

The Importance of Continuing to Tackle Social Isolation and Loneliness in A Post-Pandemic Era – Lessons Learned and The Way Forward

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Citation: Shapo L. The Importance of Continuing to Tackle Social Isolation and Loneliness in A Post-Pandemic Era – Lessons Learned and The Way Forward. *J Integrated Health* 2024;3(2): 230-231. DOI: doi.org/10.51219/JIH/leidon-shapo/42

Received: 29 May, 2024; **Accepted:** 07 June, 2024; **Published:** 10 June, 2024

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1. Loneliness and Social Isolation before COVID-19 Pandemic

Loneliness and social isolation frequently co-occur and are quite common in older adults. As a generally accepted concept, loneliness is defined as the subjective feeling of being alone, while social isolation describes an objective state of individuals' social environments and interactional patterns. While loneliness and social isolation are not equal, both can exert a detrimental effect on health through shared and different pathways¹.

The UK Campaign to End Loneliness defined loneliness as 'a subjective, unwelcome feeling of lack or loss of companionship that happens when there is a mismatch between the quantity and quality of the social relationships that we have, and those that we want'. Social isolation is often considered to be an objective condition that can be measured, and it is also argued that the fewer the number of contacts the more socially isolated one can feel. Social isolation is also linked to poorer health and reduced quality of life and is also presenting a growing challenge across the world².

The latest facts and statistics about loneliness help us to understand more about the risk factors and the impact it can have on different areas of our lives. A myriad of risk factors are distributed across the lifespan and some have a bigger impact than others to certain groups and indicators. Loneliness can affect anyone and that subjective feeling can vary, but its effects can be profound and wide-ranging. It is considered by many to be one of the largest public health challenges we face³.

Being socially isolated does not necessarily lead to loneliness and being lonely is not always the result of being alone and/or isolated. Loneliness occurs across the lifespan and has been

linked to poorer mental health at all ages, particularly depression and anxiety⁴.

2. Covid-19 and Loneliness

The COVID-19 pandemic, as expected, has increased the incidence of social isolation and loneliness among older adults, given the risk factors they faced before the pandemic. People who felt most lonely prior to COVID-19 in the UK, reported to have higher levels of loneliness and the increase began as physical distancing and lockdown measures were introduced in the UK, in March 2020⁵.

British Red Cross research during the period of the pandemic identified communities at increased risk of loneliness – these included minority ethnic communities, parents with young children, young people, those living with long-term conditions, those on lower incomes and anyone with limited access to digital technology and the internet. Their research suggested that the loneliest people felt least able to cope with and recover from the COVID-19 crisis⁶.

In addition, the evidence suggests that the above characteristics, including chronic disease, were the biggest contributors to loneliness, whereas geographical factors, such as clustering of low-income older adults, were associated with increased risk of social isolation. Vulnerable groups of older adults did face an increased risk of loneliness due to social isolation. Other groups disproportionately affected by the pandemic include older adults living with dementia and family carers, who are often spouses. It was reported that the sudden removal of social support at the start of the pandemic negatively affected people living with dementia and family carers, and reduced hours of social service support significantly predicted

anxiety among older adults with and without dementia⁷. After the first year of lockdowns, social distancing, and restrictions on travel and gatherings, some groups have reported high rates of loneliness and poorer well-being.

Levels of loneliness in Great Britain were reported to have increased during the first year of the COVID-19 pandemic. Mapping trends across the country have shown the types of places where a higher proportion of people felt lonely often or always, and differences in personal well-being. Areas with a higher concentration of younger people (aged 16-24) and areas with higher rates of unemployment tended to have higher rates of loneliness during the study period (October 2020 to February 2021)⁸.

According to a global survey, about 33 percent of adults experienced feelings of loneliness worldwide. Brazil had the highest percentage of people experiencing this, with 50 percent of respondents declaring that they felt lonely either often, always, or sometimes. Turkey, India, and Saudi Arabia followed, with 43 percent to 46 percent of respondents having experienced loneliness at least sometimes. On the contrary, the Netherlands, Japan, Germany, and Russia registered the largest share of interviewees which did not feel lonely⁹.

