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## The Impact of Loneliness in The Mentally Ill



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### ABSTRACT

**Background:** Loneliness exerts influence on individuals across the lifespan. Irrespective of age, researchers have identified significant associations between loneliness and several mental health disorders, including depression. For those within the healthcare profession, it is imperative loneliness' effects among all age groups be understood to provide individuals with the healing support and tools essential in maximizing their quality of life and minimizing the devastating effects of mental illness. **Purpose:** The purpose of this review was to determine the impact of loneliness on the mentally ill. The current analysis aimed to determine the impacts of loneliness among individuals with mental illness throughout their lifespan. Attention is focused on the correlation between loneliness and major depressive disorder. **Method:** Through the examination of patient case studies and academic journals, it is anticipated the reader will attain further knowledge regarding the links between loneliness and psychological wellness among young, middle, and old-old age adults. Clinical implications and nursing interventions which center around each age group's strengths, developmental needs, and goals are discussed following the literature. **Findings:** As evidenced by the literature, loneliness has profound detrimental effects on mental wellness. **Conclusion:** Healthcare professionals serve a vital role in supporting patients, helping individuals cope with loneliness, and encouraging the mentally ill to seek and participate in proper treatment.

## INTRODUCTION

Despite technological advances enabling communication and interconnectedness to be more feasible than ever before, loneliness has become an epidemic in society. As stated by former US Surgeon General, Dr. Vivek H. Murthy, loneliness reduces the human lifespan at a rate comparable to that of obesity or smoking 15 cigarettes a day [1]. In addition to poor physical health outcomes, loneliness has severe mental health implications [2]. Regardless of age, individuals are not immune to social isolation and loneliness, nor its devastating effects on psychological wellbeing. The impact of loneliness across the lifespan among the mentally ill is central to this analysis. Using scholarly research findings and implementing patient case studies throughout the discussion, it is anticipated nurses and other healthcare professionals will obtain a more thorough understanding of the role of loneliness as it relates to mental illness, as well as the interventions needed to provide exceptional care, for affected individuals. Research question: What is the impact of loneliness on the mentally ill?

## BACKGROUND

Loneliness is a universal, subjective, and multidimensional experience, arising when an individual experiences incongruity between his or her social needs and the extent to which they are satisfied through social interaction [3]. Adding to its complexity, loneliness can be classified as either loneliness of social isolation or loneliness of emotional isolation (see Figure 1). Referring to a lack of social networks or infrequency of social contact, the loneliness of social isolation results when interaction quantity is inadequate. The loneliness of emotional isolation develops when relationships are devoid of the meaning, depth, and closeness one longs [4]. Whether experienced separately or in combination, both experiences of loneliness are correlated with poor psychological health.

