Loneliness Research in Ireland: What Should we Prioritise?

Joanna McHugh Power PhD[1], Robyn Homeniuk [2], Cormac Monaghan BSc[1], Eleanor Bantry-White PhD[3], Aileen O'Reilly PhD[2]

1: Department of Psychology, Maynooth University, Maynooth, Co. Kildare, Ireland.

2: ALONE, Pleasants Street, Dublin 2, Ireland.

3: School of Applied Social Studies, University College Cork, Co Cork, Ireland.

Corresponding author: Joanna E McHugh Power, 3.08 John Hume Building, Maynooth University, Co. Kildare, Ireland. Email: Joanna.McHughPower@mu.ie

Competing interests: The authors declare none.

Ethical standards: The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008. The authors assert that ethical approval for publication of this research has been provided by their local Ethics Committee.

Financial support: This research received no specific grant from any funding agency, commercial or not-for-profit sectors. The event described in the manuscript was supported by the Maynooth University Department of Psychology, in the form of catering provided for attendees.

Acknowledgements: The authors wish to thank all attendees and members of the Loneliness Taskforce Research Network, the National College of Ireland for providing a space to collect data, the Maynooth University Department of Psychology for providing catering for attendees, and the staff of ALONE for supporting the study. Thanks also to Niamh Petrie, Shauna McDonagh, Jo Greene, and Aisling Martin for their assistance in data collection.

Abstract

Objectives: To elicit research priorities for the topic of loneliness from experts and experts by experience in Ireland. Methods: There were two phases to this research. In Phase 1, 51 attendees of the inaugural meeting of a loneliness research network broke into roundtables to discuss different topics chosen a priori (loneliness in older people; loneliness and health; loneliness in young people; risk factors for loneliness; targeted interventions for loneliness; and loneliness and technology). Each table had a facilitator, and participants were asked to pick research priorities for that topic, shaped by Viergever's checklist for health research priority setting. Phase 2 involved a survey created of all priorities emerging from Phase 1. The survey was shared with all members of the research network who were asked to rank them in order of importance. 22 network members completed the ranking survey. Results: Risk factors for loneliness (particularly an examination of why Ireland has the highest prevalence of loneliness across Europe), loneliness among young people (particularly measurement of prevalence) and older people (particularly the impact of financial challenges on loneliness), and loneliness interventions (particularly mapping existing interventions on loneliness in Ireland) were identified as the top research priorities. Conclusions: With this prioritisation exercise complete, Irish loneliness researchers now have a roadmap for future research, which should be considered in future policies related to both loneliness and mental health research.

Key words: prioritisation exercise; loneliness; expert consultation;

Introduction

Loneliness is both an affective and cognitive phenomenon arising from the perception of insufficient quality or quantity of social relationships (Peplau & Perlman, 1982). While loneliness is often associated with later life, it has another notable peak at early adulthood (Hawkley, Buecker, Kaiser, & Luhmann, 2022). Risk of loneliness is increased in the presence of certain demographic characteristics (e,g. age, gender, marital status, migration status, living status) as well as by health status (physical, mental, and cognitive;(Lim, Eres, & Vasan, 2020). Given the considerable health burden associated with loneliness (Beckers, Bücker, Casabianca, & Nurminen, 2022), it is critically important to improve our understanding of the experience.

Ireland in particular has reason to be concerned about loneliness. The prevalence of loneliness is highest in Ireland relative to other EU countries; in a recent survey 20% of Irish respondents were lonely relative to 13% across Europe (Berlingieri, Colagrossi, & Mauri, 2023). This is surprising, given that northern European countries typically have the lowest levels of loneliness in Europe (Surkalim et al., 2022). There is momentum globally in development of policies that recognise the threat of loneliness (Goldman, Khanna, El Asmar, Qualter, & El-Osta, 2024). Loneliness has also been recognised in the recent establishment of a WHO Commission on Social Connection, the aim of which is to ensure loneliness is recognised and resourced as a global public health priority.

In 2018, a coalition of organisations came together as the Loneliness Taskforce to address the issue of loneliness in Ireland (Loneliness Taskforce, 2018). However, there remained a need for a dedicated loneliness research network to ensure high-quality research on loneliness is produced in Ireland, to inform policy and intervention, and to ensure responses reflect the reality of those with lived experience.

