



# Interventions for reducing loneliness seem effective in young people

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Meta-analyses of interventions aimed at reducing loneliness among young people are distinctly lacking in the field. Now, Alice Eccles and Pamela Qualter have addressed this gap by compiling a review for *Child and Adolescent Mental Health* on interventions to reduce loneliness in young people. This review is particularly timely, given the current situation of self-isolation and social distancing due to the current Covid-19 pandemic.

Eccles and Qualter conducted a meta-analysis of single group and randomised controlled trials of studies published between 1980 and 2019 that measured loneliness as an outcome in youth  $\leq 25$  years-of-age. They ultimately analysed 39 studies, and found evidence that youth loneliness could be reduced by intervention. This reduction was moderated by the intervention characteristics, study quality and the sample demographics. Interestingly, most of the interventions targeted youths who were considered being at risk of loneliness (usually due to other health concerns); very few interventions actually targeted those who reported loneliness. Furthermore, most studies did not report whether youth experienced chronic or transient loneliness. These interventions ranged from targeting social skills, social interactions and emotional skills and were delivered in either group or individual settings, and with or without the use of technology.

The researchers hope that policymakers and practitioners will recognise that interventions can have a positive effect in reducing loneliness in young people. However, they do acknowledge the large amount of between-study variance that could not be accounted for by the moderators examined in the current study. Going forward, they explain that high-quality interventions specifically aimed at reducing loneliness (not as a secondary outcome) are warranted.

## Referring to:

Eccles, A.M. & Qualter, P. (2020), Review: Alleviating loneliness in young people – a meta-analysis of interventions. *Child Adolesc. Ment. Health*. doi: 10.1111/camh.12389.