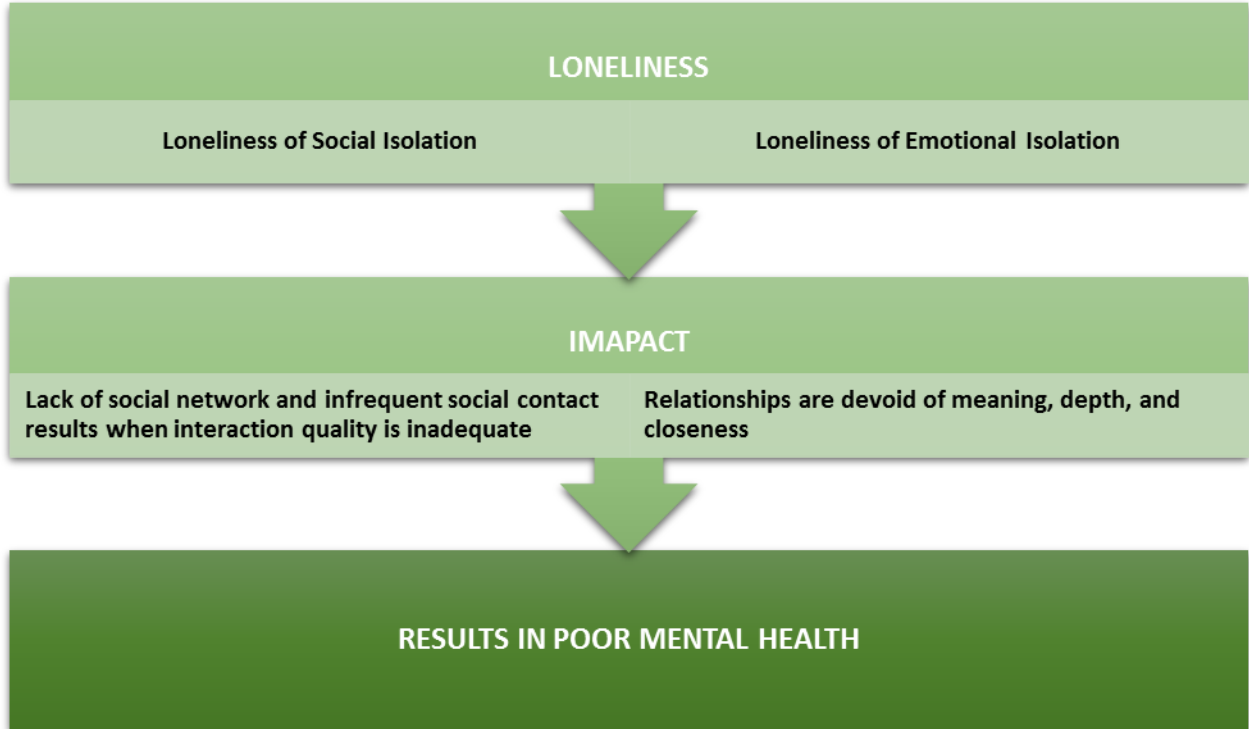


Figure No. 1. Classification of loneliness and its impact.

### Loneliness Across the Lifespan

Social needs shift in concentration throughout an individual's life. Thus, experts suggest development exerts influence on the nature of loneliness [5]. Noted by Lee *et al.* [1], loneliness appears to be most remarkable during young, middle, and old-old adulthood (see Figure 2). Because nurses must be equipped to care for individuals within any stage of life, they must be knowledgeable of loneliness' effects on mental wellness across the lifespan. Case studies A, B, and C, included within this analysis, relay patients' encounters with loneliness and mental illness during various life periods.

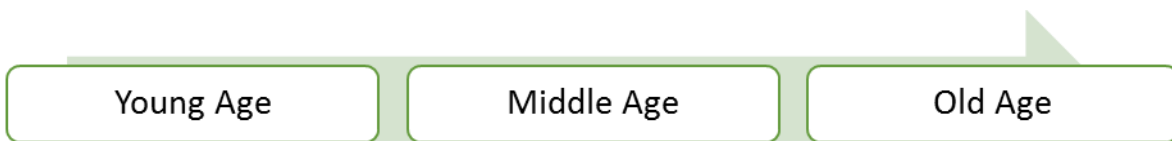


Figure No 2. Loneliness is most remarkable at certain stages in life

## **Loneliness and Mental Illness**

In recent years, the concept of loneliness has emerged as a central topic in mental health research; loneliness contributes to stress, hopelessness, reduced resilience, low levels of emotional intelligence, and social deficiency [6]. Mental health professionals across the globe have devoted their efforts to unravel the effects of loneliness on mental wellness. Associations between loneliness and severe long-term mental illnesses, including mood, anxiety, psychotic, personality, and substance use disorders, have been revealed [7]. Among these, much emphasis has been designated on the correlation between loneliness and major depressive disorder.

Depression is a mood disorder marked by symptoms of low motivation, anergia, anhedonia, feelings of diminished self-worth and guiltiness, as well as appetite and sleep changes [6]. Longitudinal studies emphasize loneliness is a significant risk factor for the generation of depressive symptoms. Researchers propose age, gender, life stressors, and negative affectivity have a lesser effect on the development of depression than that of both emotional and social loneliness; lonely individuals are troubled by negative thoughts and feelings towards themselves, often resulting in social isolation and depression [3]. Statistics estimate more than three in five Americans are lonely [8]. Therefore, the links between loneliness and neuropsychiatric conditions must be examined to properly care for the hurting and combat mental illness.

## **LONELINESS AND DEPRESSION IN YOUNG ADULTHOOD**

### **Case Study: Patient A**

Patient A, a 20-year-old female battling a diagnosis of major depressive disorder, was admitted to the general hospital. Notably, the patient's history was void of physical or psychological trauma, which contributed to feelings of guilt regarding her depressive state. The patient also expressed feelings of self-disgust, stating, "I have no reason to feel this way. I don't know why I can't just get myself together. I am so embarrassing." Upon further discussion, she mentioned a supportive family for whom she was grateful. She was content with her home life and succeeding in school. Despite the challenge in pinpointing a specific cause of her depression, she hinted at loneliness as a possible factor, tearfully disclosing, "I guess I just feel lonely. I have a wonderful family and a couple of close friends, but no one will ever understand how I am feeling. I feel like

a burden to everyone right now. I have distanced myself from everyone by staying in my room all day.” She proceeded to communicate: “I feel as if no one cares about me as I care about them.” Despite denying suicidal ideation, Patient A shared she did not have the desire to be alive either, as nothing made her happy anymore. Furthering feelings of self-disappointment, she was encouraged by her family to take a semester off from college to focus on her mental health. Due to her high standards of herself, the leave of absence evoked self-doubts of whether she was “smart enough” to pursue her dream career. She participated in minimal eye contact and maintained a flat affect throughout the conversation.

