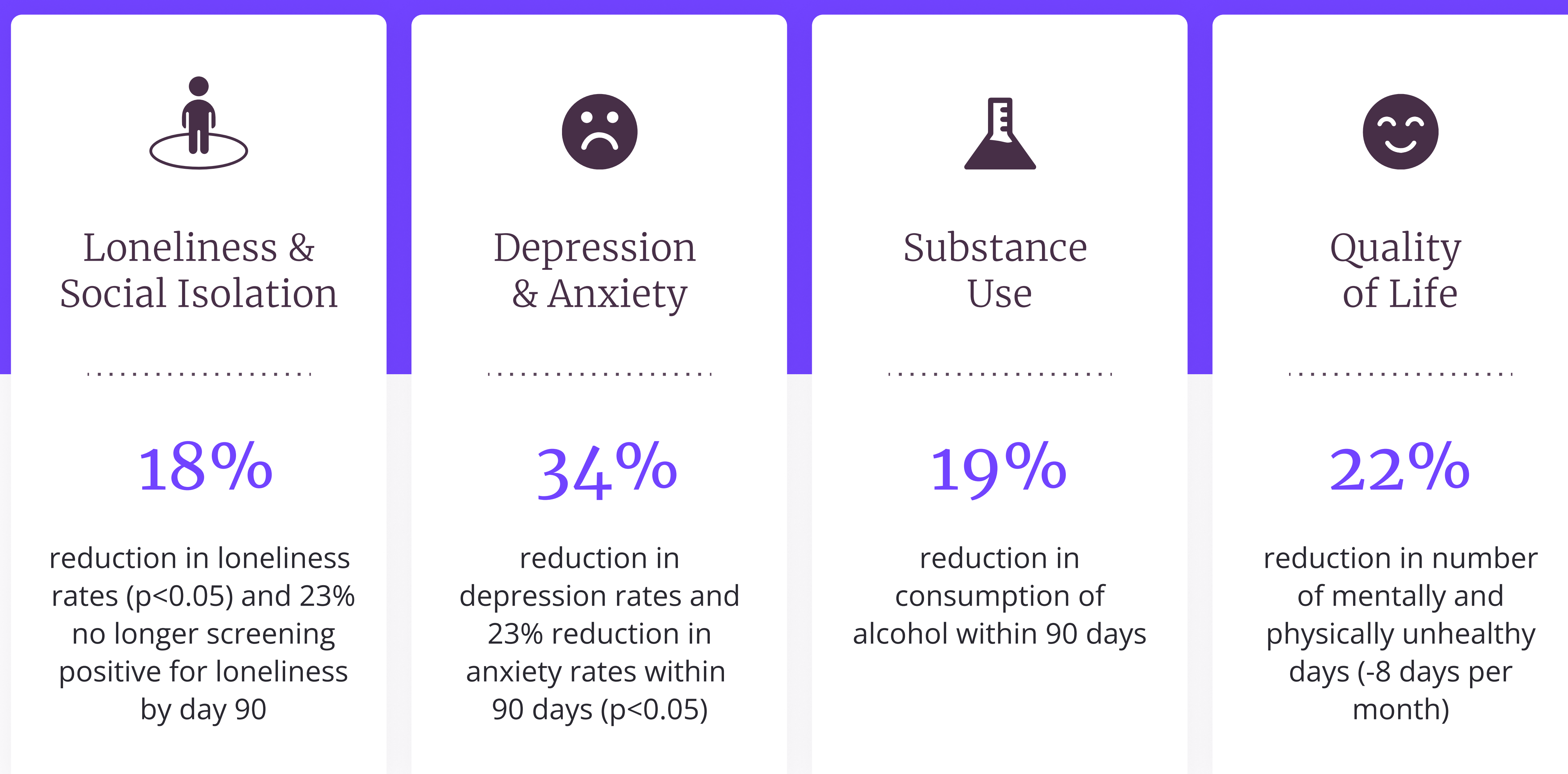
Participants had the option to join weekly group coaching sessions led by Wisdo’s certified coaches. These sessions covered topics such as resilience, self-care, mindfulness, and social skills. On average, 14 users joined each session, with a total of 3.3 sessions attended on average by each participant.

