



Loneliness, suicide and young people

Loneliness is a feeling that most of us will experience at some point in our lives. You can feel lonely in a crowd, with colleagues at work, and with your friends and closest family. But if this loneliness becomes persistent, it can pose a significant risk to our health and wellbeing^{1, 2}. Young people aged 16 to 24 report feeling lonely more often than older age groups³.

Loneliness and suicide are both complex: not every young person feeling lonely will be suicidal, and loneliness won't always play a role in someone's decision to take their own life. But on a population level, we know there is an association between suicide and loneliness⁴.

In 2017, 1,588 young people under 35 in the UK took their own lives⁵. But suicide is preventable, and no young person should ever get to the point where they feel they have no option but to take their own life. To protect future generations, it's critical that we improve our understanding of why this is happening and what we can do about it.

This paper explores how loneliness and suicide are connected, and if or how reducing loneliness could reduce a young person's risk of suicide. It sets out key findings from a literature review; an online survey with 250 young people who had felt lonely and suicidal at some point(s) in their lives; interviews with 15 young people on their experiences of loneliness and suicidal thoughts; and a roundtable with policy experts.

It's clear that too many young people aren't getting the support they need with lonely or suicidal thoughts, when they need it. Far too often help is not available, effective or appropriate.

We found that:

- Loneliness is a serious public health issue. There is an association between suicide and loneliness⁴, and most of the young people we interviewed said it played a significant role in causing their suicidal thoughts⁶.
- Individual, community and societal factors interact to contribute to youth loneliness.
- Tackling stigma is critical to improving help-seeking for loneliness. Many young people we interviewed felt unable to ask for help or didn't know where to get help for their feelings of loneliness. For many of them, stigma was a major barrier to help-seeking⁶.

- It's essential to take a public health approach to tackle loneliness that focuses on improving wellbeing in young people and helping them build meaningful relationships within social settings.
- Schools, colleges and universities are crucial settings for reaching young people who are at risk of loneliness.
- Medicalisation of loneliness should be avoided, but clinical support may play a role for some people.

Samaritans recommends governments should:

- **Set out ambitious national targets to improve wellbeing in young people, including tackling loneliness.** These ambitious targets should be embedded in government strategies across the UK and Ireland, including suicide prevention strategies, loneliness strategies and health plans.
- **Include loneliness in training for practitioners who work with young people,** specifically those who are at risk, to improve the number of young people who are identified for early help and support.
- **Roll out national awareness campaigns to tackle the stigma** that many young people are experiencing around loneliness.
- **Increase public health funding for loneliness** and set out guidelines for local policy-makers on how funding should be allocated to best encourage social connections amongst young people.
- **Prioritise further research** on how to reduce loneliness among young people and to better understand the relationship between social media and loneliness.
- **Ensure that all interventions are designed with and for young people** and that they are consulted and able to participate in policy making around this issue.
- **Facilitate whole school, college and university approaches to emotional wellbeing and relationships education** by including it in the curriculum and across education frameworks and policies such as in teacher training, school inspection frameworks, and local suicide prevention plans.
- **Publish clinical guidelines on loneliness amongst young people** to improve access to effective, timely and appropriate medical care, when people are assessed to need it.

Local policy-makers should:

- **Prioritise funding for services that improve wellbeing in young people** and include loneliness as a measurement indicator for success.
- **Take a public health approach when commissioning services for young people, that includes social prescribing.** Funding should be distributed across services that benefit young people's wellbeing, increases their social connections and builds on existing voluntary services and community capacity.
- **Ensure loneliness is included in local health and social care plans and policies for at risk young people.** For instance, in local suicide prevention plans, risk assessments for young people in care and local public health strategies.

What is loneliness?

Loneliness is a personal experience and can mean different things to different people. Generally, it is an unwelcome feeling that arises when our expectations for social relationships and connections are not being met^{7, 8}. In contrast, social isolation is about the quantity of relationships we have and can be measured objectively through the amount of contacts a person has. In this way, people can be isolated and not feel lonely, and be surrounded by others and feel lonely. This paper focusses on loneliness, rather than isolation, as research suggests there is a stronger association with suicide^{4, 8, 9}.

The participants in our interviews had all experienced loneliness, where at times in their lives they had felt no-one understood them. At these times, they felt they had no meaningful or close connections with others and that they had no-one they could talk to about the things that were important to them or who could make them feel listened to and understood. Importantly, this experience caused them pain and distress. All our participants had felt lonely multiple times in their lives and these experiences were often very different, they lasted for different lengths of time, took several different forms and were linked to different life experiences.

