

Lancet Psychiatry Comment

Advancing our understanding of loneliness and mental health problems in young people

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The relationship between loneliness and health has become an important focus of scientific investigation and public policy. The launch of the UKRI-funded Mental Health and Loneliness research network this month will bring together researchers across a range of disciplines to collaborate in finding ways to address the problem of loneliness in young people, as well as marginalised groups across the life course. This article sets out the key research questions to address in advancing our understanding of what is described as an urgent public health priority.

The importance of loneliness and social relationships to human well-being seems intuitively obvious and has long been a focus of both high and popular culture, and of the social sciences. Recently, the relationship between loneliness and health has become an important focus of scientific investigation and public policy. The adverse effects of loneliness on physical health are well-established, but evidence on the relationship between loneliness and mental health is only just emerging. Public awareness of loneliness is greatest for older people, with much of the scientific research on loneliness and health relating to people over 55. However, we know that when surveying all age groups, younger people (aged 16 to 24 years) appear as especially high risk.¹ It is notable that this period of life is the greatest risk period for the emergence of mental health problems, and one in which loneliness may be most stigmatising given social pressures to appear connected.

There is much work to do in understanding the relationships between the quality and quantity of a young person's social relationships and their mental health, determining the roles that loneliness and social isolation play on pathways to developing mental illness, and the nature of their reciprocal relationship with mental health problems. Social isolation is likely to exacerbate the burdens of loss of functioning and low self-esteem. Stigma may intensify loneliness and social isolation, making connections harder to form. This is likely to significantly impair recovery and quality of life. Risk factors for loneliness and isolation, how they emerge and are perpetuated, and their relationship to health, are probably distinct from other age groups, with life transitions, social adversities, stigma and discrimination likely to play varying parts. A life course perspective is important for engaging specialist expertise in

understanding and addressing needs at each developmental stage in order to develop age-appropriate interventions.²

Research so far has given us some understanding of associations between loneliness and numerous mental health problems,³ of possible psychological, social, neurocognitive and genetic mechanisms,^{4,5} and of relationships between community-level indicators of social isolation and cohesion and risk of incident mental health problems.^{6,7} Existing work suggests that the inter-relationships between loneliness and social isolation and mental ill-health are complex and will often be bi-directional.⁸ For some people loneliness seems to be an enduring psychological state (to which genetic influences and early adversity may contribute) creating vulnerability to mental health problems. For others loneliness may arise from a mental health problem (e.g. in the cognitive distortions of depression). In others it may be a product of trauma, internalised stigma, or isolation associated with caring. It may, in some, be a combination of these.⁴ Developing, and refining, linear (and cyclical) models of loneliness and mental illness will help progress the way we conceptualise,⁹ research and intervene to reduce the distress associated with each. Limitations of existing measures of loneliness suggest a need for qualitative perspectives and for co-design approaches to measurement involving young people who experience loneliness.¹⁰

Loneliness is a complex phenomenon that can be understood from diverse perspectives, including neuroscientific, psychological, sociological and cultural. We need now to design potentially effective interventions, and are likely to be more successful if we mobilise insights from a wide range of disciplines. These will help both in identifying targets for interventions, and in designing strategies to reduce loneliness, for example using approaches derived from the arts, sport, design and human-computer interaction. It will be important to draw on existing innovative work, especially in the voluntary sector, tailored using co-production with young people, whilst mindful of specific cultural needs, interests, and values. Potential interventions

range from changes in the built environment to cognitive behavioural therapies, using individual-level, community-level, and population-level approaches (Figure 1).

Thus this is without doubt an area in which knowledge could be advanced through innovative cross-disciplinary collaborations. Key research questions to address in young populations, as in other age groups, are:

- a. What is the nature of the interrelationships between loneliness and various mental health problems?
- b. Can mental health problems be prevented through interventions aimed at reducing loneliness and enhancing social relationships?
- c. Why are people with mental health problems often lonely, and how does this affect their health?
- d. What interventions may be effective in reducing loneliness among people with mental health problems,?

In launching our UKRI-funded Mental Health and Loneliness research network in December 2018 (<https://mrc.ukri.org/news/browse/8-million-investment-in-new-mental-health-research-networks/>) we bring together researchers spanning all disciplines to collaborate in addressing these and related research questions, to advance our understanding of what is described as an urgent public health priority.¹

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