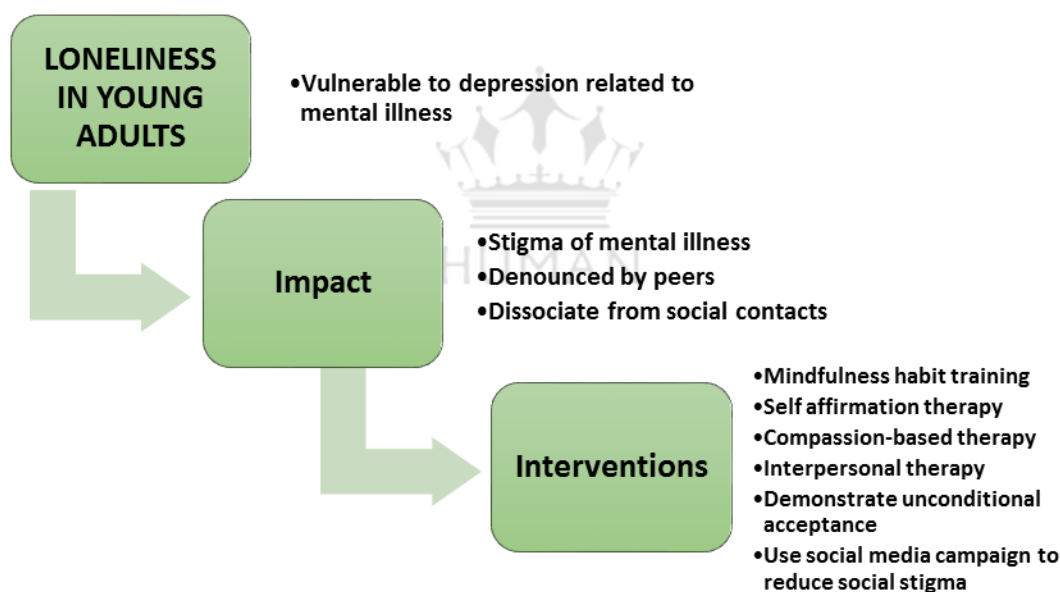
### **Findings**

The Cumulative Index to Nursing and Applied Health Literature (CINAHL) and ProQuest Health guided the literature review process on loneliness and depression in young adulthood. Keywords utilized to retrieve applicable research findings included loneliness, mental illness, mental health, depression, and young adults. The present section analyzes highlights of various studies according to the lived experience of Patient A.

As mentioned, loneliness is particularly prevalent during young adulthood and increases one’s vulnerability to developing a depressive disorder [5]. Ypsilanti *et al.* [3] suggest loneliness induces negative thoughts about the self, leading to rumination and the manifestation of depressive symptoms. Exemplified by Patient A, feelings of self-disgust are positively correlated with loneliness and depression. The literature also reveals a self-reinforcing cycle of loneliness and depression that clouds individuals’ hope for the future, as recognizable through Patient A’s statements [9].

While destructive at any point in life, loneliness and depression are especially threatening to young people. The links between loneliness and depression seriously distort the daily functioning of young adults transitioning towards adulthood and undermine their educational endeavors, social networking, and career opportunities [4]. Despite previously excelling in school, Patient A’s deteriorating mental health delayed her baccalaureate studies and perpetuated thoughts of self-doubt.

Although maintaining sufficient social support, Patient A expressed profound emotional isolation. Researchers assert that regardless of their actual degree of social support, lonely individuals are vulnerable to depression; loneliness is more strongly correlated with mental illness than social isolation [10]. Even with parental support, as in Patient A's case, young women still experience loneliness and mental health issues at a severe level [4]. Complicating the issue, however, young people are also likely to socially withdraw because of depressive symptoms, amplifying their loneliness. Societal stigma toward mental illness also sets the foundation for social isolation. Because mentally ill individuals fear being denounced by their peers, they regularly dissociate from social contexts [9]. While challenging to provide a precise explanation for each of these findings, there are likely multiple, complex ways in which loneliness and negative psychological states are connected within individuals' lives [4]. Figure 3 illustrates the impact and interventions for loneliness in young adults.



**Figure No 3. The impact and interventions for loneliness in young adults.**

### **Nursing Interventions and Practice Implications**

Lonely individuals have repeatedly exhibited greater negative psychological states and traits in comparison to that of the general population. Therefore, it is critical attention to loneliness be

given within and outside of healthcare settings, especially among young adults. The following paragraphs provide an overview of the nursing interventions and practice implications needed to alleviate feelings of loneliness and mental distress among young adults.

Perhaps most important, interventions aimed at curtailing loneliness and depressive symptoms should not solely focus on enhancing social connection; they must also attend to individuals' subjective feelings. Mindfulness-based interventions seek to focus one's awareness on the present, while simultaneously acknowledging emerging thoughts and feelings. The practice of mindfulness provides benefits by diminishing ruminating thoughts and negative affect. Neuroimaging evidence proposes mindfulness enhances mental wellness by regulating negative affect via the prefrontal cortex [3]. Nurses are in an ideal position to educate and encourage patients regarding the application of mindfulness habits.

