

## Supporting social connections across the life course



On April 1, 2024, Japan is set to enact the Act on Promotion of Policy for Loneliness and Isolation aimed at tackling social isolation and loneliness in the country. The legislation follows a 2022 government survey that revealed that 40% of respondents in the country aged 16 years and older felt lonely. Although not all countries are drawing up legislation, social connection is being increasingly prioritised in the health-care agenda. In November, 2023, WHO announced the launch of its commission on social connection which aims to “analyse the central role social connection plays in improving health for people of all ages and outline solutions to build social connections at scale”. Given the many competing demands that health and social care globally currently face, is tackling loneliness a priority? We would argue yes.

Analysing social connection and health is not an easy task due to discrepancies in definitions and measurements alongside challenges with harmonisation of data across different cultural settings. However, despite these challenges, increasing evidence supports the association between factors such as loneliness, generally defined as feeling alone regardless of the amount of social contact, and social isolation, a more objective measure of the number of social contacts and interactions an individual has, and poorer health outcomes. Older adults are particularly vulnerable to poor social connections, with WHO estimating that 25% of older adults experience loneliness compared with between 5% and 15% of adolescents. Reasons for this vulnerability are multifaceted but include factors such as reduced social contacts, for example due to bereavement or retirement, and barriers to participation in social activities, for example due to reduced mobility. However, the picture is nuanced. In this issue, Lara Pivodic and colleagues present data from 18 countries across Europe and Israel, which shows a slight increase in loneliness as people approached the end of life, but with little change in other measures of social connection, such as frequency of contact and emotional closeness to social network members. Social isolation in older adults is associated with many negative health outcomes, including anxiety and depression and cardiovascular disease. Understanding how interventions best promote and improve social connections in older adults will be key to supporting ageing populations to age healthily and happily. To this end, robust evidence

such as the BASIL+ trial, which studied the effectiveness of behavioural activation to mitigate the psychological impacts of COVID-19 restrictions on older people, is needed.

However, focusing on older populations alone would result in missed opportunities. As the data from WHO and Japan show, loneliness is not the sole preserve of older adults. Adopting a life course approach to social connection could improve health for younger age groups and, given some evidence that those experiencing loneliness in older age are more likely to also have been lonely earlier in their lives, could further support healthy ageing. A 2023 rapid review, commissioned by the UK Government, examined loneliness interventions across the life course. Multiple successful interventions to reduce loneliness were identified including those aimed at developing social skills, such as structured therapeutic support or social support, and those supporting enhanced social contact, such as activity classes in community-based settings. Most of the data identified were from work focusing on specific age groups or vulnerable populations. This is important because marginalised groups often experience a disproportionate burden of loneliness and social isolation. A report from the Wales Centre for Public Policy highlighted groups such as migrants, ethnic and racial minorities, and LGBTQ+ individuals as being at particular risk of loneliness and social isolation. Tailored interventions might help address the inequities in social connection that these groups face.

The WHO commission is set to run until 2026 before it declares its global agenda on social connection. Although the output of the commission is highly anticipated, action on loneliness and social isolation must continue in the present day. Existing data on evidence-based interventions to tackle this issue is encouraging. However, further research is needed to ensure that effective interventions across the life course can be scaled up and implemented and real-world outcomes studied. Understanding the role loneliness plays across different life stages and how this impacts later life is also important. Although individual needs will be different at some level, we all need social connection—let us make loneliness a thing of the past. ■ [The Lancet Healthy Longevity](#)

For the **Act on Promotion of Policy for Loneliness and Isolation** see <https://www.cas.go.jp/jp/seisaku/suisinhou/pdf/law.pdf>

For more on the **WHO commission** see <https://www.who.int/groups/commission-on-social-connection>

For more on **social connection across Europe** see **Articles** page e264

For more on **loneliness and depression** see **Articles** *Lancet Public Health* 2020; 5: e62–70

For more on **loneliness and cardiovascular disease** see *Heart* 2016; 102: 1009–16

For the **BASIL+ trial** see **Articles** *Lancet Healthy Longevity* 2024; 5: e97–107

For more on **loneliness across the life course** see *Archives of Gerontology and Geriatrics* 2022; 102: 104740

For the **rapid review** see <https://www.gov.uk/government/publications/exploring-interventions-to-tackle-loneliness/loneliness-interventions-across-the-life-course-executive-summary>

For the **report Loneliness inequalities evidence review** see <https://www.wcpp.org.uk/wp-content/uploads/2023/08/WCPP-REPORT-Loneliness-Inequalities-Evidence-Review.pdf>

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