Addressing loneliness in emerging adulthood: What do we know and what do we need to know?

Addressing loneliness in emerging adulthood - what are the research priorities?

SUMMARY OF SURVEY REPSONSES

'Emerging adulthood' refers to the period from late adolescence to early adulthood (16-25 year olds). This is a time of transition and this age group seems to be at heightened risk of loneliness and mental ill-health. The Loneliness & Social Isolation in Mental Health Research Network (LSIMHRN), in collaboration with the NIHR School for Public Health Research public mental health (PMH) programme, wants to identify the research priorities for understanding and addressing loneliness and social isolation in emerging adults in order to prevent mental ill-health. We are particularly interested in approaches that are appropriate for individuals who are not in education, employment or training.

In the run up to an online workshop on loneliness in emerging adults, we ran a survey 25th March-31st May 2021 to identify what we still need to find out, what the key challenges are for this age group in relation to loneliness and mental health, and promising approaches to addressing loneliness in emerging adults that already exist. Below we summarise the survey responses. Thank you to those who took part!

We had 22 responses from the following groups:

Researcher at a UK University	13
Researcher at a non-UK University	3
Clinician	2
Policy-maker	0
Third sector/community organisation	1
Person with lived experience	7
Other	2

Key research questions identified by respondents

(1) Understanding social relationships and loneliness in emerging adults

- What does loneliness feel like to young people? How do young people define loneliness and the opposite and what impact do they think it has on them?
- How do we identify which emerging adults are lonely?
- Is loneliness in Children and Young People a phase that is to be expected and related to not being sure what your purpose in life is or what you are meant to be? Or about the many changes that take place?
- What are the key psychosocial stressors related to loneliness that young mothers experience during the transition into parenthood?
- What are the social needs of emerging adults (see Max-Neef psychological needs) and how can we help those needs to be met?
- Which online and in-person social ties are helpful or unhelpful, and does emotional and physical proximity in these relationships make a difference?
- Do emerging adults use Social Media and do they think this helps or makes loneliness worse?
- What is the presentation, the prevalence and what are the risk-factors associated with extreme social withdrawal ('Hikkomori Syndrome') in the UK? How can this be recognised early?

(2) Interventions

- How do lonely emerging adults meet others who they can feel comfortable with?
- How can we best support emerging adults who are already lonely to make the transition into 6th Form, University or work?
- How can we support disabled emerging adults and their siblings to prevent and alleviate loneliness and social isolation?
- How can we support emerging adults who do not go through 'classic' transitions (and who are at risk of 'falling through the cracks') to prevent and alleviate loneliness and social isolation?
- How can we design advice and services that are appropriate and accessible e.g. not geared towards older people or focused only on university?
- How do we help emerging adults develop a sense of agency as they experience transitions?
- How can public healthcare services provide adequate care and support for young adults who are socially isolated?
- How do community assets (such as public space, clubs and community hubs, other people and activities) interact with loneliness as experienced by emerging adults, and does this differ across population characteristics such as age, gender, ethnicity, disability, areas of deprivation etc?
- What is the role of the arts/participatory design practice in helping to alleviate loneliness and social isolation?

- In which contexts are interventions best placed to be effective e.g. in schools/colleges/universities/workplace, or in community settings, or elsewhere?

(3) Methods

- Which research methods are most appropriate for understanding loneliness in emerging adults and how to address it?
- How can we conduct research with 'hard to reach' populations e.g. those exhibiting extreme social withdrawal ('Hikkomori Syndrome')? e.g. Interviews or surveys with parents or carers may be a useful 'way in', as may content analysis of internet forums to capture some of the direct experiences of the population affected.