In addition to mindfulness, self-affirmation therapy can reduce feelings of self-disgust by consciously rejecting information threatening one's self-image. Similarly, compassion-based therapy is powerful in minimizing negative feelings about the self by encouraging individuals to focus on cultivating their "possible selves" [3]. Relationship-based interventions, including interpersonal therapy, are also effective in addressing depressive symptoms [5]. Nurses should assist in connecting individuals to resources, as well as other professionals, suited to guide individuals through such therapies.

Consistently noted by researchers, lonely and depressed individuals often repress their emotions and limit their social interactions to avoid condemnation. However, expressive suppression is associated with greater feelings of self-disgust and severe depressive symptoms. To terminate the negative, self-perpetuating cycle, nurses must encourage positive emotion regulation strategies by emphasizing the harm of emotional suppression [3]. For instance, Achterbergh *et al.* [9] suggest nurses emphasize that although young people do not disclose their mental health challenges to their peers, doing so reduces connectedness and negatively impacts their mental health prognoses. Above all, nurses must demonstrate unconditional acceptance of their patients to communicate their worthiness of support and inclusion.

On a larger scale, nurses are vital in modifying society's perception of mental illness. Nurses are also essential in advocating for resources outside of the healthcare community which addresses



factors that contribute to poor mental wellness among young adults, including loneliness. Significant people in young peoples' lives, such as parents, bosses, and professors, must be made aware of the negative effects of loneliness and how to support the young person experiencing them [4]. Universities are an especially lonely setting for many young individuals. Nurses should campaign on behalf of young people for readily accessible resources for struggling students, such as social support networks, self-efficacy courses, and professionals for support and counseling [11]. Researchers have also noted the significance of social media campaigns in reducing social stigma toward mental illness among the young population[4]. Nurses should consider the various ways in which they can participate in minimizing mental illness stigma and enhancing support within their communities and across the globe.

## **LONELINESS AND DEPRESSION IN MIDDLE ADULTHOOD**

### **Case Study: Patient B**

Patient B, a 48-year-old male, described his life growing up as "despairing" and "miserable" due to the continuous ridicule he encountered for being overweight. Raised in a separated household, rules were nonexistent and nutritious meals were not provided throughout his childhood years. He was unable to recall a time in his life in which his weight was not a concern. Beginning at an early age, he was bullied and experienced severe loneliness. His lack of self-esteem made it even more challenging for him to establish meaningful relationships with his peers. Eventually, the loneliness progressed to a diagnosis of major depressive disorder. To cope with his emotions, he sought the comfort that food provided him. Before long, chronic eating took a significant hold of his life. Now, at a bodyweight of more than 800-pounds, he was hospitalized within the general hospital inpatient setting for respiratory failure. More than two months into this hospitalization, severe depressive symptoms have imprisoned him. He has been unwilling to participate in his hospital care for several weeks. Despite gaining love and companionship upon meeting his fiancé, his feelings of abandonment and insecurity continue to negatively affect his physical and psychological health. As recent as a couple of years ago, he recalled the vivid suicidal ideations he viewed as his "only option" to escape the consequences of his weight and depression.



## Findings

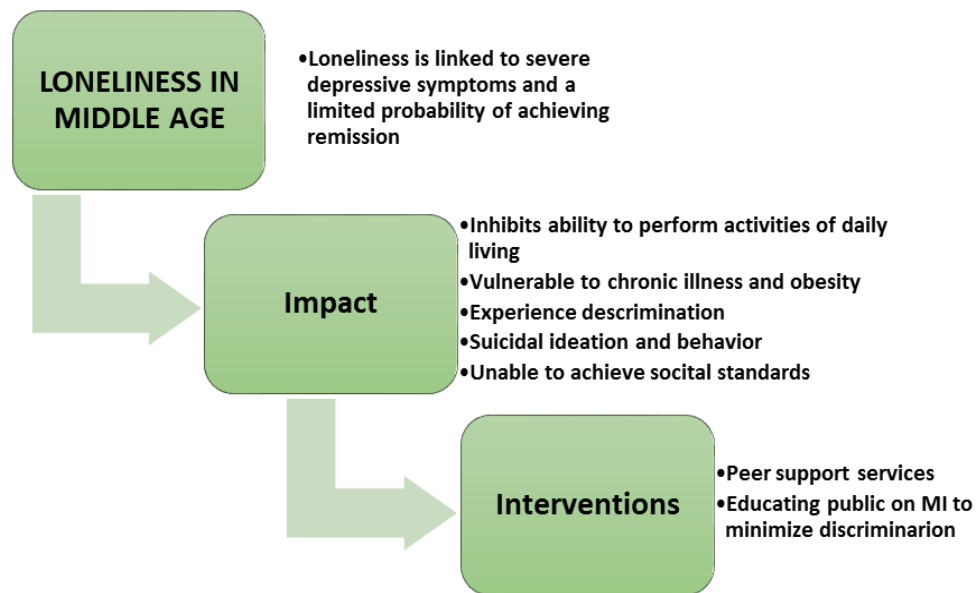
The literature examined in the current section considers the effects of loneliness on one's mental health as it pertains to the middle adulthood years (see Figure 4). Articles published within the last three years were located within the university library databases utilizing the terms: loneliness, middle-age, and depression. The findings highlighted are critical to the nurse's understanding of mental illness; as emphasized throughout the review, loneliness is linked to severe depressive symptoms and a limited probability of achieving remission [12].

