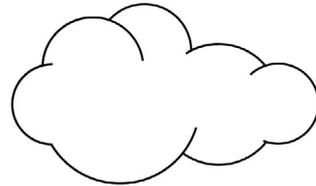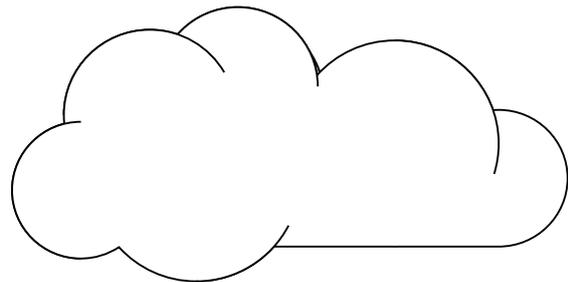# All the lonely people

Mental Health Foundation

Mental Health Awareness Week

9 – 15 May 2022

#IveBeenThere

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Contents

Summary

We all know what loneliness feels like. Feeling lonely from time to time is a normal part of life. But when loneliness is severe or lasts a long time, it can negatively affect our mental health.

This report explores what it's like to be lonely: its causes, consequences and the groups of people who are more likely to experience severe and enduring loneliness. We look at the strong links between loneliness and mental health.

We share the stories of nine individuals who often or always feel lonely. We consider the circumstances, situations and life events that can increase our risk of loneliness. We also set out new findings around the public's understanding of loneliness and who it affects.

We share some of the ways people cope with loneliness day-to-day. We explain why we need to address practical, structural *and* psychological barriers to connection if we want to reduce the burden of loneliness and prevent its impacts on mental health.

We find that:

- While anyone can experience loneliness, certain risk factors increase our chances of severe and lasting loneliness that can affect our mental health. These include:

  – Being widowed
  – Being single
  – Being unemployed
  – Living alone
  – Having a long–term health condition or disability
  – Living in rented accommodation
  – Being between 16 and 24 years old
  – Being a carer
  – Being from an ethnic minority community
  – Being LGBTQ+
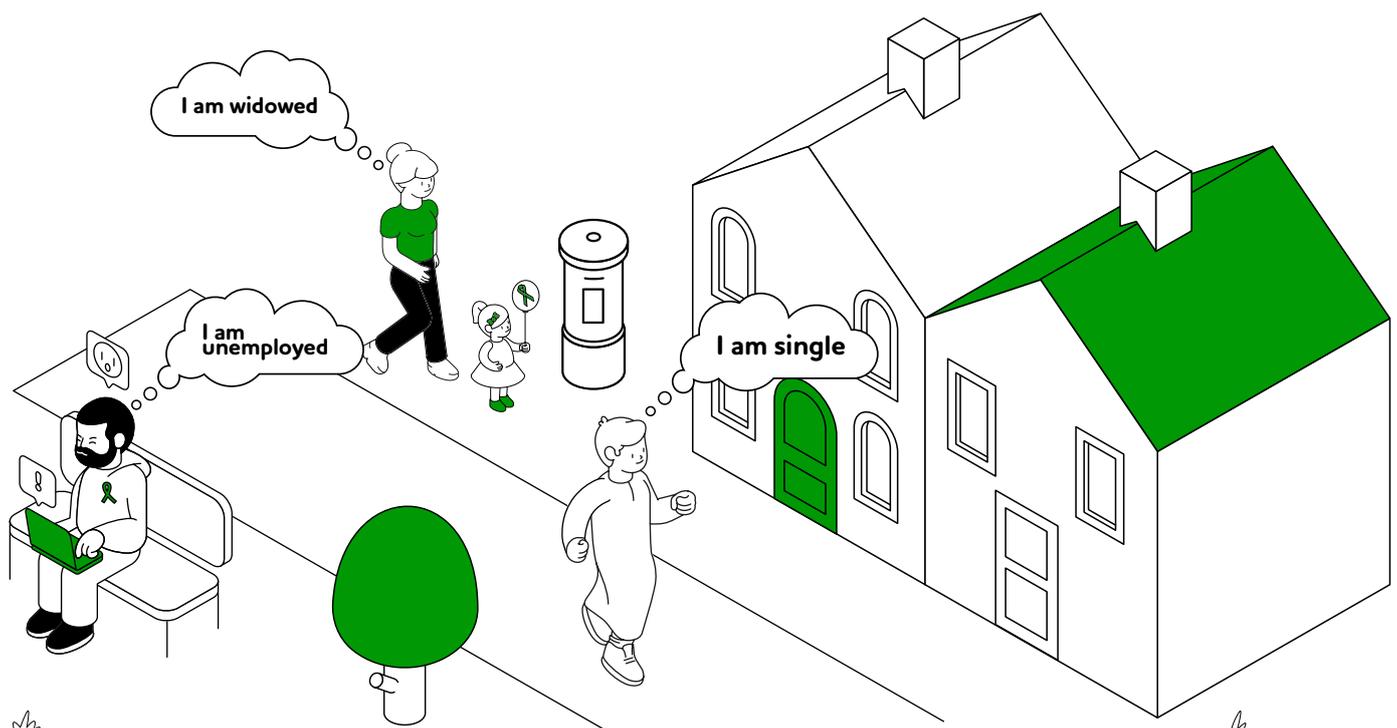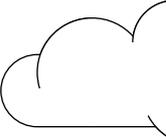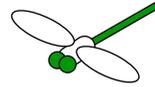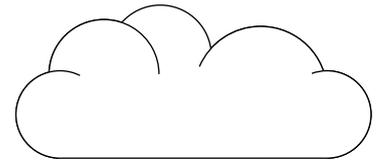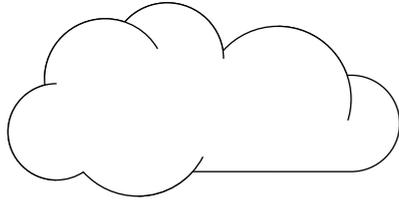
- Long-term loneliness can impact our mental and physical health – which has implications not just for individuals but also society at large. Being lonely for a long time can lead to a negative spiral: loneliness makes it harder to connect, which leads to people afraid of social situations, meaning it is harder to find joy in life and escape negative thoughts

- **The stigma of loneliness makes it hard to talk about. People worry about being judged or feeling like a burden**

- While the public have a good understanding of the impact of loneliness, they overlook some of the key groups at risk of severe loneliness, such as carers and LGBTQ+ people

- The public also overestimate the link between loneliness and ageing or living in rural areas

- It's important to understand the reasons why people find it hard to build and sustain relationships. These include practical barriers to socialising (having caring responsibilities, lack of access of transport), structural issues in society (discrimination and prejudice) and psychological barriers which can build up over time (loss of confidence, social anxiety)

- Recognising that loneliness isn't linked to how old you are, where you live or whether you live alone can help break down the stigma of loneliness. This stigma can make it hard for people to seek help

- People who feel lonely use a range of coping techniques to help themselves feel better day-to-day

- However, to overcome loneliness in the long-term, we need action on the practical, structural and emotional barriers to connection

- We have identified five UK-wide policy recommendations to address loneliness in society: 1) taking a strategic approach to loneliness; 2) developing the community resources needed to tackle loneliness; 3) building a greener lived environment that supports social contact; 4) supporting children and young people with interventions in education settings; and 5) ensuring that everyone has access to digital communication technology, and the skills to use it, and respecting preferences for non-digital forms of communication.

Michael's story:
Understanding your inner self helps to cope with time alone

Michael is 58 and from South East England. He lives alone in the family home which is up for sale. Michael has experienced long-term mental health issues and rarely left the house between 1989 and 2016 when his mother, who had supported him, became ill. She died in May 2020 and Michael is deeply lonely without her. He explains:

"Loneliness is like being on a desert island. You feel there's only you. Normally, when you go through something, you have friends, you have family, so you're going through it with them, because you're in contact with them. It's feeling like you're on a desert island, so it's all on your shoulders. Going through whatever it is you're going through, you're entirely alone."
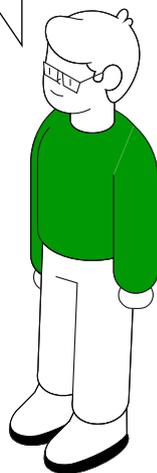
His mother's death has left Michael feeling no-one understands him:

"When you have someone who really understands you, who really gets you in a deeper way than other people, when you lose that person it's quite a hole. It takes years to establish a relationship like that. It's not easy to replace."

Michael sees clear links between his mental health and his loneliness:

"If you suffer from depression or anxiety, it makes you more vulnerable to loneliness, because you don't have the mental resilience that you might have otherwise [...]. Loneliness is corrosive. It eats away at you. It eats away at your self-image."

Feeling lonely can cause real despair and a sense of instability:

"It's the feeling that if you were to die, no one would notice. It really makes you question the value of your life so far. You wonder if any of it was worth it. Because it's brought you to this point of being on your own, going through this thing.":

"Most of our sense of identity is established in relation to other people, someone's son, someone's daughter, uncle, aunt, friend, whatever. You have relations. They're gone. It's a hole in your life. It's like a three-legged stool. You're not as stable as you were previously."

However, Michael has found ways to cope:

"I try to listen to something, try and find a good play. ... You just sit and listen to those and you're in somebody else's world."

He also enjoys audiobooks, comedy shows and podcasts:

"When you listen to that it's like getting back in touch with old friends. You're familiar with them. You know who they are and what they're like. It's like listening to a conversation with [a] friend."

Michael has some connections within his community. A local mutual support group has helped him clear the family home ready for sale and he has advertised items on Nextdoor. However, he doesn't have any very close relationships. He also uses Facebook occasionally, although he finds it very adversarial.

Michael's autism means he can struggle to relate to people:

"One thing is a limiting factor, for anyone who is autistic, is their ability to relate socially. [...] When you haven't [..] had the time spent doing the whole interpersonal relationship thing, it's uncomfortable and difficult to actually do that."

He also feels vulnerable when connecting on social media:

"There's a feeling of vulnerability when you even do that, so there's a pulling back, a disinclination to even make the first move and put yourself out there."

Michael finds meditation helps him feel more stable in himself:

"One of the things that meditation has helped with, that you develop more of a sense of your inner self. When you have that to fall back on, loneliness is lessened because you have a point within yourself you can come to and focus on."

He has tried to start a local meditation group on social media but hasn't seen much take up yet. However, he hopes that it will pick up.

Ultimately what Michael wants is a sense that he makes a difference to other people. He explains:

"You know what a Venn diagram is? [...] Loneliness is being a circle that no one else's circle intersects with. What you actually want is to have the overlapping with somebody to a greater degree - strangely enough - their life in your life, and your life in their life."

"Partly, it's about feeling we have an impact. [...] You're denied that in loneliness because there is no one else, at least you don't feel there is anyone else."