Most Common User Gaps and Challenges



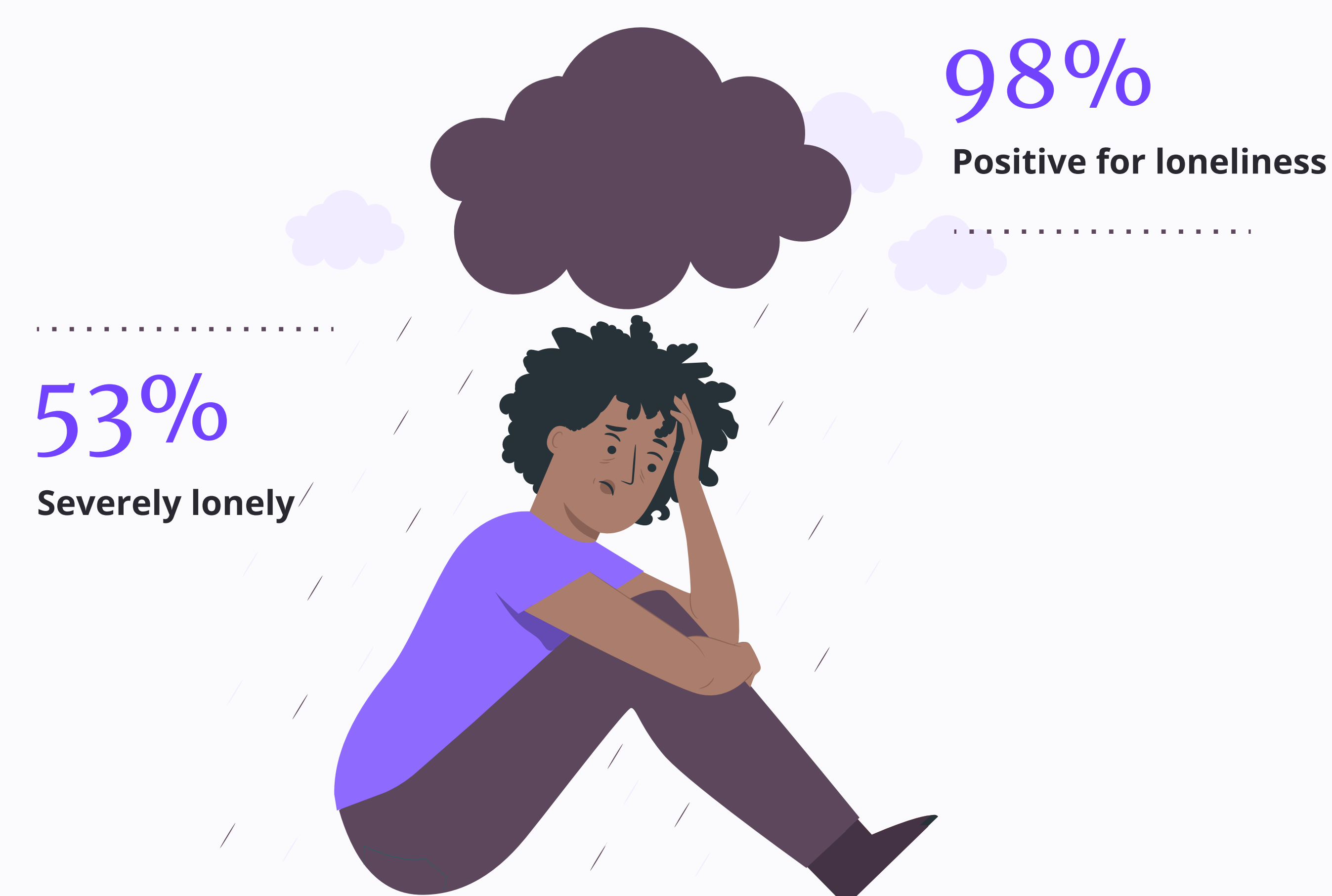
The Impact

To assess the impact of Wisdo, participants were asked to complete a survey upon joining and again on days 30, 60, and 90. The surveys included measures to assess depression, anxiety, alcohol/other substance use, quality of life, loneliness, and overall satisfaction. On average, 31% of active users completed the surveys. The following results are based on a comparison of the 90-day results to baseline.



Loneliness and Social Isolation

Upon joining Wisdo, 98% screened positive for loneliness, with 53% screening as severely lonely using the UCLA-3 scale.



When analyzing the follow-up survey results, we found that Wisdo had a fairly immediate and statistically significant impact on loneliness, with a decrease of 11% already realized within the first 30 days and increasing to 18% by day 90.

