

AT A GLANCE

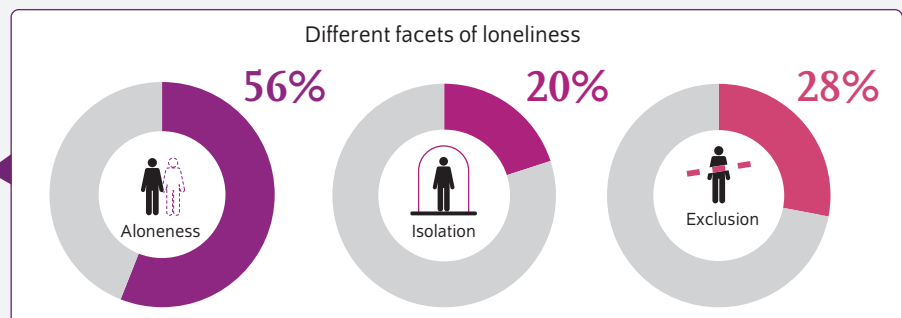
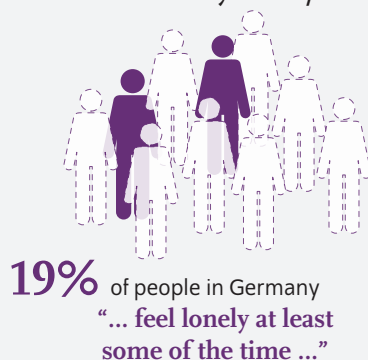
Loneliness in Germany: Low-income earners at highest risk of loneliness

By Theresa M. Entringer, Linda Kumrow, and Barbara Stacherl

- Using recent Socio-Economic Panel (SOEP) data, this study investigates loneliness in Germany as well as its regional distribution and high-risk profiles
- Results show that 19 percent of people feel lonely some of the time or often; this figure was only 14 percent before the pandemic
- People living in the west and south of Germany more frequently lack companionship compared to people living in the east
- Low-income earners are particularly lonely, especially if they are men and have a migration background
- Awareness campaigns and interventions that are needed in light of the health risks of loneliness should take these results into account and be targeted to high-risk groups

Nearly every fifth person in Germany feels lonely some of the time; this feeling of loneliness is characterized mainly by feeling alone

Loneliness in Germany 2021/22



Source: SOEP v38.1, authors' calculations.

Note: The overall index of overall loneliness is an average of the three facets (aloneness, isolation, exclusion).

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FROM THE AUTHORS

“To effectively combat loneliness, we need a comprehensive approach that highlights the health risks of loneliness, helps those affected, and destigmatizes the issue. Our goal must be to treat loneliness as a key health risk, similar to how we treat stress. Awareness and education are just as important as targeted interventions for risk groups.”

— Theresa M. Entringer —

MEDIA



Audio Interview with Theresa M. Entringer (in German)
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Loneliness in Germany: Low-income earners at highest risk of loneliness

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ABSTRACT

Loneliness poses a serious health risk: Along with negatively impacting life quality, it can even shorten the life span. This Weekly Report investigates loneliness in Germany using Socio-Economic Panel (SOEP) data from 2021 on loneliness. The analyses highlight the prevalence of three facets of loneliness (aloneness, isolation, exclusion) as well as regional differences and high-risk groups. The results reveal that 19 percent of people living in Germany feel lonely either some of the time or more frequently. Before the pandemic, this figure was only 14 percent. There are also regional differences without the east-west pattern that has been seen in previous studies: People living in the west and south of Germany feel like they miss companionship more frequently than people living in the east. People earning a low income below the median, especially men with a migration background, are particularly lonely. In light of the health risks, awareness campaigns and measures for preventing loneliness that take these findings into account and are targeted specifically to high-risk groups are needed.

Loneliness is a feeling that occurs when people desire more or better relationships than they actually have.¹ In contrast to objective situations, such as having a small number of social contacts or close friends, loneliness is a subjective feeling. People experience loneliness for many reasons: Some desire a romantic partner, others wish they had closer or more friendships, and others miss having a stronger connection to their social environment, such as the community in which they live. While these different causes of loneliness can co-occur, they can also occur on their own.

Loneliness has been garnering more and more attention over the past years as countless studies have indicated its health risks.² Research results show that loneliness often causes significant psychological distress. Although loneliness itself is not a mental illness, it can facilitate the development of depression, anxiety disorders, or addiction disorders.³ At the same time, loneliness has been linked to a higher risk for physical medical conditions such as obesity, coronary heart disease, and type 2 diabetes.⁴ Overall, loneliness poses a serious health risk that affects the quality of life and can shorten the life span.⁵

¹ Cf. Letitia A. Peplau and Daniel Perlman, "Perspectives on Loneliness," In *Loneliness: A sourcebook of current theory, research and therapy*, ed. Letitia Anne Peplau and Daniel Perlman (New York: 1982, 1–18).

