

# CONTEXT

Young people - those aged between 16 and 24 - report the highest rates of loneliness in the UK.

In April 2020 we launched our <u>Loneliness and wellbeing in young people project</u>, to further the collective understanding of young people's loneliness.

As part of this project, we produced a series of academic papers that explored the following key research areas:

- 1. How does loneliness, mental health and wellbeing link with each other?
- 2. What makes loneliness and wellbeing more or less likely for adolescents and young adults?
- 3. How does young people's experience in school impact loneliness?

Using the findings from these papers, this document summarises how, where and why loneliness is felt by young people.

It also details ways that anyone working with and for young people can help improve the spaces, places and relationships that make a difference to young people's loneliness.

MRC/CSO Social and Public Health Sciences Unit















# THE QUICK READ

Young people report some of the highest rates of loneliness in the UK, with younger adolescents reporting higher loneliness than older groups.

Loneliness is strongly associated with poor wellbeing and mental health in young people.

To improve the wellbeing and mental health of people in the UK, we need to work out what we can change in our schools and our communities to help reduce loneliness earlier in people's lives and reduce the number of those experiencing it.

#### **Protective factors**

Young people are less likely to experience loneliness if they feel a **sense of belonging** in their school or neighbourhood.

This is supported by **strong social connections**, such as friends you can count on and a cohesive family environment.

### **Geographical factors**

Individual-level risk factors, such as identifying as a sexual minority orientation, matter more for young people's experience of loneliness in some UK areas in comparison to others. This suggests that there are **place-based differences** impacting loneliness.

#### **Schools**

The school a young person attends can make a difference. Loneliness may be especially detrimental in schools where the mental health of students is poorer. And among lonely adolescents, the school they attend is more predictive of their mental health than for their less lonely peers.

### Next steps

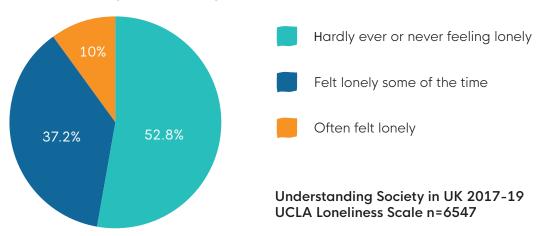
This work demonstrates the strong links between loneliness, mental health and wellbeing in young people. It also points to how we can adapt our places, spaces and communities to better protect young people from loneliness.

To make a difference, we need to take a cross-sector approach and ensure that anyone working with children and young people understands the relationship between loneliness, mental health and wellbeing.

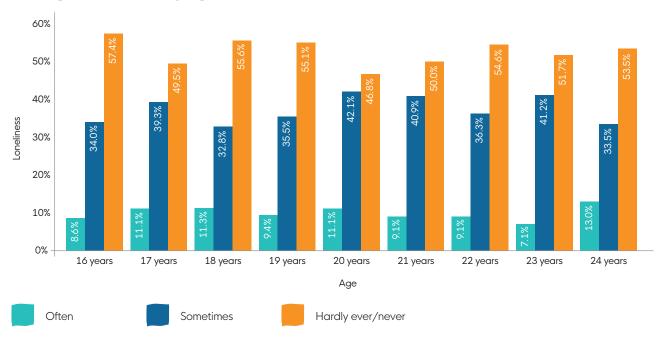


# WHAT WE FOUND

### How often do you feel lonely?



### Feeling of loneliness by age



Loneliness by Age Group								
	Adolescents (16-19)		Young Adults (20-24)		Working Age Adults (25-65)		Older Adults (65+)	
	N	%	N	%	N	%	N	%
Hardly ever or never	1040	54.2%	1146	52.9%	13,546	62.1%	5421	72.4%
Some of the time	719	37.5%	847	39.1%	6984	32.0%	1781	23.8%
Often or always	160	8.3%	172	7.9%	1284	5.9%	283	3.8%