Middle adulthood is marked by a distinct set of challenges related to emotional and mental wellness. Loneliness influences such aspects of health on both a fundamental and physiological level. In relevance to Patient B's experience, Pengpid and Peltzer [13] noted loneliness negatively impacts emotional self-regulation, which in turn, is associated with physical inactivity. Stated differently, depressive symptoms secondary to loneliness may hinder an individual's motivation and ability to perform activities of daily living independently, resulting in a poor quality of health. Individuals with reported levels of both moderate and severe loneliness considered their health statuses substandard [13]. In addition, such factors also contributed to individuals communicating meager life satisfaction. Therefore, it is plausible major depressive symptoms attributable to chronic loneliness exerted an influence on Patient B's ambition and physical ability to participate in rehabilitation during his hospitalization.

In continuation with the links among loneliness, depression, and physical health, researchers have noted that cortisol levels multiply in response to loneliness, increasing one's vulnerability to chronic illnesses, including obesity [14]. Individuals with a higher body mass index (BMI) also report greater levels of loneliness and depression. In another study, participants with higher levels of depression, higher internalized weight bias, and the experience of discrimination reported higher levels of loneliness [15]. Thus, while loneliness appears to increase one's risk of obesity, obesity itself appears to increase feelings of loneliness and exacerbate depressive symptoms. As noted, discrimination also plays a complex role in these associations, aiding in the understanding of Patient B's experiences and their correlation to both his physical and psychological states.

Like peer discrimination, social stigma regarding lonely and depressed males has resulted in their significant under-representation in mental health discussions and research. However, among female participants, loneliness is the foremost predictor of suicidal ideation and behavior. Suicidal ideation is especially pronounced with prolonged states of loneliness. Consequently, experiencing loneliness throughout the lifespan, as in Patient B's case, appears to be more harmful than temporary or periodic episodes of loneliness. Researchers also observed that depression mediated the association between loneliness and suicidal ideation and behaviors. As exhibited by Patient B, depressed individuals often experience immense feelings of hopelessness, sadness, and emptiness, predisposing them to thoughts and feelings related to self-harm or suicidal ideation [16].

During middle adulthood, intimate relationships, family, and career success are exceedingly emphasized. Highlighted by Franssen *et al.* [17], individuals are highly vulnerable to loneliness during middle adulthood; if individuals are unable to achieve societal standards regarding such variables, feelings of loneliness and social isolation are amplified. Because Patient B was unemployed, possessed deficient familial connections, and had not found a life partner until late into this stage of life, much of the loneliness encountered throughout his middle age years may be linked to his challenges of fulfilling social norms.



**Figure No 4. The impact and interventions for loneliness in middle adulthood.**

## **Nursing Interventions and Practice Implications**

To address the unique needs of the middle adult population, nurses must be aware of the strategies that serve helpful in overcoming adversity among these individuals. Perhaps of utmost importance, peer support services are imperative in the treatment of various mental health conditions, including depression. Internationally recognized as an essential mental health service, peer support resources strengthen interpersonal interaction and social support. Peer support programs which utilize a combinational approach are most effective; by communicating one's experiences with loneliness and recognizing his or her flawed belief patterns, individuals can confront their feelings of hurt and look toward the future [14].

Nurses maintain a unique position that enables them to help individuals with their complex recoveries from mental illness. Because nurses possess the knowledge and skills, along with a position of leadership within their communities, they are essential in the education of mental illness as it pertains to the middle-age years. By educating the public on mental illness, nurses can help minimize the discrimination encountered by the mentally ill, thereby enhancing their inclusion within society. Above all, nurses must emphasize the role of loneliness regarding mental wellness, encouraging individuals to be proactive in their lives by establishing a strong social support network and examining their individual needs for connection.

## **LONELINESS AND DEPRESSION IN OLD-OLD ADULTHOOD**

### **Case Study: Patient C**

Patient C, an 85-year-old female, was hospitalized for suicidal ideation. Complicating her condition, she also suffered from major depressive disorder and anorexia, evidenced by body weight of 76 pounds at a height of 5 feet and 6 inches. Warranting her admission, her children voiced concern regarding her safety and wellbeing following the passing of her husband. Now living alone, she had not been adhering to her prescribed medication regimen, nor was her nutrient intake sufficient in maintaining adequate body weight. Of utmost concern, her daughter discovered notes around the house that stated the patient's intent to commit suicide.