² Cf. Jeppe Henriksen et al., "Loneliness, health and mortality," *Epidemiology and Psychiatric Sciences* 28 (2019): 234–239; Nicholas Leigh-Hunt et al., "An overview of systematic reviews on the public health consequences of social isolation and loneliness," *Public Health* 152 (2017): 157–171; Caroline Park et al., "The Effect of Loneliness on Distinct Health Outcomes: A Comprehensive Review and Meta-Analysis," *Psychiatry Research* 294 (2020): 113514.

³ Park et al., "The Effect of Loneliness of Distinct Health Outcomes."

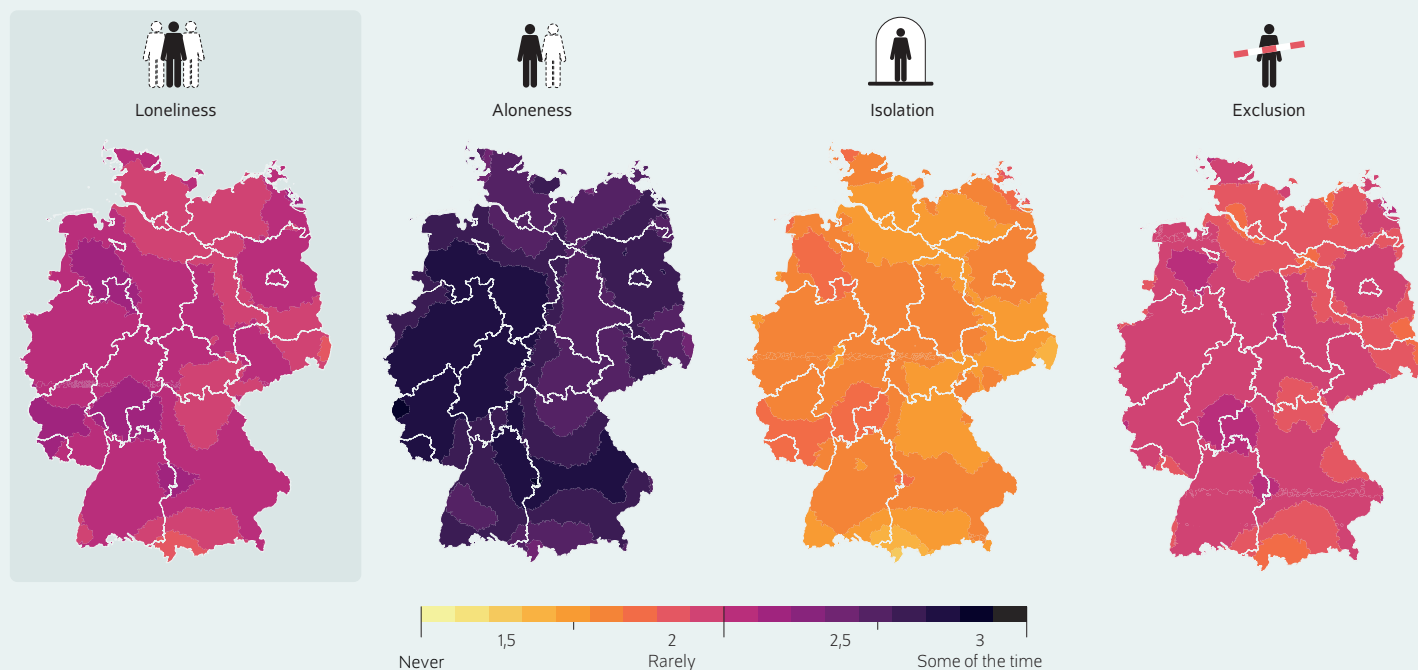
⁴ Cf. Ruth A. Hackett, Joanna L. Hudson, and Joseph Chilcot, "Loneliness and type 2 diabetes incidence: findings from the English Longitudinal Study of Ageing," *Diabetologia* 63, no. 11 (2020): 2329–2338; Nicole K. Valtorta et al., "Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies," *Heart* 102, no. 13 (2016): 1009–1016.

⁵ Cf. Julianne Holt-Lunstad et al., "Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review," *Perspectives on Psychological Science*, 10, no. 2 (2015): 227–237; Henriksen et al., "Loneliness, health and mortality."

Figure 1

Regional differences in loneliness

On a scale of 1 (never) to 3 (sometimes)



Source: SOEPv38.1; authors' calculations.

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People living in western and southern Germany feel more often alone than those living in the east.