# The impact of loneliness on individuals by socio-demographic factors

Age	Younger adolescents reported higher loneliness than older groups.
Ethnicity	<ul> <li>Loneliness is lower among minority ethnic groups compared with their White British counterparts but we don't know the diversity of experience within groups or across places.</li> <li>We do know experience for people of different ethnicities varies across geographic areas.</li> </ul>
Sexuality	<ul> <li>Being from a minority sexual group is associated with greater loneliness than identifying as heterosexual.</li> <li>Loneliness was highest among those who report 'other' sexual orientation, followed by those who report being gay or lesbian and bisexual individuals.</li> </ul>
Religious belief	Is not a significant predictor of young people's loneliness.
Health	<ul> <li>Lower loneliness is associated with higher self-reported health.</li> <li>Higher loneliness is associated with having a long-standing illness, but this relationship is not significant after accounting for social and community factors.</li> <li>This suggests that strong bonds with peers and community are important protective factors for preventing loneliness.</li> </ul>

# The relationship between loneliness, mental health and wellbeing

Mental Health	<ul> <li>Loneliness is strongly, negatively associated with adolescent mental health</li> <li>It is likely to be a dynamic relationship: Loneliness makes mental health worse, poor mental health increases loneliness.</li> <li>Mental health problems are reported more frequently among female adolescents but is not associated with family affluence.</li> <li>Less frequent mental health problems are associated with higher self-rated physical health and greater life satisfaction.</li> <li>Age is normally associated with mental health but we found this is no longer significant when we control for school related factors.</li> </ul>
Wellbeing	<ul> <li>Loneliness was consistently associated with a decrease in personal wellbeing</li> <li>Lower loneliness is associated with higher life satisfaction and more positive mental wellbeing.</li> <li>In practical terms, each one-point increase on the loneliness scale (e.g., from 'hardly ever' lonely to 'occasionally' lonely), was associated with a decrease of 1.68 on the personal wellbeing scale.</li> <li>Having caring responsibilities for a family member with a long-standing illness is a risk factor for personal wellbeing.</li> <li>Being a full-time student and having greater self-rated health are protective factors.</li> </ul>



The impact of in-person and online relationships

Relationships with friends and family in and out of school (11-15 year olds) and online

Friendship	Having friends you can count on is positively associated with wellbeing.
	Young people who are less lonely report:
	<ul> <li>Going out with friends.</li> <li>Having a greater number of close friends.</li> <li>Having a larger proportion of friends of similar age.</li> <li>Having a larger proportion of friends living in the local area.</li> </ul>
	No link was found between personal wellbeing and:
	<ul> <li>How often you have contact with friends and family and personal wellbeing</li> <li>The composition of young people's social networks. This is how many friends are of the same age, race, education and faith.</li> </ul>
Family	A supportive and cohesive family environment is key to good mental health. Young people who report less loneliness have:
	<ul> <li>Strong family support</li> <li>Positive family communication</li> <li>Frequent family meals</li> </ul>
School	<ul> <li>Peer support was not associated with mental health.</li> <li>Being bullied more often was associated with more frequent metal health problems.</li> <li>Perceptions of teacher support and a greater enjoyment of school are related to less frequent mental health problems.</li> <li>Greater school pressure (exams, deadlines etc.) is associated with more frequent mental health problems</li> </ul>

# Community-level factors

Neighbourhood	Young people who reported less loneliness and higher subjective wellbeing:  Had a sense of belonging to the neighbourhood.  Talked to their neighbours.  Had a higher perceived neighbourhood quality  Reported having a similarity to others in the neighbourhood  Reporting that one's friends in the local area 'meant a lot' was not associated with loneliness.
Trust, Support and Involvement	Wellbeing is positively associated with trusting people in the neighbourhood.  Supportive relationships, and involvement with others in the community are protective factors for reducing the negative consequences of loneliness on young people's wellbeing
For the most lonely	<ul> <li>Those with a greater perception that people were 'there for' them had higher personal wellbeing than equally lonely peers with a reduced sense of this emotional support</li> <li>Those who reported increased communication with neighbours had higher personal wellbeing than equally lonely peers</li> <li>This suggests that social-emotional connectedness is a key factor in protecting the loneliest young people's wellbeing.</li> </ul>

# Geographic and place-based factors

'Place' is a broad term which recognises the importance of context in loneliness and wellbeing. In these analyses, the influence of place is explored at a local authority level, between nations within the UK, urban-rural comparison and at a school level.

