



Effectiveness of interventions tackling loneliness: A systematic umbrella review

Roundtable: Effective actions to address loneliness

11 October, 2022

Introduction

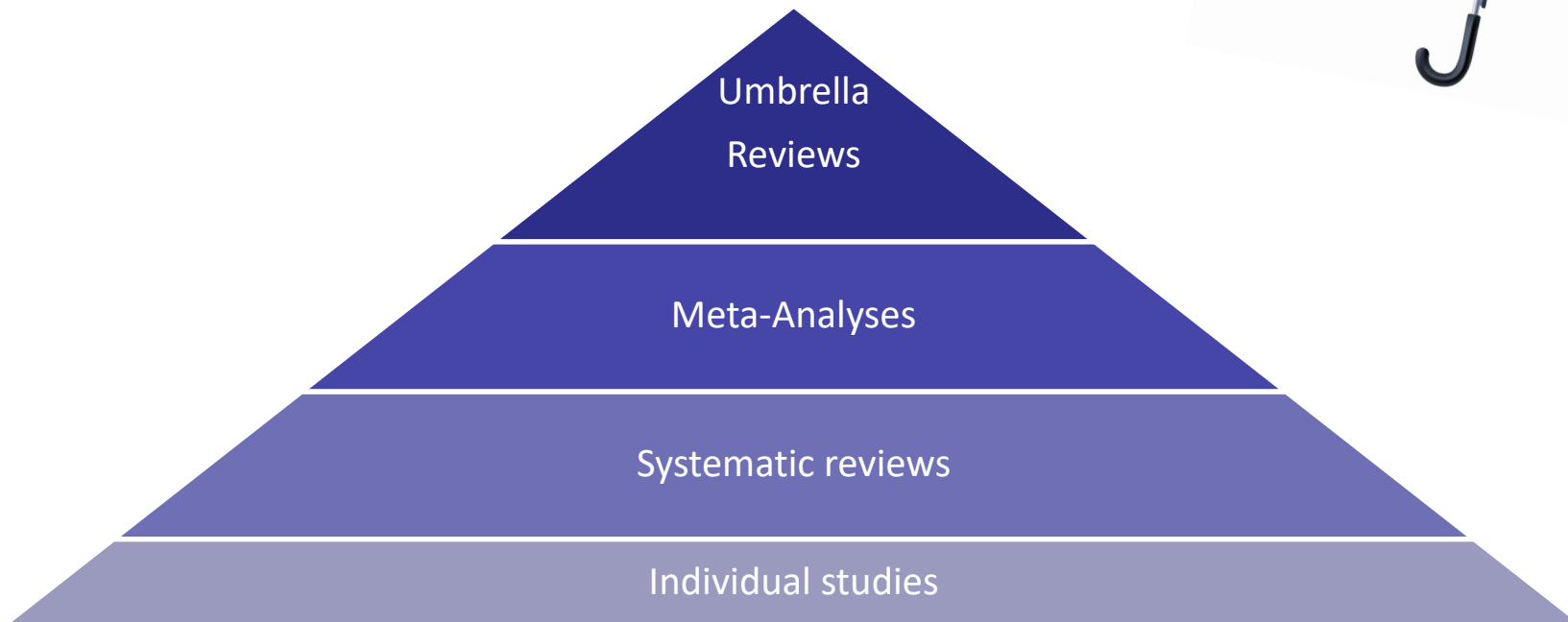


- **1:10** people is severely affected by loneliness
- Significant **public health burden**
- **Intervention strategies** are being sought worldwide

Source: https://www.freepik.com/free-vector/sad-lonely-girl-sitting-window-young-woman-alone-depressed-illustration-unhappy-upset-person-home-with-cat-plant-cloud-with-rain-emotions-loneliness-despair_22656105.htm#query=loneliness&position=8&from_view=search&track=sph
Image by studio4rt on Freepik

