How best to mobilise social support to improve children and young people's loneliness

*Social support is a well-recognised protective factor for children's mental health. Whilst many interventions exist that seek to mobilise social support to improve children's mental health, not much is known about how to best do this. **Annette Bauer**, **Madeleine Stevens**, **Martin Knapp**, and **Sara Evans-Lacko** report key findings of a systematic review of the literature on approaches for preventing and reducing mental health problems among children and young adults.*

In 2018, the UK government launched its first loneliness strategy. In response to COVID-19, it has also allocated £5 million to a dedicated loneliness fund. Yet loneliness among children and young people under the age of 18 has increased sharply during the pandemic. Lockdown measures mean that many children are spending long periods away from friends, teachers, and families at a time when developing social relationships is particularly important. Children and young people also experience loneliness with greater frequency and intensity than other age groups.

Accordingly, during the pandemic, one in three young people in the UK reported feeling lonely often or most of the time. Even before COVID-19, one in ten children or young people said they often felt lonely (this rises to one in three among those living in or at risk of poverty). Many will also experience mental health problems, with about one in six children having a probable mental disorder; some of these impacts will persist after enforced isolation ends. Children, young people, and families are not equally affected – those with pre-existing mental health problems, those living in poverty and those from Black, Asian or mixed ethnicity are at higher risk of experiencing long-term problems.

In this context, mobilising social networks should form part of strategies for reducing loneliness and preventing depression and other mental health problems. Young people are much more likely to turn to their existing networks of formal and informal support than seek professional help. Having supportive networks, a positive environment, and feeling part of a community have been all been linked to better mental health.

We conducted a global systematic review of the literature to learn more about strategies for mobilising social support. The review looked specifically at studies that provided insights into how, why, and for whom interventions work. We identified 33 relevant studies covering interventions such as mentoring, peer support, family support, linkage projects with schools, community capacity building and service integration approaches. All of them addressed children or families identified as vulnerable, primarily defined by their socio-economic situation and other vulnerabilities such as gender, sexual orientation, mental or physical ill-health or ethnic background. Here we present some of the key lessons learnt, which break down some commonly-held myths.

Social support does not influence mental health in just one direction.

Many studies have found that social support can be protective for mental health. However, we find that for designing interventions, it is important to understand the dynamic relationship between social support and mental health. Social support can increase aspects of mental health such as hope and self-esteem, which in turn increase individuals' capacities to engage with social networks. Periods of social isolation can lead to changes in the brain that create fear-based responses to social situations, leading to an erosion of trust and further isolation. Thus, it requires approaches that address the interconnectedness of social support and mental health over time.

Mobilising social support for children is not always about their own social support.

Many studies we identified focused on *parent's* social networks, seeking to increase their ability to form social relationships from pregnancy, and to mobilise resources for their children. They hope to improve children's development, including their ability to form their own social networks as they grow up and increasing access to important resources such as healthcare and education. However, more research is still needed to understand how to improve children's own social support.

Social support is not merely about bringing people together.

Whilst bringing people together might be an important part of mobilising social support, there is an assumption that merely connecting a person who is socially isolated or lonely to another person is enough to reduce their loneliness. In our review we find that addressing social support often requires complex, dynamic, and long-term processes, especially for children or families who have experienced discrimination or disempowerment. The interventions we reviewed involved changing attitudes towards social support, motivations to engage in social support, and skills to do so. They achieve this by offering repeated opportunities for practising social skills and for experiencing the benefits of positive relationships through reciprocity and trust-building. Often this involves working not only with children or families who are socially isolated, but with schools, networks, and whole communities.

Social support cannot be mobilised for everyone in the same way.

Whilst it might be beneficial to offer social support to everyone, our review suggests that targeting groups who are socially isolated or at risk of social isolation requires additional efforts. Researchers in this field suggest that targeting individuals at the periphery of social networks might have positive knock-on effects for entire communities. More research and practice developments are needed to understand how best to target children or families in non-stigmatised ways.

Social support interventions are neither low cost nor always easy to implement.

Whilst social support can be mobilised with the help of volunteers or low-skilled staff, such approaches are not always low-cost. We find they can require high levels of (unplanned) resources, including substantial time input from staff employed by public sector agencies and the community sector. Social care and community organisations, community (mental) health services, and schools can all have important roles in actively fostering the development of informal and formal networks. However, this requires appropriate policies and investment.

Conclusion

Targeting children and young people at risk of continued social isolation with interventions that mobilise their social support should be an important part of ongoing response following on from the COVID-19 mental health and wellbeing recovery action plan. However, our evidence suggests that strategies and interventions require targeted, integrated, and long-term responses. Moreover, such responses must consider the complex and dynamic relationship between mental health and social support, they should focus on children who experience disadvantage, and involve communities.

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