World Health Organization

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Mental health and social connection

Report by the Director-General

1. At a meeting of the Officers of the Executive Board and the Director-General in September 2024, and following requests from two Member States, a recommendation was made to include an item on mental health and social connection on the provisional agenda of the 156th session of the Executive Board. The present report highlights the need to strengthen action on social connection and mental health and outlines recent WHO activities and initiatives, reflecting the Organization's political and technical commitment to this goal as a key component of the Fourteenth General Programme of Work, 2025–2028. This report also proposes a set of actions to reduce social isolation and loneliness, redress the neglect of mental and social health across WHO's areas of work, and achieve better health and well-being for all.

Overview of main concepts

2. **Social health** refers to the adequate quantity and quality of relationships in a particular context to meet an individual's need for meaningful human connection. Often overlooked, social health is the third dimension of WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease. These three dimensions of health are interdependent.

3. **Social connection** is an umbrella term for how people relate to, and interact with, each other, covering the structural and functional aspects, as well as the quality, of those relationships. The concept encompasses who a person is connected to, the help they receive, and whether they view these relationships as positive or negative. It influences access to resources and support, and enhances mental, physical and brain health across the life course, from neurodevelopment to healthy ageing.

4. **Social isolation** and **loneliness** are forms of social disconnection. The former is the objective state of having few roles, relationships or social interactions, and constitutes the structural dimension of social disconnection. The latter is the unpleasant or negative feeling/emotion resulting from perceived lack of social connection, reflecting a discrepancy between desired and actual experience of connection.

5. **Mental health** is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

A person's mental health is influenced by individual factors (e.g. genetics, cognitive factors) and external factors (such as resources and stressors in their social environment). At the individual level, mental health risks and protective factors are mediated through brain structure and function, which in turn are influenced by social factors.

Burden and impact of social isolation

6. Social isolation and loneliness affect people of all ages, in all regions of the world. Currently, one in four older people experience social isolation. Prevalence is similar across all regions. Studies indicate that at least one in six adolescents are socially isolated or lonely, although the scale of the problem is probably underestimated. While loneliness and social isolation can affect anyone, anywhere, a range of factors put people at particular risk, including physical and mental health problems (e.g. depression), disability, technology use by younger people and aspects of the urban environment (e.g. poor public transport, lack of communal spaces).

7. Lack of social connection poses serious health risks, and is associated with a 14–32% higher risk of mortality, akin to other known risk factors such as smoking, excessive alcohol consumption, physical inactivity, obesity and air pollution. It has a serious impact on physical health, increasing the risk of stroke by 32% and cardiovascular disease by 29%. Mental health is similarly affected, as social isolation is linked to higher rates of anxiety, depression and suicide. Moreover, 5% of global dementia risk is attributable to social isolation.[1]

8. Social disconnection has an impact on education, employment and the economy; lonely high school pupils may drop out of university, while workplace isolation reduces people's job satisfaction and performance. The impacts on personal well-being and on society as a whole highlight the urgent need to prioritize social connection as a public health issue.

9. The limited global data available indicate that social isolation and loneliness place a significant economic strain on society, with an impact on workforce productivity, health systems, employers (through absenteeism and increased staff turnover) and individuals (through reduced earnings and quality of life). Data on mental health indicate that mental disorders contribute substantially to the global disease burden; close to 1 billion people have a mental disorder, and more than one in 100 deaths are by suicide.

Challenges to meeting social connection needs and related mental health needs

10. The COVID-19 pandemic exacerbated loneliness and social isolation worldwide, underscoring the urgency of addressing social connection as a public health priority. Available data showed an increase in loneliness among younger and older people, particularly among women, single people or those living alone, as well as people with depressive, anxiety or obsessive-compulsive disorders.

11. Beyond the pandemic, the urgency of addressing social connection is underscored by growing evidence of its links to health, alongside technological shifts (e.g. social media and remote work) and long-term social trends, including the decline of extended family structures, the rise of single-occupancy households, increased mobility, reduced religious practice in many countries, greater longevity and the impact of conflicts and disasters.

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[1] Livingston G et al. Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. Lancet. 2024;404;10452:572–628.

12. Research has expanded significantly in the past five years; promising solutions range from national policies and measures to improve social infrastructure to targeted interventions, such as social prescribing, cognitive behavioral therapy and psychoeducation. Although WHO has begun to map this evidence, it must be synthesized to produce clear recommendations for policy-makers and practitioners to effectively address loneliness and isolation, and to foster social connection.

13. Member States are beginning to invest in promoting social connection: nine countries have established national strategies to reduce loneliness and isolation, while others are integrating social connection into other policies. Scaling up these actions as a public health priority will require more strategic support for Member States.

14. As the availability of comprehensive data on loneliness, social isolation, social connection and their links to mental health is limited, governments are struggling to gain critical insight into those issues; accurate, systematic and rigorous monitoring is urgently needed at the global, regional and national levels, to build a robust evidence base for effective policies and interventions.

15. Given the strong evidence linking social disconnection to poor health outcomes, action is urgently needed to make it a critical public and mental health priority, identify effective solutions and mobilize resources to implement them, and track progress. Tackling social disconnection is inextricably linked to promoting mental health.

Regional and international commitments on social connection and mental health

16. Despite the scale of the problem, the severity of its impact and the solutions identified, no ad hoc regional or international commitments – including by the Health Assembly – currently exist on social connection. However, loneliness, social isolation or social connection are mentioned in:

- the Global strategy and action plan on ageing and health 2016–2030;[2]
- the global action plan on the public health response to dementia 2017–2025;[3]
- United Nations General Assembly resolution 75/131 (2020), proclaiming 2021–2030 the United Nations Decade of Healthy Ageing;
- the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031;[4] and
- the Fourteenth General Programme of Work, 2025–2028, which highlights mental health and recognizes loneliness and social isolation as determinants of health.