Michael sees clear links between his mental health and his loneliness

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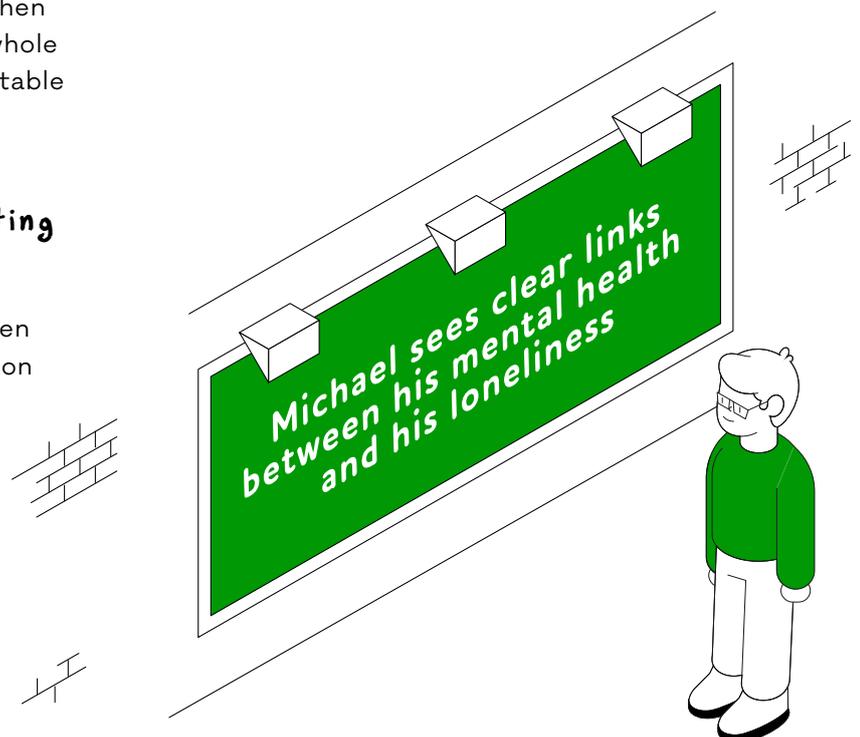
1. Why loneliness matters

A. Prevalence of loneliness
   - Rachel's Story
B. How loneliness affects our mental health
   - Why does loneliness matter?
   - Mehnaz's Story
C. Loneliness and the pandemic
   - Karen's Story

#Ive Been There

Why loneliness matters

Loneliness and **social isolation** are related but not the same thing. Social isolation is an objective lack of social contacts, which can be measured by the number of relationships a person has. Someone who is socially isolated isn't necessarily lonely, nor is a lonely person necessarily socially isolated. This report focuses on loneliness rather than social isolation.

Key points

- Loneliness is the feeling we have when there is a mismatch between the relationships we have and those that we need.

- Loneliness is a normal part of life. But long-lasting or severe loneliness can affect our mental health.

- National levels of loneliness increased during the coronavirus pandemic. Those that were at greater risk of loneliness before the pandemic were more affected by loneliness during it.

- Loneliness is now understood to be a social determinant of health and a public health priority.

In 2016 to 2017, 1 in 20 (5%) of adults in the UK said they 'often or always' felt lonely, with younger adults (16 to 24 years old) reporting feeling lonely more often than older people.[3] This proportion rose to 7.2% of the adult population in February 2021 during the coronavirus pandemic, with higher levels of people than ever before saying they often or always felt lonely.[4]

Prevalence of loneliness

While loneliness is a universal emotion, everyone experiences it differently. It's commonly defined as the feeling we get when there's a mismatch between the relationships we have and those that we need. It's different to solitude or simply being alone: you can be lonely even when surrounded by people. We're all likely to know how it feels to be lonely, but for some of us it can be more frequent, intense and enduring.

Loneliness is sometimes broken down into three types:

1. emotional loneliness – the absence or loss of a significant other, such as a partner or close friend, with whom you have a meaningful relationship[1]

2. social loneliness – the lack of a wider social network that can provide a sense of belonging and community[1]

3. existential loneliness – a sense of feeling disconnected from others, and as though life is empty and lacks meaning.[2]

Rachel's story:
Baking, studying and volunteering the loneliness away

Rachel is 29 and lives in a small town in Wales. She is a single parent to two children aged seven and 12. She is currently unable to work because of her mental and physical health conditions. She struggles with loneliness as she spends a lot of time alone:

"Obviously both my children are in school, so I'm just in the house on my own in the days. It can get quite lonely because I don't have many friends and the only adult conversation I do have is with my parents."
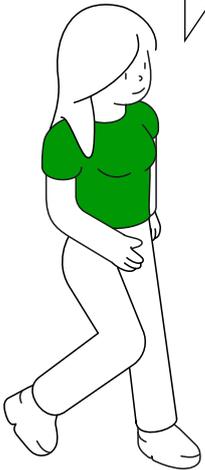
Rachel has lived in the same area all her life and has strong support from family and friends. But with most of her friends busy in the day, her children to look after in the evenings and the limitations of her health conditions, it's difficult for Rachel to see people:

"I just get really lonely. It's just about just being by myself, if that makes sense. There's no one else. I don't have a partner as well, so I'm missing that side of it."

Rachel also misses the regular contact with colleagues and customers and the sense of identity that comes with working:

"If I could go back to working again, I think that'd be great because I'd have that adult communication. I'd have something to plan for. […] I liked having that routine. It was something that I could be proud of. There's this negativity around people that don't work and just are solely on benefits."

On top of the practical barriers she faces, Rachel's anxiety means that it can be a struggle to socialise:

"I've got anxiety as well and depression, so [..] when I do go out and I come home […] I start to overthink things, and that puts me off again."

Rachel is involved in several online forums around parenting and health conditions. They can be supportive, but people tend to focus on the negative which can be depressing. Connecting online also has its limitations:

"I've got a good support network on social media, but obviously that's included in the loneliness because it's not face to face. It's just online."

Spending time on social media can sometimes exacerbate the loneliness:

"Because I'm on social media a lot and obviously watching TV a lot, I do see a lot of picture-perfect where people post pictures of their lives. ... They've got these nice, clean houses. They've got pictures with their friends, their partners, or they're going on holidays and stuff like that. That's something that I feel like I miss out on. That makes me feel lonely because I don't feel I could ever have things like that."

Sometimes Rachel feels angry and frustrated she can't have the life that she sees others leading. Her loneliness can lead to depressive thoughts:

"When I'm feeling lonely, I kind of get myself into this depression and I feel like there's a reason why I'm feeling like that and sometimes I feel like I don't deserve to be happy and have that connection with people."

She finds it hardest to connect when she feels at her worst:

"Sometimes when I'm feeling quite low of it, I do feel I just want to isolate myself away from everyone more because I don't want them to have to go through my mood changes and mood swings."

While Rachel has shared her experiences on online forums, she doesn't feel she could talk to her friends about feeling lonely:

"I just feel like with my friends, I just have to... When we do speak, I have to be positive. I don't want to burden them with any negative energy. I just feel like they would look down on me if I did tell them I was feeling lonely."

Rachel has found ways to cope. Cooking, baking, studying and volunteering have all helped keep loneliness at bay. However, she's learnt not to push herself too hard as that can lead to feeling disappointed and frustrated.

What Rachel most wants is to see people during the day while the kids are at school. She'd love to go back to work but, for now, that's not practical. However, support groups or other opportunities to mix in person could make a real difference.

How loneliness affects our mental health

The brief, fleeting feelings of loneliness that most of us have experienced aren't likely to harm our mental health. However, severe loneliness and poor mental health are interlinked and can make each other worse, although it can be hard to establish which came first [5–11].

On the one hand, people who are often or always lonely have a higher risk of developing certain mental health problems, such as anxiety and depression[12,13]. This kind of loneliness is also associated with increased thoughts of suicide.[14] On the other hand, people with mental health problems are more likely to be more lonely.[9]

There is robust evidence to suggest loneliness is a strong predictor of poor mental health.[15,16] A recent UK longitudinal study investigating the link between loneliness and depression in people aged 50 and over confirmed this, with each one-point increase on the loneliness scale linked to a 16% increase in average severity of depression symptoms[17]. Loneliness had a profound effect on depression and was linked to nearly one in five (18%) cases of depression one year later, and one in ten (11%) cases after 12 years.[17] It is important to note that this research was based on a sample of White British participants only; future research would benefit from exploring the relationship between loneliness and mental health for minority ethnic groups.

The self-perpetuating nature of loneliness can worsen its impact on our mental health. When we're lonely, we're more likely to worry and ruminate which can affect how we perceive things. This can trap us in a "loneliness loop":[7,18] a cycle where we are more apprehensive of social situations or pick up on negative social cues too readily and choose to disengage, thus reinforcing our feelings of loneliness.

Loneliness doesn't just affect our mental health. It also impacts our physical health, affecting our sleep quality and increasing our cortisol levels (our body's main stress hormone) on awakening.[19–21]

Given the significant health impacts of loneliness, preventing the development of loneliness should be a key priority. While loneliness cannot always be anticipated, having a greater awareness of the risk factors and triggers can allow us to effectively provide support to those at risk before it becomes a chronic problem.

Why does loneliness matter?

As well as being deeply distressing for individuals, loneliness has wider implications for our communities and society. Evidence shows that loneliness leads to greater pressure on public services through, for instance, increased GP visits, longer hospital stays, increased likelihood of entering residential care and the costs of associated conditions such as depression and diabetes.[22]

In recent years, loneliness has been recognised as a key social determinant of health and has been adopted as a public health priority across local authorities and health bodies. In 2018, the UK Government published its first national strategy on loneliness. Strategies have also been published for Scotland and Wales.[23–25]

Mehnaz's story:
The power of authentic relationships with people who won't judge

Mehnaz is 26 years old and lives with her parents in Birmingham. She is a student nearing the end of her degree. Her studies were interrupted by ill-health, leading to her completing a three-year degree in nine years.

Seven years ago, she was diagnosed with Multiple Sclerosis. Her symptoms include tiring quickly when walking and memory and concentration issues. Her diagnosis is a major factor in her loneliness:

"That led to me isolating myself from everyone, literally everyone in my life."
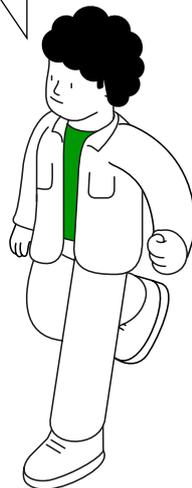
However, loneliness has been part of her life since leaving sixth form college:

"I think my loneliness started after I had left college. Going from school to college, I was kind of still in the same group of friends. [...] University was a big, massive step because it was like, now I'm in an institution where I don't know anyone. [...] I think with university you meet people from all walks of life. And because they're not all from the same city as I am they're kind of different. And I'm not used to that differentness."

While she has made friends, she hasn't felt able to build real connections:

"I was speaking to people and making friends, but it was making friends just for the sake of it, just so that I have someone to sit next to. Not [...] because I really connected with them."

Being around people at university can make her feel lonelier:

"To my left and to my right there are people and they're with their friends. And I can hear them having a good time together, but I've never had that at university. [...] When I see other people really connecting, and then, I'm like, 'oh, I don't really connect with anyone'."

Since her diagnosis, she has felt even more separate because she keeps her condition secret. She believes people will reject her if they see her as disabled:

"I did realise very shortly after I was diagnosed that actually what I have is seen as a disability. And then, I don't know why, but in my head I was like, 'no one likes disabled people', and 'no one would want to be friends with a disabled person', even if this is not true."

A lecturer she talked to about her diagnosis is one of very few people with whom she has felt a genuine connection.

For Mehnaz, feeling lonely can bring up a range of difficult emotions that can be hard to escape:

"I feel disappointed in myself, like, 'seriously, did I really not make any effort to connect with people and stay friends with people after they've graduated?'"

"I don't want to be stuck in that cycle [...] because once you are completely down below, it's going to be very difficult to get up."

