

COMMITTEE A6, WORLD HEALTH ASSEMBLY
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wfuna



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GLOBAL MODEL WHO 2025

ANNOTATED BIBLIOGRAPHY

FOSTERING SOCIAL CONNECTION FOR GLOBAL HEALTH

Simulation: World Health Assembly

Welcome to Global Model WHO 2025,

We are very pleased to introduce you to the most authentic simulation of the World Health Organisation in the world; and hope to contribute to your understanding of the organisation, its mandate, and its critical role in global affairs.

Through a series of pre-conference webinars that will be offered and documents – like this resource guide – we aim to educate you not only about the global issues on the UN agenda, but also about the ways and means through which those topics are discussed, debated and negotiated by real UN diplomats.

This resource guide will provide you with a head start in doing research to gain a deeper understanding of the global issue that you will be discussing and the actions that the government you have been assigned recommends that the international community should take to address this issue. To make the research process a bit easier, the resource guide has been divided into sections and sub-sections to assist you in researching these two components. We strongly recommend you to give a careful look through the sources listed below so that the interaction with your peers is as exciting as possible.

We wish you all the very best in this journey of learning!

TOPIC DESCRIPTION

Good health is not only about medicine, vaccines, or hospitals. It is also about people's relationships and the communities they live in. "Social connection" means the quality of our interactions with family, friends, neighbors, classmates, and society as a whole. Research shows that being socially connected makes people healthier and even helps them live longer. By contrast, loneliness and isolation increase risks of depression, heart disease, dementia, depression, and early death.

The World Health Organization (WHO) has recently identified social connection as a global health priority. Around the world, changes in modern life—such as urbanization, migration, technology, and aging populations—are creating new challenges. Young people may feel pressure from social media without meaningful real-world friendships. Older adults may live alone without strong family or community ties. Migrants may experience isolation in unfamiliar societies.

The World Health Assembly (WHA) is discussing what governments and global organizations can do to foster connection and reduce loneliness. Possible strategies include: creating more community spaces, strengthening mental health support, promoting inclusive schools and workplaces, and using technology responsibly to build connections rather than weaken them.

At the national level, governments may consider integrating social connection metrics into health surveillance systems, funding community infrastructure (parks, libraries, cultural centers), and expanding access to mental health and primary care services that address loneliness.

Discussions on this topic will also need to think about equity: loneliness does not affect all groups equally. Marginalized communities, displaced people, and those with disabilities often face greater barriers to connection. Solutions should therefore be inclusive and culturally sensitive.

Other key questions include: How can countries make social connection a health priority? What role can schools, workplaces, and technology companies play? How can loneliness and social connection be quantified in ways that inform health policy? How can the use of digital tools help combat isolation? How can interventions avoid privileging high-income countries with advanced infrastructure while ensuring inclusion of marginalized populations?

This agenda item highlights that health is not only physical or biological—it is also social. Improving human relationships and reducing isolation can lead to healthier, stronger, and more resilient societies worldwide.

Key Points and Main Issues

When discussing this topic, delegates need to understand or be aware of the following key points and main issues:

Social Connection as a Health Priority

- Health goes beyond medicine, vaccines, or hospitals; relationships and community matter.
- WHO has recognized social connection as a global health priority.
- Benefits of strong social ties:
 - Longer life expectancy.
 - Lower risks of depression, dementia, and heart disease.
- Dangers of loneliness and isolation: Increased risks of early death and chronic illness.

Modern Challenges Undermining Social Connection

- Urbanization and migration: weaken traditional support networks.
- Technology and social media:
 - Can increase superficial interactions.
 - Can foster social comparison which can have a negative impact on mental health, expose young people to negative content, and create an unrealistic demand for constant validation
- Aging populations: many older adults live alone without strong family/community ties.
- Displacement and inequality: marginalized groups face higher risks of exclusion through direct experiences of discrimination and prejudice which can lead to social exclusion. They also encounter structural factors such as living in deprived areas, lack of access to resources, and negative community attitudes that limit social opportunities.