The Loneliness Taskforce Research Network (LTRN) was subsequently established in November 2023 to connect Irish loneliness researchers, inform policy and intervention, and ensure experts by experience are part of the discussion. The LTRN currently has over 50 members, comprising academics, researchers, and members of the community, voluntary and statutory sectors, and receives secretariat support from ALONE. One of first priorities of the LTRN was to map existing evidence and ongoing research on loneliness in Ireland, and to identify research gaps and priorities in order to inform evidence-based policy recommendations. To this end, the group held a series of exercises in April and May 2024 to collectively determine priorities in Irish loneliness research. The objective of this research was to elicit a list of priorities for Irish loneliness research for use by Irish loneliness researchers, and which can also, through the Loneliness Taskforce, shape the future landscape of Irish loneliness research.

Methods

Design

We used a modified version of the research prioritisation exercise previously used in dementia research (Rogan et al., 2023; Shah et al., 2016). We also shaped the discussions using Viergever's checklist for health research priority setting (Viergever, Olifson, Ghaffar, & Terry, 2010).

There were two phases in this study. For Phase 1, a roundtable event was held in April 2024, at the inaugural event of the LTRN, to garner research priorities in different topics of loneliness research in Ireland. These topics were decided a priori by members of the research team and were: loneliness in older people; loneliness and health; loneliness in young people; risk factors for loneliness; targeted interventions for loneliness; and loneliness and

technology. Phase 2 was a survey of all research priorities emerging from Phase 1 which was sent to all members of the LTRN to ask them to rank the priorities in order of importance.

Participants and Recruitment

Prior to the event, participants were asked to register and provide information about the type of organisation they represented. Overall, 116 registrations were received, with the largest proportions representing the Health Services Executive, universities, and nongovernmental organisations, with smaller proportions from government and statutory bodies, housing organisations, unions, and businesses. The inaugural event was held the course of a day, with attendees advised that they could remain for the afternoon if they wished to participate in a roundtable research prioritisation research exercise (Phase 1). In total at the roundtable, there were 51 participants.

For Phase 2, which involved a survey circulated to all LTRN members, 22 responded and took part in the survey.

Procedure

Phase 1: Participants self-assigned to a table corresponding to each of the above topics, and tables had maximum nine participants each, although interest in "loneliness in older people" was such that two separate tables were devoted to discussing priorities in this theme. There was a dedicated facilitator and note taker for each table. In each group, the facilitator explained the objective of the research to participants at that table, and invited them to discuss what they felt to be priority research questions in an Irish context, inclusive of loneliness interventions. A flipchart was used to enable discussion and clarification of the recorded points. Participants were asked to respond to the question "What do you think are the priorities in your area of loneliness research in an Irish context?" Prompts were also provided: "What areas of research should be prioritised?"; "What are the gaps in knowledge

in your area?"; "What are the important research questions?"; "What are the main messages you would like policymakers to receive regarding your area of loneliness research?".

Phase 2 involved a survey of all LTRN members, in order to move from the priority topics garnered in the roundtable towards a ranked list of research priorities for Irish loneliness research. For the purposes of the survey, the topics from Phase 1 were refined in the following ways: loneliness in young people, risk factors for loneliness, loneliness and health, targeted interventions for loneliness, and loneliness in older people were retained as is, whilst a new category, research enablers, was introduced, to better capture the priorities across categories which concerned how best to facilitate Irish loneliness research. Due to minimal interest in the topic at Phase 1, loneliness and technology was not retained as a category in the survey. The Phase 2 survey invited participants to rank the 5-12 research priorities identified in Phase 1 within each of the above topics in order of priority, and to rank the topics themselves in order of priority. Participants could also use an open text box to add any priorities they felt were missing from the survey. Over the course of one month (24th April – 24th May), 22 responses were received from the network members on this survey; of these, 2 did not provide consent and 5 were incomplete, and these 3 were excluded from the subsequent analyses, yielding 15 responses. Of the total membership of the LTRN (n = 69), this represents a 21% response rate.