She finds that feeling lonely can take the joy out of life and make it harder to build relationships. Talking to people doesn't feel natural and so doesn't feel fulfilling:

"I think I do put the effort in. Like, when I'm speaking to someone, I'm pretending to actually really like what they're doing, and I pretend to be really interested in what they're interested in. even if in reality this is actually not true."

She knows she has very high expectations, but feels she needs to find the right person for a friendship to be meaningful:

"I think it's the fact that I'm putting a lot of expectations into what I want my long-lasting friends to be like. [...] I do think I'm looking too high. But then if I lower, in a sense, my standards, then it's not really going to... I won't be fully fulfilled."

Mehnaz has joined peer support groups for MS on Facebook but has found their focus on negative aspects of the condition unhelpful. What Mehnaz really wants is to have friends she can openly share with, as she did with her lecturer:

"I wish I had a group of people (...) that I could tell anything to and know in my head that they're not going to judge meand this is not going to affect us talking or us being friends anymore."

Loneliness and the pandemic

The COVID-19 pandemic forced us to confront loneliness in a new way. Social distancing restrictions and lockdowns meant many more people faced social isolation and loneliness.

At the beginning of the pandemic, loneliness levels were much the same as they had been in 2016-17, with 5% of adults in Great Britain saying they were often or always lonely.[3,4] By February 2021, however, this had increased to 7.2% - 3.7 million adults.[4]

Our own COVID-19 study showed that feelings of loneliness increased rapidly during the first lockdown.

However, while there was a lag in the reduction in levels of loneliness after restrictions eased, they have now come back down to more typical pre-pandemic levels.[26]

The Mental Health Foundation, along with University of Cambridge, De Montfort University, Swansea University, the University of Strathclyde and Queen's University Belfast, led a UK-wide, repeated cross-sectional study which explored how the pandemic was affecting people's mental health. More information about our 'Coronavirus: Mental health in the pandemic' study is available **here**.

UK levels of loneliness

Legend:
- UK Population (black)
- Long-term conditions (green)
- Pre-existing mental health diagnoses (grey)
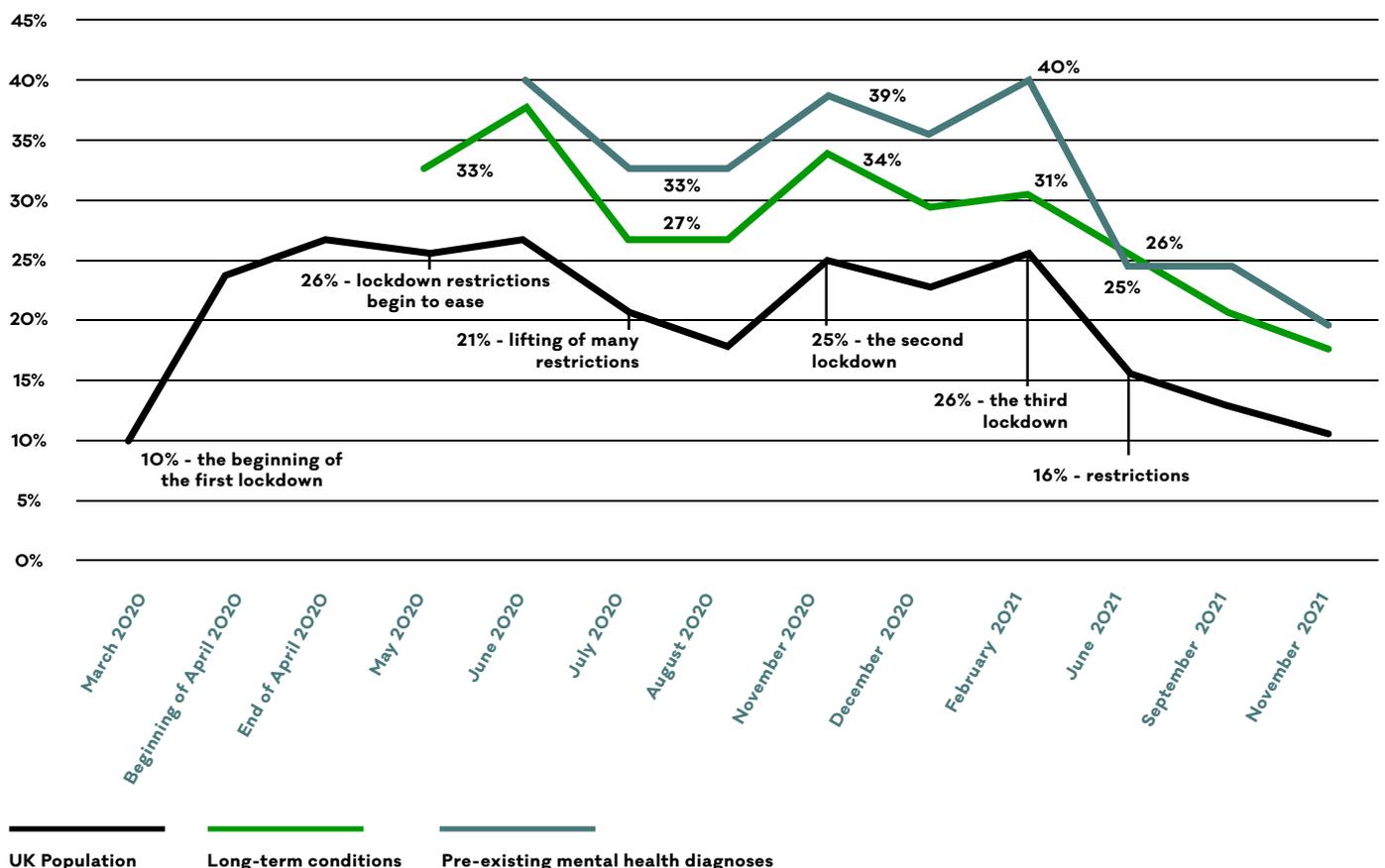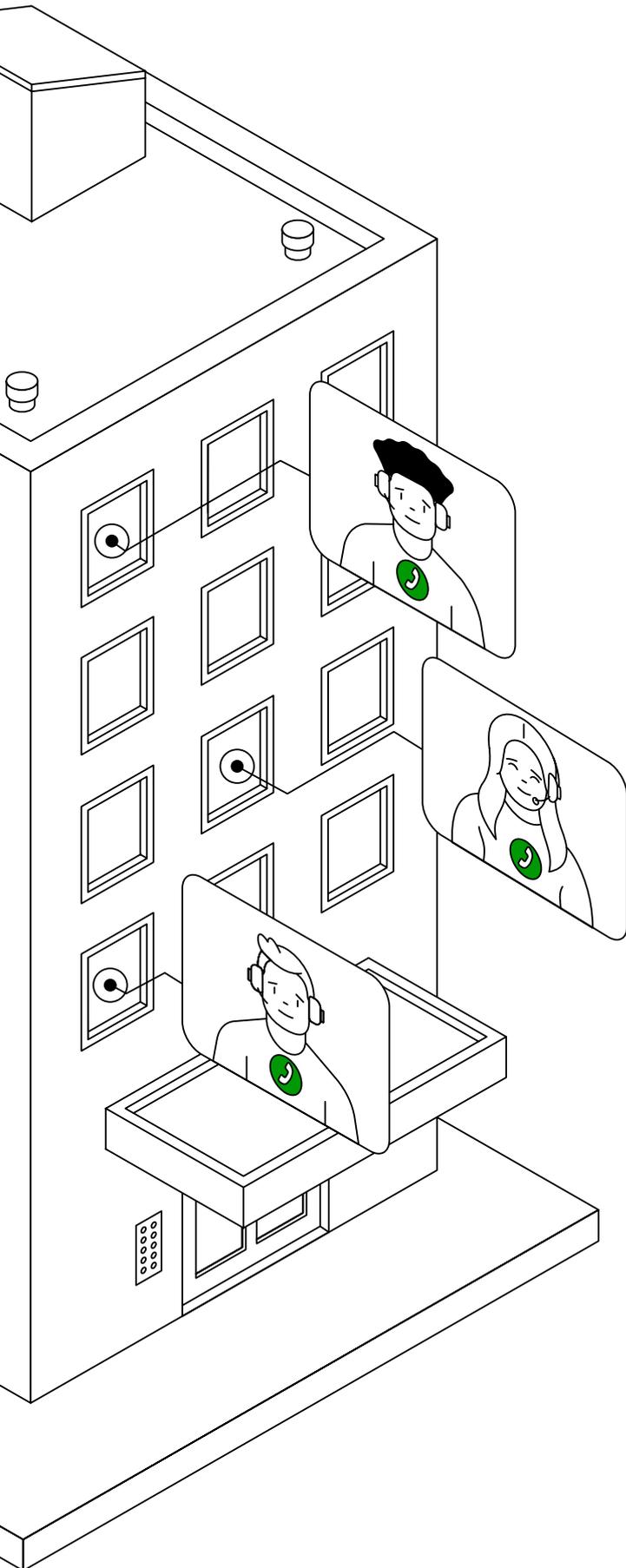
The loneliness experienced during the pandemic will continue to have implications for mental health, even now restrictions are eased.

However, we weren't all affected equally by lockdown. People at greater risk of loneliness prior to the pandemic, such as some minority ethnic communities and people with long-term health conditions, were hit harder.[27] Our graph on page 14 demonstrates that loneliness levels were higher for certain groups during the pandemic, including those with pre-existing mental health diagnoses and those with long term conditions.

Those who felt lonely during the pandemic had lower wellbeing scores and were more likely than others to struggle to find ways to cope.[28]

The data shows that many of the risk factors for loneliness prior to the pandemic were exacerbated as it continued. On the other hand, people who had more protective factors before the pandemic, such as having a partner or strong social connections, were likely to feel less lonely during the pandemic.[2,29]

Overall, the evidence suggests that the pandemic heightened disadvantages among those groups that were already at greater risk of loneliness anyway and increased the risk of loneliness among some new groups.

In section 2, we take an in-depth look at the data from our recent COVID-19 study and statistics from the ONS to explore who experiences loneliness.

Karen's story:
Staying busy day-to-day to keep loneliness at bay

Karen is 55. She was recently widowed and lives alone while her son is at university. She was diagnosed with ME / Chronic Fatigue Syndrome two years ago.

Before her diagnosis Karen lived a very full and active life:

"Before I was diagnosed with ME, I was very active. (....) I was working full-time. I was looking after my disabled husband. I was raising my son. (...) I would have done a lot of horse-riding. I would have done a lot of walking, (...) a lot of mountain hill walking. And we would be out of the house all day on a Sunday. Saturday morning, horse-riding, taking my son to his football practice. It was a full-on seven-day-a-week responsibility."

Her diagnosis changed everything, to the point where she rarely left the house or saw anyone. She has reduced her hours at work and had long periods off. Karen feels she was already living in a kind of lockdown when COVID-19 hit:

"All of a sudden, March 2020, the whole of the world joined me in this. It made things a little bit easier for me."

Loneliness looms large in Karen's life and she attributes it directly to her condition:

"My loneliness came from my illness. It didn't come from COVID. It didn't come from not having a wide circle […] of family and friends. But […] my illness, which restricted my physical ability to get out the door. […] And initially, it was a physical ailment […] And then over a period of time, after say a year, 18 months, it then developed into a psychological illness as well, where I actually didn't want to leave the house […]. It got to the stage where I started to feel comfortable in my own house on my own, to the extent that I was [doing], and still do, things like just pulling the phone from the socket."