Geographic region	<ul> <li>Local authority districts across the UK accounted for between 5 – 8% of the differences in loneliness, even after taking individual characteristics into account.</li> <li>The impact of gender, ethnicity and sexual orientation on the risk of loneliness differed between regions.</li> <li>This means it's likely there are place-based differences in experiences of loneliness for these groups</li> </ul>
Trust, Support and Involvement	<ul> <li>Young people in Wales are less lonely than those in England.</li> <li>There are no differences in loneliness between people living in urban and rural areas across the UK.</li> <li>Young people experience loneliness less in 'blue collar communities' than in 'city living', 'prospering suburbs', 'typical traits' and 'multicultural' communities</li> </ul>
School	<ul> <li>Age was not significantly related to mental health after controlling for school-related factors</li> <li>Among young people who are highly lonely, the school they attend has a greater impact on their mental health than comparably lonely peers</li> <li>The negative impact of loneliness on mental health was stronger in schools which had lower average mental health scores.</li> </ul>

# The impact of social media

No relationship was found between the number of hours spent interacting with friends on social media and loneliness. But we also know that face-to-face contact (for example going out with friends) is associated with reduced loneliness.

# **NEXT STEPS**

Everyone working with adolescents and young people needs to know that loneliness is strongly associated with poor wellbeing and mental health.

Audience Groups	Suggested actions
Audience Groups  Local Areas  Directors of Public Health  Councils  Health & Wellbeing Boards	<ul> <li>The Local Government Association (LGA) recognises that preventing loneliness can improve both quality of life and reduce health and social care costs.</li> <li>Local loneliness strategies can address loneliness across the life course, with particular attention to younger people as well as older people. And include both objective and subjective measures of loneliness and wellbeing to provide a fuller picture of neighbourhood quality and what it means to belong.</li> <li>Directors of Public Health may want to develop and ask open questions within their Joint Strategic Needs Assessments (JSNAs) that capture the qualitative narrative about the 'look and feel' of an area, to capture what 'neighbourhood quality', 'sense of belonging' and 'trust within a community' mean to young people and adolescents who live there.</li> <li>Councils own a range of community assets including parks, green spaces and libraries. We know that less loneliness is associated with higher perceived neighbourhood quality and sense of belonging to the neighbourhood. We also know that having a greater degree of trust in those living in the neighbourhood and an increased sense of belonging to the neighbourhood are positively associated with</li> </ul>
	<ul> <li>Promoting use of these assets among young people and adolescents, particularly minority ethnic and sexual identity groups, has potential to impact loneliness and wellbeing positively.</li> <li>Councils are well placed to coordinate a cross-sector response to loneliness which draws on their knowledge of the local community to target the loneliest young people and adolescents in their area.</li> <li>The Promising Approaches framework, although originally developed with older people in mind, is a framework to create an effective community response to loneliness and identify gaps in provision, which could serve as a starting point for how these can be adapted to fit the needs of young people.</li> </ul>