Policy Approaches and Interventions

- Global strategies (WHA, WHO, international cooperation):
 - Share best practices across Member States.
 - Encourage schools, workplaces, and technology companies to foster inclusion.
- National strategies:
 - Integrate social connection metrics into health systems.
 - Invest in community infrastructure (parks, libraries, cultural centers).
 - Expand mental health and primary care access addressing loneliness.
- Equity focus:
 - ensure solutions that foster social connection are inclusive by engaging diverse community members in their creation, offering options to accommodate different communication preferences, language skills, and accessibility needs and are culturally sensitive.
 - Design adaptable solutions that serve low-resource and marginalized populations.

Key Points and Main Issues (cont.)

Measuring, Leveraging, and Regulating Tools for Connection

- Measuring social connection:
 - Develop reliable metrics to inform policy.
 - Collect data on loneliness, participation, and well-being.
- Role of technology:
 - Potential to combat isolation (virtual support groups, digital communities).
 - Online tools can make content understandable to everyone, including those who use assistive technology.
 - Potential to increase social disconnection. Prioritizing virtual interactions over face-to-face engagement can lead to increased feelings of loneliness and depression and reduced ability to understand non-verbal cues. It can also cause digital addiction, decrease attention spans, foster unrealistic social expectations, and negatively affect empathy.
- Global fairness:
 - Avoid privileging high-income nations with advanced infrastructure.

Mental health and social connection Report by the Director-General

2025

Summary: The report argues that social health—the quality and quantity of our relationships—is a fundamental part of overall health, yet often overlooked. Poor social connection, including isolation and loneliness, is linked to higher risks of illness and mortality, and it harms mental health. The COVID-19 pandemic worsened these issues globally.

To respond, WHO has launched a Commission on Social Connection (2024–2026) tasked with developing evidence and a roadmap for action. The report recommends that Member States integrate social connection into health policies, develop cross-sector strategies, build capacity to address loneliness and isolation, and establish global metrics to monitor progress. WHO has already published evidence maps, policy reviews, and advocacy materials related to social connection.

In short: strengthening social connection is not just a social goal—it is essential for public health, mental wellbeing, and reducing health inequalities, especially for marginalized groups.

Final WHA resolution text on social connection

2025

Summary: The WHA resolution on fostering social connection urges Member States to strengthen policies and programmes that reduce loneliness and promote inclusion, raise public awareness, and improve monitoring systems to track how isolation affects health. Countries are encouraged to use evidence-based strategies, support vulnerable groups, and promote safe use of digital tools that can build connection. The resolution also calls for cross-sector cooperation—linking health, education, technology, and culture—to address the issue. WHO is tasked with providing technical support, guiding national policies, advancing research (including on digital media's role), and helping countries share knowledge and resources, with progress to be reported back to WHO governing bodies in 2027, 2029, and 2031.

Recording of relevant proceedings at WHA78 on Mental Health and Social Connection

2025

This link provides a video of the proceedings of Committee A where Member States made statements during WHA78 on 23/05/2025 on Item 13.2 – Mental health and social connection. The statements on this agenda item start at 01:51:05. The following statements can be viewed in this video: [Burkina Faso](#) [Colombia](#) [India](#) [Iran \(Islamic Republic of\)](#) [Ireland](#) [Italy](#) [Kuwait](#) [Niger](#) [Nigeria](#) [Oman](#) [Paraguay](#) [Philippines](#) [Senegal](#) [South Sudan on behalf of the 47 African Member States](#) [Tanzania \(United Republic of\)](#), [Tunisia on behalf of the EMRO group](#), [Poland on behalf of the European Union](#), [Sweden on behalf of Denmark](#), [Estonia](#), [Finland](#), [Iceland](#), [Latvia](#), [Norway](#), [Lithuania](#), [Colombia](#), [Thailand](#), [Kenya](#), [Bangladesh](#), [Togo](#), [France](#), [Spain](#), [Germany](#), [Ireland](#), [Uruguay](#), [Mexico](#), [Chile](#), [Japan](#), [China](#), [Tunisia](#), [Iraq](#), [Jamaica](#), [Brazil](#), [Italy](#), [Lithuania](#), [Dominican Republic](#), [India](#), [Bahamas](#), [United Kingdom of Great Britain and Northern Ireland](#), [Congo](#), [Lebanon](#), [Saudi Arabia](#), [Tanzania](#), [Oman](#), [Iran \(Islamic Republic of\)](#), [Nigeria](#), [Honduras](#), [Finland](#), [Australia](#), [Bahrain](#), [Singapore](#), [Vanuatu](#), [Haiti](#), [Namibia](#), [Greece](#), [Ghana](#), [Slovenia](#), [Ethiopia](#), [Austria](#), [Niger](#), [United Arab Emirates](#), [Pakistan](#), [Panama](#), [Bolivia \(Plurinational State of\)](#), [South Africa](#), [Gambia](#), [Bulgaria](#), [Indonesia](#), [Palestine](#) and [Comoros](#).