Karen feels that being alone isn't good for her, and has led to mental health issues:

"I am displaying signs of depression, social anxiety that I wasn't six months ago or a year ago. I think the impact on my mental health, is because of the loneliness."

"I feel that my loneliness is having a negative impact on my physical health as well as my mental health. I feel that I should be doing something about it, but at the same time, I don't feel uncomfortable being on my own."

She is comfortable talking to a few friends about loneliness, but not all of them understand how she now feels about social situations. While her illness is the root of her loneliness, the many recent changes in Karen's life have eroded her links to others. Being widowed meant she no longer has someone to go with to the cinema or for dinner, her son moving out means she's alone at home and no longer mixes with other parents, and being away from work has cut off her regular contact with colleagues. All those situations now feel daunting. However, speaking to a friend made her realise that her real priority in addressing loneliness was to get out, be among friends and contribute to the wider community.

Phone calls help Karen keep in touch with her friends but aren't the same as seeing them in person. She copes with loneliness on a day-to-day basis by keeping busy:

"Usually, I try some physical activity if I'm feeling lonely. Also, if I'm feeling lonely because I have something on my mind, I would text some friends and ask them, are they free for a chat."

Reaching out to other people isn't without challenges, though:

"I do reach out, but I do feel guilty about that. And there's always that fear of rejection where it's absolutely awful if you send someone a text saying, 'are you free for a chat?' And they come back and say, 'no'."

Working with a psychologist Karen has started to make plans for reconnecting. However, she had to step back from a voluntary role she tried as it was too emotionally draining. She is optimistic, though, that as she gets better at managing her fatigue, she will be able to do more.
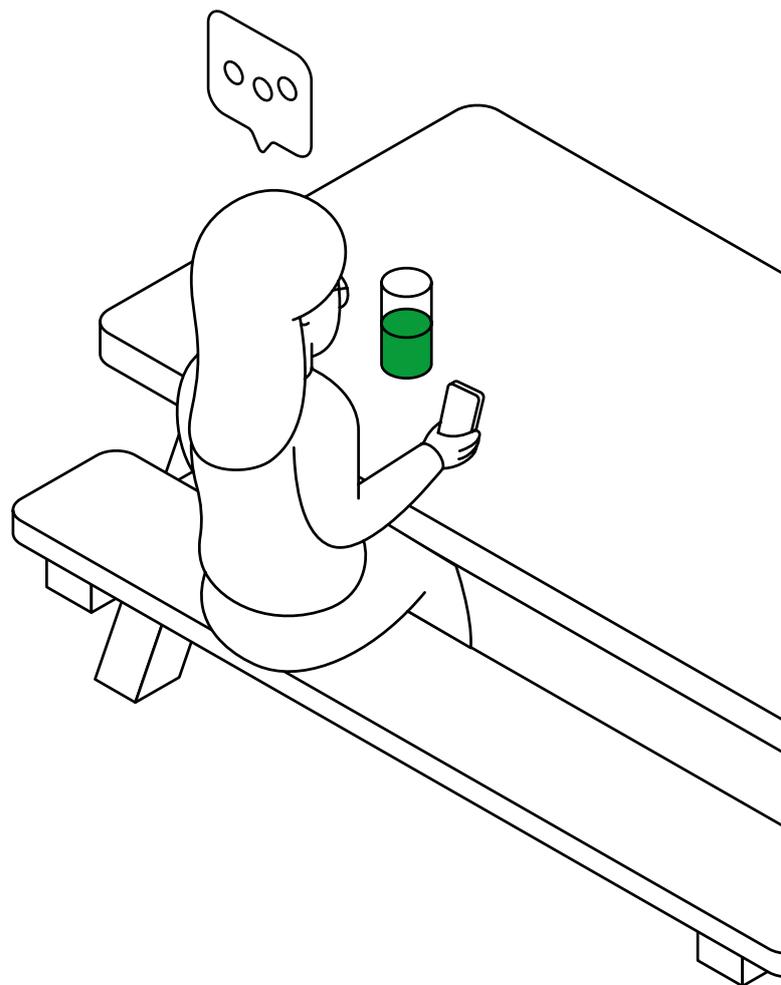
2. Who experiences loneliness?

A. Risk factors for loneliness before and during the pandemic

    – Dan's Story

Who experiences loneliness?

This section sets out our findings around loneliness before and during the pandemic. For more information about our methodology, **see Appendix A.**

Risk factors for loneliness before and during the pandemic

There is a high degree of consistency across datasets around the predictors of loneliness – what makes someone more likely to feel lonely.[3, 4, 26, 28]

In 2016-17, the ONS clustered the predictors of loneliness into three profiles to help illustrate the type of person who may be at greater risk of loneliness:

Key points

- Anyone can be lonely, but certain factors increase the risk of severe or long-lasting loneliness which can affect our mental health.

- Risk factors for loneliness include being widowed, being single, living alone, being unemployed and having a long-term health condition.

- Understanding more about these risk factors can help us to effectively address loneliness and see it as a problem that can affect anyone.

- The pandemic has heightened disadvantages among groups that were already at an increased risk of loneliness.

Widowed, older homeowners living alone with a long-term condition

- Commonly female, likely retired, better off financially than average, living in least deprived areas
- 69% reporting feeling lonely 'occasionally' or more often

Unmarried, middle-aged adults with a long-term condition

- Commonly worse off financially, living in more deprived areas, not in paid work, and reporting their long-term condition or disability as limiting
- 81% reporting feeling lonely 'occasionally' or more often

Younger renters with little trust or sense of belonging in their area

- Commonly in paid work, living as a couple, worse off financially, and living in deprived areas
- 61% reporting feeling lonely 'occasionally' or more often

Of course, it's not just these types of people who are at risk of loneliness, but they help to illustrate who may be most affected. Whilst older people's experiences of loneliness are already well-documented, it is clear there are a myriad of risk factors that can make someone more likely to be lonely.

Research during the COVID-19 pandemic showed remarkable levels of consistency in terms of the risk factors for loneliness before and during the pandemic (see Box 1). This suggests that people who were already at risk of loneliness before the pandemic remained at risk during it.

Evidence from other studies suggests that **carers**, people from s**ome ethnic minority communities and LGBTQ+** people are also at greater risk of experiencing loneliness, and that these groups remained vulnerable as the pandemic continued.[30-32]

In our own national survey, we conducted a separate ethnic minority sample to see whether relative rates of loneliness differed. We found no major trends were evident by ethnic group, and findings did not differ meaningfully from that of the general UK population. This may be for multiple reasons, such as nuanced differences between ethnic minority communities which may not be accurately captured by the data.

Some additional groups appeared to be at risk of loneliness during the pandemic. Data collected by the ONS from October 2020 to February 2021 found that people in some **urban areas** such as London were at greater risk of often or always experiencing loneliness.

Risk factors that existed pre-pandemic

- Being widowed
- Being single
- Being unemployed
- Living alone
- Having a long-term health condition or disability
- Living in rented accommodation
- Being 16 to 24 years old
- Having caring responsibilities
- Being from an ethnic minority community
- Being LGBTQ+

As you might expect, those whose finances or **relationships were affected by COVID-19** were at greater risk of lockdown loneliness*, as were **people who felt uncomfortable leaving the house**. Similarly, areas with **lower levels of neighbourhood safety** had higher levels of lockdown loneliness. **Local areas with lower earnings** were found to have higher levels of all types of loneliness during this period. In our own UK-wide repeated cross-sectional study, we found that **those with pre-existing mental health problems** and **full-time students** were also more likely to feel lonely during the pandemic.

The ONS measured 'lockdown loneliness' during the COVID-19 pandemic. Lockdown loneliness was defined as those who said their well-being had been affected by the coronavirus through feeling lonely in the last seven days.

Dan's story:
Going to the gym keeps you motivated and connected

Dan is 21 and in his second year of university in Scotland. He lives in a shared flat with three others. He has often felt lonely since moving away from home.

Dan has ADHD which was diagnosed when he was 17. He says that this has made it hard for him to build genuine connections:

"It's just feeling very disconnected from the world. Very maybe not satisfied within my skin almost and feeling a bit isolated just overall."
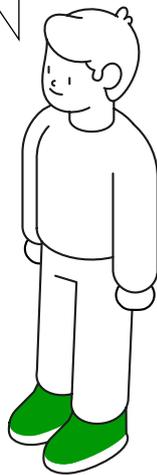
Although he has lots of friends to go out with, Dan doesn't feel he has deep connections with people and often misses being with people who really know him. As a result, he can feel lonely even when he's not alone:

"You can feel like you're in a room full of people, but still feel like you're misunderstood, and not represented, and just your voice isn't heard."

Dan is constantly on social media, but this doesn't always create a real sense of connection:

"We live in a world with endless social media, and the internet, and various ways of connecting with people. But ultimately, digital platforms are never going to be a substitute for the reality of actually being face-to-face, looking someone in the eyes and making that human-to-human connection."

Learning to accept and understand himself and the way his ADHD affects him has been important for Dan in helping him feel able to start building the deeper relationships he wants:

"My brain is wired differently, and it's something that I've come to accept and understand a lot more since I've been diagnosed and throughout my journey. So, I'm in a lot better [...] place as a result of that nowadays. But definitely, in the past, it was hard to understand myself."

"I think that's a massive part of it, because if you don't like yourself or you don't understand yourself [...] how are you going to expect just the Average Joe to ever wrap their head around all these crazy things going on in your head?"

Dan went through some difficult times getting his diagnosis, and he's shared these experiences with a few friends. However, he has never discussed loneliness:

"Out of all the things that I have shared with people when I've been in worse places, I never explicitly said to someone that I feel lonely."

When Dan feels lonely, he knows it can be easy to turn to distractions that ultimately make him feel worse:

"I think, often times, when you have those negative feelings, you will look to these easy routes, the paths of least resistance, and then, again, that feeds into the whole cycle."

However, reaching out to friends can feel like hard work:

"They send me something on Instagram. Maybe they shared a post that they thought was funny or sent me a light message, and I haven't got the mental energy to reply. [...] Of course, again, that's going to end up isolating you even more because no one is going to want to send messages to someone that never replies."

Putting on a front in social situations can be a real strain:

"Going out and spending time with someone who's a mate, where you've got to be having a good time, can actually be quite depressing again, because you're feeling like there's not that level of connection."

Dan sees clearly how loneliness can start to drag down your mental health:

"The loneliness is an effect, that ends up being a cause, and it's a vicious cycle."

However, he is optimistic that things are getting better for him. He's started going to the gym regularly and this gives him a mental lift and helps him feel a sense of achievement and connection:

"I think it reminds you there are other people out there, and it's just being surrounded by other people as opposed to sitting in your four walls all day and not interacting and not even remembering other people exist."

As he comes to accept and understand himself more, Dan is starting to build the deeper connections he wants, and is positive about the future.