To convert the rankings of each research question into aggregated ordinal scores, we used a method based on a previous prioritisation exercise (Hollis et al., 2018). Participants ranked research questions by priority, with the highest priority ranked first and the lowest ranked last. Each ranking was assigned a score, where the highest priority received the highest score (i.e., 10 points for first place if there were 10 questions), and the lowest priority received the lowest score (e.g., 1 point for last place). These scores were then summed for

each question across all participants, producing a final list of research priorities based on total scores within each topic. The overall scores or ranking S is given by the following equation:

$$S = \sum_{i=1}^{n} f_i \times (n - i + 1)$$

where:

- n is the total number of ranks.
- f_i is the frequency of people who ranked the research question at rank i.
- $(n - i + 1)$ is the weight associated with rank i

Results

Overall, risk factors for loneliness, loneliness among young people, loneliness in older people and interventions for loneliness were identified as the top research priorities. The full list of research priorities is available in Supplementary Materials. Table 1 displays the top three ranked research priorities of each research topic.

As this table shows, the most highly ranked priority within risk factors for loneliness was examining why Ireland is the loneliest country in Europe. For young people, enhancing our understanding the prevalence of loneliness among young people was priority, whilst the highest priority for older people was examining the impacts of financial challenges in later life on loneliness. A final highly ranked priority was mapping existing interventions on loneliness in Ireland and examining their impact, including their cost effectiveness.

Table 1. Top Three Ranked Research Priorities in each Topic

Loneliness in Young People	Overall Score
1. What is the prevalence of loneliness (transient and chronic) among young people in Ireland?	131
2. How do young people define loneliness, and does this change over the lifespan?	123
3. How do young people cope with loneliness (maladaptive and adaptive coping strategies)?	111
Loneliness in Older People	
1. What are the impacts of financial challenges in later life (increased cost of living; lack of secure housing) on older adult loneliness?	93
2. Can we marshal existing evidence on interventions for loneliness in older people to create a "universal toolkit" or service directory?	88
3. Can we better understand loneliness which is not ameliorated by improved social engagement (ie emotional or existential loneliness)?	86
Research Enablers	
1. Can we incorporate routine collection of information about loneliness in clinical settings to optimise services and facilitate research (with particular attention to potential technological solutions)?	109
2. Can we organise loneliness research (ie in the form of the Loneliness Taskforce Research Network) in order to better inform policy and practice on loneliness in Ireland?	107
3. How can we best ensure the inclusion of experts by experience within loneliness research?	72

Risk Factors for Loneliness

1.	Why is Ireland lonelier than other EU countries?	71
2.	Within Ireland, who is loneliest, and where (ie what are the demographic risk factors for loneliness across Ireland)?	70
3.	What is the impact of poverty on loneliness? / What is the impact of life transitions on loneliness (school, university, work, retirement)? (joint third)	51

Interventions for Loneliness

1.	Can we map existing interventions on loneliness in Ireland and determine which if any have been evaluated for their impact on loneliness, and their cost-effectiveness?	138
2.	Can we map available interventions with respect to the subtype of loneliness (social, emotional, existential) they target?	110
3.	How do we best target or personalise interventions?	95

Loneliness and Health

1.	How do loneliness levels fluctuate over the life-course in Irish people, from childhood to old age, and how does the impact of loneliness on health change over time?	49
2.	What is the economic cost of loneliness on people and for services, with respect to its impact on health in particular?	45
3.	Is the impact of loneliness on health cumulative or more acute?	3

Ranked Research Topics

1.	Risk factors for loneliness	53
2.	Loneliness in young people	44

3.	Loneliness in older people / interventions for loneliness (joint third)	43

Discussion

This study highlights the significance of loneliness as an issue in Ireland and underscores the need for focused research to address loneliness across different demographics and contexts. The findings indicate that research on loneliness should be structured around three focal areas, each with a specific top priority.

Identifying risk factors for loneliness, and specifically understanding why Ireland has been identified as the loneliness country in Europe, presents a critical first step in addressing the issue of loneliness. Further research in this area could reveal patterns that explain this discrepancy, potentially informing both national and EU policies to combat loneliness. Among young people, understanding the prevalence and characteristics of loneliness is important given the increase in mental health difficulties within this group and a growing awareness of loneliness as an issue for this group during and after the COVID-19 pandemic. By better understanding how loneliness manifests in emerging adults, it may be possible to develop interventions or supports for this group. Older people were also identified as a priority group. Research here would highlight the role of financial challenges and social housing in exacerbating loneliness in later life to policymakers, and the importance of an integrated approach to reducing loneliness. Finally, further research mapping existing interventions and assessing their impact and cost effectiveness will ensure that resources are allocated effectively and evidence-based strategies are prioritised.