WHO Commission on Social Connection

2025

Summary: The WHO Commission on Social Connection was set up in November 2023 for three years to address loneliness and social isolation as major public health concerns. The Commission released its main report, *From loneliness to social connection: charting a path to healthier societies*, which explains the effects of being socially disconnected and suggests ways to build stronger ties in communities. The page introduces the Commission's co-chairs and members and describes its main areas of work: helping governments create good policies, improving research, setting clear ways to measure social connection, testing practical programs, and raising public awareness. The Commission also works to support countries in making social connection a health priority.

From loneliness to social connection: charting a path to healthier societies

2025

Summary: This landmark report from the WHO Commission on Social Connection highlights that social isolation and loneliness are widespread, with serious but under-recognized impacts on health, well-being, and society. Drawing on the latest evidence, the report makes a compelling case for urgent action. It outlines practical, scalable solutions to strengthen social connection – and calls on policy-makers, researchers and all sectors to treat social health with the same urgency as physical and mental health. The Commissioners envision a future where stronger social bonds improve well-being, reduce preventable deaths, boost education and economic resilience, and ease the social and financial burden of disconnection. This report is a call to act – and an invitation to build a more connected, healthier world.

In addition to a link to the main report, this page also contains a [plain-language overview of WHO's Commission report](#) that aims to be a clear, concise and jargon-free version of the full report, written for a broader audience and a slide deck and presentation that summarizes the key message of the report as well as link ot [Frequently Asked Questions](#) on social connection.

Loneliness and isolation – the hidden threat to global health we can no longer ignore

2025

Summary: Commentary on the topic by Dr. Tedros, Director-General of the WHO. The article argues that social disconnection — including loneliness and isolation — is a serious but underrecognized global health threat. Nearly one in six people worldwide report feeling lonely, and the risk is higher among youth and those in low-income countries. Between 2014 and 2019, loneliness was linked to about 871,000 deaths annually.

The piece emphasizes that strong social connections are as essential to health as physical and mental care. Disconnection increases risks for heart disease, mental disorders, poor performance in school or work, and economic burdens for societies. The article calls on countries to make social connection a health priority, using evidence-based strategies, better monitoring, and national policies. It also highlights inspiring examples of interventions from countries like South Africa, Korea, Albania, Spain, and Australia.

Mental Health and Social Connection in Thailand 2025

Summary: WHO Thailand highlights 2020–2024 data showing notable stress, depression, and suicide risk—especially among youth—plus national responses like “Mind Month” and the 24th International Mental Health Conference in Bangkok. The piece links to the WHA78 resolution on social connection, outlines health risks of isolation, and urges evidence-based policies and everyday actions to strengthen community bonds.

Mental health in Jordan 2025

Summary: WHO EMRO outlines Jordan’s mental-health reform: as an early mhGAP implementer (from 2008 with the Ministry of Health and partners), services shifted from hospital-based to community-based care, integrating mental health into primary care, training providers in Amman, Irbid and Zarqa, opening community outpatient centres, and creating acute units in general hospitals; remaining needs include sustainable funding, political commitment, child/adolescent services, research, literacy and advocacy.