HEALTH CENTRE

KEEP MOTIVATED STAY CONNECTED

#IveBeenThere
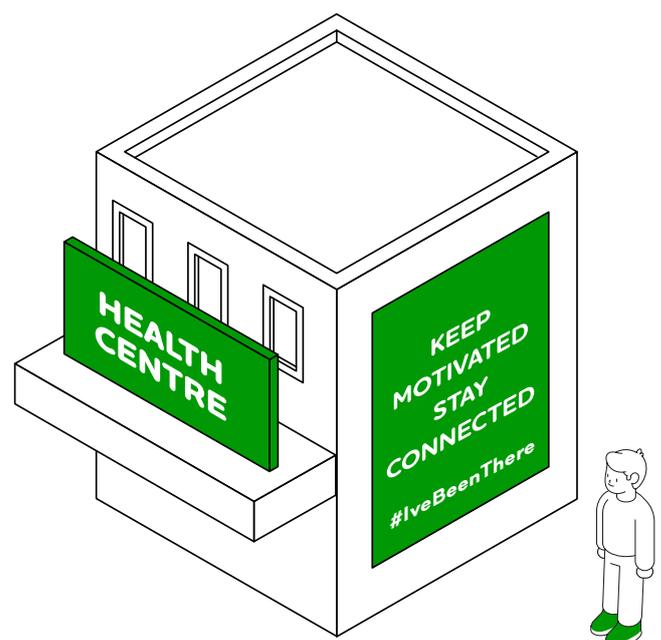
3. What does loneliness feel like?

– Lakshmi's story

What does loneliness feel like?

This report includes the stories of nine individuals. They come from a range of backgrounds, live in different places around the UK and experience different challenges, but all often or always feel lonely. Their personal stories show just how much is captured with the word 'loneliness', the complex factors that lead to loneliness and the way it affects our mental health.

Five clear themes have emerged from these interviews and our wider research on loneliness:

1. Loneliness is different for everybody

What people feel is lacking in their lives differs from one person to the next. One person's loneliness may stem from not having a supportive family, while another may feel disconnected from their wider community because they're out of work or unwell.

2. Experiencing severe and enduring loneliness has a damaging impact on our mental health – it drags people down

The people we interviewed spoke vividly of how loneliness grinds down their wellbeing, self-esteem and ability to connect with others. Loneliness isn't, in itself, a mental health condition but it has real implications for our mental health. People who experience long-term loneliness may well need support for their mental health alongside more practical help.

3. It's easier to talk about mental health than loneliness

Many people said they were more comfortable talking about feeling anxious or depressed than they were about feeling lonely. This suggests a significant stigma around loneliness which can make it hard to recognise and respond to the issue. Believing you're the only one who feels lonely can make things worse.

4. A combination of practical and psychological barriers prevents people from connecting with others

While some people face practical barriers to connecting – such as poor public transport, no free time because of caring responsibilities or a lack of affordable or accessible activities – for others, the barriers are psychological. People need support to overcome these barriers – for example, to overcome negative thought patterns about themselves that lead them to avoiding social situations.

5. There are opportunities for intervention and to provide support

Understanding the barriers that some people face to connecting can enable us to develop more effective solutions to address loneliness. Solutions that focus on eliminating structural barriers to accessing support – like making services more affordable, funding local provision and improving transport - could help people to connect with others. Having a greater awareness of the psychological barriers that people may have to connecting can also help us tailor interventions more appropriately.

Lakshmi's story:
Words of encouragement from someone with time to listen and talk make all the difference

Lakshmi is in her 20s and lives in London. She has experienced mental health challenges since her teenage years and has often felt lonely. A strong taboo around mental health issues within the Tamil community, in which she grew up, contributed to her feelings of isolation:

"In my community they don't talk about mental health. And because of that, you feel more alone when you're struggling with something."
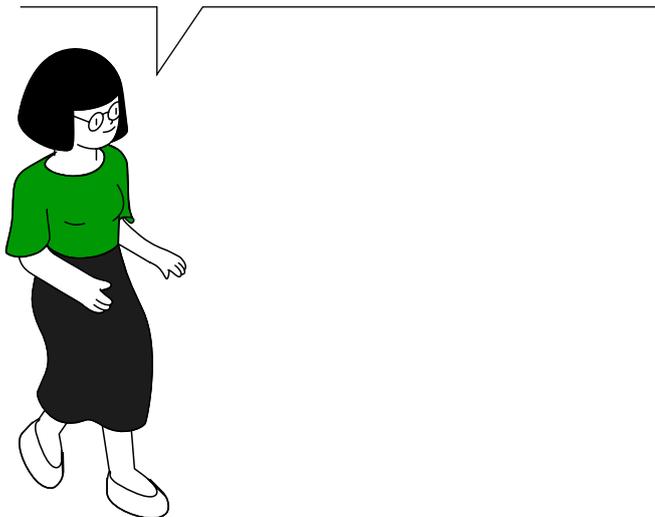
Lakshmi had a difficult relationship with her parents and left home when she was 17, firstly staying with family and then moving into a hostel. She recently moved into more permanent accommodation. Loneliness has been part of her life for many years:

"I'd be alone a lot and I'd be on my laptop to pass the time. And I would disassociate and create a world in my head. And I would read books and just imagine myself to be in these worlds to escape."

She started to feel isolated from her peers at secondary school:

"I went to this academic secondary school [..] I felt I didn't belong. [..] I guess in those kinds of schools they [...] want you to fit a certain mould. For me, I felt like I was telling myself I don't fit in. And then I started to isolate myself from everyone."

Isolation and loneliness started to self-perpetuate as Lakshmi became more anxious in social situations:

"I went mute. And I lost my social skills, [...] I would be terrified to speak to people. So, I lost that and that's when I started realising, I'm lonely."

Social media often made her feel worse:

"I would go on Facebook and everyone's putting up all these pictures of them going out with friends and parties. Or family photos, and things at home weren't great with my family. So, it was hard to look at. But for some reason I was addicted to looking at it."

Lakshmi says that loneliness has affected her mental health:

"You feel hopeless. You can't see any future for yourself. [...] The thoughts are so painful and you want it to stop as well. And it's your own brain telling yourself you're useless and no-one loves you. And it wouldn't even matter if you disappeared. So, feeling lonely feels like you feel like disappearing."

When Lakshmi is feeling lonely, she has no motivation to look after herself or reach out. While she has plenty of friends, she doesn't always feel able to talk to them when things are difficult:

"I don't call my friends because I feel like I don't want to burden them."
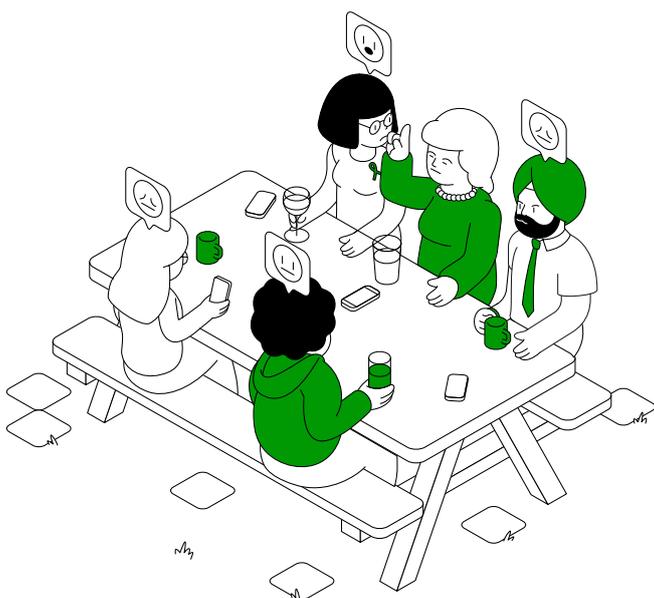
She was reluctant to acknowledge her loneliness for a long time:

"I don't think I've ever used the word 'lonely'. I've been upfront about 'yes, I'm depressed' or 'I'm anxious'. But I've never used the word 'lonely', just because for me it was a badge of honour to be alone, because I grew up alone."

However, she has found ways of coping, including exercise and getting out of the house to see other people.

After years of feeling she lacked an "anchor", Lakshmi found a sense of belonging and support when she moved into the hostel:

"When I moved into my hostel, I had all these support workers and key workers. And they were so encouraging. And that's when I realised the power of words. They were so encouraging. [...] At home I never brought an achievement back home because they would always downplay everything I did. Or they just didn't care. And it was hard. And for me, that's what my friends are and my key workers at my hostel. But not having that foundation is what makes me lonely."

While Lakshmi used to tell herself she didn't need other people, her experience in the hostel has shown her the importance of connection:

"When you grow up somewhere where you don't feel supported or loved or appreciated, and then you go somewhere where you are, and you're like 'wow, this is the only thing that's been missing my whole life'."

4. Do people understand loneliness?

A. Public understanding of loneliness
   – Kelvin's Story

B. Public understanding of the drivers of loneliness
   – Donna's Story

C. Stereotypes of lonely people
   – Sara's Story

D. Why do stereotypes matter?

#Ive Been There

Do people understand loneliness?

Key points

- The public understand the link between loneliness and mental health.

- There is still significant stigma surrounding loneliness despite how common it is.

- While the public understand that life events, circumstances and our wider community can all leave us at risk of loneliness, they tend to overlook groups of people who may be 'lonely in a crowd'.

- Stereotypes about who feels lonely can make it harder for people to recognise their own loneliness and risk leaving gaps in society's responses to it.

To better understand what the public think about loneliness, we surveyed a nationally representative group of 6,000 adults in February and March 2022. We asked about their experiences and perceptions of loneliness.

Public understanding of loneliness

When we asked people how frequently they felt lonely, one in fourteen (7%) said 'often' or 'always'. This is comparable with the ONS study and gives us confidence in our findings[3]. However, our main interest in the survey was to explore public perceptions of loneliness. We found:

• The public has a good understanding of the relationship between loneliness and mental health

Most people (86%) recognised that loneliness can worsen mental health and 65% of respondents agreed that 'loneliness is one of the most important

factors in poor mental health.' Most people correctly recognised that loneliness isn't a mental health condition in and of itself: 73% felt that it was possible to feel lonely and still have good mental health.

• People recognise a strong stigma around loneliness, despite how common it is

Over three-quarters of people (78%) agreed that 'nearly everyone experiences loneliness at some point'. Despite this, loneliness is closely associated with stigma. 76% of people thought 'people often feel ashamed or embarrassed about feeling lonely'. Only 29% of respondents agreed that 'people who feel lonely are likely to talk about it, if they get the opportunity'.

Interestingly, people who experience loneliness were more likely to recognise this sense of shame. Those who 'often' or 'always' felt lonely were more likely to agree that people often feel ashamed or embarrassed about it (86% compared to 68% of those who 'never' felt lonely).

Kelvin's story:
Finding a new sense of purpose and identity can unlock loneliness

Kelvin is 51 and lives in Greater London. He is divorced, lives alone and has been unemployed since a period of ill health led to him losing his job in IT three years ago.

Kelvin is looking for work and feels this is a key factor in his loneliness:

"When you find it difficult to get into work, I think that, in its own way, is a kind of loneliness. Feeling unwanted, rejected.

A lot of my issues lie with the fact that I'm not at work (...) I think especially for guys. We define ourselves by our ability to generate (income.)"
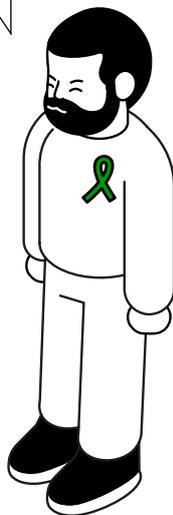
Over time Kelvin feels that loneliness has eroded his confidence and affected the way he interacts with others:

"I'm not as generous a person as I used to be. [...] As a working man, I'd make contributions to various charities and things like that. That has stopped, not just because of the financial circumstances, but just because quite often, you just think 'well, nothing's coming my way'. [...] And I know that that's really not me."