Systematic umbrella review

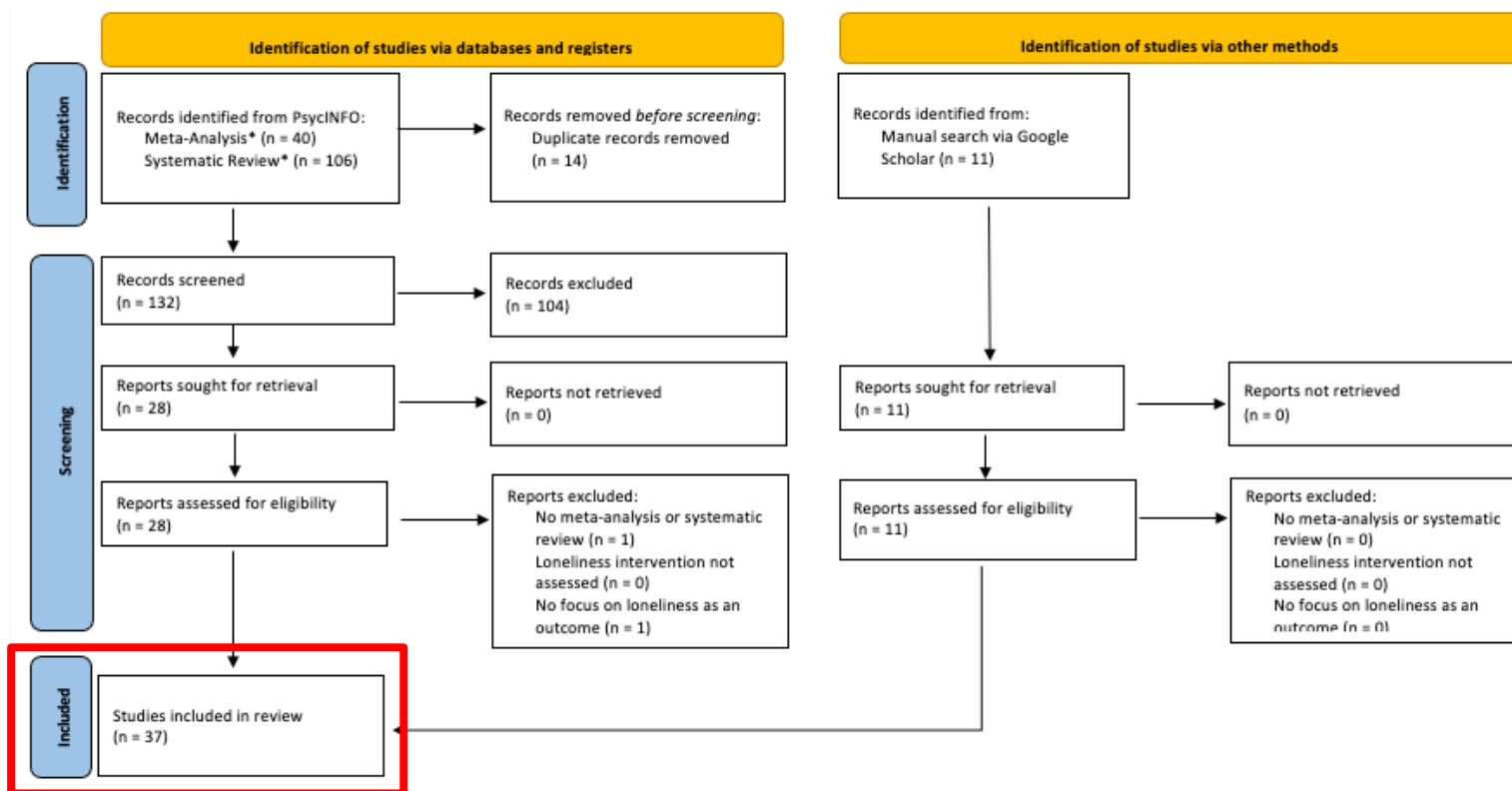
- Systematic summary of existing **reviews** and **meta-analyses** on the effectiveness of loneliness interventions



https://www.freepik.com/free-vector/realistic-blue-umbrella_3886420.htm#query=umbrella&position=0&from_view=search&track=sph
Image by macrovector on Freepik

Standardized literature search and coding

- PsycInfo (January 2022) + manual search



Note. * These search hits were found using the following general limits: human sample, peer-reviewed journal. In addition, the search was limited once to "meta-analyses" and once to "systematic review". In the step of screening the abstracts, 104 reports were excluded because they were no meta-analyses or reviews focusing on loneliness interventions.

What is an intervention?

- *None* of the included studies provided an **explicit definition** of what constituted an intervention tackling loneliness
- We focus on meta-analyses and reviews assessing the effectiveness of **measures targeting people who already experience loneliness and aimed at improving their well-being by mitigating it**
- Target population was sometimes less clearly described → **mixture of prevention and intervention strategies**

What kinds of loneliness interventions exist?

