



**LEADERS
UNLOCKED**

LONELINESS IN *Young* PEOPLE



Young people's experiences of
loneliness and ideas for policy solutions.

February 2021

Introduction



While mental health topics are slowly shedding their stigma, loneliness – especially in young people – remains taboo. However, our experience of the pandemic has brought loneliness to the forefront of the national consciousness.

Our Coronavirus: Mental Health in the Pandemic series of research surveys has repeatedly shown that young people are particularly likely to be experiencing loneliness during the pandemic and the associated restrictions to our lives. In wave 8 of our survey (late November 2020), 38% of those in the 18-24 age range experienced loneliness in the past two weeks, compared to 34% in the 25-34 age range and 27% in the 35-44 age range¹.

These elevated feelings of loneliness in younger age

groups are not just a pandemic phenomenon. In 2018, the Office for National Statistics reported that being 16-24 years old was one of the characteristics most closely associated with experiencing feelings of loneliness, with 9.8% reporting that they were “often lonely”².

Despite this, much of the historic research and policy attention on loneliness has overlooked young people³. With policymakers sighted on rebuilding after the pandemic, now is the time to take loneliness in young people seriously and to embark on a course of action to tackle its root causes.



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Young people's experience of loneliness



We worked with our Mental Health Foundation (MHF) Young Leaders policy group to understand what loneliness means to young people and how it affects their lives. The Mental Health Young Leaders are a group of 14–25-year-olds from diverse backgrounds and a range of different lived experiences, who are hosted by Leaders Unlocked. Our Policy Group for this topic was a subsection of the wider MHF Young Leaders group. The young people in our policy group spoke of how reduced quality and quantity of social relationships led to negative

feelings of loneliness, and how these could in turn lead to depressive and hopeless thought patterns:

“It feels like you’re not important to anybody.”

“It feels like nobody needs you and you are not valuable.”

“Like you no longer exist.”

Importantly, the young people stressed that loneliness is not the same as social isolation - “you can be surrounded by people and still experience loneliness” – explaining how young people can be lonely despite regular close

contact with peers in schools and university, friends through social media, and living with family.

Instead, they experienced loneliness as a profound sense of detachment and dislocation from those around them. Some of the young people spoke of how using isolation as a coping mechanism to deal with depressive episodes could make loneliness a self-fulfilling prophecy, with young people cutting themselves off from those around them to avoid experiencing feelings of rejection and hurt, but in so doing, cultivating those feelings of loneliness and rejection through anxious inaction. This means that proactive interventions are necessary; individual action is not enough, and sometimes not even possible.

“Loneliness can be a coping strategy to avoid hurt in the long run.”

Loneliness is a distressing mental state to begin with, but the young people also described how it could lead to darker thoughts:

“Loneliness is a feeling of hollowness.”

“It doesn’t feel real, like you are in a simulation.”

“A place of darkness.”

Social media is a much-debated topic regarding children and young people’s mental health. In the context of loneliness, the young people said that it could have a positive impact because of its ability to connect like-minded people without geographical constraints.

However, for some, these feelings of companionship were negated by exposure to people with opposing views, which could compound their feelings of loneliness and create a sense of alienation and isolation. The young people in our focus group also said that, for all its benefits, interaction through social media did not replicate the benefits of face-to-face interaction. The loss of in-person social cues, the anonymity, and sense of unreality associated with social media contribution, all limit the curative benefit of digital social interaction.



Recommendations for action



Our MHF Young Leaders helped us to identify policy priorities which would be relevant to their lives and their experiences of loneliness.

We want to see:

1. Funding for youth and family services

Youth centres can be a vital lifeline for young people and can provide a forum for the kinds of pro-social activities that can mitigate loneliness. Analysis by the YMCA has found that youth services have experienced a 70% funding cut over the last decade, resulting in the loss of more than

750 youth centres⁴. The loss of these centres hits disadvantaged children the hardest, as they often do not have comparable networks or opportunities to replace youth centre provision.