Policymakers have also recognized that loneliness is an important issue: At the end of 2023, the German Federal Government passed a national strategy to combat loneliness in Germany.⁶ This strategy included educational work and targeted campaigns to destigmatize the issue. The strategy also includes additional research funding to better identify high-risk groups and to develop targeted interventions and offers for these groups.

This Weekly Report builds on these efforts by examining loneliness in Germany.⁷ We analyze the prevalence of loneliness using three specific facets of loneliness (aloneness, isolation, exclusion), regional differences, and particularly high-risk groups. The analyses use Socio-Economic Panel (SOEP) data from 2021, the most current available representative data on loneliness among people living in Germany. The survey was conducted during May 2021 and February

2022. By this time, coronavirus vaccines were available and there were gradual reductions in contact restrictions. For these reasons, this study is based on the assumption that people's subjective loneliness was still affected by the pandemic, but no longer directly influenced by it and the related contact restrictions.

The SOEP includes three facets of loneliness: aloneness (missing companionship), isolation (the feeling of being socially isolated), and exclusion (the feeling of being left out). Using these three facets, a loneliness index, which describes a person's overall feeling of loneliness, is calculated. However, the facets can also be interpreted individually (Box).

⁶ Bundesministerium für Familie, Senioren, Frauen und Jugend, *Strategie der Bundesregierung gegen Einsamkeit* (2023) (in German; available online. Accessed on November 21, 2024. This applies to all other online sources in this report unless stated otherwise).

⁷ This study was conducted as a part of the research project *DDR – Vergangenheit und psychische Gesundheit: Schutz- und Risikofaktoren* funded by the Federal Ministry of Research and Education (Bundesministerium für Bildung und Forschung, BMBF) (available online) and as part of the SOEP-Regio Hub science campus funded by the Leibniz Association (available online).

Box

Data and methodical approach

The Socio-Economic Panel (*Sozio-oekonomisches Panel*, SOEP) is the largest representative panel study of private households in Germany. It is also the only study that includes all adults within a single household. Every year, nearly 15,000 households with around 30,000 individuals are surveyed on topics such as education, health, or the labor market situation.¹ For this Weekly Report, we used the data on subjective feelings of loneliness from the SOEP respondents in 2021. The SOEP survey was conducted starting May 2021 and took place while coronavirus contact restrictions were being gradually repealed. Loneliness has been measured in the Socio-Economic Panel every four years since 2013. The UCLA Loneliness Scale is used to measure loneliness.²

Measuring loneliness

The UCLA Loneliness Scale uses three questions to measure loneliness: "How often do you..." 1) "... miss the company of other people?" (=aleness), 2) "... feel left out?" (=exclusion), and 3) "...feel socially isolated?" (=isolation). Respondents may answer on a scale of 1 to 5: (1) very often, (2) often, (3) some of the time, (4) rarely, and (5) never.³ The calculations in this Weekly Report are based on loneliness data from 2021 and only include people who answered all three questions in 2021. For this study, we reversed the scale values of the questions so that higher values correspond with more loneliness: (1) never, (2) rarely, (3) some of the time, (4) often, (5) very often.

To determine the total value for overall loneliness, the three facets are combined by calculating the average of the responses to the three questions. This average is then used to form a binary indicator to estimate the prevalence of loneliness. This indicator classifies a person as lonely if the average, or their overall loneliness, is 3 or higher, meaning they feel lonely at least some of the time. This procedure ensures the comparability of the results with other studies.⁴ We used the same binary classification for the individual facets, making it possible to indicate how many people feel alone, socially isolated, or excluded at least some of the time.

Methodical approach in regional measuring

To depict the regional distribution of loneliness in Germany, we created loneliness maps. The maps are based on small-scale estimates of regional loneliness averages. The actor-based clustering method was used for these small-scale estimates.⁵ The regional loneliness values were estimated by calculating a distance-weighted average. This means that a loneliness value is estimated for each municipality using data from all SOEP respondents, with respondents in the immediate vicinity of the municipality being included in the estimated value to a greater extent than respondents living further away. Concretely, respondents within a 30-kilometer radius of the municipality receive full weight, while those further away are weighted less. Thus, the number of cases for estimating the municipality value significantly exceeds the number of cases per municipality. While the SOEP data is representative for the entire population of Germany as well as for the populations of the individual states, it is not representative at smaller, regional levels. For this reason, it should be noted that we cannot use the available findings on the regional distribution of loneliness to make any precise statements about loneliness in individual municipalities. However, the data does serve to illustrate regional trends.