WHO promotes social prescribing to improve health and well-being in the Western Pacific. 2024

Summary: In the Western Pacific region, people are living longer, which is good, but many are not healthy during those extra years. Older people especially feel lonely and isolated, which causes or worsens diseases like heart problems, strokes, diabetes, and mental health issues.

To help, WHO is encouraging social prescribing — that means doctors and health workers refer people to non-medical community services that help them connect with others. Examples include art activities, social groups, physical activity, advice on housing or money, and creative expression. The goal is to treat not just the medical symptoms but also the underlying causes, like loneliness, isolation, and lack of social support.

WHO has also started pilot projects in places like Cambodia and Shangrao, China, training community workers to help older people connect socially and be more active in their communities. In the Philippines, WHO held an event bringing together health, arts, and culture partners to explore ways to use art in social prescribing to improve well-being.

The article suggests that by using community programs, arts, and social services — and integrating them with medical care — countries in this region can improve people’s overall health and help people feel more connected.

Loneliness and social isolation among older people in the Eastern Europe and Central Asia region

2022

Summary: This UNFPA / University College London report examines loneliness and social isolation among older adults across six countries. Key findings highlight that older people are more affected not so much by lack of emotional support, but by insufficient tangible support with daily tasks..

**Déclaration du Burkina Faso sur le sous-point
intitulé: Santé mentale et lien social****2025**

Summary: Burkina Faso's statement endorses the African Group, links a decade of insecurity and displacement to rising mental-health and psychosocial needs, and notes a 2022–2026 national mental-health strategy. It reports expanded psychiatric staffing and functional services nationwide, and urges WHO to further support the country.

**Intervención de la República de Colombia -
78° Asamblea Mundial de la Salud - Item 13.2.
Salud mental y conexión social.****2025**

Summary: Colombia supports the WHA78 resolution on social connection, stressing an approach centered on integral human and social well-being to address isolation, loneliness, and health inequities, and aligning with the resolution's health-promotion focus. The statement urges the health sector to speak out and act on social, family, and community drivers of inequality, violence, and stigma, and calls for an immediate ceasefire in Gaza to uphold rights and reject inequality, racism, and discrimination.

**Intervention by India — Agenda item 13.2:
Mental Health and Social Connection.****2025**

Summary: India underscores the mental-health impacts of social isolation and cites national initiatives—School Health Programs, the National Tele Mental Health Program, Elderline, and the Tele-MANAS helpline—to strengthen support across age groups. It urges integrating social connection with mental health into UHC planning to boost community resilience and reduce costs.

Statement of Ireland - 78th World Health Assembly - Item 13.2: Mental health and social connection (23 May 2025).

2025

Summary: Ireland aligns with the EU statement and spotlights its national plan Pathways to Wellbeing, whose six goals include tackling loneliness and social exclusion. It highlights social prescribing and a nationwide “Hello Again World” communications campaign to combat isolation among older people.

78th World Health Assembly - Item 13.2: Mental health and social connection - National Statement: Italy.

2025

Summary: Italy aligns with the EU statement and flags social isolation as a driver of health inequities—especially amid population ageing, chronic disease, and high NEET rates. It calls for proactive, community-based services (home visiting, support for carers/families), training professionals to use relationships as tools, and guidance on best practices such as social prescribing. Italy welcomes the resolution “Fostering social connection for global health.”

Statement of the State of Kuwait - Agenda item 13.2: Mental health and social connection (WHA78).

2025

Summary: Kuwait frames mental health and social connection as pillars of justice and human development, noting evidence that isolation heightens depression, anxiety, cardiovascular disease, suicide risk, and productivity losses. It outlines national actions—allocating resources, expanding services, training staff, hospital social-service support (primary psychological support, social assessment, referral, family guidance), and outreach to adolescents, persons with disabilities, and migrants—and backs curriculum integration, awareness, monitoring and research, while calling on WHO to intensify technical support and cooperation.

Niger - Point 13.2: Santé mentale et lien social (WHA78).**2025**

Summary: Niger supports the African Region statement and stresses the strength of traditional community solidarity in addressing mental-health needs, while warning that social change and stigma are undermining these supports. It cites a National Mental Health Programme, supported by WHO, that is integrating psychiatric care into primary health centres, and calls for community-rooted approaches.