Upon interview, Patient C denied suicidal thoughts and repeatedly questioned why she required hospital treatment. Further discussion revealed loneliness as a potential contributor to her psychological state. Along with mentioning a life of solitude, she stated: “I used to have hobbies, but now all I like to do is watch television.” In addition, her son’s suicide several years prior influenced her development of poor coping mechanisms, including substance use. Patient C reported she began drinking and smoking cigarettes to “cope with the pain” of death, now intensified by the recent passing of her husband. She shared: “My daughters are the only reason I am still here.”

### **Findings**

Selected for review utilizing the university library databases, the articles included within the current section highlight the effects of loneliness during the old-old adulthood years (see Figure 5). Multiple journals, including *Perspectives in Psychiatric Care*, *International Psychogeriatrics*, and *Journal of Clinical and Diagnostic Research*, are examined to illustrate the associations between loneliness and depression among those of advanced age. As researchers emphasize, the inclusion of older adults in discussions regarding loneliness and mental illness is critical; older individuals are at significant risk of developing both social and emotional loneliness, with depression being the most common consequence of loneliness among the elderly [18].

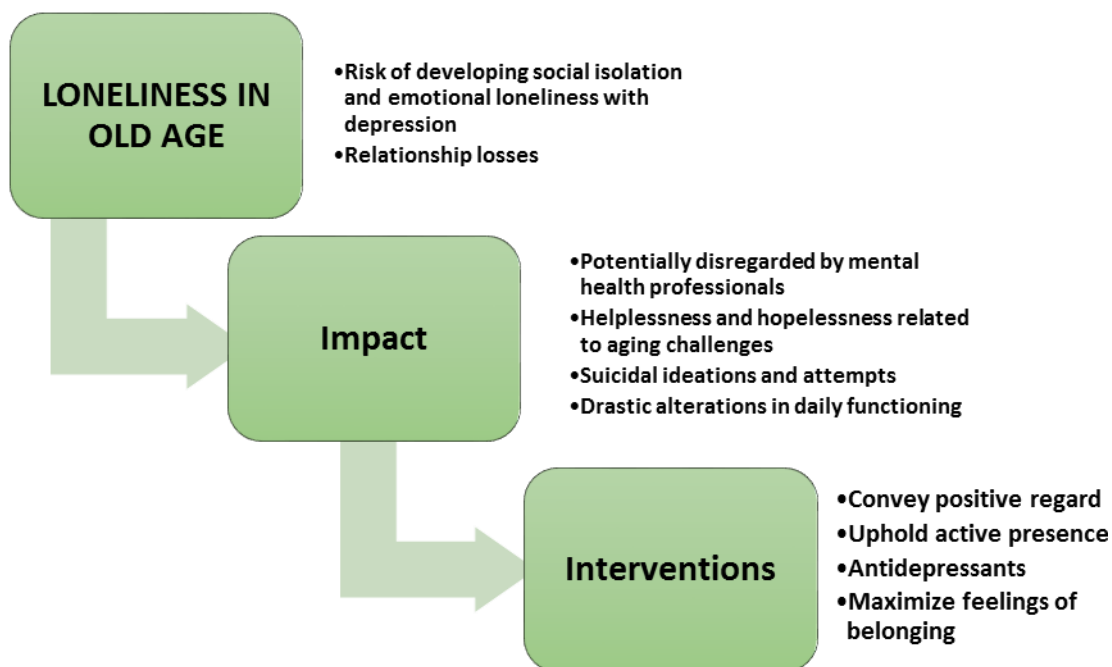
Many individuals belonging to the elderly population experience significant social isolation. More so than any other age group, old-old adults are likely to live alone. Adding to the challenges of social isolation among the elderly, several restrictions from the ongoing COVID-19 pandemic have potentiated loneliness by significantly limiting social interaction [18]. Although being hospitalized or residing in a nursing home previously mediated the effects of loneliness by increasing one’s interpersonal interaction with peers, visitors, and healthcare workers, the COVID-19 pandemic has impacted this potential [19]. Therefore, it is plausible that although Patient C’s hospitalization may have previously lessened her feelings of isolation, the restrictions in place limiting social interaction and prohibiting visitors inadvertently intensified her feelings of grief and loneliness upon admission.

Contributing to their loneliness, elderly individuals encounter significant relationship losses as they age. Over time, many individuals lose parents, spouses, friends, and other important people

in their lives to the death. Researchers suggest that individuals deprived of intimate connections experience severe levels of emotional loneliness. Conversely, married older adults account for few cases of depression and loneliness compared to those who are widowed or single [19]. As exemplified by Patient C, the loss of both her son and husband within recent years has impacted her ability to find pleasure and meaning in life. Aside from the relationships, she maintained with her daughters, Patient C disclosed she had no additional relationships of which to rely upon during times of distress, provoking marked feelings of loneliness within her life.