Key challenges that emerging adults face in relation to loneliness and mental ill-health

Research needs to explore what emerging adults identify as the key challenges, but here are the challenges that survey respondents identified:

- Lack of engagement with services/strategies/activities.
- **Transitions**
  - Loneliness and mental ill-health relate to the transitional aspect of life (both biological and psychosocial) and are compounded by feelings of not being prepared for the challenges that come with adulthood.
  - Transition from school or colleges to the next stage and the pressures associated with that: Do they feel in control and have a voice that is listened to when making choices about their future? Do they have a strong sense of agency?
  - Transitions such as moving out of home, transitioning to independent living, changed social circles, increased responsibilities, having a sense of an evolving identity which makes for a challenging time regarding them finding their 'tribe'.
  - The transition to adulthood can pose certain risks and opportunities to creating and establishing healthy relationships. On one hand, young adults may lose relationships if they leave home, but on the other, they can gain relationships if they start university or a new job. Some young adults who don't go through the classical transitions may "fall through the cracks" and feel left behind, or unable to develop solid relationships as they find themselves and their identities.
- **Individual-level factors**
  - Self-regulation is difficult without co-regulation
  - Lack of social skills or confidence
- **Social media** Respondents were concerned about the impact of social media use and these potential impacts need to be investigated with emerging adults to see whether this is how social media is experienced in this age group:
  - How to make authentic connections with real people without reliance on the precarious world of social media.

- o Online communications do not satisfy the face-to-face contact as it breaks down friendships and glorifies a false reality of living.
  - o Online technology – life for young people as 'digital natives' and the associated fragmentation and isolation which can be facilitated by this.
- **Specific groups**
  - o Disabled young people and their siblings face stigma, minority stress, lack of free time to connect with peers, lack of accessible places.
  - o Amongst university students there is a lot of feeling of being overwhelmed with workload combined with lacking someone to share it with.
  - o Emerging adults who are unemployed.
- **Barriers**
  - o Inappropriate or inaccessible services: Socialisation opportunities that are promoted by healthcare workers are often entirely inaccessible or inappropriate for the person in question - for example, being recommended groups/clubs with a significantly older demographic, or having advice revolve around something like university.
  - o Lack of understanding of loneliness and social isolation: people can assume someone is less socially isolated than they are (e.g. refusing to believe that they don't have friends, not accepting that most social situations are genuinely unbearable). It may not always be helpful to see loneliness as normal and experienced by everyone, and as this fails to acknowledge that some of people are extremely "abnormally" lonely.
  - o Lack of provision in terms of activities, services, public space.
  - o Social anxiety as a barrier to joining group activities e.g. sports clubs.
  - o Financial barriers.
  - o Shame, stigma.
- **COVID**
  - o Lockdown restrictions
  - o A long-term shift in working (and educational) practices, brought about by the covid pandemic, towards working from home or 'blended learning' which serve to reinforce isolation and 'real-world' disconnection from others.

The most promising public health approaches that already exist for addressing loneliness in emerging adults

- Several respondents were not aware of any such interventions for this age group.
- Meet and greet.
- Home-Start program
- Using online meeting places as a jumping off place for real-life meet-ups (with additional needs for safety).
- Services run by local charities e.g. the programme by Glasgow Association for Mental Health for young people which incorporates many elements and is holistic, offering choices and empowerment: https://www.gamh.org.uk/launch-yaws-project/. LSIMHRN is funding GAMH and a research team led by Professor Manuela Barreto to evaluate this service:

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- Skills building
- Community facilitation and support for caring responsibilities e.g. Groups and clubs with open membership.
- Social prescribers seem like a promising role in terms of NHS-funded healthcare, but they aren't anywhere near as widespread or easily accessible as they need to be. Research, time, and care need to be put into ensuring that these workers truly understand complicating factors in our loneliness (mental illness, neurodiversity, physical health issues, etc.) and not trying to use a "one size fits all" approach to their care.
- Social clubs, but they need to be extended to work around work-life hours.
- Alpha Course adapted to loneliness.
- Psychological interventions; moderated connected via social media; interventions in public spaces – activities & events.
- Co-production of interventions.
- Shared, creative spaces that encourage connection.
- Increased awareness of social withdrawal as an under-recognised social problem is crucial, for clinicians, school staff, policymakers. Early recognition seems key. Young people who are in the process of socially withdrawing are unlikely to engage with mental health services, do not access school-based counselling or pastoral care and may not present troublesome behaviours in the classroom setting – it is easy for teachers therefore to assume they 'are alright'. School may be a window of opportunity to intervene if a young person is still engaging with school.
- Support and messages targeted to specific demographics, e.g. boys, which encourage them to believe they have something to offer and a positive role to play in society.