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The Regional Municipality of Durham
Information Report

From:	Commissioner & Medical Officer of Health
Report:	#2025-INFO-61
Date:	July 25, 2025

Subject:

From Loneliness to Social Connection

Recommendation:

Receive for information

Report:

1. Purpose

1.1   To provide an update on a report entitled [From Loneliness to Social Connection](#), released by the World Health Organization (WHO) on June 30, 2025.

2. Background

2.1   WHO is a United Nations agency that connects nations, partners and people to promote health and respond to public health emergencies so everyone can attain the highest level of health.

2.2   This report was written by WHO's Commission on Social Connection (2024 to 2026). The Commission's aim is that relevant organizations and funders recognise and resource loneliness and social isolation as global public health priorities. WHO released this report to make a case for action against social isolation and loneliness, raise the visibility of the topic, and build momentum towards implementing solutions and measuring progress.

2.3   Social health is a vital but often overlooked pillar of health, alongside physical and mental health. Social connection is about the many ways we relate to and interact with others. It includes family, friends, classmates, coworkers, and neighbours. Social connection can reduce the risk of disease, lengthen life expectancy and strengthen the fabric of communities and society.

2.4   The WHO report describes social isolation and loneliness as follows:

     a.   Social isolation is the objective state of having few roles, relationships and social interactions with others.

     b.   Loneliness is a negative, subjective emotional state resulting from a discrepancy between one's desired and actual experience of connection.

- It is important to recognize these two terms as unique, as someone who experiences social isolation may not experience loneliness. Each concept/issue will require its own interventions and solutions.

3.   Key Findings

The Issue

3.1   Data from 2014 to 2023 show that loneliness affects nearly one in six people globally and causes about 871,000 deaths annually. WHO estimates that this has probably been the case for years, but the COVID-19 pandemic and growing concern about digital technology brought more attention to the issue.

3.2   Loneliness is widespread, impacting people in all regions and all age groups. However, those with the highest burden of loneliness include adolescents and young adults (approximately 21 per cent and 17 per cent respectively), and people in low-income countries (approximately 24 per cent).

3.3   Social isolation estimates show that 25 to 34 per cent of older people (1990 to 2022 data) and 27 per cent of adolescents (2003 to 2018 data) are socially isolated.

3.4   Groups of people that are marginalized are more likely to experience loneliness or social isolation. This includes people with disabilities, refugees and migrants, Indigenous Peoples, ethnic minorities, and individuals that are Two-Spirit, lesbian, gay, bisexual, transgender, queer (or sometimes questioning), intersex, asexual, and others.

3.5   Risk factors for social isolation or loneliness include poor physical or mental health, less education, living with low income, certain personality traits (e.g., neuroticism), being without a partner/unmarried, living alone, and poor access to transportation.

3.6   Currently, what we know about the impact of digital technology on social isolation and loneliness is limited, and the benefits and consequences depend on various factors. One thing that experts agree on, however, is that we should be concerned about how digital technology affects young people's mental health.

3.7   The consequences of loneliness and social isolation are severe and underrecognized, impacting mortality, physical health (e.g., cardiovascular disease and type 2 diabetes), mental health (e.g., depression and anxiety), well-being, education, the economy, and wider society.

3.8   The economic cost of social isolation and loneliness is felt by individuals, employers, and the healthcare system.

Solutions

3.9   WHO performed background research to learn about solutions to reduce loneliness and social isolation that were being implemented globally. The following solutions emerged from the research:

    a.   Advocacy, communication campaigns, and networks and coalitions to coordinate activities and advocate for solutions.

    b.   Policies to influence social connection have been implemented which focused on public awareness campaigns, reducing stigma and shame, funding more research, and involving people with lived experience in policy development.

    c.   Community strategies (e.g., creating safe, equitable, and inclusive community spaces and services to promote socialization, investing in community events and group activities, and social prescribing).

    d.   Individual and relationship strategies (e.g., skills training, social engagement facilitation, therapy and psychological support).

The Way Forward

3.10   WHO proposes five strategic areas to address social isolation and loneliness. Each strategic area is supported by three actions, which are described below.

    a.   Policy

- Governments should develop, adopt, fund, implement, and monitor a national policy, strategy, or framework to promote social connection involving all sectors.
- Leaders from governments, the WHO, the United Nations, schools, universities, and non-profits should come together often to talk, share ideas, and lead the way on promoting social connection.
- WHO should build a shared online platform in partnership with others so that policymakers around the world can share and learn from policies that are helping to improve social connection.

    b.   Research

- Global and national research capacity should be built to improve understanding of social connection/disconnection and find better solutions.
- Identify and fund research priorities.
- Launch a Grand Challenge initiative focused on generating social connection ideas to foster innovation and teamwork across sectors.

    c.   Interventions

- WHO should create clear, science-based guidance on what works to promote social connection.

- Launch an intervention accelerator to test and develop cost-effective interventions that work in countries regardless of their income-level.
- Countries should be supported to put proven interventions into action and scale them up.

d.   Measurement and data

- Governments should collect better data to track social connection, social isolation, and loneliness.
- A global "social connection index" should be created to measure how connected people feel on a global scale.
- A ten-year effort should begin to collect this data on a regular basis to better understand patterns and to support decision-making.

e.   Engagement

- Social connection should be a top priority in politics and policy.
- Large public campaigns should be run in countries to raise awareness using a unified global message.
- A lasting movement should be built by working across sectors and securing ongoing funding.

4.   Local Initiatives

4.1   DRHD provides mental health resources and supports, including information on connection, available at durham.ca.

4.2   Data and local trends related to mental health are available on DRHD's Health Stats webpage.

4.3   Public health nurses play a vital role in promoting positive mental health, resiliency, and social connection among school-aged children by collaborating with school communities to deliver health education and making connections to community partners for supportive services.

5.   Previous Reports and Decisions

5.1   Report 2024-INFO-84 provided an update on the report: The State of Mental Health in Canada, 2024.

5.2   Report 2025-INFO-44 provided an update on the report: Child and Youth Mental Health.

6.   Relationship to Strategic Plan

6.1   This report aligns with/addresses the following Strategic Direction and Pathways in Durham Region's 2025-2035 Strategic Plan:

    a.   Connected and Vibrant Communities

- C6. Continue to revitalize and transform downtowns into hubs of economic, social, and cultural connection.
- C7. Create accessible, lively, and culturally welcoming spaces, including opportunities to access nature.

    b.   Healthy People, Caring Communities

- H1. Implement preventive strategies to support community health, including food security.
- H2. Collaborate with partners to respond to complex social issues that improve community safety and well-being, including mental health and addictions.
- H3. Integrate and coordinate service delivery for positive life outcomes, including investments in poverty reduction, housing solutions, and homelessness supports.
- H4. Support the development of healthy children and youth, including access to affordable and quality child care.
- H5. Provide services for seniors and work with community partners to support aging in place.

7. Conclusion

7.1 Social disconnection is an issue that impacts everyone and can occur at any point across a person's lifespan.

7.2 The issue of social disconnection has received growing attention following the COVID-19 pandemic, and there is need for multi-sectoral approaches and investments to reduce loneliness and social isolation and to promote social connection.

7.3 WHO believes that if the actions recommended in their report are put into practice, mental and physical health would be improved, lives would be saved, social disconnection would be reduced, and societies would be happier, more fulfilled, and more productive.

Respectfully submitted,

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