

Loneliness and Isolation in Psychiatric Perspective

Loneliness is a subjective feeling, while social isolation is a fact. Both can serve as triggering or etiological factor of mental health conditions or a consequence of psychiatric disorders with their burden of stigmatization and prejudice.^{1,2}

The World Health Organization has assembled groups of experts to study and conceptualize issues related to the health impact of loneliness and social isolation (e.g., the Technical Advisory Group on Social Connection), and evaluate the experience gathered so far in countries such as the UK and Japan, where ministries specifically devoted to these topics have been established.³

Loneliness and social isolation are significant factors affecting mental health.^{4,5} Loneliness can predict adverse outcomes in disorders and conditions, particularly following a mental health crisis. It may be associated with increased symptom severity, lower self-rated recovery, and diminished health-related quality of life.⁶ Interestingly, loneliness is a better predictor of clinical outcomes than objective social isolation and social capital, highlighting the impact of subjective feelings of loneliness over mere physical solitude. Perceived social support is crucial, including the number of people available to a given person and the certainty that they would be helpful in stressful situations.^{7,8} These considerations underscore the importance of addressing loneliness and social support in psychiatric care to improve recovery or prevent worsening in individuals with mental health conditions.

While activities involving persons and institutions reduce social isolation, coping with loneliness demands a multifaceted approach including social, psychological, and lifestyle aspects. Engaging in social activities can be a powerful antidote to loneliness. Volunteering offers the dual benefit of making connections while contributing to society and the greater good. On a personal level, practicing self-kindness, avoiding a vocabulary of self-commiseration and depreciation, and evaluating positive aspects of life may be of help.

Developing a routine that includes meaningful tasks and hobbies can also foster a sense of accomplishment and fulfillment. Staying in touch with loved ones through encounters or digital means can help maintain a sense of connection. Nurturing personal well-being is essential. In this regard, the use of Artificial Intelligence (AI) conversational tools or pet robots should not be underestimated. The realm of the “social” now includes machines and virtual environments. Although they do not replace human contact for the time being, they will probably be part of daily life routines.^{9,10}

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References

1. Schutter N, Holwerda TJ, Kuipers H, et al. The association between loneliness and psychiatric symptomatology in older Psychiatric Outpatients. *J Geriatr Psychiatry Neurol.* 2022;35(6):778-788. [\[CrossRef\]](#)
2. Brandt L, Liu S, Heim C, Heinz A. The effects of social isolation stress and discrimination on mental health. *Transl Psychiatry.* 2022;12(1):398. [\[CrossRef\]](#)
3. *Who-int/Groups/Technical Advisory Group on Social Connection-(Tag-sc).*
4. Kadotani H, Okajima I, Yang K, Lim MH [editorial]. Editorial: The impact of social isolation and loneliness on mental health and wellbeing. *Front Public Health.* 2022;10:1106216. [\[CrossRef\]](#)
5. Mann F, Wang J, Pearce E, et al. Loneliness and the onset of new mental health problems in the general population. *Soc Psychiatry Psychiatr Epidemiol.* 2022;57(11):2161-2178. [\[CrossRef\]](#)
6. Caple V, Maude P, Walter R, Ross A. An exploration of loneliness experienced by people living with mental illness and the impact on their recovery journey: an integrative review. *J Psychiatr Ment Health Nurs.* 2023;30(6):1170-1191. [\[CrossRef\]](#)
7. Sarason IG, Levine HM, Basham RB, Sarason BR. Assessing social support: the Social Support Questionnaire. *J Pers Soc Psychol.* 1983;44(1):127-139. [\[CrossRef\]](#)
8. Acoba EF. Social support and mental health: The mediating role of perceived stress. *Front Psychol.* 2024;15:1330720. [\[CrossRef\]](#)
9. Kenyon K, Kinakh V, Harrison J. Social virtual reality helps to reduce feelings of loneliness and social anxiety during the Covid-19 pandemic. *Sci Rep.* 2023;13(1):19282. [\[CrossRef\]](#)
10. Welch V, Ghogomu ET, Barbeau VI, et al. Digital interventions to reduce social isolation and loneliness in older adults: an evidence and gap map. *Campbell Syst Rev.* 2023;19(4):e1369. [\[CrossRef\]](#)