	Mann et al. (2017)	Masi et al. (2011)	Gardiner et al. (2018)	World Health Organization (2021)	Campaign to End Loneliness (2020)
Intervention categorization	<ol style="list-style-type: none"> 1. <i>Indirect interventions: broader strategies focusing on health or well-being and thereby may indirectly affect loneliness</i> 2. <i>Direct interventions:</i> <ul style="list-style-type: none"> - <i>Changing cognitions</i> - <i>Social skills and psychoeducation</i> - <i>Supported socialization</i> - <i>Wider community approaches</i> 	<ol style="list-style-type: none"> 1. <i>Enhancing social support</i> 2. <i>Addressing maladaptive social cognition</i> 3. <i>Improving social skills</i> 4. <i>Increasing opportunities for social interaction</i> 	<ol style="list-style-type: none"> 1. <i>Health and social care provision</i> 2. <i>Psychological therapies</i> 3. <i>Leisure/skill development</i> 4. <i>Social facilitation</i> 5. <i>Befriending</i> 6. <i>Animal interventions</i> 	<ol style="list-style-type: none"> 1. <i>Individual- & relationship-level interventions (e.g., one-to-one or group interventions; digital and face-to-face)</i> 2. <i>Community-level strategies (e.g., infrastructure, volunteering)</i> 3. <i>Societal-level strategies (e.g., laws and policies)</i> 	<ol style="list-style-type: none"> 1. <i>Connector services (reach, understand, support)</i> 2. <i>Gateway infrastructure (transport, digital, built environment)</i> 3. <i>Direct solutions (psychological approaches; one-to-one; groups)</i>

<https://doi.org/10.1007/s00127-017-1392-y>

<https://doi.org/10.1177/1088868310377394>

<https://doi.org/10.1111/hsc.12367>

<https://www.who.int/publications/i/item/9789240030749>

https://www.campaigntoendloneliness.org/wp-content/uploads/Promising_Approaches_Revisited_FULL_REPO_RT.pdf

Overall effectiveness of loneliness interventions

- Across reviews and meta-analyses, most interventions reported reductions in loneliness
- But effects are highly heterogeneous

Differential effectiveness of loneliness interventions by target group

- Identification of the superiority of one intervention type for a specific target group was *not* possible
- Majority of studies focused on older adults → most interventions applied to this age group were effective in reducing loneliness
- Increasing focus on technology-based interventions → mixed results depending on how and by whom the technology is used
- Very few studies focused on interventions for children and adolescents → different types of interventions seem to be effective

Differential effectiveness of loneliness interventions by type

- **Psychological treatment interventions** (e.g., social cognitive training) and—with less consistency across studies—also **social support interventions** (i.e., offering regular contacts, care or companionship) seemed to be promising approaches across different age groups
- **Employing social networks** and **stimulating social activities** also showed effects on loneliness reduction (but smaller effect size)
- The majority of meta-analyses reported no difference in the overall effectiveness of individual vs. group settings

Evidence gaps (I)

- Vast majority of loneliness interventions focused on **individual- and relationship-level interventions**
 - Less is known on the effectiveness of interventions at **community- and societal-level** as well as in specific settings (e.g., school-based interventions)
 - Most studies did not include a **long-term follow-up** → **sustainability** of loneliness interventions remains unclear
 - Implementing and scaling up what works best needs to go hand in hand with **regular feedback loops and exchanges** between service providers and users, as well as researchers and policymakers
- JRC is conducting qualitative interviews with intervention experts to fill some gaps

Evidence gaps (II): Enhancement of reporting standards

- Information about the target group of the intervention (e.g., sample size, sample selection and recruitment, mean age, age range, gender distribution)
- Information about the baseline loneliness of the interventions' participants (e.g., mean loneliness and their standard deviation)
- Intervention strategy (e.g., social skills training, psychological approaches, social support, ...)
- The duration of the interventions (e.g., two weeks or one year)
- The frequency of the intervention (e.g., weekly or monthly sessions)
- The delivery setting of the intervention (e.g., group, individual or mixed)
- The delivery format of the intervention (e.g., digital/technology-based or in-person)
- Information about measurement and follow-up time points

Future directions and suggestions for policy implications



- **Research-Reality Divide:** Do interventions and prevention programs investigated in studies are those which are offered in “real life”?
- Providing wide range of **low-threshold** loneliness interventions
- **Simplification of access routes** to interventions
- Consideration of **cultural factors**
- Targeting of **different age and risk groups** (and not only older adults)
- **Long-term approaches** instead of one-off measures
- Support for **systematic evaluation** of the intervention efforts

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