While older adults are especially vulnerable to loneliness and depression secondary to relationship losses and social isolation, the Centers for Disease Control and Prevention [20] note depression is greatly underdiagnosed among this population. Susheela *et al.* [21] identified that out of 600 study participants, nearly 40% possessed a depressive disorder. Although the statistic itself cannot be generalized to the elderly population, it is valuable in considering the prevalence of depression among older adults. Nurses, especially within geriatric settings, are critical in the recognition and treatment of depressed older adults, as many may be disregarded by or lack contact with mental health professionals.

Loneliness among the elderly, while often viewed as benign, can generate significant safety concerns. Many older adults experience helplessness and hopelessness attributable to the physical, mental, emotional, and spiritual changes that occur with aging. Suicidal ideation and suicide attempts are of significant concern among this population; drastic alterations in daily functioning may give rise to severe depression and thoughts of self-harm [22]. In circumstances such as Patient C's, elderly individuals often suffer from infrequent social interaction, increasing the availability of opportunities for self-harm unimpeded by interference from others.



**Figure No 5. The impact and interventions for loneliness in old age.**

### **Nursing Interventions and Practice Implications**

As evidenced by the literature, loneliness has profound detrimental effects on the elderly population's mental wellness. Because the presence of a caring nurse reduces the severity of loneliness among older adults, nurses maintain an imperative role in providing individuals with a sense of comfort. Nurses can develop meaningful relationships with their patients and help them cope with life changes by conveying positive regard toward them, attending to details, and acknowledging their feelings and unique needs [23]. Through the development of a trusting relationship, nurses also create a secure space in which the elderly may disclose their feelings of loneliness or depressive symptoms.

In addition to upholding an active presence in the elderly patient's life, the nurse must also be knowledgeable of the impact of loneliness on the mental wellness of elderly adults, as well as the subtle depressive signs and symptoms they may display. If undiagnosed with depression, the nurse must advocate for patients by reporting concerning signs and symptoms to the provider. By emphasizing the various interventions aimed at minimizing the effects of depression on one's life, including antidepressant medications, lifestyle changes, and psychotherapy, the nurse

reassures the patient he or she is not alone, and help is available [20]. Above all, the healthcare team must be devoted to partnering with elderly patients to maximize their feelings of connectedness and belonging.

## CONCLUSION

The impact of loneliness on individuals' mental wellbeing is of growing concern, despite the relative ease of virtual socialization provided by current technology. This analysis contained background information regarding loneliness, its connection to mental illness, and case studies from clinical practice illustrating the effects of loneliness throughout young, middle, and old-old adulthood. Literature reviews were included for each age group about the presented case studies. The evidence provided in this writing supports the concept that loneliness negatively impacts psychological health, precipitating serious conditions, including depression. Furthermore, the literature emphasized the importance of social interaction and meaningful connections throughout the lifespan. Clinical implications and nursing interventions were also outlined by suggestions from the literature. Of emphasis, nurses serve a vital role in supporting patients, helping individuals cope with loneliness, and encouraging the mentally ill to seek and participate in proper treatment. On a larger scale, health care professionals must participate in measures directed toward destroying social stigma surrounding mental illness, thereby enhancing mental healthcare and the lives of those challenged by its destructive effects.

## REFERENCES

1. Lee, E. E., Depp, C., Palmer, B. W., Glorioso, D., Daly, R., Liu, J., Tu, X. M., Kim, H.-C., Tarr, P., Yamada, Y., & Jeste, D. V. (2019). High prevalence and adverse health effects of loneliness in community-dwelling adults across the lifespan: Role of wisdom as a protective factor. *International Psychogeriatrics*, 31(10), 1447–1462. <https://doi.org/10.1017/s1041610218002120>
2. Centers for Disease Control and Prevention. (2021). Loneliness and social isolation linked to serious health conditions. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>.
3. Ypsilanti, A., Lazuras, L., Powell, P., & Overton, P. (2019). Self-disgust as a potential mechanism explaining the association between loneliness and depression. *Journal of Affective Disorders*, 243, 108–115. <https://doi.org/10.1016/j.jad.2018.09.056>
4. Rönkä, A. R., Sunnari, V., & Taanila, A. (2020). Entanglements of loneliness and mental ill-health among young adult women. *International Journal of Qualitative Studies on Health and Well-Being*, 15(1), 1–19. <https://doi.org/10.1080/17482631.2020.1838101>