Identifying risk profiles

To identify high-risk groups, we first identified especially relevant risk factors for loneliness that have been established in the literature: young age (here, younger than 35), being a woman, low income (below the median income), migration background (the person themselves or at least one parent was not born a German citizen), and living alone. Using these five risk factors, groups with different combinations of these risk factors were formed (for example, young women living alone earning a high income and without a migration background). For this group, the share of people who feel lonely at least some of the time was calculated. A group is defined as high risk when this share is significantly higher than the share in the group without risk factors (reference group: men 35 and older with a high income and no migration background who do not live alone). To ensure that the results are representative of the total population, SOEP weights are used. The 95 percent confidence intervals are included in the percentage share estimates.

¹ See Jan Goebel et al., "The German Socio-Economic Panel (SOEP)," *Journal of Economics and Statistics* 239, no. 2 (2019): 345-360 (available online).

² See Mary E. Hughes et al., "A short scale for measuring loneliness in large surveys: Results from two population-based studies," *Research on Aging* 26, no. 6 (2004): 655-672.

³ Cf. Theresa M. Entringer et al., "SOEP Scales Manual (updated for SOEP-Core v37)," *SOEP Survey Papers 1217 Series C* (2022) (available online).

⁴ In particular, the findings can be directly compared with the results from the Expertise des Kompetenznetzwerks Einsamkeit, cf. Theresa M. Entringer, "Epidemiologie von Einsamkeit in Deutschland," *KNE Expertise 4* (2022) (in German; available online).

⁵ Cf. Susanne Buecker et al., "In a lonely place: Investigating regional differences in loneliness," *Social Psychological and Personality Science* 12 (2021): 147-155; Thomas Brenner, "Identification of clusters: An actor-based approach," *Working Papers of Innovation and Space* no. 02.17 (2017) (available online).

More than half of the people living in Germany feel alone at least sometimes

In 2021, 19 percent of people living in Germany felt lonely at least some of the time.⁸ Perceived loneliness in the population was thus higher than the values measured before the pandemic (2013: 15 percent, 2017: 14 percent).⁹ The high value from 2021 is likely due to the aftereffects from the contact restrictions due to the coronavirus pandemic.

One observation of these three facets of loneliness revealed noteworthy differences: In 2021, people living in Germany were especially likely to say that they felt alone (56 percent), i.e., that they missed companionship. In contrast, feelings of social isolation (20 percent) or exclusion (28 percent) were less widespread. The high value for aloneness suggests that even after most pandemic-related contact restrictions were lifted, many people still missed companionship. Thus, feeling alone was the key factor in experiencing loneliness in 2021.

People miss companionship more often in the south and west than in the east

While regional differences in the overall feeling of loneliness have already been documented,¹⁰ this Weekly Report goes a step further and analyzes the regional distribution of the different facets of loneliness (Box).

In 2021, the average loneliness value was greater than 2 (Figure 1) in nearly all regions of Germany,¹¹ meaning that people were lonely “rarely” to “some of the time” on average. While the map showed some small regional differences, there were few differences overall. Taking a historical perspective is interesting here: A study from 2013 documented a clear east-west gap in loneliness; people living in eastern

⁸ The overall index of overall loneliness is an average of three facets (loneliness, isolation, exclusion). The differences in prevalence show that not all facets are high for most people, so the average can be below 3 (less than lonely some of the time) even if individual facets are above 3 (feeling alone at least some of the time).

⁹ The loneliness barometer commissioned by the German Federal Government shows a lower figure of 11.3 percent for 2021. Cf. BMFSFJ, *Einsamkeitsbarometer 2024 – Langzeitentwicklung von Einsamkeit in Deutschland* (2024) (in German; available online). The *Expertise für das Kompetenznetz Einsamkeit* determined a share of 42.3 percent. Cf. Theresa M. Entringer, “Epidemiologie von Einsamkeit in Deutschland,” *KNE-Expertise 4* (2022) (in German; available online). The differences in the prevalence of loneliness can be attributed to methodological and temporal factors. The estimates in the loneliness barometer are based on a stricter definition of loneliness (average > 3, here average ≥ 3), which is why the values are lower than the results of this Weekly Report and the KNE Expert Report. The KNE Expert Report reported considerably higher values for 2021, as it used data from a coronavirus special survey that was conducted during the second coronavirus lockdown in January and February 2021. The estimates of this Weekly Report use data from the SOEP main survey, which was conducted between May 2021 and February 2022.