After 90 days, 23% of users who screened positive for loneliness when joining Wisdo were no longer lonely (UCLA-3 score of 3). Of the users who screened as Severely Lonely when joining Wisdo (UCLA-3 score of 7-9), 33% moved to a lower bracket of loneliness (UCLA-3 score of 4-6), and 15% were no longer lonely (UCLA-3 score of 3) after 90 days.

Depression

61% of participants who joined Wisdo screened with a positive score for depression (score of 3 or above on PHQ-2). An analysis of the follow-up surveys found a statistically significant **reduction of 34% in the levels of depression reported by participants over their initial 90 days on the platform ($p < 0.05$).**

The data shows that Wisdo had a fairly immediate impact on depression, with a reduction of 32% already realized within the first 30 days. In addition, 65% of users who screened at-risk for depression at baseline (3+ on PHQ-2) reported a below-risk level (<3 on PHQ-2) on their 30-90 follow-up surveys.

Anxiety

Upon joining Wisdo, users were asked to answer the GAD question: "Over the past 2 weeks, how often have you been bothered with feeling nervous, anxious, or on edge?" In total, 88% reported feeling nervous, anxious, or on edge for at least several days over the past two weeks. 30% said they experience these feelings nearly every day.



An analysis of the follow-up surveys found a statistically significant **reduction of 23% in the levels of anxiety reported by users** over their initial 90 days on the platform (p<0.05). The data shows that Wisdo had a fairly immediate impact on anxiety, with a reduction of 19% already realized within the first 30 days.

Substance Use



Upon joining Wisdo, 41% of men and 34% of women screened positive for hazardous drinking or active alcohol use disorders using the AUDIT-C screening tool. An analysis of the follow-up surveys found a **reduction of 19% in the consumption of alcohol**. In addition, Wisdo was able to "move" 36% of women and 21% of men who screened as at-risk for hazardous drinking or active alcohol use disorders when joining Wisdo to below risk level within 30 to 90 days on Wisdo.

Referrals to Behavioral Health Resources

One of the goals for this pilot was to examine the ability of the Wisdo platform to refer relevant pilot participants to access health literacy educational content developed by PAS on the risks of alcohol consumption. Using a combination of emails and in-app messages, Wisdo was able to have **31% of active users who saw the notifications from Wisdo click to access these resources**.

Quality of Life

Upon joining Wisdo, 65% reported having 11 or more mentally unhealthy days in the prior month, and 28% reported having 26–30 unhealthy mental days

In addition, 42% reported having 11 or more physically unhealthy days in the prior month, and 11% reported having 26–30 unhealthy physical days.



An analysis of the follow-up surveys found a **reduction of 22% in the number of mentally and physically unhealthy days reported by users**. This equated to -4.4 mentally unhealthy days and -3.6 physically unhealthy days (total of 8 days) per user.

Overall Satisfaction

88%

said they would recommend Wisdo to others.

98%

said that Wisdo should be made available to everyone in Colorado.

When asked what they liked most about Wisdo, most comments concentrated on being able to connect and talk with others who have shared lived experiences, and doing so in a safe, judgment-free, and supportive environment.



When I need help, there's someone there to non-judgementally listen.



I feel heard, understood, and that I can contribute in a meaningful way.