The longer he feels lonely, the more it affects him:

"It wears on you. Because the longer it goes on, the more you feel it, and the more you feel it, the more it feels as though every day is a struggle."

With no work and no partner, Kelvin is on his own a lot. While he never used to mind time alone, now it is a struggle: he feels every day is the same and he lacks purpose. He sometimes turns to distractions that aren't good for him such as sleeping the day away or eating junk food.

More positive distractions include listening to music and watching football. Kelvin hasn't played for years but has been thinking about taking up walking football. He thinks it would be good to have something regular to get him out of the house:

"It would limit the amount of time you'd feel isolated. I think that would be a thing. If you're just meeting people on a regular basis and the ability to talk, to laugh, to listen, to do all of those things and spend less time just by yourself with your own thoughts, because your own thoughts just, after a while, it becomes counterproductive."

Kelvin misses the intimacy of having a partner and someone to share things with::

"I think that's maybe a bit glib just to say not having a girlfriend, but it's not having intimacy. Not having someone who you feel cares about you. Not having someone that you feel is going to go out of their way to make you feel good [...] If you've got a girlfriend or you've got a woman who actually really cares about you, I think you are more able to discuss these things, more able to sit down and say 'Listen, I need to talk about certain things'."

Having a partner gave Kelvin a sense of stability that is now missing. Along with being out of work, it makes him feel vulnerable:

"I think with that, once you have that, it allows you to be the person you are. [....] It's almost like, I don't know how to describe it, a building where part of the foundations have been removed."

While Kelvin has good friends, he's always been the one people turn to. Being someone who needs support is very difficult:

"To suddenly turn around and be the one who actually is more in need of help than any of them, it's something I've never been able to get my head around. As I say, it's not the fault of any of them."

Kelvin feels that getting a job would unlock things for him:

"I think what that would end up doing for me would (A), give me that sense of purpose, I think it would, (B), bring me back to where I want to be, and I think (C), would then give me that internal confidence to go and meet more women, go and enjoy myself more [...] I definitely think that being out of work has just wreaked enormous havoc on me."

Public understanding of the drivers of loneliness

We also wanted to explore whether the public understood what could lead to people becoming deeply lonely for a long time, and whether they had stereotypes about loneliness. We found that:

- **People understand some of the factors which tend to increase people's risk of loneliness**

People recognised many of the ways someone could be at higher risk of loneliness. When we asked what experiences and circumstances were likely to increase the risk of loneliness:

77%

identified being out of work

76%

said financial difficulties

77%

said negative childhood experiences (such as bullying and abuse)

68%

said living with a mental health problem

65%

said living with a physical disability or health problem.

When we asked how access to services could increase someone's risk of loneliness:

63%

said having limited access to the internet

61%

said poor local public transport.

People recognised life transitions could increase feelings of loneliness:

74%

pointed to big life changes (such as moving to a new area, starting a new job)

People realised that relationships and living situations could impact levels of loneliness:

72%

identified being widowed

70%

said living alone

60%

said being single, divorced or separated

People also recognised how the way we feel around others could make us feel more lonely:

81%

said feeling like the odd one out was likely to increase feelings of loneliness

80%

said being excluded or judged by others

77%

said being less outgoing or sociable

People also recognised how wider expectations and cultural norms could increase feelings of loneliness:

61%

identified pressure to have 'perfect' relationships with family, friends or romantic partners

Unsurprisingly, 82% recognised that COVID-19 restrictions (lockdowns and social distancing) were likely to increase feelings of loneliness.

- **Some groups at risk of loneliness are overlooked – including LGBTQ+ people, students, and carers**

- **People tend to overestimate loneliness among older people and underestimate it among younger adults**

Only 12% of respondents identified that being younger (aged 16-25) might contribute to someone feeling more lonely. The largest proportion (41%) thought that being younger would make no difference and 29% thought it would contribute to someone feeling less lonely.

In contrast, 63% thought that being older (over 65) might contribute to someone feeling more lonely. Only 6% thought that it might contribute to someone feeling less lonely and 22% thought it made no difference.

This is in contrast to ONS data which found that younger people, pre-pandemic and during the pandemic, reported feeling lonely more often than older people. This was also confirmed by our own national poll.

- **People tend to assume that people in rural areas will be at greater risk of loneliness**

40% of people thought that living in a rural area could contribute to loneliness (36% thought it made no difference, 12% that it might contribute to feeling less lonely). But only 23% of people thought living in a city might contribute to feeling more lonely, whereas 42% thought that it would make no difference and 21% that it might contribute to feeling less lonely. This is in contrast to the evidence which suggests that people living in cities are more lonely.

Donna's story:
Finding an outlet for your feelings is healthy

Donna is 48 and lives in a small town in the south east of England. She cares for her autistic 17-year-old daughter, and for her partner who lives with ongoing pain and mobility issues following the botched treatment of a knee injury. She works part time and is responsible for her family and two lively dogs. While Donna is rarely alone, she feels lonely as she has no one to share her burdens with:

"My partner can't take regular work, so I get up and go out and work and earn my salary. I have feelings that I'm carrying a burden on my shoulders. I live around some difficult circumstances and cope with health issues that nobody else really understands. That in itself makes you feel quite lonely because finding someone who 'gets it' and that you can talk to is not easy."
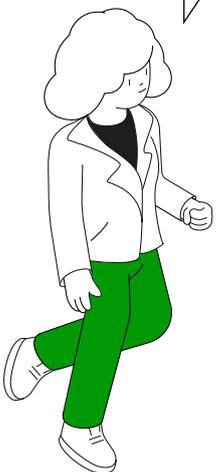
The loneliness affects her deeply:

"Loneliness is horrible. It makes you feel vulnerable. It makes you feel anxious."

"At times, […] a bad day at home, [when] the burden on your shoulders is very heavy, and you feel down in yourself, the picking yourself up thing to get on with it and go to work and be around people who don't know and don't understand is extremely difficult."

Donna's partner is on strong medication that can affect his mood. He is in pain and distress as a result of his medical issues. Their relationship has changed as a result:

"Having a proper partner who is on your wavelength all the time, who you can share things with 50-50. […] Someone who is so in tune with you that life is a joy. That's what I miss. He's a great fella, but he's not in tune with me because he's got so many internal battles within his body that he's on another planet sometimes."

Donna's responsibilities mean that she doesn't have time to keep up with friends:

"Home life takes over. You find yourself having to earn a salary [...] And then I come home, I walk the dogs [...] Then I come back and [...] Daughter will be home. I need to talk to her about her day, debrief, and find out how she was at college. Then it comes to tea time, and then it's like 'what are we going to have for tea?' [...] Then I remember to look at the paperwork, look at the bills, all that stuff. And then I'm usually exhausted by eight o'clock."

She has one friend in similar circumstances and really values this relationship:

"Her husband has extreme ill health. We do, both of us, value it immensely when we do catch up and meet up and put the world to rights. We both feel better for it. But, again, [...] we don't meet up every week by any means."

Donna's daughter helped her realise that she needed more support. She is now in touch with a social prescribing link worker who helped her get a carers' assessment and has suggested relationship support to help Donna and her partner communicate better. This has made a difference:

"I think, oh, actually, perhaps there is a bit of hope."

Donna also got some funding for a hypnotherapy course, which she finds helpful in managing her feelings of loneliness:

"She certainly has made me feel better since I've been going, and has given me hypnotherapy for some situations, like stress, sleep and things like that. The last session that I had with her was about letting go of difficult feelings. I'm hoping that there will be something really positive by the time that I've run the course of sessions with her."

While Donna believes that it's important not to bottle up feelings of loneliness, stigma can be a barrier to talking about it:

"Keeping it in doesn't help when you feel lonely. The first step is realising your feelings. The second step is trying to not keep the feelings within you. Find something that works for you to let the feelings out, because if you keep them in you run the risk of them turning sour within you."

"I do think English stiff upper lip can be our downfall at times and that's the way we are. Talking about loneliness, there's probably in society a bit of a stigma with it."

Stereotypes of lonely people

Our findings show how many stereotypes about loneliness still persevere, despite people's understanding of the nuanced causes of loneliness. In particular, people tend to assume that loneliness is about age and physical isolation. These stereotypes can lead people to overlook those who are 'lonely in a crowd' – including students, carers and people in urban areas.

In the same nationally representative survey of 6,000 adults, we asked people for descriptions of a 'typical person who feels lonely'. The word cloud below demonstrates clearly the strong association people hold between loneliness and aloneness.

The prominence of the word 'anyone', however, suggests a more instinctive understanding of how universal loneliness is.

Sara's story:
Putting yourself out there is worth it

Sara is 22 and recently moved to live with her mum on a remote island. Despite efforts to get to know people, Sara feels very lonely.

Sara has struggled with her mental health throughout her life. She has **ADHD** and is bisexual, which she feels create additional barriers to connecting with people:

"There's not a lot of people my age I get to interact with. I also have had mental health struggles and have not been able to talk to people about them. Not finding people that have shared that experience that I can talk to, it's quite lonely sometimes."

"I don't feel completely accepted because I feel like if they knew that I'd been in a hospital, and I'd had a mental breakdown, and they knew that about me, then would they see me in the same way, so there's that element to it. Also, being bisexual, would they feel the same way if they knew that?"

Sara previously lived in the south west of England and had a good group there, but now lacks company and closeness in her day-to-day life:

"I think it's just not having people to share stuff with and talk to about things you like and enjoy. That's the main thing for me. My mum works quite late, so if I'm having a nice meal, I'm having it on my own. […] Just feeling like you're missing out. When you look at this big world and there's so much going on and you're there and you just haven't really found what you want."

"It's not having people to go on vacations with and festivals. […] It's more not having that core group of people to go to."
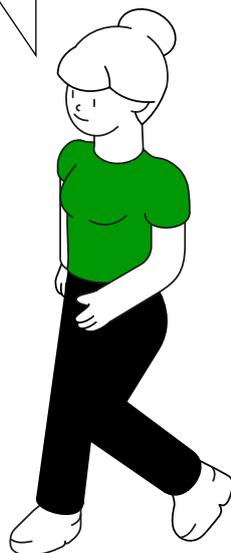
Most people on the island have known each other since childhood and it can be hard to find a way in. While Sara talks to people at work and has tried to join different groups, she hasn't made strong bonds. The more lonely she feels, the more it affects her mental health. This in turn can make it harder to connect:

"It's almost like chicken and egg because once you start to feel unwell or depressed, you deliberately start to exclude yourself. It gets to a point where you've burnt all the bridges, any potential friends, because you haven't replied to those texts in ages because you've just not been up to it."

When she does spend time with people, Sara can end up stewing over how things have gone:

"It's fine in at the moment. It's just afterwards that I start second guessing it, like 'how did I come across?', 'was I too talkative?', 'was I not talkative enough?', and just analysing the whole thing and running it on replay through my head."

Sara has learnt to be comfortable doing things on her own and she copes with loneliness by trying to keep busy and active, or by reaching out to her friends online:

"The best way to counteract this is to put yourself out there and just make those connections because mulling on it isn't going to sort anything. But it's hard to do that."

However, social media can exacerbate her loneliness, making her feel more left out.