The loss of youth services also provides fewer opportunities for social prescribing, a potentially useful tool to combat loneliness. Social prescribing features strongly in the government's loneliness strategy, *A connected society*⁵. However, the Young Leaders observed that, because of funding cuts, there are

increasingly limited services and projects available to which GPs can socially prescribe.

The government should, as part of its programme to build back after Covid-19, reinvest in youth services and guarantee that all young people have access to a centre offering a range of activities in their local area.

The Young Leaders also advocated for access to family-oriented support to create and foster healthy relationships within families. These services should support families identified by local services – such as social workers, health visitors and GPs – as well as those who self-refer, and should provide a range of culturally appropriate support.

2. Meeting children's basic needs

The MHF Young Leaders were especially passionate about the impact of poverty, deprivation and disability on loneliness. They observed that class differences could result in 'othering' behaviour, through subtle social cues, that excluded people from

social circles and fostered a sense in some young people of imposter syndrome.

While the Young Leaders discussed actions that could be taken by teachers and schools to educate and promote inclusive behaviour, they felt that the government could do more to ensure that all children have the basics to succeed in education, such as: laptops, school uniform, the ability to participate in school trips and extra-curricular activities, high-quality school meals, and a safe home environment.

The government should guarantee that all children have the basics they need to succeed in education and should recommit to lifting children out of poverty through an equitable benefits system that prioritises the welfare of children. The government should also weave adaptations into all loneliness policies to help ensure that the way society is structured is not disabling for young people with physical and

learning disabilities. Young people with disabilities should be consulted in the design of all loneliness policies to identify and address their specific needs.

3. Improving adaptation and marketing of programmes to young people

Several of the Young Leaders had found examples of government programmes aimed at tackling loneliness in their preparation for our session. However, the Young Leaders had generally not been aware of these programmes – especially those contained within the government’s loneliness strategy – prior to preparing for the session. In some cases, they had discovered a programme that seemed like it would make sense in a youth context – such as social prescribing – but had found that the intervention was either not targeted at young people, or not well adapted for them to be able to benefit from it.

The government should seek to adapt existing and future interventions for use with young

people, where appropriate. The government should review the way that it markets interventions designed for young people to make sure that they are aware of them. Both the adaptation and marketing strategies should be designed with young people in a genuinely co-productive way.

4. Making a mental health and wellbeing policy a statutory requirement for all schools in England

The Young Leaders identified schools as an important place of safety with a central role in promoting and protecting their mental health, adding that they considered schools to be vital in tackling loneliness in young people.

Although mental health and wellbeing was added to the National Curriculum as part of Personal, Social, Health and Economic education (PSHE) in 2020⁶, there is no statutory

requirement in England for schools to have a separate mental health and wellbeing policy.

The Young Leaders felt that all schools should have such a policy. This policy should explicitly highlight the measures schools are putting in place to support and address young people's mental health and wellbeing, in addition to teaching the new curriculum and following standard safeguarding procedures. Measures to tackle loneliness should also strongly feature throughout the policy, with a focus on preventative approaches and the involvement of the wider school community, such as parents/guardians, local authorities, and the voluntary and community sector.

5. Integrating loneliness into mental health first aid training modules for teachers and support staff in regular professional development sessions

Many of the Young Leaders spoke

of the important role that school staff and wider support staff play in reducing young people's feelings of loneliness and isolation and highlighted the need for high quality training on loneliness in young people, which they feel should be co-produced.

While the uptake of Mental Health First Aid training has been encouragingly high in England⁷ and marks a significant step towards improving young people's mental health and wellbeing, it is concerning that loneliness in young people does not feature as part of the training⁸

To address this, Mental Health First Aid for Youth⁹ training programmes should be updated to include a module on what loneliness in young people looks like, what to do when you spot it and how to create meaningful prevention programmes in school. This module should be designed with the involvement of young people. All school staff who have already received the training should also receive a

booster pack of information specific to loneliness in young people. Existing information packs are already available from organisations such as the British Red Cross¹⁰.