“If I thought about it before I experienced it, you’d think about it as ...not having anyone around you, that you’re literally alone. But, the experience is one where you can be surrounded by people, even people who care about you and still feel like there’s no one.”

Pippa

Young people are the loneliest compared to older age groups

According to national data, young people aged 16 to 24 report feeling lonely more often than older age groups³. We may assume this is a symptom of the modern world we live in or a generational trend, however a recent survey from the BBC found that many older people also said young adulthood was a time when they felt loneliest¹⁰.

Findings and recommendations

1) Loneliness is a serious public health issue

Over the course of a person’s life, loneliness has been linked to an increased risk of early death and carries a similar mortality risk to obesity¹¹. A study of the general population in England found that loneliness is associated with suicidal ideation and attempts¹². Research in this area tends to focus on specific age groups and an association between loneliness and isolation has been found in adolescents¹³, university students¹⁴ and young adults¹⁵. However, research is not consistent, and some studies have found no association between loneliness and suicidal ideation in adolescents¹⁶. Many of the feelings that can be linked with loneliness, such as disconnection from social networks, feelings of social isolation and feeling like a burden, are often cited in research as factors that can increase a person’s desire to take their own life¹⁷.

Loneliness is a very common feeling for people who call Samaritans: it is the second most common concern expressed in contacts from males and the fourth from females. Our data supports a link between loneliness and suicidal thoughts, in emotional support calls where people expressed suicidal thoughts, loneliness and isolation were mentioned in 28% of contacts compared with 21% in contacts overall¹⁸.

Most of the participants in our interviews said loneliness played a role in their suicidal thoughts or feelings, and some participants went as far as to say it caused their suicidal thoughts. Some said being physically alone combined with the distressing feeling of loneliness triggered or intensified their suicidal thoughts and feelings or gave a distorted logic to them. However, loneliness and suicide weren’t related for everyone, three people we interviewed thought loneliness played less of a role than others⁶.

“If I wasn’t lonely, I wouldn’t have felt particularly suicidal...If I’d been surrounded by people that I enjoyed getting on with and that I felt more myself around; and that I could be myself and that person was accepted and liked; then I wouldn’t have felt suicidal.”

Jasmin

Governments should set out ambitious national targets to improve wellbeing in young people, including tackling loneliness. These ambitious targets should be embedded in government strategies across the UK and Ireland, including suicide prevention strategies, loneliness strategies and health plans.

Local policy-makers should ensure loneliness is included in local health plans and policies for at risk young people. For instance, in local suicide prevention plans, risk assessments for young people in care, and local public health strategies.

2) Individual, community and societal factors interact to contribute to youth loneliness

There is rarely one reason for a person to feel lonely, likewise, there is rarely a single reason that a person takes their own life. Loneliness is not a new phenomenon, however, our understanding is cultural, it has changed throughout history and is dependent on the societies we grow up in¹⁹. Given the huge amount of change occurring in a young person's life, their identity, their bodies, their routines, their relationships and expectations^{8, 20}, feeling lonely to some extent may be an unavoidable part of them working out where they stand in society and how they relate to others. However, there are wider factors at play that can determine how a young person is able to manage these experiences, how resilient they are to these changes and whether they are able to access support.

“It’s an age where I felt like I’m not really sure of myself, and sometimes you’re lonely because you’re not okay with who you are.”

Bee

Some recurring themes emerged from our interviews that help us better understand when young people feel lonely and what triggers or contributes to this loneliness. Our participants talked about the role played by:

- Adverse childhood experiences
- Difficult family relationships
- Poor mental health
- Transition and change
- Lack of face-to-face communication and connection
- Isolation
- Bullying

A study into suicide in under 20-year olds in England identifies many similar issues when looking at factors that contribute towards a young person's risk of suicide. They found that social isolation or withdrawal was one of the ten most common themes in suicide amongst children and young people. They reinforce the importance of these factors interacting over time to increase risk and culminating when suicide occurs in a crisis triggered by, for example a “last straw stressor” such as the breakdown of a relationship or exam pressures²¹.

Our participants emphasised the vulnerability they felt during the transition from childhood to adulthood. Many participants continued to compare and measure themselves against traditional markers of ‘success,’ such as secure employment, buying a house and getting married. They reported the negative role social media played in increasing their feelings of loneliness by amplifying these expectations and comparisons to others. However, wider research shows that the link between social media and loneliness is more nuanced and, in some cases, social media can have a positive impact on a person's feelings of loneliness²².

Governments should include loneliness in training for practitioners who work with young people, specifically those who are at risk, to improve the number of young people who are identified for early help and support.

Local policy-makers should prioritise funding for services that improve wellbeing in young people and include loneliness as a measurement indicator for success.

