



We need a public health approach to loneliness

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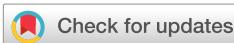
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We need a public health approach to loneliness

Loneliness is costly to individuals and society; it should be a political priority

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The public health and social measures implemented during the covid-19 pandemic highlight the importance of social capital to health and wellbeing. As many countries move into a new stage with the reduction and removal of many public health social measures, renewed energy is needed to rethink social and community connections in which “building back better” includes evidence based initiatives to deal with loneliness, especially among those most vulnerable.

Surkalin and colleagues' linked systematic review and meta-analysis (doi:10.1136/bmj-2021-067068) on the prevalence of loneliness in 113 countries provides useful pre-pandemic baseline data to support public health interventions.¹ Notable variations in loneliness by age and region require further exploration.

Additionally, the authors show the need for standardised and validated instruments to support comparability and assessment of loneliness as well as the necessity for increased data collection in low and middle income countries. They conclude that while loneliness is a public health issue, a public health approach to successfully tackle it demands focus and enhanced action.

A key challenge is not only to understand prevalence but to “segment” the experience of loneliness for groups who are at risk. Not everyone has the same risk of becoming lonely: poverty, poor physical or mental health, few community connections, and living alone have been shown to increase the risk of loneliness, both before and during the pandemic.² A better understanding is required of the intensity and impact of the experience of loneliness, as well as cultural differences and geographical variations.^{3,4} Those planning policy and services need more nuanced and targeted data to deliver effective outcomes. Public health interventions must consider the personal and subjective experience of loneliness, taking account of differences between an individual's preferred and actual experience of social and emotional connections.

Additionally, various types of loneliness (emotional, social, and existential) need to be considered, as well as frequency (transient, situational, occasional, and chronic) and causes.⁵ Although the focus is often on older people, loneliness is experienced across all age groups. The pandemic has dispelled the myth that loneliness is just an older person's problem. Public health interventions must now take this into account and take a life course approach.

Recent reports from the US⁶ and UK⁷ underline the need for robust methods to evaluate the effectiveness of interventions for loneliness, especially those seeking longer term change. Research funding and focus must, however, also be more strategic given

the ongoing changes in how people live and work, the growth of technology and individualism, and the erosion of many aspects of civic society; all evolving against a backdrop of diminishing public finances and growing austerity in health and public service provision.

A public health approach to loneliness means confronting the social and structural factors that influence risk of loneliness across the life course, including poverty, education, transport, inequalities, and housing, and implementing policies to address them. It is important to facilitate healthy social choices, making it easier to connect with others in the community, change work environments, and increase opportunities for building trust and social capital.

Importantly, protective interventions must be increased, such as public awareness campaigns that deal with stigma and stereotypes around loneliness, valuing community involvement and participation. Both group and individual interventions are required, tailored to support personalised need. Finally, governments must recognise the personal, social, and economic costs of loneliness and prioritise both political and financial support for specialised programmes to address it.⁸

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