The impact of mental health: According to a survey conducted in 2021 among G7 countries, about seven in 10 people experienced a worsening of their psychological health during the pandemic; and for 38 percent of the participants in the survey, recovering from this experience will not be easy¹⁰.

A study on clinician-reported changes in selected health behaviors in the United States showed that during the pandemic patients have suffered more from feelings of loneliness, depression or anxiety, and burnout. Also, nutrition and other habits have been impacted. The study reported an increase in alcohol consumption, smoking cigarettes, poor nutrition, and use of other substances¹¹.

3. Lessons Learned and the Way Forward

The pandemic offered some important and valid lessons highlighting the links between various disease control measures such as lockdowns, physical distancing and the switch to remote work and school during the pandemic and the way these measures impacting on levels of loneliness. The evidence showed that such measures were seen to increase social isolation, but research has also found that social isolation does not always lead to loneliness¹².

A large systematic review of long-term studies (34 studies from four continents - primarily in North America and Europe - involving more than 200,000 total participants) measuring participants' levels of loneliness before the onset of the pandemic and again during the pandemic found a small (about 5%) but significant increase in loneliness during the pandemic across all individual studies. However, not all groups experienced that increase¹³.

The feeling of loneliness has always been with us and is embedded in our human roots and in a protective way it shows us the ability to be at peace both with ourselves and the environment. There are many examples of great works of art, philosophy, literature emerging from solitude. This comes with enjoying one's existence and ability to cherish the bonds with others.

Now that the pandemic is over, we need to better reflect to both the emotional preparedness for solitude at times of such crisis, and psycho-social well-being forming the cornerstone of public health¹³. We should continue to engage with our hobbies and passions, fulfil our dreams and explore other opportunities and improve our bonds with family and loved ones, while distancing from unnecessary 'infodemic' causing information overload.

We also need to be more sensitive to the personalized needs of those mostly affected by measures of social distancing and care for them. Their personal and psychological needs are to be adhered to. Digital communication needs to be maintained as social connectedness matters¹⁴.

4. Disclosure Statement

I acknowledge there aren't any financial interest arisen from the direct applications of this briefing paper. I also confirm that there are no competing interests to declare.

5. References

1. Hwang, Tzung-Jeng, Rabheru, Kiran, Peisah, Carmelle & Reichman, William & Ikeda, Manabu. Loneliness and Social Isolation during the COVID-19 Pandemic. *Int Psychogeriatr* 2020;32:1-15.
2. A connected society: a strategy for tackling loneliness (2018). Facts and Statistics | Campaign to End Loneliness.
3. Hutten E, Jongen EMM, Hajema K, Ruiters RAC, Hamers F, Bos AER. Risk factors of loneliness across the life span. *Journal of Social and Personal Relationships* 2022;39(5):1482-1507.
4. Clayton D, Astell A. Social isolation and the role of AgeTech in a post-COVID world. *Health Manage Forum*. 2022;35(5):291-295.
5. How has COVID-19 and associated lockdown measures affected loneliness in the UK? COVID-LONELINESS-2020.pdf
6. Life after lockdown tackling loneliness | British Red Cross 2020
7. Clayton D, Astell A. Social isolation and the role of AgeTech in a post-COVID world. *Healthcare Management Forum*. 2022;35(5):291-295.
8. Polenick CA, Perbix EA, Salwi SM, Maust DT, Birditt KS, Brooks JM. Loneliness during the COVID-19 pandemic among older adults with chronic conditions. *J Appl Gerontol*. 2021;40(8):804-813.
9. Mapping loneliness during Coronavirus pandemic. Mapping loneliness during the coronavirus pandemic - Office for National Statistics. 2021.
10. Loneliness among adults worldwide by country. Statista 2021.
11. COVID-19 impact on mental health in G7 countries. Statista 2021.
12. Health behavior and outcome changes during COVID-19 pandemic US. Statista 2021.
13. Ernst M, Werner AM, Brähler E, Beutel ME, Niederer D, et al. Loneliness before and during the COVID-19 Pandemic: A Systematic Review with Meta-Analysis. *Am Psychol* 2022;77(5):660-677.
14. Banerjee D, Rai M. Social isolation in Covid-19: The impact of loneliness. *Int J Soc Psychiatry* 2020;66(6):525-527.