Statement by Nigeria - Agenda item 13.2: Mental health and social connection (WHA78).**2025**

Summary: Nigeria highlights the 2023 Mental Health Act and efforts to integrate mental health into primary care using task-shifting and WHO mhGAP, alongside anti-stigma campaigns that foster social connection. It prioritizes youth, GBV survivors, persons with disabilities, and IDPs, and calls for WHO support on capacity building and digital tools, higher national budgets, and community-based care models.

Sultanate of Oman - Item 13.2: Mental health and social connection (WHA78 statement).**2025**

Summary: Oman reports integrating mental-health care into primary care with decentralized psychiatrist focal points, early-detection programs, and workforce training (including WHO mhGAP), plus hotlines and remote counseling during emergencies. To strengthen social connection, it runs digital awareness campaigns, community outreach (including associations for older adults/Alzheimer's), youth initiatives on social media's impacts, and seeks WHO support to expand services, training, and tele-mental health.

Intervención de la República del Paraguay - **2025** **Punto 13.2: Salud mental y conexión social (WHA78)**

Summary: Paraguay co-sponsors the WHA78 resolution on social connection and calls for training health workers, creating inclusive public spaces, strengthening health-information systems, incorporating these topics in education, and promoting research - especially for vulnerable groups - backed by resources, political commitment, and sustained technical cooperation.

Republic of the Philippines - Agenda 13.2: **2025** **Mental Health and Social Connection (WHA78)**

Summary: The Philippines backs prioritizing social connection across WHO's agenda and integrating it into frameworks like the Mental Health Action Plan. It supports action areas on policy integration, collaboration, capacity building, research, and equity for marginalized groups, and cites national measures: a Medicines Access Program with nationwide treatment sites, mhGAP integration in primary care, and MHPSS/Psychological First Aid during and after emergencies. It urges WHO to accelerate guidance and help countries localize effective SBC interventions, linking social connection to tech shifts, social trends, mental health, and ageing, with a focus on youth mental health, suicide prevention, and community-based approaches.

Déclaration du Sénégal - 78^e Assemblée **2025** **mondiale de la Santé - Point 13.2: Santé mentale** **et lien social**

Summary: Senegal underscores mental health as essential to quality of life and productivity, noting poverty, stigma, exclusion, disasters, and public-health events as drivers of disorders. It calls to update mental-health legislation, strengthen services and access nationwide, combat stigma and promote inclusion, protect rights, expand prevention and community support, and develop rehabilitation—committing to work closely with WHO to integrate mental health into public policy.

South Sudan's statement on agenda item 13.2: **2025** **Mental health and social connection**

Summary: Speaking on behalf of 47 African Member States, South Sudan urges recognizing mental health and social connection as pillars of resilience and recovery—calling for greater investment, integration into national health plans, and stakeholder support—while noting the adoption of the Pandemic Agreement and the heavy regional burden of PTSD, depression, anxiety, and stigma.

United Republic of Tanzania - Item 13.2: **2025** **Response to the country update on mental health and social connection during public health crises**

Summary: Tanzania aligns with the African Group and commits to strengthening mental health and social connection, especially for older adults, adolescents, and women during emergencies and beyond. It established a joint National MHPSS Action Plan and Technical Working Group to improve access, adapt guidance, and foster intersectoral collaboration; actions draw on local cultural practices, align with WHO's 2020–2030 plan, and embed community-based, people-centered interventions to build long-term psychosocial resilience.

Exploring the indirect effect of loneliness in the association between problematic use of social networks and cognitive function in Lebanese adolescents **2023**

Summary: The study explored how problematic use of social networks (PUSN) affects the cognitive function of Lebanese adolescents, and whether loneliness plays a role in this relationship. Data from 379 adolescents (ages 13–17) showed that excessive use of social networks—especially negative social comparisons and addictive use—was linked to poorer cognitive performance. Importantly, loneliness was found to partly explain this link, acting as a mediator between PUSN and cognitive decline. The study also found that financial stress worsened, while physical activity improved, cognitive function. Overall, the findings highlight that overuse of social media can harm adolescents' thinking and learning abilities, and that addressing loneliness may be key to reducing these negative effects.

