

## **Written evidence submitted by Dr Juliet Wakefield (PHS0151)**

### **Prevention Inquiry: Proposal to Explore Loneliness**

It has become increasingly clear that loneliness (defined as experiencing a discrepancy between the nature of one's desired and one's actual social relationships; Peplau & Perlman, 1982) poses a significant threat to public health. Indeed, evidence shows that loneliness is as damaging to health as obesity and smoking (Holt-Lunstad et al., 2015), while the financial cost associated with severe loneliness is almost £10,000 per person each year (Peytrignet et al., 2020).

The Government is aware of these costs: it appointed a Minister for Loneliness and set out a loneliness strategy in 2018. Nonetheless, many researchers, including myself, continue to report on a UK 'loneliness epidemic' (Campaign to End Loneliness, 2023). The lack of improvement in loneliness levels after the Government's 2018 strategy is likely due to a range of current issues, which highlights the need for the Committee to (re)examine the topic of loneliness, and how it might be prevented.

Perhaps most importantly, loneliness has worsened since the Covid-19 pandemic (Groake et al., 2020), and the isolating effects of the Covid-19 pandemic remain, particularly for those who still feel unsafe mixing with others due to health vulnerabilities (Whitehead, 2022), and for those with long-Covid (Mayhew et al., 2021). The Committee should explore the issue of loneliness amongst these populations, which did not even exist when the original loneliness strategy was outlined in 2018.

Moreover, younger people, whose school years occurred in the shadow of the pandemic, are now struggling with unprecedentedly high levels of loneliness and mental ill-health at university (Higher Education Policy Institute, 2022). Indeed, while loneliness is traditionally considered to be an issue largely experienced by the elderly, recent research shows that loneliness is highest (and increasing fastest) amongst young people (Ibbetson, 2019). Thus, while loneliness affects all age-groups, the increasing awareness of loneliness being a particular challenge amongst younger people highlights the need for the Committee to reappraise this issue.

Additionally, the cost-of-living crisis (CoLC) has limited many people's ability to afford much-needed social interaction due to the cost of travel/transport fees, meals out, and community group attendance fees. Indeed, in a recent survey, close to 39% of participants admitted that financial issues had forced them to socialise less (Crouch & Leadbeater, 2023). Although seldom considered, such challenges can be particularly pronounced in people living in rural areas, who, due to their location, often must spend more money to socialise (British Red Cross, 2016). In sum, there is an urgent need to explore feelings of loneliness in the context of the CoLC, alongside the increase in wait-times for NHS mental health support (Gregory, 2022) and because there is a strong sense of stigma around feeling lonely, often leading to people not seeking help for it (Kerr & Stanley, 2021). The inquiry should explore how to boost people's psychological resilience and decrease the likelihood of them feeling lonely.

There are many reasons why loneliness increasingly affects all sectors of the UK population and why it remains highly damaging to health, which is why the Government must act, and why the Committee should explore loneliness within their prevention inquiry.

There are viable solutions to the problem of loneliness. Important research by my team at Nottingham Trent University and other institutions shows that feeling connected to one's local community helps people feel less lonely (McNamara et al., 2021), and that this sense of belonging is achieved through activities such as volunteering (Bowe et al., 2022). These observations provide evidence to support healthcare initiatives such as Social Prescribing, which my team has shown to benefit patients' wellbeing by enhancing their sense of belonging to their local communities and by reducing their feelings of loneliness (Wakefield et al., 2022). These findings suggest that the Government's future loneliness-reduction strategies must involve strong investment in and engagement with local communities in both urban and rural areas. Coupled with this, efforts must be made to banish the stigma associated with loneliness, and to make it socially acceptable for people to discuss and seek help for their feelings of loneliness.

There are thus strong arguments for the Committee to examine loneliness as part of their prevention inquiry. Loneliness is a timely problem that poses significant costs to UK people's health and wellbeing. Attention must be paid to this issue to ensure everyone across society can learn how to stay connected and supported, regardless of what life holds for them. Tackling loneliness helps citizens become more resilient to the stresses they may face, and it thus requires our attention.

[Dr. Juliet Wakefield](#) is a Social Psychologist and a Senior Lecturer in Psychology at Nottingham Trent University whose research explores the relevance of group memberships for people's lives and health. She is a member of the [NTU Social Identity Research Group](#).

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