Annual training sessions should also be conducted for all school staff on loneliness in young people through either the completion of online training modules or bringing in external trainers.

6. Schools should provide regular low-level training for parents and guardians on how to identify signs of loneliness in young people, the agencies and helplines that provide assistance and ways in which they can help to prevent and respond to loneliness in young people

To cope with the already high levels of loneliness being reported

by young people, due in part to the COVID-19 pandemic¹¹, it is important to create short-term and easy to implement interventions that involve the wider school community.

When referring to the role parents play in reducing loneliness, one Young Leader said:

“It’s important to get parents involved in these initiatives... as parents have a lot of influence on how their children think and it’s counterproductive to expect mindsets to change if parents are not also on board”.

For many parents and guardians, it can be hard to spot signs of loneliness in young people, therefore efforts should be made to give basic training to parents and guardians on the core signs of loneliness in young people, strategies to address loneliness and information about agencies and helplines that can offer assistance.

This could be in the form of short presentations at the beginning/end of parents’ evenings and/or

through regular signposting to resources to help identify and reduce signs of loneliness in young people, provided in school updates such as regular newsletters.

7. Ensuring every school is implementing at least one low-level intervention to combat loneliness on a sustainable long-term basis

Many schools already use a variety of low-level interventions to tackle loneliness, such as buddy schemes and friendship benches. As this is not a statutory requirement however, in the experience of many of the Young Leaders, schools do not always implement said interventions on a long-term basis, often leading to a feeling of a lack of continuity and an overall lack of consistency between schools across England. The Young Leaders stated that this made addressing the long-term impacts of loneliness more challenging.

The Department for Education should develop guidance in partnership with the Department for Health and Social Care, Department for Digital, Culture, Media and Sport, Local Authorities, school leaders and regulatory bodies such as Ofsted on the available interventions to tackle loneliness in young people that are effective, easy to implement and long-term, based on existing evidence and pilot programmes.

When considering which low-level interventions might be particularly beneficial, the Young Leaders talked about a wide variety of different interventions they felt would be beneficial, with many citing buddy schemes and mentor programmes as the most useful:

“Mentors will help students find their purpose and achieve their goals.”

“Young people from Uni or young people in general can help those in school, they can volunteer or support these young people

mentally or with academic help.” Care should be taken to ensure that interventions do not add additional stress to resources and teacher workload, and government departments should create funding streams to ensure that more resource-poor schools

can still effectively implement loneliness interventions, as part of a whole-school approach to mental health. Care should also be taken to ensure that interventions implemented can be done so on a long-term basis to allow for continuity.



Adapting to the pandemic



Although many of these recommendations can be implemented during the COVID-19 pandemic, we acknowledge that some, such as Recommendations 1 and 7 in particular, will be challenging or impossible to implement while schools are closed and restrictions are in place – other than for children and young people who are still attending school because of their parents' job, or because they are vulnerable.

Therefore, every effort should be made by policy makers and key stakeholders to implement the other recommendations and

focus on shorter term 'quick fix' programmes to mitigate the added impacts of COVID-19 on young people's loneliness. In addition to this, schools can begin preparatory work during the ongoing school closures to ensure that they have programmes in place and ready for when restrictions are lifted. The Mental Health Foundation has produced guidance for teachers to help children returning to school after lockdown which could be considered by schools in their own planning.

For example, with reference to Recommendation 1, while youth centres and social activities cannot take place in physical settings, local authorities should ensure that children and young people still have access to regular social activities, whether online or in a COVID-secure setting. With reference to Recommendation 7, schools can begin work on planning low-level loneliness

interventions for when schools do eventually re-open, and additional work could be done to deliver low-level interventions such as buddy schemes and pen pals online in the short-term.

As previously mentioned, loneliness in young people is not a new phenomenon, and was not created by the COVID-19 pandemic. However, COVID-19 has greatly exacerbated it.

We consider it unarguable that a dedicated strategy should be created to tackle loneliness in young people, taking into consideration the existing evidence for loneliness in young people and the additional impact of COVID-19.

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