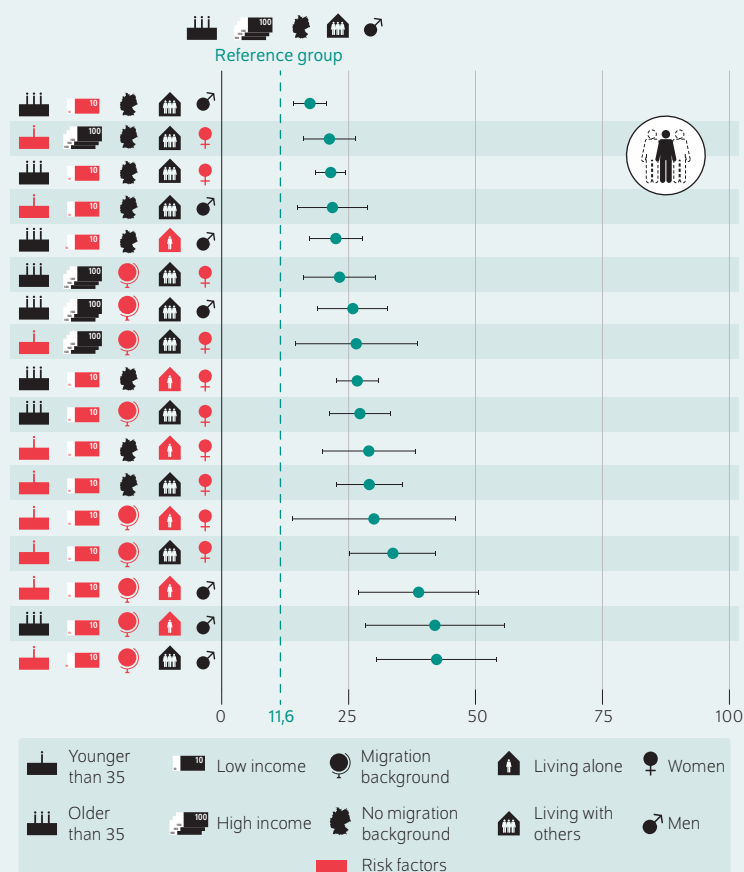
¹⁰ Cf. Susanne Buecker et al., “In a lonely place: Investigating regional differences in loneliness,” *Social Psychological and Personality Science* 12 (2021): 147–155; Theresa M. Entringer and Barbara Stacherl, “Einsamkeit in Deutschland – Prävalenz, Entwicklung über die Zeit und regionale Unterschiede,” *Bundesgesundheitsblatt* 67 (2024): 1103–1112 (in German).

¹¹ The regional loneliness averages are estimated by calculating a distance-weighted average. The available findings on the regional distribution of loneliness do not allow any precise statements to be made about loneliness in individual municipalities, but serve to illustrate regional trends (Box), cf. Buecker et al., “In a lonely place,” Thomas Brenner, “Identification of clusters: An actor-based approach,” *Working Papers of Innovation and Space* no. 02.17(2017) (available online).

Figure 2

Risk profiles for loneliness

Share of people who feel lonely at least some of the time (overall index), in percent



Notes: A risk group is defined as any group of people whose share of lonely people is significantly higher than the share of lonely people in the reference group. There are no significant differences compared to the reference group for all other combinations of characteristics. The reference group includes people who do not have any of the five individual risk factors (older than 35, men, high income, no migration background, living with others). The horizontal lines indicate the share's 95 percent confidence interval, meaning there is a 95-percent probability that the actual share is contained within the interval.

Source: SOEPv38.1; authors' calculations.

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Men with a migration background and a low income are especially lonely.

Germany at the time tended to be lonelier than people living in western Germany.¹² These changes indicate a convergence in the regional distribution of loneliness.

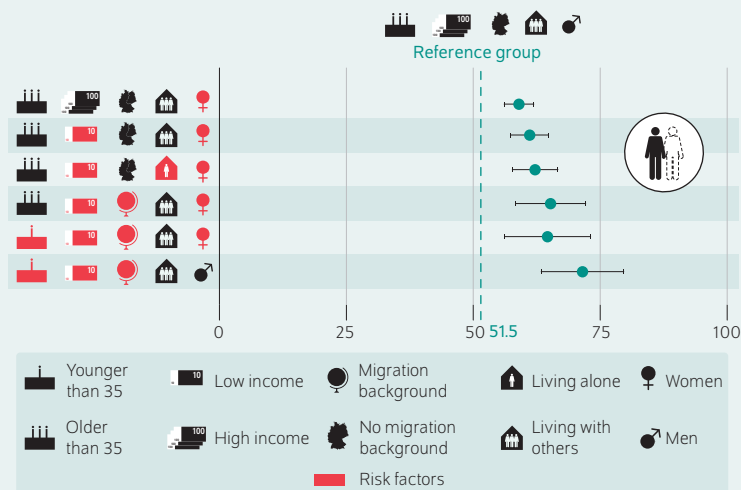
A look at the individual facets of loneliness revealed similarly few regional differences in the distribution of the feelings of social isolation and exclusion as for the regional distribution of overall loneliness. The feeling of social isolation was lower than the feeling of exclusion everywhere.

¹² Cf. Buecker et al., “In a lonely place.”

