

How do young people with depression describe their experiences of loneliness?

Findings of a meta-synthesis of qualitative literature

Loneliness and Social Isolation in Mental Health research network meeting

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Loneliness and Social Isolation in Mental Health research network

UK Research
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Meta-synthesis

‘A systematic review of qualitative literature’

- Reviewing existing data to look for common themes across different studies
- Analysing & building an overview
- Risk of subjectivity
- Improves with
 - Your input / group discussion

Search: 6 databases, +/- 6000 hits → 15 studies included



Armenian text describing the search process and the inclusion of 15 studies.

Beyond a diagnosis: The experience of depression among clinically-referred adolescents

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Results

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'I just feel lonely, like nobody understands what I'm going through'

Steven, 17.

Depression in children and adolescents is increasingly viewed as 'a broad and heterogeneous diagnostic grouping' (NICE, 2013), and policy makers in both Europe and the US have identified an urgent need to improve our ability to detect and diagnose, both among professionals in primary care and secondary settings, as well as by mental health professionals working in specialist child and adolescent mental health services (CAMHS). Studies have demonstrated that many cases of depression in adolescence go undetected (Kessler, Avenevoli, & Ries Menkangas, 2001; Martinez, Reynolds, & Kessler, 2006), leading policy makers to put an increasing focus on detection. For example, the National Institute for Health and Care Excellence (NICE), which provides guidance, quality standards and information services for public health in the UK, identified the need for greater detection as early as 2005 (NICE, 2005), yet there is little evidence to date of significant improvements. This may be because of issues such as stigma regarding mental health, poor parent-child communication, and the lack of systematic early identification programmes or routine use of

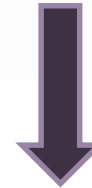
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Code: Feeling different




Coding framework



Overarching themes

Nodes

Name	Sources	References
! Absolute inability to be with others		14
----Depression Symptoms		6
Fear of others intervening in their process of illness		1
Isolation causes relieve		2
Not seeking help		1
! Feeling different but wanting to connect		0
Desire to connect		7
Feeling different		9
Feeling imprisoned		1
Nobody understands or cares		8
Negative Peer support leads to disconnection		2
y Identity (data not specifically related to Loneliness)		1
! Non disclosure depression leads to social distance		11
After being let down more hesitance to connect		3
Avoiding		13
Emotional avoiding or Not Disclosing, not sharing their feelings		9
Physical avoiding, not wanting to see relatives so that they didnt have to tell		5
Preserving friendships		2
Fear of being a burden		2
Fear of being excluded		3
Fear of being judged		7
Fear of being perceived as weak		4
Fear of being perceived as weird		2
Fear of being unbearable		3
Stigma, although taps into all codes above quotes are not detailed enough to put them under		3
Loneliness Paradox		4

Preliminary results: 4 themes

1. Inability to be with others due to poor mental health

2. Non-disclosure of depression leads to social distance

3. Desire to connect

4. Feeling different due to poor mental health



Theme 1: Inability to be with others due to poor mental health

19♀

“There would be days that I just couldn’t get out of bed. I didn’t want to face people, I didn’t want to look at anybody, I just wanted to stay there and I guess just sulk by myself, and I just didn’t have any energy.”

(Dundon, 2006)

26♂

“Being around people was, was always a bad thing for me. I constantly felt the need to be alone . . . and I always felt like interacting with other people was difficult for me” “Ya, that was confusing because I felt lonely but I didn’t feel like being around anyone at the same time”

(Granek, 2006)

Theme 2: Non-disclosure of depression leads to social distance

15-19 ♀

Because she kept her difficulties to herself, her parents and her teachers could not understand her behaviour and lack of performance at school. Being seen by them as lazy was painful for her, but did not lead to the disclosure of her difficulties.

(Weitkamp, 2016)

15-17 ♀ or ♂

“I’m afraid that friends and significant others can’t see me the same way as before or something might change between us if I told them all my troubles. I don’t want to bother anybody with my worries.”

(Anttila, 2015)

Theme 3: Desire to connect

14-17 ♀ or ♂

-"For weeks I couldn't be without Melanie, I never let her go".

-"When my mother got in from work I'd stay beside her, I don't know why, but it made me feel better"

(Lachal, 2012)

15-19 ♂

Shadow clearly had the wish to disclose: *"And maybe, that you can talk about it in a group that you can say: I am Shadow, I have this and that problem. What do you think, what is your impression, what is your problem?" . . . Because I can't possibly walk into my classroom and say: you know what happened to me? Well, I could, but . . ."*

(Weitkamp, 2016)

Theme 4: Feeling different due poor mental health

16 ♀

She found this feeling unusual in comparison with how she felt previously when she was usually with her friends: *“I didn’t know; I wasn’t myself. Like I’m really outgoing and like I have a lot of friends and everything, but I just felt different.”*

(Meadus, 2007)

13-22 ♀

Teens expressed confusion in having these symptoms, realizing they are different than their peers, and not knowing why. *“I think a lot of girls don’t know. . .the signs of depression. I didn’t know I was depressed until years after.”*

(Dundon, 2006)

Join the discussion group

All inclusive?

Ambiguous?

Disjointed?

Realistic?

#MHLoneliness
@UCL_Loneliness

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