Sara has spoken to friends and family about feeling lonely, but it isn't easy to do as she feels she may be judged:

"It's embarrassing admitting it. [...] It feels like failing. Is it something to do with you personally that people don't gravitate towards you, or have you not made the effort to go out there and meet people? Things like that."

She wonders if her neurodiversity makes it harder for her to build relationships:

"I think part of the ADHD thing is not having that good social skills, so it is difficult for me to make that initial link. There's also a lot of hiding my true personality in public and trying not to ask too many questions, be perceived as too loud or too much. So, there's that dulling down, so you do try and minimise yourself and contain yourself in order to be palatable or whatever. That does create a sense of isolation."

Sara feels that more groups to join in her local area would make a big difference. She will be moving away for a new job soon. She plans to avoid living alone and to try activities to connect with people in her new area.
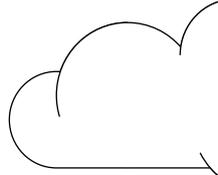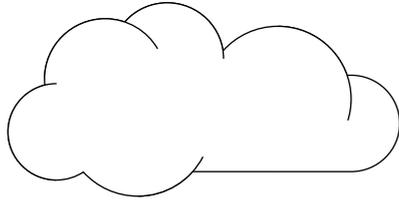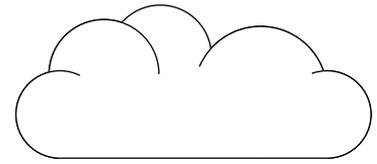
Why do stereotypes matter?

Stereotypes can prevent people from recognising and responding to their own loneliness, exacerbate the stigma of loneliness and unhelpfully narrow the support that is offered to people who feel lonely. It's important, therefore, to broaden our understanding of loneliness and who it affects.

The individual stories in this report show how complex loneliness is. While some people face practical barriers to connection (such as a lack of time or difficulties getting out and about), others feel disconnected because of fears of how others will respond – often fuelled by experiences of discrimination and prejudice. Others still face emotional and psychological barriers to connection, including what the British Red Cross report *Trapped in a bubble* described as 'identity crises' linked to life transitions[33].
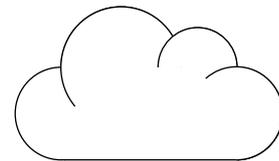
A more widespread understanding of the factors that can lead to severe and enduring loneliness would help reduce people's tendency to blame themselves for being lonely. It would also help to unlock creative ways to support people in building and maintaining meaningful relationships and help them through life transitions that can leave them feeling adrift and disconnected. It would also support tailored support being developed for groups who are particularly at risk of long-term loneliness.
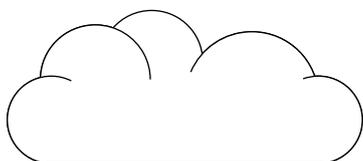
5. Responding to loneliness

A. Help and advice on how to cope with loneliness and improve your mental health

B. Addressing loneliness across society

#Ive Been There

Help and advice on how to cope with loneliness and improve your mental health

Dealing with loneliness can be difficult. But there are things we can all do to cope with loneliness and prevent some of the negative feelings and mental health problems that can come with it. Here are some coping strategies that you might find useful.

1.   Try to do some enjoyable things that will keep you busy

One way of trying to manage loneliness is by keeping busy and doing things we enjoy. This might be a hobby such as a bit of gardening, going to the gym or even sorting out your kitchen cupboards. jigsaws, puzzles or knitting. Small activities can give you energy and positive feelings. It's important these things are fun or fulfilling. Be careful about working too hard or watching TV shows simply as a distraction. These will only delay or suppress your feelings and could actually make your mental health worse.
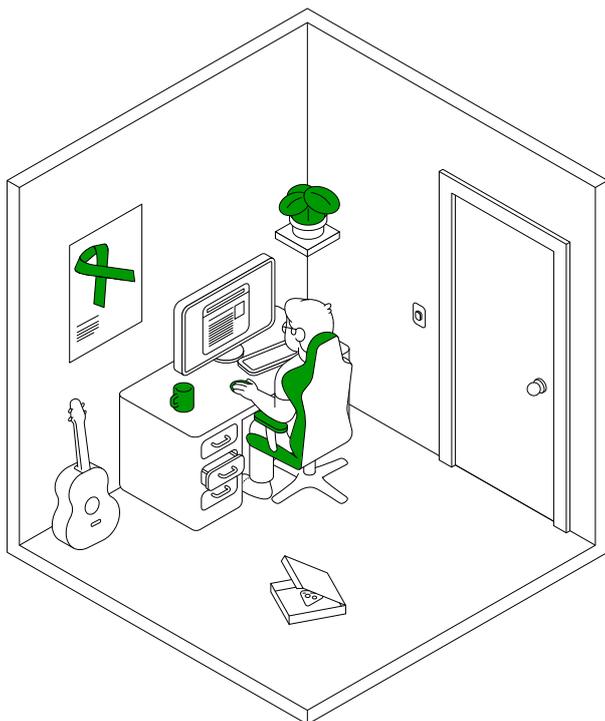
"Over the last 12 months I really focused on myself, I created a toolbox of techniques and things that really helped me and things that I enjoy doing, as before I was more distracting myself, which made me more lonely."

Try to do things that stimulate your mind

Activities that occupy your mind can help with loneliness. This can include the benefits of taking courses or listening to podcasts on topics from comedy to fitness. This can be stimulating and something as simple as listening to the familiar voice of someone you like can help you feel less lonely.

*"I find that podcasts ground me very quickly."*

2. Think about doing a physical activity

Physical exercise can help with loneliness. It can be as simple as having a walk in the park when you're feeling a bit overwhelmed. Alternatively, you could listen to music and do a bit of dancing around your living room. (Be aware of your neighbours though!)

3. Try to engage with the people you meet in your daily life

It can be hard to talk to others when you're feeling lonely. However, trying to connect with the people you meet as you go about your day can be helpful. Even catching someone's eye and saying "hi" as you walk along can make you feel better. Or it could be about saying hello to the postwoman or postman or going to the shops and talking to the person at the checkout. By sharing a polite greeting – you might find you give someone else a positive lift too.

"Try to connect with one person, even if it is a complete stranger, even if it is just to say 'good morning' or 'it is a beautiful day' when you go for a walk... or compliment someone about their hair because they might have a horrendous day, and one compliment might be enough to raise a smile."
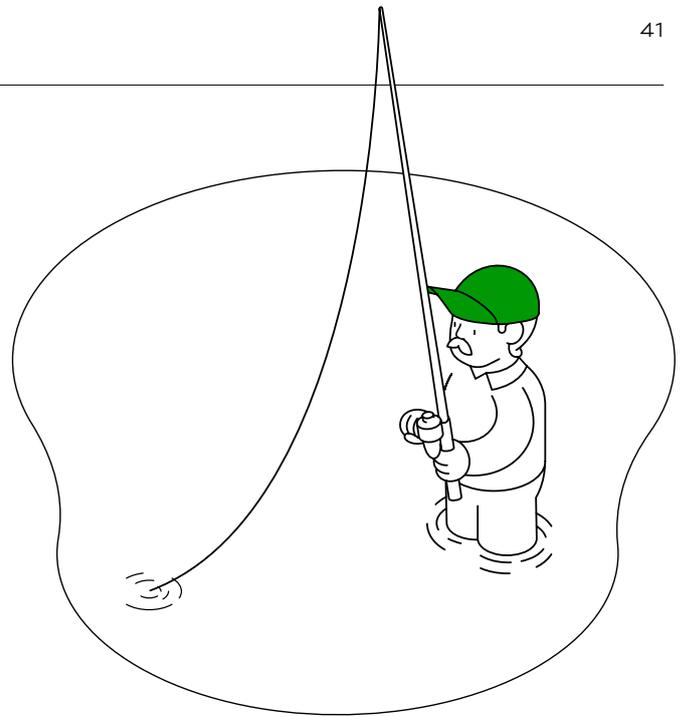
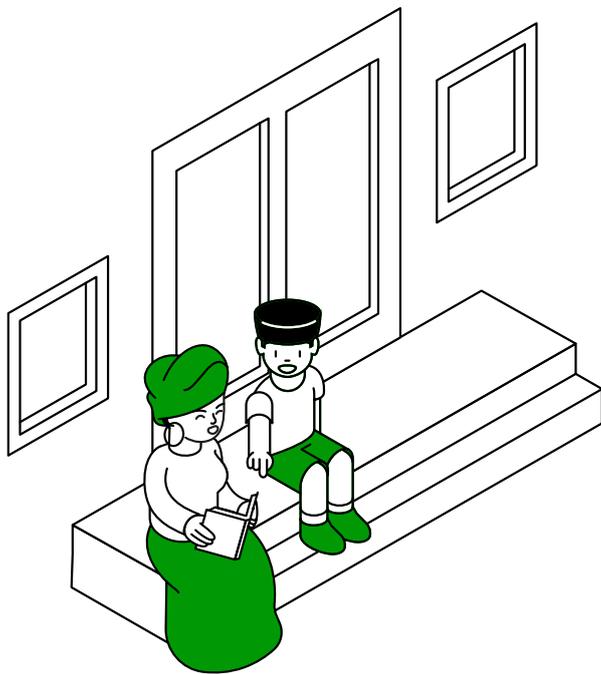## 4. Find people that 'get you'

It can be hard to connect with others when you're feeling lonely. But there are great benefits in finding people who have been through similar experiences to you. Interacting with others that 'get' you can give you a sense of belonging that may be missing. People who have been there have found connections in local groups or social media.

"Finding people who actually get me, has given me a sense of inclusion, and existence and purpose."

5. Spend time with pets

If you are lucky enough to have a pet, it can be a great way of managing loneliness. Not only do animals provide us with unconditional love and support, but they also help to give structure to our days and even encourage us to get out and connect with others. Interaction with pets is also shown to help reduce stress levels.

"I have got a dog and I find that if I am particularly feeling lonely, I feel like she (dog) is an empathetic constant for me, she knows my feeling and I feel very calm and relaxed."

6. Try to use social media in a positive way

Social media can help your mental health. But it can also affect it negatively. The key is to use it in a positive way. Finding digital communities, you share interests and passions with can help. Most importantly be aware of how you feel when you use social media and focus on topics and activities that work best for you.

"Turning off social media really helps, which I think I used to think it would help me to feel more connected to others but it is actually the opposite."

7. Talking therapies can help

Talking through your feelings with a counsellor or therapist can help you cope with your feelings of loneliness. Talking therapy can be hard to get – but if you can find a professional, it can really be of benefit. It'll provide you with a safe space to work through your feelings and thoughts without judgement. Check out your local resources **by visiting the NHS website.**

"Some things that I've tried are counselling... and CBT (because) if someone understands your condition, they can help you and not judge you."

How to support other people who are feeling lonely

1. Don't judge or stigmatise

It's important not to judge or stigmatise people who feel lonely. Stigma around loneliness is a huge barrier to the kind of open and genuine conversations that can help. It's more important to be aware of just how common loneliness is. It's a normal feeling that all of us are likely to experience at some time in our lives. Telling other people that their poor mental health is the reason why they are feeling lonely is really not helpful.

2. Try to make groups welcoming to other people

It can be difficult for people who are feeling lonely to join a group like a club. This might be because people are shy or feel nervous about existing relationships in the group which they don't feel part of. It's important to be aware of this and try to make groups be as welcoming as possible to newcomers. Flexibility around things like how often people attend is also important.