Figure 3

Risk profiles for aloneness

Share of people who lack companionship at least some of the time, in percent



Notes: A risk group is defined as any group of people whose share of lonely people is significantly higher than the share of lonely people in the reference group. There are no significant differences compared to the reference group for all other combinations of characteristics. The reference group includes people who do not have any of the five individual risk factors (older than 35, men, high income, no migration background, living with others). The horizontal lines indicate the share's 95 percent confidence interval, meaning there is a 95-percent probability that the actual share is contained within the interval.

Source: SOEPv38.1; authors' calculations.

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Women have a high risk of feeling alone, even when they live with others.

Finally, more obvious regional differences emerged with regard to feeling alone. Overall, feeling alone was more pronounced than feeling lonely. The regional averages for the aloneness facet were considerably above 2 in 2021 in almost all regions, closer to "some of the time" than to "rarely." Especially high values were found in Niedersachsen, Rhineland-Palatinate, Hesse, North Rhine-Westphalia, and the middle of Bavaria. In contrast, the feeling of aloneness in the eastern states was less pronounced.

Low income is the highest risk factor for loneliness

Research has identified countless risk factors for feeling lonely.¹³ Factors frequently mentioned include being young, being a woman, having a low income, living alone, and having a migration background. A person is considered to have a migration background if they or at least one of their parents

were born without German citizenship.¹⁴ Thus, younger people, women, low-income earners, people living alone, and people with a migration background feel lonely more often than older people, men, high-income earners, people living in multi-person households, and people without a migration background. Building off of these findings, this Weekly Report investigates which groups are particularly affected by the different facets of loneliness.

Instead of examining the five risk factors individually, as was common in previous studies, we form risk profiles (combinations of multiple risk factors). This way, we can better identify which groups are especially vulnerable and gain more insight into which combinations of individual characteristics are associated with a particularly high risk of loneliness. To this end, we show the share of people who feel lonely at least some of the time for various combinations of characteristics (referred to below as risk profiles). These risk profiles are compared to a reference group without risk factors that has a low risk of loneliness (over 35, male, high income, no migration background, living with others).

In particular, groups with at least three of the five risk factors have significantly higher shares of lonely people than the reference group. For example, the share of lonely people under 35 with a low income and a migration background was three to four times as high as in the reference group (Figure 2).

Interestingly, men earning a low income who have a migration background have the highest risk of being lonely. This is notable, as being a woman is a risk factor for loneliness. However, when in combination with a low income and migration background, men seem to have a particularly high risk of loneliness.

A comparative look at the different risk factors shows that a low income, defined as an income in the bottom half of the income distribution (net equivalized income),¹⁵ plays an especially important role. Almost all risk profiles with a higher share of lonely people shared the common factor of a low income. In addition, a migration background was also frequently present in the profiles of the particularly vulnerable groups.

¹³ Cf. Jenny de Jong Gierveld, Theo G. van Tilburg, and Pearl A. Dykstra, "Loneliness and Social Isolation," in *The Cambridge Handbook of Personal Relationships*, eds. Anita L. Vangelisti und Daniel Perlman (Cambridge: 2006, 485-499); Martin Pinquart and Silvia Sörensen, "Risk factors for loneliness in adulthood and old age—a meta-analysis," in *Advances in Psychology Research*, vol. 19, ed. Serge P. Shohov (Hauppauge: 2003, 111-143).

¹⁴ Young age is listed as a risk factor in many studies, such as Christina R. Victor and Keming Yang, "The prevalence of loneliness among adults: a case study of the United Kingdom," *The Journal of Psychology* 146, no. 1-2 (2012): 85–104 as well as in Maïke Luhmann and Louise C. Hawkey, "Age differences in loneliness from late adolescence to oldest old age," *Dev. Psychol.* 52, no. 6 (2016): 943–59; being a woman in Entringer, "Epidemiologie von Einsamkeit in Deutschland," low income in Entringer and Stacherl, "Einsamkeit in Deutschland" and Bridget Shovelstul et al., "Risk factors for loneliness: The high relative importance of age versus other factors," *PLoS One* 15, no. 2 (2020): 1–18; living alone in Entringer and Stacherl, "Einsamkeit in Deutschland," and migration background in Entringer and Stacherl, "Einsamkeit in Deutschland" and Katrine Rich Madsen et al., "Loneliness, immigration background and self-identified ethnicity: a nationally representative study of adolescents in Denmark," *Journal of Ethnic and Migration Studies* 42, no. 12 (2016): 1977–1995. Although unemployment is also a significant risk factor for loneliness, we do not consider it in this analysis for two reasons. First, the number of cases is too small to form meaningful groups. Second, it is difficult to separate unemployment from age and income.

