Loneliness levels high during COVID-19 lockdown

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During the initial phase of COVID-19 lockdown, rates of loneliness among people in the UK were high and were associated with a number of social and health factors, according to a new study published this week in the open-access journal *PLOS ONE* by Jenny Groarke of Queen's University Belfast, UK, and colleagues.

Loneliness is a significant public health issue and is associated with worse physical and mental health as well as increased mortality risk. Systematic review findings recommend that interventions addressing loneliness should focus on individuals who are socially isolated. However, researchers have lacked a comprehensive understanding of how vulnerability to loneliness might be different in the context of a pandemic.

In the new study, researchers used an online survey to collect data about UK adults during the initial phase of COVID-19 lockdown in the country, from March 23 to April 24, 2020. 1,964 eligible participants responded to the survey, answering questions about loneliness, sociodemographic factors, health, and their status in relation to COVID-19. Participants were aged 18 to 87 years old (average 37.11), were mostly white (92.7%), female (70.4%), not religious (57.5%) and the majority were employed (71.9%).

The overall prevalence of loneliness, defined as having a high score on the loneliness scale (ie., a score of 7 or higher out of 9), was over a quarter of respondents: 26.6%. In the week prior to completing the survey, 49% to 70% of respondents reported feeling isolated, left out or lacking companionship. Risk factors for loneliness were being in a younger age group (aOR: 4.67—5.31), being separated or divorced (OR: 2.29), meeting clinical criteria for depression (OR: 1.74), greater emotion regulation difficulties (OR: 1.04), and poor-quality sleep due to the COVID-19 crisis (OR: 1.30). Higher levels of social support (OR: 0.92), being married/co-habiting (OR: 0.35) and living with a greater number of adults (OR: 0.87) were protective factors.

The authors hope that these findings can inform support strategies and help to target those most vulnerable to loneliness during the pandemic.

Groarke adds: "We found that rates of loneliness during the early stages of the UK lockdown were high. Our results suggest that supports and interventions to reduce loneliness should prioritise young people, those with mental health symptoms, and people who are socially isolated. Supports aimed at improving emotion regulation, sleep quality and increasing social support could reduce the impact of physical distancing regulations on mental health outcomes."