Speech by Dr Amy Khor, Senior Minister of State for Health, at the Ministry of Health Committee of Supply Debate 2020, on Thursday 5 March 2020 **2020**

Summary: Sets out Singapore's aging and mental-health priorities: scaling Community Networks for Seniors, launching assisted-living flats, expanding eldercare capacity, community nursing and pharmacist services, and promoting bone-health initiatives. For mental health, detailed community outreach teams, 24-hour helplines, the "Beyond the Label" anti-stigma campaign, and integration of services into polyclinics and GP networks.

Better Later Life – He Oranga Kaumātua 2019 to 2034 **2019**

Summary: New Zealand's ageing strategy setting a vision—"older New Zealanders lead valued, connected and fulfilling lives"—and five action areas: financial security/economic participation, healthy ageing & access to services, diverse housing options, participation & social connection, and accessible environments; supported by indicators and an action plan.

National Mental Health Policy Framework and Strategic Plan **2023**

Summary: South Africa's framework updates the 2013–2020 plan and sets vision, principles, and roles plus 12 action areas—organisation of services, financing, promotion/prevention, intersectoral collaboration, advocacy, human rights, special populations, quality improvement, M&E, workforce, psychotropic medicines, and research—with a 2023–2030 strategic plan and implementation monitoring.

Opinion of the European Economic and Social Committee Addressing loneliness: cementing measures for demographic cohesion

2023

Summary: This EU Council document addresses loneliness as a growing demographic challenge that affects health, productivity, and overall well-being across Member States. It calls for coordinated measures to integrate loneliness into national health and social policies, stressing the importance of prevention, early detection, and community-based support.

Measuring Social Connectedness in OECD countries - A Scoping Review

2024

Summary: This report provides the first international framework for measuring social connectedness across OECD member countries. It reviews how governments currently track loneliness, perceived social support, and participation in community life, identifying major data gaps and inconsistencies between nations

Policy brief: Addressing loneliness and social isolation among older people in Europe

2024

Summary: This policy brief explores the widespread impact of loneliness and social isolation on older people across Europe, emphasizing links to poor physical health, depression, and reduced quality of life. It reviews evidence on risk factors such as living alone, limited mobility, and weak community ties, while also highlighting protective elements like intergenerational programs and accessible social services

Loneliness publications

2023

Summary: Collection of EU policy briefs reporting prevalence/determinants of loneliness and implications for interventions that strengthen social connection.

Ageing policies - access to services in different Member States

2021

Summary: This study reviews how EU Member States design and deliver ageing policies, with a focus on access to health, long-term care, social services, and opportunities for active participation in society. It highlights differences in national approaches to ensuring older people can age with dignity, independence, and social inclusion

Inter-American Convention on Protecting the Human Rights of Older Persons

2015

Summary: This OAS regional human-rights treaty (A-70) is the first legally binding instrument focused on older persons in the Americas. It obliges States to create and strengthen mechanisms for participation and social inclusion, promote intergenerational activities to build solidarity, ensure access to community services, and prevent isolation or segregation.

Caribbean Charter on Health and Ageing Launched

1999

Summary: Adopted by CARICOM Ministers, the Charter commits Member States to a coordinated, multisector approach that ensures older persons' full integration and participation in Caribbean societies and economies. It frames healthy ageing around: (1) supportive environments and prevention, (2) community and family-based supports, and (3) making services and products more age-friendly.

Minister Highlights Elderly Empowerment to Combat Loneliness

2025

Summary: RRI reports Indonesia's minister highlighting "Lansia Berdaya"—an elderly-empowerment program that creates engagement opportunities for adults 60+ to reduce loneliness and improve well-being.

About Western Pacific States

2025

Summary: This article explores the main drivers of loneliness among young people in Indonesia, Thailand, the Philippines, and Brunei. It highlights how factors such as age, gender, food insecurity, and lack of physical activity increase the risk of persistent loneliness. Supportive family relationships and friendships, on the other hand, protect against these feelings. The study calls for policies that promote food security, encourage active lifestyles, strengthen parental engagement, and provide school-based mental health and anti-bullying programs.