3. Try to listen and show understanding

A great way to help a friend or family member is simply to listen. People who have experienced loneliness relate how they valued friends who really considered what they might enjoy and were even willing to join them in some shared activities. Having an understanding and compassionate approach, and not ignoring the person's experience, will help them to feel heard and understood.
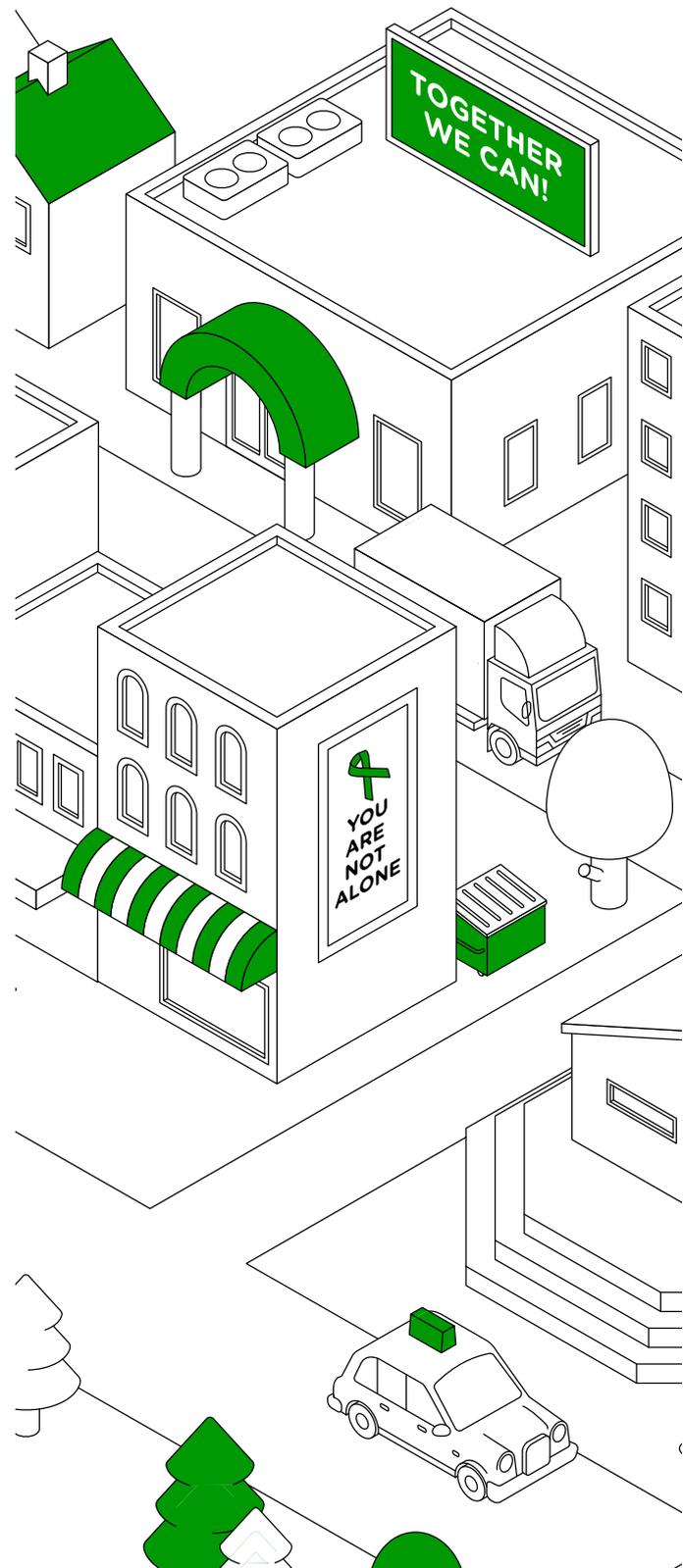
Addressing loneliness across society

We are calling on several UK-wide policy asks to address loneliness across society:

1. Taking a strategic approach to loneliness

The governments across the UK must build on their loneliness strategies by fully resourcing their public health systems to take a local approach to tackling loneliness. The UK governments must take a cross-departmental approach to tackling loneliness, and target support and preventative action to the groups and communities that are known to be most at risk of becoming lonely. The national governments must evaluate the impact of their existing loneliness strategies and funding schemes and commit to publishing regular updates.

2. Developing the community resources needed to tackle loneliness

The governments across the UK must invest in local communities to build the community resources needed to tackle loneliness. They should pay close attention to including people and cultural and ethnic groups that feel excluded and use coproduction and codesign techniques to ensure that initiatives best reflect the needs of the communities they are intending to benefit.

3. Building a greener lived environment that supports social contact

The national and local governments of the UK should focus their planning systems on delivering greener, biodiverse, pro-social public spaces that support people's health and wellbeing. The governments should embed 'universal design principles', which guarantee usability by the greatest number of people, and engage with seldom-heard groups to help build meaning and purpose into public spaces for these communities. The UK governments should work with local communities to ensure that public green space is naturally diverse, safe and accessible.

4. Supporting children and young people with interventions in education settings

The governments of the UK must view schools, colleges, and universities as vital settings for alleviating feelings of loneliness among children and young people, one of the groups most vulnerable to feelings of loneliness, and provide appropriate support for doing so.

5. Ensuring that everyone has access to digital communication technology, and the skills to use it, and respecting preferences for non-digital forms of communication

The governments of the UK should consider access to digital communication technology as a basic right that people of all ages and backgrounds should be able to enjoy. As well as guaranteeing access to digital technology for the groups most likely to experience loneliness, the governments should also seek to build their populations' digital skills, while respecting that some people may prefer (and sometimes only be comfortable with using) more traditional forms of communication, such as y letters received through the post, or conversations over landline telephones.

References
Appendix A: Methodolgy

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Appendix A: Methodolgy

Section 2

Loneliness data analysis

To understand what the data tells us about loneliness, we looked primarily at the data (and available analyses) from the ONS before and during the pandemic – for both 'lockdown loneliness' and 'chronic loneliness' (i.e. experiencing loneliness 'often' or 'always').

We also complemented this with some analytical insights from our own cross-sectional COVID-19 study. A direct statistical comparison of the ONS data and the data from our study was not possible. The table below demonstrates the key differences and respective strengths and weaknesses of the data from the two sources.

The Office for National Statistics – Great Britain household surveys	The Mental Health Foundation – Coronavirus: Mental health in the pandemic study
GB only	UK-wide
Both 'chronic' and 'lockdown' loneliness	Only 'lockdown' loneliness
Data available pre-pandemic	Data only from pandemic
Reports relationship between loneliness and mental wellbeing	Can only look at loneliness in isolation of mental health/wellbeing
Analysis allows for confidence about statistical significance of observed differences	Analysis is descriptive, cannot assume statistical significance
'Lockdown loneliness' metric is complex, combining elements of wellbeing and Covid worry	'Lockdown loneliness' metric is more straightforward to interpret, looks at loneliness 'as a result of' pandemic
Did not investigate inequalities in ethnicity, gender identity and sexual orientation	Cannot investigate inequalities in ethnicity, gender identity and sexual orientation

The ONS pre-pandemic data (2016-17) was collected using a self-completion online or paper questionnaire. The ONS data collected during the pandemic was predominantly online; however, telephone interviews were available if requested by the participant. Data for the Mental Health Foundation's Coronavirus study was collected via an online survey. Though efforts are made to ensure samples are nationally representative, collecting data using online methods may not accurately capture the extent of loneliness among certain groups that may experience digital exclusion or lower levels of digital literacy, such as those aged over 75, people with learning difficulties and those for whom English is not their first language. It is therefore important to acknowledge the limitations of this data and complement findings with other sources.

A note about definitions of loneliness

Loneliness data collected during the pandemic can be broadly divided into 'chronic' loneliness and 'lockdown' loneliness. The ONS defines chronic loneliness to be when people report that they 'often' or 'always' feel lonely whereas they define those who are 'lockdown lonely' to be respondents who said their well-being had been affected by the coronavirus through feeling lonely in the last seven days. This was only asked to people who were 'very' or 'somewhat worried' about the effect Covid was having on their lives, and respondents were also asked to tick 'my wellbeing has been affected'

before being presented with the loneliness option. By contrast, in our own COVID-19 study, we asked all respondents what emotions (including loneliness) they had experienced in the last weeks due to COVID-19. The levels of loneliness collected in our study are therefore more similar, though not identical to the ONS's definition of 'lockdown' loneliness.

National polling data

We worked with Opinium to design and conduct a nationally representative survey of adults aged 18+ across England, Scotland, Wales and Northern Ireland. Opinium designed the sample to take into account the demographic and socio-demographic makeup of Britain by capturing gender, age, region, socio-grade and working status, disabilities and/or long-term conditions and ethnicity. Questions were carefully designed to capture: i) public perceptions of loneliness and ii) ways of coping with loneliness. We also wanted to understand relative rates of loneliness among ethnic minority groups, so conducted an ethnic minority sample separately to address the complexities of this population.

The polling data was analysed to identify key findings across the UK as a whole and across each constituent nation. The data was also analysed by the different demographic factors to establish whether there were any key patterns/trends. Participants were also asked to describe a 'typical person who feels lonely'.

Section 3

Depth interviews

Using the available data on risk factors for loneliness and having consulted with an expert in the field, we created 8 personas of people with whom we would like to talk to illustrate the diversity of the loneliness experience. We used an external recruiter, Acumen, and our partnership with Leaders Unlocked to recruit participants to interview.

We conducted 9 depth interviews with a range of people who had/have experience with chronic loneliness. These interviews are based on profiles we created, driven by the data, to capture the 'hidden faces of loneliness' and demonstrate the diversity of the loneliness experience.

The profiles are:

Profile no.	Quick description
1	Unemployed, disenfranchised male aged 50 to 60, living alone, receiving Jobseekers' Allowance
2	Younger person living with long term disability or chronic health condition (living with parents)
3	Older female, aged 50 to 60, 'squeezed-middle' carer with annual income below 30K
4	Younger single parent on low income
5	Young person living in large house-share (living with at least 4 other people) - moved in past 6 months (and twice in past two years)
6	LGBTQ person aged 20 to 40, living in rural area, isolated
7	Care leaver from BAME background
8	Person who is a refugee in supported housing in Wales

These interviews ranged from 1 to 1.5 hours and were conducted by the same interviewer for consistency. The interviewer then wrote up the key points of the interview, in a case study format, which was sent back to the participant to ensure that nothing was misrepresented.

The case study approach was chosen as it allows an in-depth, multi-faceted exploration of loneliness in different settings.

Coping methods

We held a focus group with people who have or have experienced chronic loneliness to understand the different ways in which people cope with and manage their loneliness. We recruited 7 participants via OPEN, our diverse online community of people who help to inform the work we do. We conducted a high-level thematic analysis of the coping methods people use, and complemented the findings with those from an earlier focus group we held around loneliness more generally in December 2020.

We tested the key insights identified in the focus group around coping methods for loneliness in a survey to our wider OPEN network (n=237) to help validate these findings and provide some indication of consensus for these approaches. Of these respondents, 86 described themselves as 'often' or 'always' lonely.

The coping methods in this report have been informed by what we heard from both our focus group participants and our survey respondents.

OPEN is a diverse online community of people we ask to inform what we do, through anything from quick feedback on a social media post, to fully participating in a research project. No matter who you are, your views and experiences are valuable and you are a welcome member of our community. You can find out more about joining OPEN **here.**