

# A billion lonely people



It is perhaps one of the great paradoxes of our age. There have never been more people on Earth (current estimates put the global population at 8.1 billion, up from 7 billion in just 2010). And never before have we had so many ways to connect with one another in an instant. Yet, a growing area of concern for public health is loneliness, with the World Health Organization (WHO) recently declaring it a [pressing global health threat](#).

According to [The Global State of Social Connections](#), a Meta-Gallup survey of 142 countries released in November 2023, close to a quarter of adults worldwide feel fairly or very lonely. That translates to over a billion people suffering from a deficit of social connection.

The US Surgeon General, Dr Vivek Murthy described the phenomenon as an “epidemic”, warning of the myriad negative health impacts of loneliness in an [official national advisory](#). Dr Murthy is also leading the WHO’s international commission on the problem alongside the African Union youth envoy, Chido Mpemba.

In his health advisory, Dr Murthy wrote:

*“Loneliness is far more than just a bad feeling—it harms both individual*

*mortality impact of being socially disconnected is similar to that caused by smoking up to 15 cigarettes a day, and even greater than that associated with obesity and physical inactivity.”*

The health impacts identified by Murthy are supported by a growing body of research. And loneliness can affect individuals of any age. Indeed, contrary to popular belief, the age group most at risk of loneliness today is not the elderly, but young people at the start of their adult lives. The Meta-Gallup survey found that young adults (aged 19 to 29) reported the highest rates of loneliness worldwide, with 27% feeling very or fairly lonely. Adults over 65 reported the lowest rates of loneliness, with 17% feeling very or fairly lonely.

Multiple studies in different countries around the world have consistently found similar results. In England, for example, 16- to 24-year-olds [reported feeling lonely](#) more often than any older age group, while across Great Britain, a [recent YouGov/DCMS survey](#) suggested loneliness is experienced by 92% of university students.

## What’s behind this “epidemic”?

Loneliness is “a subjective, unwelcome feeling of lack or loss of companionship, which happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want” ([Jo Cox Commission on Loneliness, 2017](#)). This is distinct from social isolation, which is an objective lack of positive social connections (although the two often overlap). A person can be socially isolated but not lonely, or lonely but not socially isolated.

So, what is behind the so-called modern “epidemic” of loneliness?

Clearly, the COVID-19 pandemic and associated lockdowns have played a significant role. This is particularly true for young people today who were forced to socially isolate during one of the most important times in one’s life for forging social connections and lifelong friendships.

pandemic. Describing feelings of being “socially stunted” due to missing out on many of the social aspects of a university experience, they said, “I worry that, because I’ve [finished] uni and school, I’ve missed out on the best chances I’ll ever have to make friends.”

Given that such experiences are not uncommon, it is possible that for at least a certain cohort of today’s young people, the COVID-19 pandemic may have lasting effects. They may face a persistently higher risk of loneliness due to having formed fewer friendship bonds in their teens and early twenties than they would have in the absence of a pandemic.

Yet concern over loneliness had been growing long before COVID-19 triggered extensive lockdowns and self-isolation measures across the planet. In the UK, a leader in the field, the Jo Cox Commission on Loneliness was established in 2016 and led to the creation of a ministerial lead for loneliness in 2018 – widely held to be a world first.

And while historical data on loneliness is patchy, there is evidence to support the view that today’s young people are at greater risk of loneliness than past generations. For example, in a [2021 meta-analysis](#) of 345 studies covering 124,855 young people who completed the University of California Los Angeles (UCLA) Loneliness Scale between 1976 and 2019, authors Buecker et al found that average loneliness levels increased linearly with each calendar year. “Although the frequently used term ‘loneliness epidemic’ seems exaggerated,” they write, the results mean that young people “should not be overlooked when designing interventions against loneliness.”

## The role of (anti?) social media

So, what has changed about our society that could be driving an increased sense of loneliness, particularly among the young? The answer, of course, is a lot of things.

The erosion of familial bonds, increased mobility, growing income inequality, and more have all been cited as potential contributors to

correlation between levels of loneliness and different factors at a given point in time. Further, given the diversity of human communities and relationships, what may be true for one population may not hold for another.

One factor that has drawn particular attention is the rise of social media. Are social media platforms driving a greater sense of alienation and loneliness among the young? Multiple studies have been conducted exploring these questions, yet here, too, the picture that emerges is complex, defying simple narratives.

Several studies using a range of methodologies indicate that some aspects of social media can alleviate feelings of loneliness, while “problematic” social media use (such as passive scrolling for extended periods while comparing oneself negatively with others) is associated with greater levels of loneliness and social anxiety. But it is not entirely clear whether problematic social media use drives loneliness, or the other way around (or if both are true).

Emily O'Day and Richard Heimberg's 2021 [systematic review](#) of the literature on social media use (SMU), social anxiety, and loneliness highlights the complexity of relevant findings. They write, “...a few experimental and longitudinal studies to date have indicated that loneliness predicts problematic SMU and that engaging more positively on social media and limiting one’s SMU, but not completely abstaining, alleviates loneliness. Thus, loneliness appears to be a risk factor for problematic SMU, but research has not shown that loneliness is a direct consequence of problematic SMU.”

This is not to say that problematic social media cannot exacerbate feelings of loneliness (it can), but that, in many cases at least, it is unlikely to be the primary driver of loneliness. Social media is perhaps better viewed as amplifying existing dynamics, enabling a sense of greater connectedness for some while increasing negative feelings for others.

## The simple, complicated solution

interventions may be most effective in addressing them. Yet, in a way, we already know what the solution is: helping people build meaningful relationships.

This, of course, is much easier said than done. What works in one setting may well not be suitable for another. Loneliness also often co-exists with other issues, such as mental and physical health challenges or substance use problems. As such, it may not make sense to seek to tackle it on its own.

As an example, Alma recently conducted research on what works in addressing loneliness and social isolation for people using substances and experiencing rough sleeping in London. We carried out extensive fieldwork with both service providers and people with current or past lived experience.

For those experiencing homelessness and using substances, stigmatisation and consequent feelings of low self-esteem often lead to further self-imposed isolation creating a negative spiral and impeding the road to recovery. Forging new, healthy social connections, on the other hand, can be decisive in facilitating recovery journeys and preventing relapses into substance use (avoiding the so-called “revolving door” of recovery).

Yet seeking to tackle social isolation head-on may not be the best approach; indeed, we found that some providers would often effectively address social isolation through services that had a different primary aim. Overall, social isolation support appears to be most effective when offered as part of a holistic programme tailored to a range of individual needs and circumstances.

Broadening this approach, one could imagine considerations of loneliness and social isolation shaping a wide range of interventions. Everything from the development of a national education policy to the renovation of a local park could include a ‘social connectedness assessment’ to ensure any opportunities to combat loneliness are identified and taken advantage of, wherever possible.

If you are struggling with your mental health and wellbeing, you can take the NHS quick quiz that provides you with a personalised plan based on the information you give. You can access the [quiz here](#).

If you would like tips and support specifically for loneliness, you can visit the Mind dedicated [page here](#).



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