¹⁵ Cf. the entry on equivalized income in the DIW Berlin Glossary (in German; available online).

Women in particular frequently feel alone

The following section carries out three separate analyses for the three facets of loneliness: aloneness, isolation, and exclusion. For aloneness, there were only few differences in the prevalence of loneliness across the different groups (Figure 3). The groups with the largest share of people who feel alone at least some of the time had a low income and a migration background. It is interesting to note here that there is a high-risk group with only one risk factor (being a woman) that had significantly higher loneliness scores than the reference group. Women in particular feel alone.

The data reveals that isolation has a similar pattern as overall loneliness (Figure 4). For isolation, there were considerable differences across the various groups of people: Some high-risk groups have three to four times higher shares of lonely people compared to the reference group. Once again, men with a low income and a migration background had the highest estimated shares of subjectively perceived social isolation. A low income and a migration background seem to be key risk factors for feeling socially isolated.

A similar pattern can be found for feeling excluded. However, the differences between the reference group and the high-risk groups were less pronounced here: The high-risk groups most affected have shares around twice as high as the reference group (Figure 5). Again, a low income has proven to be a consistent risk factor in nearly all risk profiles. Here too, men with a low income and a migration background had the greatest share of those who felt excluded, which emphasizes their particular vulnerability to loneliness.

Conclusion: Targeted interventions against loneliness for specific groups needed

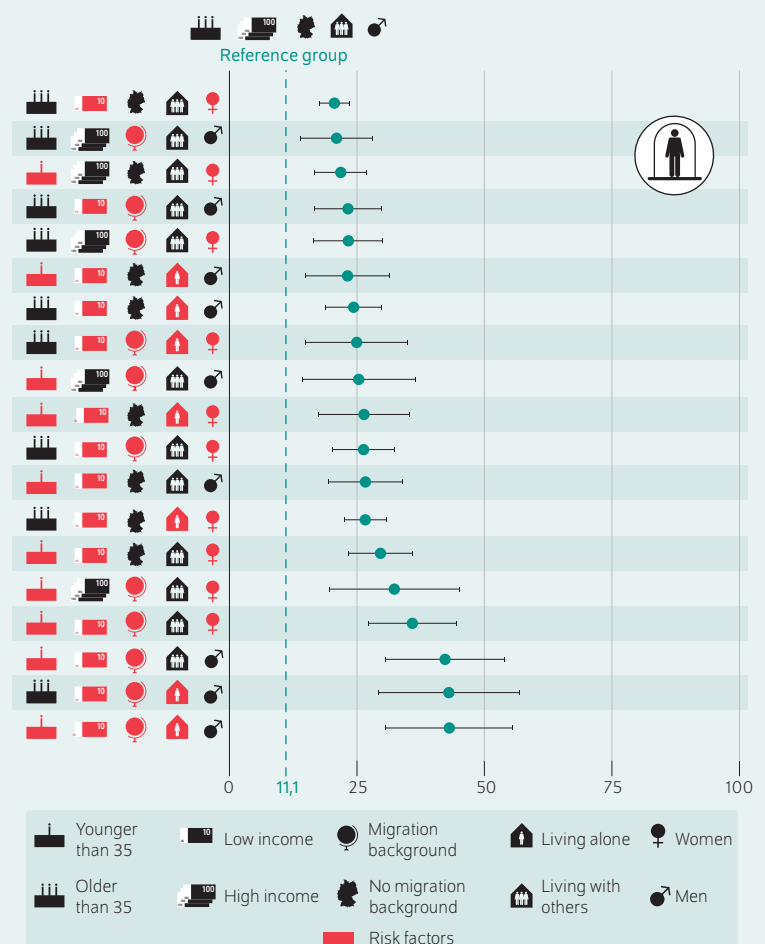
The analyses reveal three key results. First, various facets of loneliness (aloneness, isolation, exclusion) occur with varying frequency in the population: While more than half of respondents reported feeling alone at least some of the time in 2021, the feelings of social isolation and exclusion occurred more rarely. The high values for aloneness are likely due to the aftereffects of the coronavirus-related contact restrictions. Second, regional differences in 2021 did not display the typical east-west pattern that has been frequently observed in earlier studies and in social science research. Now, there are mainly regional differences in feeling alone, which, unlike before, is more pronounced in western and southern Germany than in eastern Germany. Third, it can be seen that people with low incomes feel lonely more frequently than people earning higher incomes. Men with a low income and a migration background are at the highest risk of loneliness.