Audience Groups	Suggested actions
Schools	Schools can play an important role in shaping adolescent mental health
School Governors	<ul> <li>Developing school-based interventions to reduce loneliness may help to prevent mental health problems.</li> </ul>
OFSTED	<ul> <li>School-based interventions targeting mental health may be especially necessary among lonely adolescents.</li> </ul>
PSHE	<ul> <li>Programmes aimed at tackling loneliness may be more beneficial in schools with</li> </ul>
Professionals &	poorer mental health.
Training	<ul> <li>Regular <u>measurement of loneliness and wellbeing</u> in schools and further education should be encouraged.</li> </ul>
Mental health	<ul> <li>Greater understanding of the relationship between loneliness and mental health is</li> </ul>
support teams	needed for all within the school community, as well as an awareness that efforts to
(MHST) in England	reduce loneliness may help to reduce mental health problems.
( 10.1)gaa.	<ul> <li>Deal with bullying effectively; the findings that more frequent mental health problems</li> </ul>
	are associated with being bullied in school more frequently add to what we know
	about the detrimental impact of bullying.
	<ul> <li>Students' perception that teachers are supportive is important for adolescent mental health.</li> </ul>
	<ul> <li>Messaging to adolescents and young people that the quality of friendships matters,</li> </ul>
	rather than just the number of friendships. Could be tested on the basis that it could
	challenge assumptions about peers and popularity in this age group.
	Skills on how to develop new friendships as well as maintain existing ones, and how
	to change how they think and feel about their friendships (eg drawing on CBT
	techniques see <u>Psychology of Loneliness</u> ) to be built into existing personal, health,
	social and economic (PHSE) education on relationships
	<ul> <li>Given the positive relationship between mental health and self-rated physical health,</li> </ul>
	a range of physical activities eg dance and sport to be promoted for all, beyond the
	minimum requirement in the timetable, and especially for female adolescents.
	Reducing barriers to inclusion such as equipment needed.
	For both after-school activities provided by schools and outside school (ie community)
	based), employing principles of a <u>Warm Welcome</u> may help to support new
	attendees to integrate and keep coming.
	<ul> <li>The <u>built environment and physical space</u> (both indoor and outdoor) can help to</li> </ul>
	foster or deter social connections and influence how easily people can come together
	and relationships can be built. Design features could consider how to maximise
	opportunities for social connection.



#### **Audience Groups** Suggested actions Voluntary Supportive relationships and close community ties look to be important for reducing the Community and negative impact of loneliness on youth wellbeing. Social Local VCSE sector organisations can provide important spaces and opportunities for Enterprise(VCSE) adolescents and young people to develop relationships outside of educational sector settings and promote ties within their neighbourhood and local community. Shared-interest group-based activities can reduce loneliness and improve wellbeing Trusts, by providing opportunities for people to meet and develop relationships. Setting Foundations, aside time, either at the start or end of an activity, that is dedicated to socialising Philanthropists & and facilitated by the organiser may help adolescents and young people who find it Groups working harder to navigate group dynamics and integrate. This may encourage a sense that with those with 'people are there for them' in their local area, which is related to better personal long standing wellbeing. illness, different There is little evidence on the benefits of social prescribing for adolescents and ethnicities or young people. Social prescribing schemes may be a vehicle for accessing sexualities community-based activities for younger people, particularly those at risk of loneliness and poor mental health via referral from schools. Social Prescribing

Audience Groups	Actions
Families, parents, carers and having 'someone to rely on' Family Hubs Employers	<ul> <li>Being the trusted adult to rely on for young people you know makes a big difference to loneliness, mental health and wellbeing</li> <li>Having a supportive and cohesive family environment is also key to sustaining good mental health.</li> <li>Family support, but not peer support, is associated with improved adolescent mental health, and supportive adults including teachers, across a range of social settings, are important in supporting the mental health of adolescents.</li> <li>Strategies to support parents and carers might include: <ul> <li>Knowledge that better adolescent mental health is associated with improved family communication, increased family support and sharing a family meal together more frequently.</li> <li>Communication skills for parents and carers of adolescents eg including 'best time to talk', good listening skills, how to negotiate and tools for handling conflict</li> <li>Identifying activities/pastimes that can be shared, other than mealtimes</li> <li>Awareness of the signs of mental health problems/risks especially for parents/carers of female adolescents.</li> <li>Involving parents and carers as well as young people at times of transition (primary/secondary/further education).</li> <li>Better communication between secondary schools and parents/carers.</li> <li>Typically parents/carers have far less contact with teachers for informal exchanges of information and parents/carers often don't know who is best to contact in schools.</li> </ul> </li> </ul>



Teams and Link

Workers

#### **Audience Groups**

#### Suggested actions

Policy: Central and Devolved Governments, Elected Members and Peers, Officials and Think tanks This evidence can be used to set policy objectives, in business cases and evaluations using the HMT Green Book Supplementary Guidance on Wellbeing and the Department for Education's Schools Policy Appraisal Guide.