5. Matthews, T., Danese, A., Wertz, J., Odgers, C. L., Ambler, A., Moffitt, T. E., & Arseneault, L. (2016). Social isolation, loneliness, and depression in young adulthood: A behavioural genetic analysis. *Social Psychiatry and Psychiatric Epidemiology*, *51*(3), 339–348. <https://doi.org/10.1007/s00127-016-1178-7>
6. Erzen, E., & Çikrikci, Ö. (2018). The effect of loneliness on depression: A meta-analysis. *International Journal of Social Psychiatry*, *64*(5), 427–435. <https://doi.org/10.1177/0020764018776349>
7. Nuyen, J., Tuithof, M., de Graaf, R., van Dorsselaer, S., Kleinjan, M., & Have, M. (2019). The bidirectional relationship between loneliness and common mental disorders in adults: Findings from a longitudinal population-based cohort study. *Social Psychiatry and Psychiatric Epidemiology*, *55*(10), 1297–1310. <https://doi.org/10.1007/s00127-019-01778-8>
8. Cigna. (2020). *Loneliness is at epidemic levels in America*. Cigna Newsroom. Retrieved from <https://newsroom.cigna.com/loneliness-in-america>.
9. Achterbergh, L., Pitman, A., Birken, M., Pearce, E., Sno, H., & Johnson, S. (2020). The experience of loneliness among young people with depression: A qualitative meta-synthesis of the literature. *BMC Psychiatry*, *20*(1), 1–23. <https://doi.org/10.1186/s12888-020-02818-3>
10. Christiansen, J., Qualter, P., Friis, K., Pedersen, S. S., Lund, R., Andersen, C. M., Bekker-Jepesen, M., & Lasgaard, M. (2021). Associations of loneliness and social isolation with physical and mental health among adolescents and young adults. *Perspectives in Public Health*, *141*(4), 226–236. <https://doi.org/10.1177/17579139211016077>
11. Diehl, K., Jansen, C., Ishchanova, K., & Hilger-Kolb, J. (2018). Loneliness at universities: Determinants of emotional and social loneliness among students. *International Journal of Environmental Research and Public Health*, *15*(9), 1865. <https://doi.org/10.3390/ijerph15091865>
12. Wang, J., Mann, F., Lloyd-Evans, B., Ma, R., & Johnson, S. (2018). Associations between loneliness and perceived social support and outcomes of mental health problems: A systematic review. *BMC Psychiatry*, *18*(1), 1–16. <https://doi.org/10.1186/s12888-018-1736-5>
13. Pengpid, S., & Peltzer, K. (2021). Associations of loneliness with poor physical health, poor mental health, and health risk behaviors among a nationally representative community-dwelling sample of middle-aged and older adults in India. *International Journal of Geriatric Psychiatry*, *36*(11), 1722–1731. <https://doi.org/10.1002/gps.5592>
14. Fortuna, K. L., Brusilovskiy, E., Snethen, G., Brooks, J. M., Townley, G., & Salzer, M. S. (2020). Loneliness and its association with physical health conditions and psychiatric hospitalizations in people with serious mental illness. *Social Work in Mental Health*, *18*(5), 571–585. <https://doi.org/10.1080/15332985.2020.1810197>
15. Jung, F. U., & Luck-Sikorski, C. (2019). Overweight and lonely? A representative study on loneliness in obese people and its determinants. *Obesity Facts*, *12*(4), 440–447. <https://doi.org/10.1159/000500095>
16. McClelland, H., Evans, J. J., Nowland, R., Ferguson, E., & O'Connor, R. C. (2020). Loneliness as a predictor of suicidal ideation and behaviour: A systematic review and meta-analysis of prospective studies. *Journal of Affective Disorders*, *274*, 880–896. <https://doi.org/10.1016/j.jad.2020.05.004>
17. Franssen, T., Stijnen, M., Hamers, F., & Schneider, F. (2020). Age differences in demographic, social and health-related factors associated with loneliness across the adult life span (19–65 years): A cross-sectional study in the Netherlands. *BMC Public Health*, *20*(1), 1–16. <https://doi.org/10.1186/s12889-020-09208-0>
18. Van As, Imbimbo, E., Franceschi, A., Menesini, E., & Nocentini, A. (2021). The longitudinal association between loneliness and depressive symptoms in the elderly: A systematic review. *International Psychogeriatrics*, 1–13. <https://doi.org/10.1017/S1041610221000399>
19. Isik, Başoğul, C., & Yildirim, H. (2021). The relationship between perceived loneliness and depression in the elderly and influencing factors. *Perspectives in Psychiatric Care*, *57*(1), 351–357. <https://doi.org/10.1111/ppc.12572>
20. Centers for Disease Control and Prevention. (2021). *Depression is not a normal part of growing older*. <https://www.cdc.gov/aging/depression/index.html>
21. Susheela, Valsaraj, B. P., & Savitha. (2018). Depression, perceived loneliness and partial functional impairment among older adults. *Journal of Clinical and Diagnostic Research*, *12*(10), VC01–VC05. <https://doi.org/10.7860/JCDR/2018/34086.12>

22. Lee, Seol, K. H., & Kim, J. W. (2018). Age and sex-related differences in risk factors for elderly suicide: Differentiating between suicide ideation and attempts. *International Journal of Geriatric Psychiatry*, 33(2), e300–e306. <https://doi.org/10.1002/gps.4794>
23. Sya'diyah, Nursalam, Mahmudah, & Wicaksono, W. P. (2020). Relationship between caring nurses and elderly loneliness. *Journal of Public Health Research*, 9(2). <https://doi.org/10.4081/jphr.2020.1829>

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