Loneliness can affect anyone. To effectively combat loneliness, we need a comprehensive approach that explains the health risk of loneliness, helps those affected, and destigmatizes the issue. The aim must be to recognize loneliness as a major health risk like stress. To do so, widespread awareness

Figure 4

Risk profiles for social isolation

Share of people who feel socially isolated at least some of the time, in percent



Notes: A risk group is defined as any group of people whose share of lonely people is significantly higher than the share of lonely people in the reference group. There are no significant differences compared to the reference group for all other combinations of characteristics. The reference group includes people who do not have any of the five individual risk factors (older than 35, men, high income, no migration background, living with others). The horizontal lines indicate the share's 95 percent confidence interval, meaning there is a 95-percent probability that the actual share is contained within the interval.

Source: SOEPv38.1; authors' calculations.

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The highest shares of feeling socially isolated are found among men.

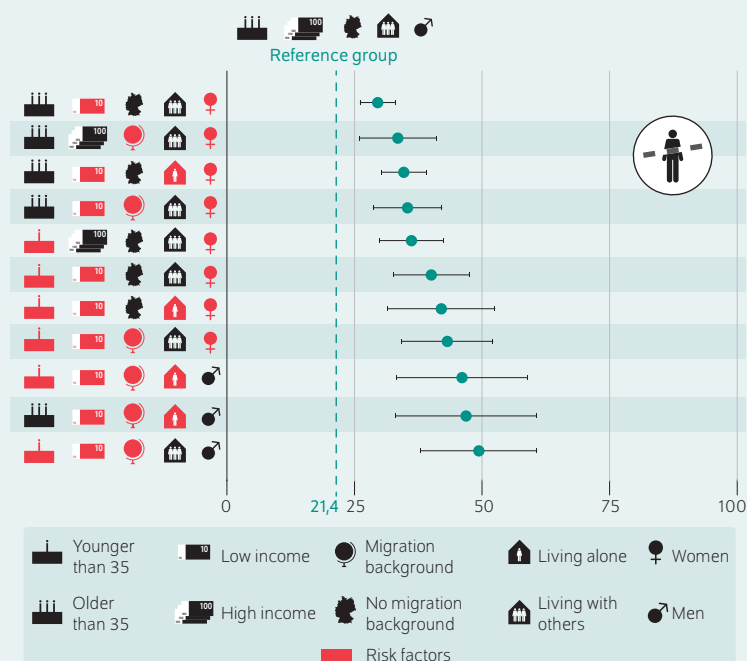
campaigns are necessary to educate the population, policy-makers, and health care workers, such as general practitioners and nurses, about loneliness.

In addition, preventing loneliness requires targeted interventions for different high-risk groups. As people with a low income, migration background, or a combination of multiple risk factors experience loneliness especially often, measures should be specifically designed to their needs and realities. The findings should also be taken into consideration

Figure 5

Risk profiles for exclusion

Share of people who feel excluded at least some of the time, in percent



Notes: A risk group is defined as any group of people whose share of lonely people is significantly higher than the share of lonely people in the reference group. There are no significant differences compared to the reference group for all other combinations of characteristics. The reference group includes people who do not have any of the five individual risk factors (older than 35, men, high income, no migration background, living with others). The horizontal lines indicate the share's 95 percent confidence interval, meaning there is a 95-percent probability that the actual share is contained within the interval.

Source: SOEPv38.1; authors' calculations.

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A low income combined with a migration background is associated with a higher risk of feeling excluded.

when making policy decisions that affect social participation, especially in regard to basic welfare benefits and the citizen's benefit (*Bürgergeld*).

In addition to the targeted approach for high-risk groups, it is essential to create more opportunities for social activities for lonely people. In addition to the valuable work already being done at the municipal level and by private agencies, one approach could be making it easier for lonely people to access social recreational activities and to (partially) finance said access, similar to relaxation or mindfulness courses for preventing chronic stress. Such offers, known as social prescribing, have been proven to help reduce loneliness.¹⁶ In addition, they also help in fostering social contacts while simultaneously strengthening a person's coping resources.¹⁷

¹⁶ Cf. Genevieve A. Dingle et al., "A controlled evaluation of social prescribing on loneliness for adults in Queensland: 8-week outcomes," *Front. Psychol.* 15 (2024): 1359855; Ryka C. Chopra et al., "Efficacy of community groups as a social prescription for senior health—insights from a natural experiment during the COVID-19 lockdown," *Scientific Reports* 14 (2024): 24579.

¹⁷ Cf. Alexis Foster et al., "Impact of social prescribing to address loneliness: A mixed methods evaluation of a national social prescribing programme," *Health Soc Care Community* 29, no. 5 (2021): 1439–1449; Ji Eon Kim et al., "Effects of social prescribing pilot project for the elderly in rural area of South Korea during COVID-19 pandemic," *Health Sci Rep* 4, no. 3(2021): e320; Dingle et al., "A controlled evaluation of social prescribing on loneliness for adults in Queensland."

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