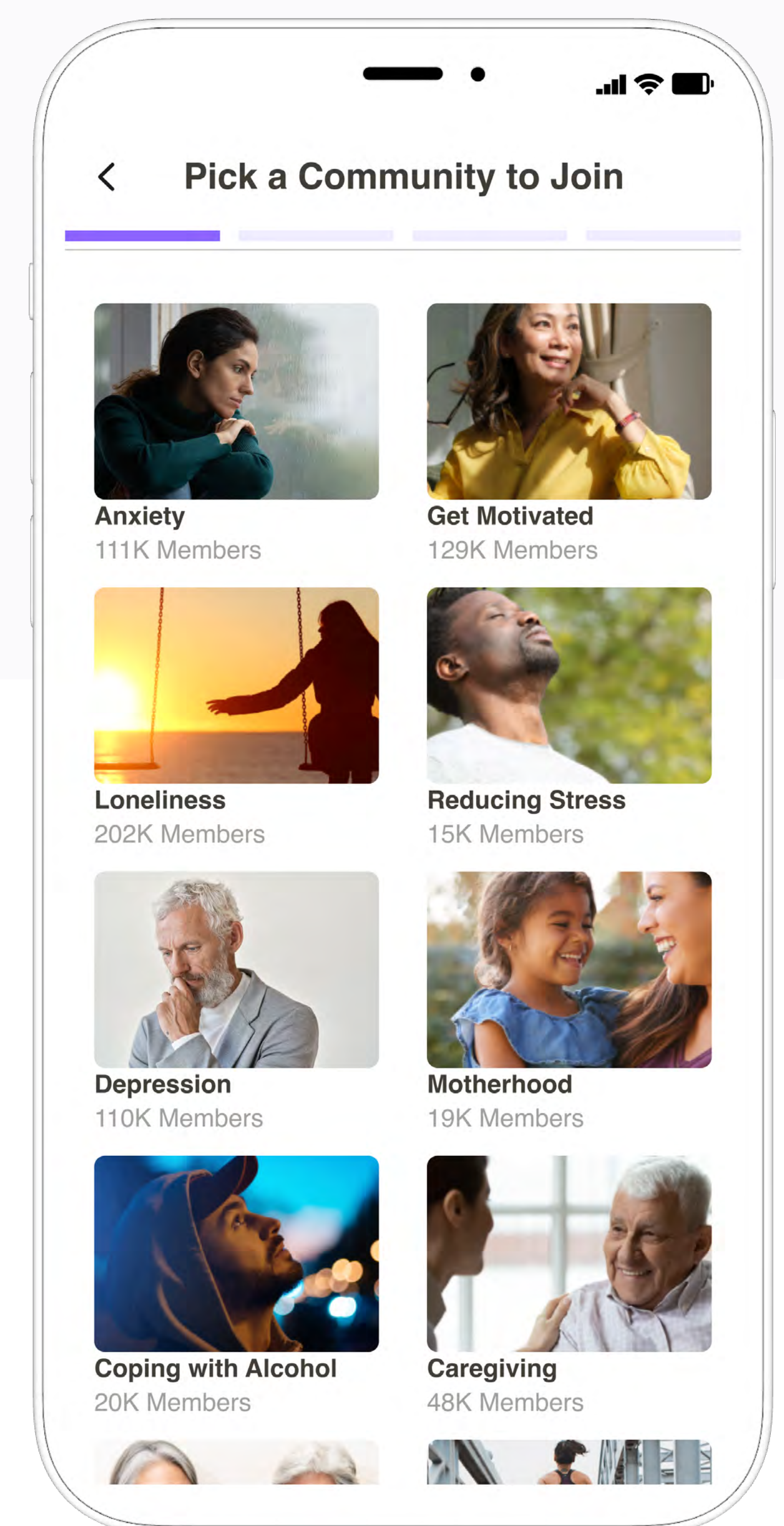
I get to help and motivate others on a daily basis.



I've discovered new ways of managing my anxiety through the advice of others.

Next Steps

The results of the pilot strongly suggest that Wisdo is effective in engaging users who experience, or are at risk for, mental health and substance use disorders and in driving significant reductions in depression, anxiety, social isolation, and substance use consumption. Based on the successful results of this pilot, PAS, with funding from the Colorado Department of Health Care Policy and Financing, has decided to fund an expansion of Wisdo to tens of thousands of people in Colorado beginning in Q4 of 2022.



About Wisdo



5 time winner of App of the day



#1 for social impact & personal growth



World's Most Innovative Companies

Wisdo (www.wisdo.com) is an award-winning peer support and clinical referral platform that addresses the adverse consequences of social isolation and loneliness on the mental and physical health of Americans ages 17–80. We provide curated peer-to-peer connections, training to selected peers in how to offer emotional support, and timely referrals to clinical services.



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1. Demarinis S. Loneliness at epidemic levels in America. *Explore (NY)*. 2020 Sep-Oct;16(5):278-279. doi: 10.1016/j.explore.2020.06.008. Epub 2020 Jun 28. PMID: 32674944; PMCID: PMC7321652. 2. National Academies of Sciences, Engineering, and Medicine. 2020. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. Washington, DC: The National Academies Press. <https://nap.nationalacademies.org/catalog/25663/social-isolation-and-loneliness-in-older-adults-opportunities-for-the>. 3. Thomas Insel *Healing: Our Path from Mental Illness to Mental Health* Hardcover. 4. SAMHSA, Value of Peers, 2017 <https://bit.ly/2XHvTnC>. 5. <https://press.humana.com/news/news-details/2019/bold-goal-progress-report-details/default.aspx#gsc.tab=0>