17. Addressing social connection also aligns with the Sustainable Development Goals, particularly Goal 3 on ensuring healthy lives and promoting well-being for all.

[2] Resolution WHA69.3 (2016).

[3] Decision WHA70(17) (2017).

[4] Decision WHA75(11) (2022).

WHO activities related to social connection

WHO Commission on Social Connection

18. In November 2023, following extensive consultations, the WHO Director-General launched the WHO Commission on Social Connection. The Commission, which has a three-year mandate (2024–2026), comprises eleven members (including policy makers, thought leaders and advocates) and aims to foster a world where everyone has quality social connections that benefit their health and well-being. The secretariat of the Commission, based at WHO headquarters and led by the Department of Social Determinants of Health, the Department of Mental Health, Brain Health and Substance Use, and the Department of Maternal, Newborn, Child and Adolescent Health and Ageing, also comprises regional colleagues linked to those departments and WHO representatives from countries represented on the Commission. Three countries with representatives on the Commission delivered a joint statement during the 154th session of the Executive Board.[5] Commissioners hosted a public side event at the Seventy-seventh World Health Assembly in May 2024, as well as private Member States' meetings to promote social connection, and a multistakeholder event at the World Health Summit in October 2024. The Commission's report, scheduled for release in May 2025, will provide evidence and set a comprehensive agenda to drive transformative efforts to combat social isolation and loneliness.

WHO Secretariat activities to promote social connection

19. To date, the Secretariat has published an **advocacy brief on social isolation and loneliness among older people** (a 2021 joint project with the United Nations Department of Economic and Social Affairs and the International Telecommunication Union), WHO evidence and gap maps on digital (2022) and in-person interventions (2023) to reduce social isolation and loneliness,[6] and a **systematic review and meta-analysis on loneliness before and during the COVID-19** pandemic. It has also released a series of short films highlighting the impact of loneliness and social isolation on health and the key role of social connection in building healthier, more resilient societies; identified and analysed g**overnment policies/strategies on loneliness and social isolation;** launched a Delphi process to identify **key priorities** to improve social connection; consulted people with lived experience of loneliness and social isolation; and conducted **network mapping and analysis** of stakeholders working to tackle loneliness and social isolation around the world. A technical advisory group was established in February 2024 to provide expert advice at the global level on social connection, social isolation and loneliness.

20. The Secretariat has also advanced work in other areas of public health: WHO publications that also cover action on social connection include the *Global report on health equity for persons with disabilities (2022),* the *World mental health report: transforming mental health for all (2022)* and the *WHO advocacy strategy for mental health, brain health and substance use (2024)*. Work is under way to update WHO guidelines on risk reduction of cognitive decline and dementia and the handbook on integrated care for older people; and consultations are in progress on a framework for a life-course approach to social connection. The Secretariat has also published a position paper on optimizing brain health across the life course – including the crucial role of social connection in

[5] Japan, Morocco and the United States of America. See the summary records of the Executive Board at its 154th session, fourteenth meeting, section 2.

[6] WHO evidence and gap maps for the UN Decade of Healthy Ageing. Geneva: World Health Organization (accessed 11 December 2024).

brain development and function – and contributed to drafting the forthcoming WHO world report on social determinants of health equity.

Priorities for fostering social connection and mental health

21. Actions to address social connection, and social health more broadly, are not well developed. To make social connection a global public health priority, the Secretariat could encourage governments to integrate it into public health frameworks and policies; promote cross-sector strategies to enhance social connections, particularly among marginalized groups; develop guidance for Member States on preventing and addressing loneliness and social isolation and support its implementation through capacity-building and technical assistance. Moreover, the Secretariat could promote international cooperation on research to enhance social connections, address emerging issues and translate learning into action; strengthen its capacity to help Member States to develop, test and scale up effective measures to strengthen social connection; establish reliable, globally comparable metrics to assess and monitor social connection trends over time; foster coalitions within and beyond the health sector to encourage and sustain broad engagement; and integrate social connection into WHO's broader efforts to address the social determinants of health, promote mental and brain health, reduce health inequalities and promote health and well-being, focusing on the most marginalized groups.

22. Investing in technical measures to promote social connection would help the Secretariat to mobilize action on this critical public health issue, respond to burgeoning interest from Member States and foster international cooperation and research while advancing equity in health outcomes. Furthermore, addressing social connection and mental health would complement and strengthen the updated comprehensive mental health action plan 2013–2030 (decision WHA74(14) (2021)), as well as other Health Assembly decisions and resolutions aimed at reducing health inequalities – by tackling their social determinants – and targeting at-risk groups, including older adults, people with disabilities, migrants and people living with noncommunicable diseases.

Action by the Executive Board

23. The Executive Board is invited to note the report. It is further invited to provide guidance in respect of the questions set out below.

- How can the Secretariat ensure that WHO's comprehensive public health agenda prioritizes social connection, and effectively integrate it into existing frameworks?
- Do the potential areas of action listed in paragraphs 21–22 provide an appropriate focus for the Secretariat's work on social connection?
- How might the Secretariat best promote multisectoral strategies and partnerships to support social connection, especially among vulnerable populations?
- Given the importance of social connection, including beyond the health sector, how might the Secretariat best engage with the broader United Nations system on this critical issue?
