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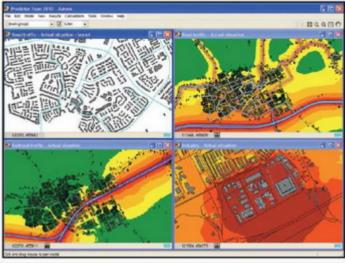


Figure: Example of data visualization.

## 22.9 Perceived chronic loneliness

Project Name: CONNECTING Nature (Grant Agreement no. 730222)

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## **Chronic Ioneliness** Health and Wellbeing Loneliness is a growing problem in industrialized countries, Description and where around one in three people is affected, and one in 12 justification severely (Cacioppo & Cacioppo, 2018). It has become a public health problem, since in addition to the serious consequences for the psychological well-being of individuals who suffer it, longitudinal studies show that loneliness implies an increased risk of morbidity and premature mortality, when compared with individuals who are more socially integrated or do not feel isolated (Cacioppo & Cacioppo, 2018; Shankar et al., 2017). Specifically, loneliness increases the risk of premature death by 26% (Cacioppo & Cacioppo, 2018), and the strength of social

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isolation as a predictor of mortality is similar to other welldocumented risk factors, such as obesity or smoking (Pantell et al., 2013). The so-called "common sense treatments" (i.e., social skills training) have not been effective in tackling loneliness, while behavioural interventions and community programs show greater evidence of positive impact (Cacioppo & Cacioppo, 2018). Many recent interventions aim to improve well-being through connection and contact with green spaces, since the majority of studies published in this regard show a positive relationship between some aspect of green space, and health and wellbeing (Wendelboe-Nelson et al., 2019). Even the combination of virtual social interaction with the relaxation effect of experiencing nature through virtual reality has been shown to contribute to reductions in feelings of loneliness, as well as in the risks in associated illnesses (White et al., 2018). Green spaces increase social cohesion through fostering positive social interactions and social engagement (Jennings & Bamkole, 2019). Natural features also enhance feelings of place attachment and identity, promoting a sense of community that contributes to a decrease in feelings of loneliness (Prezza et al., 2001). A lower presence of green spaces in people's living environment was found to be related to greater feelings of loneliness and perceived shortage of social support (Maas et al., 2009). The association between green spaces, perceived social support and loneliness was found to be the strongest in highly urbanized areas. Loneliness, or social isolation, can be defined as Definition disengagement from social ties, institutional connections, or community participation (Seeman, 1996). Strengths and + The indicator allows evaluating one of the most pressing weaknesses problems for health and well-being in modern societies + Especially important indicator to assess levels of physical and mental health in the elderly - The relationship between the indicator, exposure to green spaces and levels of health and wellbeing are mediated by other variables such as social contact in those places. Quantitative P: Scale/Scale inventory/Questionnaire Measurement (survey procedure, paper-and-pencil administration, procedure and computer-based administration) tool T: Three-Item Loneliness Scale (Hughes et al., 2004). It includes three items with a three-point Likert response scale (Hardly ever; Some of the time; Often). The Three-Item Loneliness Scale greatly expands the possibilities for loneliness research in the older population.

Three-Item Loneliness Scale (Hughes et al., 2004)

Scale of

measurement

	The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.  1. First, how often do you feel that you lack companionship?  2. How often do you feel left out?	
	3. How often do you feel isolated from others?	
Data source	<b>.</b>	
Required data	<ul> <li>Essential: NBS characteristics for each city/site, more specifically nature of activities one can get involved into while engaging with nature, opportunities for social interaction and for physical exercise, etc.</li> <li>Desirable: Data on symbolic/affective meanings assigned to NBS (case studies, participatory data collection methods) – see also indicator SC6 (Place Attachment)</li> </ul>	
Data input type	Quantitative	
Data collection frequency	After NBS implementation or aligned with timing of targeted (especially long-term) objectives	
Level of expertise required	<ul> <li>Methodology and data analysis requires high expertise in psycho-social research</li> <li>Quantitative data collection requires no expertise</li> </ul>	
Synergies with other indicators	SC1 Bonding social capital SC2 Bridging social capital SC4.1 Trust in community SC4.2 Solidarity between neighbors SC4.3 Tolerance and respect SC5.1 Perceived safety SC6 Place attachment (Sense of Place): Place Identity HW3 General wellbeing and happiness HW4 Life expectancy and healthy life years expectancy HW10 Prevalence, incidence, morbidity of chronic stress HW11 Mental Health Wellbeing: Depression and Anxiety ENV23 Green-space accessibility	
Connection with SDGs	Goal 3. Ensure healthy lives and promote well-being for all at all ages Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable	
Opportunities for participatory data collection	No opportunities identified	
Additional information		
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## 22.10 Somatisation

Project Name: proGIreg (Grant Agreement no. 776528)

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3001-3013.

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Somatisation		Health and Wellbeing
Description and	Somatisation is the manifestation of psychological distress	
justification	by the presentation of physical symptoms. As previous	
	studies have observed associat	ions between green space