3) Tackling stigma is critical to improving help-seeking for loneliness

No young person should ever get to the point where they want to take their own life, they need to be able to talk about difficult feelings without fear of stigma or judgement. However, improving help-seeking will only be effective if young people can then access the help they need, when they need it.

Only 38% of the participants in our online survey sought help or support for their feelings of loneliness. The majority of those sought help from their friends (49%) or family (37%). Around 18% sought help from mental health services, their GP or a therapist; 16% sought help from Samaritans and 10% sought help from their school/college or university. Many barriers to help-seeking were identified but the key ones were: stigma, fear, and not knowing what can be done⁶. These echo recent data from the Office of National Statistics (ONS) that found children and young people were embarrassed to admit loneliness, seeing it as a possible “failing²³.”

Improving help-seeking will only be effective if young people can access the help they need, when they ask for it. Therefore, any attempts to tackle stigma must be accompanied by increased investment in the services and support that best work for young people.

“It’s that thing of, well I can’t admit to it, because I’ll be really sad, because everyone will think I’m really lame for being lonely and being alone when I’m in my twenties.”

Kate

Governments should roll out national awareness campaigns to tackle the stigma that many young people are experiencing around loneliness. All communications should be written in an accessible, age-appropriate way that are tailored to young people and seek to reach those who are at the highest risk of loneliness and suicide.

4) It's essential to take a public health approach to tackle loneliness that focuses on improving wellbeing in young people

Loneliness is not universal, we all have differing needs and expectations for social connection. It's a complex issue that requires a public health approach across the life course and our communities²⁴. Collaboration and co-creation with service users are intrinsic to tailoring responses to a community and individual's needs. Loneliness cannot be tackled in isolation; it is a measure of subjective wellbeing that requires a holistic approach focused on improving young people's overall emotional wellbeing. This holistic approach is essential and could reap rewards for several other policy challenges, including suicide prevention.

More research is needed to identify the interventions that are most effective for tackling loneliness in young people, building on our knowledge that a greater number of meaningful social connections can be key to reducing the risk of suicide or attempt²⁵. Specifically, family support can moderate the relationship between loneliness and suicide risk^{14, 26}. Therefore, interventions to tackle youth loneliness should be commissioned at a local level to help understand and build on existing community capacity and assets. Social prescribing should be used by medical professionals to support young people to access services in their community.

“It's not like you can go on the internet and buy a friend.”

Elizabeth

Online spaces could also provide a useful opportunity to provide tailored and safe support for young people. Previous Samaritans research found that people who have used online help services for their suicidal feelings say they would benefit from empathetic, tailored and immediate support online. We found there is a large and unrealised potential to deliver help to suicidal and distressed individuals online²⁷. Access to online information and resources could help people better understand mental health, how to access support and how to support someone who needs it.

Worryingly, many of our research participants didn't think community or peer group support was available to them when they needed it. Now more than ever, it's essential that funding to improve young people's wellbeing is prioritised and protected. However, against a backdrop of funding cuts to local authorities and increased demands on services, we know this often isn't the case^{24, 28}. Too many young people aren't getting the support they need, when they need it.

Governments should increase public health funding for loneliness and set out guidelines for local policy-makers on how funding should be allocated to best encourage social connections amongst young people.

Governments should prioritise further research on how to reduce loneliness among young people and to better understand the relationship between social media and loneliness.

Local policy-makers should take a public health approach when commissioning services for young people, that includes social prescribing. Funding should be distributed across services that benefit young people's wellbeing, increases their social connections and builds on existing voluntary services and community capacity.

Governments and local policy-makers should ensure that all interventions are designed with and for young people and that forums are established to enable young people to participate in policy making around loneliness.

5) **Schools, colleges and universities are crucial settings for reaching young people who are at risk of loneliness**

Young people need to know that loneliness can often be a part of life. Relationships education should be rolled out in schools from the earliest opportunity to equip young people with the skills to identify and manage feelings of loneliness. In order to do this, the curriculum should include skills to help young people learn how to cope with feelings of loneliness, to explore perceptions of loneliness and develop strategies to connect with others and build meaningful relationships. As well as information on where and how to seek help for lonely feelings.

Recent data from the ONS found that starting school, college and university can be critical points of transition for a young person which could trigger feelings of loneliness²³. Likewise, around two thirds of the participants in our interviews reported feeling lonely at primary and/or secondary school. Therefore, a whole school, college and university approach must be taken to foster and develop positive emotional and social wellbeing²⁹. Policies should support all staff to create an environment where young people have the skills they need to identify their feelings, feel safe to ask for help and where issues such as bullying, which could trigger loneliness, are taken seriously and tackled. This approach is essential to embed relationships education and provide critical support to young people in education settings, particularly at difficult times of transition.

