We need a public health approach to loneliness

O'Sullivan, R., Leavey, G., & Lawlor, B. (2022). We need a public health approach to loneliness. *British Medical Journal*, 376, [o280]. <https://doi.org/10.1136/bmj.o280>

[Link to publication record in Ulster University Research Portal](#)

Published in:
British Medical Journal

Publication Status:
Published (in print/issue): 09/02/2022

DOI:
[10.1136/bmj.o280](https://doi.org/10.1136/bmj.o280)

Document Version
Publisher's PDF, also known as Version of record

General rights
Copyright for the publications made accessible via Ulster University's Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The Research Portal is Ulster University's institutional repository that provides access to Ulster's research outputs. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact pure-support@ulster.ac.uk.

¹ The Institute of Public Health, Dublin, D08 NH90, Ireland

² The Bamford Centre, Ulster University, Coleraine, UK

³ The Global Brain Health Institute, Trinity College Dublin, Ireland

Correspondence to: R O'Sullivan
roger.osullivan@publichealth.ie

Cite this as: *BMJ* 2022;376:o280

<http://dx.doi.org/10.1136/bmj.o280>

Published: 09 February 2022

We need a public health approach to loneliness

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

Roger O'Sullivan,¹ Gerry Leavey,² Brian Lawlor³

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.

Surkalim 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

Competing interests: We have read and understood the BMJ Group policy on declaration of interests and declare the following: None.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Surkalim DL, Luo M, Eres R, et al. The prevalence of loneliness across 113 countries: systematic review and meta-analysis. *BMJ* 2022;376:e067068.
- 2 O'Sullivan R, Burns A, Leavey G, et al. Impact of the COVID-19 Pandemic on Loneliness and Social Isolation: A Multi-Country Study. *Int J Environ Res Public Health* 2021;18:9982. doi: 10.3390/ijerph18199982. pmid: 34639283
- 3 Victor CR, Pikhartova J. Lonely places or lonely people? Investigating the relationship between loneliness and place of residence. *BMC Public Health* 2020;20:778. doi: 10.1186/s12889-020-08703-8. pmid: 32456626
- 4 Barreto M, Victor C, Hammond C, Eccles A, Richins MT, Qualter P. Loneliness around the world: Age, gender, and cultural differences in loneliness. *Pers Individ Dif* 2021;169:110066. doi: 10.1016/j.paid.2020.110066. pmid: 33536694
- 5 Prohaska T, Burholt V, Burns A, et al. Consensus statement: loneliness in older adults, the 21st century social determinant of health? *BMJ Open* 2020;10:e034967. doi: 10.1136/bmjopen-2019-034967. pmid: 32788184
- 6 National Academies of Sciences, Engineering, and Medicine. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. 2020. doi: 10.17226/25663.
- 7 Department for Digital, Culture, Media & Sport. Independent report: Tackling loneliness evidence review. 2022. <https://www.gov.uk/government/publications/tackling-loneliness-evidence-review>.
- 8 Prohaska T, O'Sullivan R, Leavey G, Burns A. A public health approach to loneliness and isolation among older adults. In: Scrimshaw SC, Lane SD, Rubinstein RA, Fisher J, eds. *The SAGE handbook of social studies in health and medicine*. 2nd ed. Sage, 2022;75-292. doi: 10.4135/9781529714357.n15.