The loneliest continent: epidemic of social isolation hits Africans as western culture spreads

2025

Summary: A recent WHO report says Africa has become the "loneliest continent," with nearly 24% of people reporting feelings of loneliness. Adolescents aged 13-17 are the most affected. Traditionally, African societies have been communal and tight-knit; however, changes like urbanization, rising living costs, shifting values, and increasing influence of Western culture are breaking down those community ties.

People in the article say that technology, migration, and economic pressures contribute to isolation. For example, many young people feel disconnected despite being online. Single parents, people with unstable jobs, or those who move to cities feel less supported. Programs like Zimbabwe's Friendship Bench and South Africa's AgeWell service are helping by training community workers to provide companionship and peer support.

The article calls for governments and communities to recognize loneliness as a public health issue and to include social connection in health policies, rather than focusing solely on diseases.

Alarming levels of loneliness found among South African adolescents – UCT study

2025

Summary: A study by the University of Cape Town found that more than 90% of surveyed South African youth (ages 17–24) experienced moderate to severe loneliness, regardless of whether they were HIV-positive or not. The research showed that being female, having symptoms of depression, and having experienced trauma increased the likelihood of loneliness. Loneliness was also closely linked to anxiety, PTSD, and lower psychological resilience, though intriguingly, substance use and HIV status were not significantly associated with higher loneliness. The researchers suggest strengthening group and peer support programs and integrating efforts to address mental health to reduce loneliness and help youth feel more connected.

Loneliness in South African youth and its association with HIV infection, substance use and mental health

2025

Summary: The study titled Loneliness in South African youth and its association with perinatal HIV infection, mental health, and substance use by GN Stein (2025) investigated the prevalence and correlates of loneliness among South African youth. The study found that 92.6% of participants reported moderate to high levels of loneliness. Loneliness was significantly associated with mental health issues such as depression, anxiety, post-traumatic stress disorder (PTSD), negative coping strategies, and trauma exposure. However, the study did not find a significant association between loneliness and perinatal HIV infection or substance use.

Mental health among adolescents exposed to social inequality in Latin America and the Caribbean: a scoping review

2024

Summary: Literature review that synthesizes evidence on how social inequality in Latin America and the Caribbean is associated with adolescents' mental health, highlighting feelings of isolation, exclusion, and gaps in access to support

[Social connection as a critical factor for mental and physical health: evidence, trends, challenges, and future implications](#) **2024**

Summary: Comprehensive review highlighting strong scientific evidence that social connection is a key determinant of both mental and physical health. It shows that lacking supportive relationships increases the risk of illness and premature death, while meaningful connections act as a powerful protective factor. The article underscores the need to treat social connection as a core public health priority.

[Tackling Loneliness Hub](#) **2024**

Summary: An online community launched and run on behalf of the UK Department for Digital, Culture, Media and Sport (DCMS), the Tackling Loneliness Hub connected over 850 professionals from more than 600 organizations across various sectors. The Hub facilitated the sharing of research, insights, and best practices to reduce loneliness and promote social connections.

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[Tackling Loneliness through the Built Environment](#) **2022**

Summary: This report explores how the design of neighborhoods can play a significant role in addressing loneliness and promoting social connections. It emphasizes the importance of creating spaces that encourage interactions, such as benches and community areas, to foster both 'weak' and 'strong' social ties. The report provides recommendations for planners and policymakers to design environments that support social engagement and well-being.

Promising Approaches Revisited

2020

Summary: An update to the 2015 report, this publication presents a framework for commissioners, local authorities, health bodies, and third-sector organizations interested in reducing loneliness in later life. It outlines effective strategies and interventions to address loneliness and promote social connections among older adults.

Guidance for Local Authorities and Commissioners

2018

Summary: This resource provides guidance on planning and addressing loneliness experienced by people in local populations. It emphasizes a strategic approach that includes mapping existing services, utilizing local assets, and considering interventions beyond the health and social care sector to support individuals experiencing or at risk of loneliness.