Overall, while the LTRN's approach to prioritising loneliness research topics represents an important step forward in improving our response to the issue of loneliness in

Ireland, there were some methodological limitations which should be considered. There was a low sample size for the survey, which was not representative of all stakeholders, particularly individuals with lived experience of loneliness. The approach to data analysis mirrors those used elsewhere (Rogan et al., 2023; Shah et al., 2016; Viergever et al., 2010), but this method precluded cross-topic ranking score comparisons. An alternative method, such as the Child Health Research Nutrition Initiative (CHNRI) method used by the Lancet Mental Health group could be considered (Tomlinson et al., 2009).

Despite these limitations, this study shows a need to invest in targeted areas of research on loneliness. The insights will benefit policymakers, funding bodies, and researchers by helping to direct resources efficiently, minimising the risk of research redundancy. The findings will be used by the national Loneliness Taskforce in Ireland in campaigning to develop, fund and execute a cross-Government national strategy to reduce loneliness in Ireland. The LTRN will play an important role in this campaigning, linking research with policy and practice.

References

Beckers, A., Bücker, S., Casabianca, E., & Nurminen, M. (2022). Effectiveness of interventions tackling loneliness.

Berlingieri, F., Colagrossi, M., & Mauri, C. (2023). *Loneliness and social connectedness: Insights from a new EU-wide survey*. Retrieved from Brussels, Belgium: https://publications.jrc.ec.europa.eu/repository/handle/JRC133351

Goldman, N., Khanna, D., El Asmar, M. L., Qualter, P., & El-Osta, A. (2024). Addressing loneliness and social isolation in 52 countries: a scoping review of National policies. *BMC public health, 24*(1), 1207.

Hawkley, L. C., Buecker, S., Kaiser, T., & Luhmann, M. (2022). Loneliness from young adulthood to old age: Explaining age differences in loneliness. *International Journal of Behavioral Development, 46*(1), 39-49.

Hollis, C., Sampson, S., Simons, L., Davies, E. B., Churchill, R., Betton, V., . . . Gronlund, T. A. (2018). Identifying research priorities for digital technology in mental health care: results of the James Lind Alliance Priority Setting Partnership. *The Lancet Psychiatry, 5*(10), 845-854.

Lim, M. H., Eres, R., & Vasan, S. (2020). Understanding loneliness in the twenty-first century: an update on correlates, risk factors, and potential solutions. *Social psychiatry and psychiatric epidemiology, 55*, 793-810.

Loneliness Taskforce. (2018). A connected island; An Ireland free from loneliness. *A report from the Loneliness Taskforce. Dublin: Loneliness Taskforce*.

Peplau, L. A., & Perlman, D. (1982). *Loneliness: A sourcebook of curent theory, research, and therapy*. New York: Wiley.

Rogan, C., Rock, B., Begley, E., Boland, B., Brazil, K., Diaz-Orueta, U., . . . Hannigan, C. (2023). Dementia research in Ireland: What should we prioritise? *HRB open research, 6*.

Shah, H., Albanese, E., Duggan, C., Rudan, I., Langa, K. M., Carrillo, M. C., . . . Rossor, M. (2016). Research priorities to reduce the global burden of dementia by 2025. *The Lancet Neurology, 15*(12), 1285-1294.

Surkalim, D. L., Luo, M., Eres, R., Gebel, K., Van Buskirk, J., Bauman, A., & Ding, D. (2022). The prevalence of loneliness across 113 countries: systematic review and meta-analysis. *bmj, 376*.

Tomlinson, M., Rudan, I., Saxena, S., Swartz, L., Tsai, A. C., & Patel, V. (2009). Setting priorities for global mental health research. *Bulletin of the World Health Organization, 87*, 438-446.

Viergever, R. F., Olifson, S., Ghaffar, A., & Terry, R. F. (2010). A checklist for health research priority setting: nine common themes of good practice. *Health research policy and systems, 8*, 1-9.