Governments should facilitate whole school, college and university approaches to emotional wellbeing and relationships education by including it in the curriculum and across education frameworks and policies. This should include teacher training, school inspection frameworks and local suicide prevention plans.

6) **Medicalisation of loneliness should be avoided, but clinical support may play a role**

Not every young person who feels lonely will need or benefit from clinical support, but where it's assessed to be beneficial it's critical that they receive timely and adequate access to care. To be effective this must also be supported by the wider societal and cultural changes outlined in this paper.

Loneliness often interacts with other risk factors, such as mental illness, to increase a person's risk of suicide¹². Loneliness can affect our thought processes and perception in ways that can negatively impact on our ability to create and maintain social relationships. Lonely individuals tend to focus more on negative social events and therefore hold negative social expectations⁸. These negative expectations can cause people who are lonely to behave in ways that are likely to push people away. In this way, those experiencing persistent feelings of loneliness can become stuck in a cycle of loneliness³⁰. Programmes which promote emotional awareness or focus on social cognition, for example talking therapies, may offer a helpful way of breaking this cycle for some people^{31, 32}.

“...you're basically at breaking point and your mental health's really bad, you don't feel like any services are doing anything, and there's literally nowhere else for you to turn, so that felt really lonely.”

Amanda

Many participants emphasised the role that difficulty in accessing mental health services played in contributing to their feelings of loneliness. All our participants reported that they had in the past, or were currently, experiencing difficulties with their mental health. Participants with existing mental illness found the transition to university extremely difficult as they struggled to cope with change. This transition also impacted their access to appropriate and timely mental health support from services⁶. Sadly, their experiences reflect the national picture. Too many young people wait far too long for clinical support, care is often disrupted by the transition from children to adult services and many young people don't meet the threshold required for support²⁸.

Additionally, research suggests only 40% of young people who died by suicide were in recent service contact, and of those young people, only 26% were in contact with mental health services²¹. This suggests that collaboration across services is variable, and even when young people are getting support, suicidal risk is not always recognised or acted upon.

Governments should publish clinical guidelines on loneliness amongst young people to improve access to effective, timely and appropriate medical care, when people are assessed to need it.

Conclusion

Right now, too many young people don't feel they can get the help they need, when they need it. Every young person needs to know it's okay to ask for help and that someone will listen. This help must also be available, whether it's through a friend or family member, a doctor, a youth club worker, or a teacher. Suicide prevention is everyone's business and preventing loneliness is no exception.

Loneliness is a serious public health issue that may increase a young person's risk of suicide. It is highly subjective and interlinks and compounds with many other feelings a young person may be experiencing. As a result, preventing it requires a complex range of interventions to help young people build social connections at individual, community and societal level. For some individuals, clinical solutions may be beneficial, but on a population level we need to steer away from medicalising loneliness and take a wider public health approach. All interventions should be designed with and for young people, with the aim of reaching individuals who are at the greatest risk.

The answer rests in building stronger communities, with strong social connections across all ages, where young people can access the support they need and where we are all equipped with the skills to listen to each other without fear of judgement or stigma. To drive forward change, loneliness needs to be urgently prioritised and integrated across national strategies by establishing new ambitious targets to improve emotional wellbeing in young people. On a local level, this will only be possible with a substantial increase in public health funding for local services that seek to build more connected communities and support young people before they get to a point where it's too late.