The Government's <u>Levelling Up White Paper</u> (2022) aims to address the geographical inequalities that exist across the UK. It proposes twelve missions across a range of domains with the overarching ambition to improve wellbeing and reduce wellbeing disparities.

There are regional variations in this study:

- Where you live in the UK affects your experience of loneliness
- For some groups their loneliness is exacerbated by where they live
- Loneliness is strongly and negatively associated with poor wellbeing and mental health

Together this means that tackling loneliness is likely to be a priority in local health and wellbeing strategies for adolescents and young people.

#### Community and Sense of Pride

This study found that relationships within neighbourhoods and local communities and perceptions of the quality of local areas matter to loneliness and personal wellbeing. Include consideration of young people's experience of community and belonging in plans for high streets, town centres, green spaces, neighbourhoods and local area improvements.

The National Youth Guarantee 'that by 2025 every young person in England will have access to regular out of school activities, adventures away from home and opportunities to volunteer ' and other activities could help tackle and prevent loneliness, improve mental health and wellbeing. These should be directly evaluated as outcomes.

The local response to these commitments needs to:

- Act on what we know about interventions for loneliness and wellbeing in young people
- Reflect the diversity of young people within local areas
- Utilise the ONS' interactive tool published alongside the White Paper which compares how local authorities compare to others across the UK on key indicators to help understand the strengths and opportunities of each local area.
- Include regular measurement of loneliness and wellbeing in schools and further education to see what impact they have.

The <u>UK Loneliness strategy</u> (2018) and annual updates take a cross-departmental and cross sector response to tackling loneliness. The findings from this have implications for all government departments and agencies involved with adolescents and young people including, Departments for Education, Health and Social Care, Levelling Up, Housing and Communities as well as Digital, Culture, Media and Sport (youth team) and Treasury. In January 2022, public campaigning on loneliness focussed on supporting young people aged 18-24, following insight that showed this group are at a high risk of loneliness but also least likely to take action.

Continue to monitor Loneliness, Mental Health and Subjective Wellbeing in The Department for Education <u>'State of the Nation: Children and young people's wellbeing reports.'</u> and National Statistics.



#### **Audience Groups**

#### Suggested actions

### Academia, research, evaluation and funders

#### **Data Analysis**

- How can we better understand the variation in loneliness across LAs given the size and variability of LAs? This could use <u>mapping of local deprivation</u>.
- How can we better understand the variation in schools? This could use data on numbers on free school meals, adolescents with SEN, those with English as a second language, YP who are carers, or have long-term health needs.
- This project informs our understanding of the associations between loneliness, wellbeing and mental health using data at single time-points. We need longitudinal analyses to understand the role of loneliness in predicting poor health and wellbeing including for adolescents and young people over time.

#### Qualitative

• What research evidence is there on YP's views on their neighbourhood, including what it means to belong?

#### Interventions

- What implications does this have for PHSE on loneliness in secondary schools? Are there comparable interventions?
  - Examples include the <u>Promoting Alternative Thinking Strategies</u> (PATHS) curriculum a universal school intervention focused on social and emotional learning. It has a significant evidence base supporting its positive impact on children's social-emotional and mental health outcomes. A cluster randomised controlled trial (RCT) with 2-year follow-up revealed a significant positive effect of PATHS on children's loneliness.
- A review of what works to tackle and prevent bullying in schools and for young people.





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### **Further Reading**

This evidence summary is taken from the following papers:

A multilevel exploration of social ecological influences and geographic variation

Loneliness and personal wellbeing in young people: moderating effects of individual, social and community factors

The prospective relationship between loneliness, life satisfaction, and emotional distress before and during the SARS-CoV-2 pandemic in the UK

Mental health and loneliness in Scottish schools

### References

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Hey, N., Kharicha, K., Hvide, L., Pattison, D.
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