References

1. Hawkley LC, Cacioppo JT. Loneliness matters: a theoretical and empirical review of consequences and mechanisms. *Ann Behav Med*. 2010;40(2):218-27.
2. Cacioppo JT, Hughes ME, Waite LJ, Hawkley LC, Thisted RA. Loneliness as a specific risk factor for depressive symptoms: Cross-sectional and longitudinal analyses. *Psychol Aging*. 2006;21(1):140-51.
3. Department for Digital, Culture, Media and Sport. Community Life Survey 2016-2017. London: Department for Digital, Culture, Media & Sport; 2017.
4. Stravynski A, Boyer R. Loneliness in relation to suicide ideation and parasuicide: a population-wide study. *Suicide Life Threat Behav*. 2001;31(1):32-40.
5. Suicides in the UK: 2017 registrations.; 2018. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesintheunitedkingdomreferencetables>.
6. Samaritans. Suicide, Loneliness and Young People: An Exploratory Study. Unpublished: 2018.
7. Russell D, Peplau LA, Cutrona CE. The revised UCLA Loneliness Scale: concurrent and discriminant validity evidence. *J Pers Soc Psychol*. 1980;39(3):472-80.
8. Heinrich LM, Gullone E. The clinical significance of loneliness: a literature review. *Clin Psychol Rev*. 2006;26(6):695-718.
9. Chang Q, Chan CH, Yip PSF. A meta-analytic review on social relationships and suicidal ideation among older adults. *Soc Sci Med*. 2017;191:65-76.
10. Who feels lonely? The results of the world's largest loneliness study [Internet].; 2018. Available from: <https://www.bbc.co.uk/programmes/articles/2yzhfv4DvqVp5nZyxBD8G23/who-feels-lonely-the-results-of-the-world-s-largest-loneliness-study>.
11. Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspect Psychol Sci*. 2015;10(2):227-37.
12. Stickley A, Koyanagi A. Loneliness, common mental disorders and suicidal behavior: Findings from a general population survey. *J Affect Disord*. 2016;197:81-7.
13. Roberts RE, Roberts CR, Chen YR. Suicidal thinking among adolescents with a history of attempted suicide. *J Am Acad Child Adolesc Psychiatry*. 1998;37(12):1294-300.
14. Chang EC, Wan L, Li P, Guo Y, He J, Gu Y, et al. Loneliness and Suicidal Risk in Young Adults: Does Believing in a Changeable Future Help Minimize Suicidal Risk Among the Lonely? *J Psychol*. 2017;151(5):453-63.
15. Appleby L, Cooper J, Amos T, Faragher B. Psychological autopsy study of suicides by people aged under 35. *Br J Psychiatry*. 1999;175:168-74.



16. Bennardi M, Caballero FF, Miret M, Ayuso-Mateos J, Haro JM, Lara E, et al. Longitudinal Relationships Between Positive Affect, Loneliness, and Suicide Ideation: Age-Specific Factors in a General Population. *Suicide Life Threat Behav.* 2017.
17. O'Connor RC, Kirtley OJ. The Integrated Motivational-Volitional Model of Suicidal Behaviour. *Philosophical transactions of the Royal Society of London. Series B, Biological sciences.* 2018;373(1754).
18. Nicola Baker. Isolation and Loneliness. Samaritans contact data. Unpublished 2017.
19. Department for Digital, Culture, Media and Sport. A connected society A strategy for tackling loneliness – laying the foundations for change. London: 2018.
20. Larson RW. The uses of loneliness in adolescence. In K. J. Rotenberg & S. Hymel (Eds.), *Loneliness in childhood and adolescence* (pp. 296–322). New York: Cambridge University Press; 1999.
21. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, (NCISH). *Suicide by children and young people in England.* Manchester: University of Manchester; 2017.
22. Pittman M, Reich B. Full length article: Social media and loneliness: Why an Instagram picture may be worth more than a thousand Twitter words. *Comput Hum Behav.* 2016;62:155-67.
23. Office for National Statistics. *Children's and young people's experiences of loneliness: 2018.* 2018.
24. Local Government Association. *Loneliness: How do you know your council is actively tackling loneliness?* London: Local Government Association; 2018.
25. Milner A, Page A, Morrell S, Hobbs C, Carter G, Dudley M, et al. Social connections and suicidal behaviour in young Australian adults: evidence from a case-control study of persons aged 18-34 years in NSW, Australia. 2015.
26. Timmons KA, Selby EA, Lewinsohn PM, Joiner TE. Parental Displacement and Adolescent Suicidality: Exploring the Role of Failed Belonging. *Journal of Clinical Child & Adolescent Psychology.* 2011 Nov;40(6):807-17.
27. Biddle L, Derges J, Mars B, Heron J, Donovan JL, Potokar J, et al. Suicide and the Internet: Changes in the accessibility of suicide-related information between 2007 and 2014. *J Affect Disord.* 2016;190:370-5.
28. Whitney Crenna-Jennings, Jo Hutchinson. *Access to children and young people's mental health services - 2018.* Education Policy Institute; 2018.
29. Public Health England. *Promoting children and young people's emotional health and wellbeing: a whole school and college approach.* London: Public Health England; 2015.
30. Cacioppo JT, Hawkley LC. Perceived social isolation and cognition. *Trends Cogn Sci.* 2009;13(10):447-54.



31. Masi CM, Chen H, Hawkey LC, Cacioppo JT. A meta-analysis of interventions to reduce loneliness. *Pers Soc Psychol Rev.* 2011;15(3):219-66.
32. Cacioppo S, Grippo AJ, London S, Goossens L, Cacioppo JT. Loneliness: Clinical import and interventions. *Perspect Psychol Sci.* 2015;10(2):238-49.