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# Foreword



There is an old African saying called Ubuntu. It means 'I Am because We are.' It's the idea that meaning and fulfilment and the very essence of who we are is found in relationship with others.

This Mental Health Awareness week, we have a singular and vital message. That if we want to build a thriving country, community, business or home, we must think profoundly about our relationships.

We know that not smoking, drinking in moderation, eating healthily and exercising are good for both our physical and mental health. We are told so regularly. But we don't hear nearly enough about the deep impact of building and maintaining good relationships and how to do that.

Ours is a clarion call for a renewed commitment to nurturing healthy relationships.

This report sets out the striking evidence that investing in relationships is at least as important to our health and wellbeing as not smoking. We believe that both as a society and as individuals we need urgently to prioritise relationships and tackle the barriers to forming them.

That our relationships matter will come as no surprise. Relationships with the people we love are the foundation of our lives. However, the significance of our relationships extends beyond how they affect our emotional wellbeing. The evidence is clear that the quality of relationships even affects how long we live.

Relationships require reflection, time, courage and grace. Modern life often reduces the space to do this. Many of us are under strain - be it exams, work commitments or financial pressures. In a message to decision makers and the public alike, our report reinforces the message that productivity should not come at the expense of our collective capacity to connect with each other.



In raising awareness that healthy relationships help us thrive, we also give a warning of the impact that toxic relationships have on our health and wellbeing. Bullying and abuse are explosive in their destruction of mental health. It's better for our mental health to be alone than to be abused.

Who amongst us, if given the choice, would not want to build closer ties with those we love? This report affirms that the instinct to build and maintain healthy relationships is a good one. We should trust it.

So, read this report. It holds clues for raising us from our slumber and being more intentional over our relationships. Let's build a brighter collective future; one where I am because We Are.



*Jenny Edwards*

**Jenny Edwards CBE,**  
Chief Executive of the  
Mental Health Foundation



# Introduction

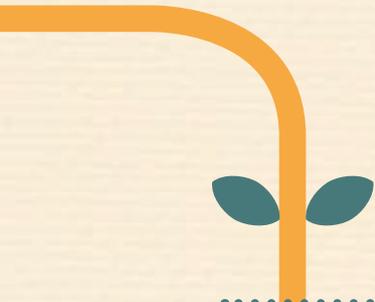
From the point of conception, human beings require the support of others to survive. As small children, we are dependent on adults for food, shelter and to secure our safety, but also to teach us how to belong in our social world. Much of our childhood is spent learning how to communicate and relate to others. If all goes to plan, our parents and other primary caregivers will show us love, and we will develop empathy that will enable us to connect with other people throughout our lives. Through the lens of our parents, we will also learn to identify who is in our group and, unfortunately, to discriminate against those who are out. These are not our only influences; as we get older and attend school, teachers and our peers become influential in helping us to shape ourselves into social beings. This ability to form and sustain relationships is vital for our survival – in childhood literally so, but as we get older it determines how healthy and even how successful we are in life.

Although we have evolved as a species, there is much about us that has not changed since our hunter-gatherer days. We may no longer need to hunt in a tribe or to work together to build shelter, but we need people to support us in other ways, from practically providing services to being there for us in difficult times.<sup>1</sup> We are therefore capable of complex behaviours that allow us to adapt to different social settings and requirements to get what we want and need:<sup>2</sup> we smile and are polite when we ask for directions or buy a cup of coffee, and adopt a whole range of complex behaviours to connect at a deeper level with those whom we choose to give a more significant place

in our lives. In childhood, we know that we need our family to care for us, so we learn to adapt our behaviour to be as acceptable as possible. Our brains are hardwired to support us in our endeavours to engage; as we imitate the facial expressions of others, signals are sent from our facial muscles to our brains to tell us how we should feel, enabling us to feel empathy.<sup>3</sup>

This mechanism also means that we catch our emotions from people around us, including our families. So, a happy family with good bonds is more likely to produce children with good levels of wellbeing. As children grow into teenagers and approach adulthood, it becomes important that they start to look outwards with a view to forming their own family. To achieve this, they need to find new groups to belong to and to separate from the all-encompassing relationship with their families. Our brains change and adapt to allow this development to happen. The obliging child that parents nurtured often becomes the rebellious, challenging teen, who pushes against boundaries to find their own identity and path in life.

So at a very deep level, as humans, we know we need others and are, for the most part, driven by the basic need to seek out close and caring relationships, and by a desire to connect with others socially, emotionally and sexually.<sup>4</sup> On average, people spend around 80% of their day in the company of others.<sup>5</sup> Finding someone who shares your interests, who is interested in you as a person and who remains a point of constancy is a universal motivator for us all: 'No man is an island'.<sup>6</sup> Research



In 1938, Harvard University began following 724 participants as part of the longest-running study on human development in history. The study was developed to determine what makes us happy.

The study explored every part of who we are, from physical and psychological traits to social life and IQ, to learn how we can flourish. Findings from the study were published in the 2012 book *Triumphs of Experience*, with key results showing that happiness and health aren't a result of wealth, fame or working hard, but come instead from our relationships:

- Social connections are really good for us, and loneliness kills. People who are more socially connected to family, friends, or community, are happier, physically healthier, and live longer than people who are less well connected.
- It's not just the number of friends you have, and it's not whether or not you're in a committed relationship, but it's the quality of your close relationships that matters. Living in conflict or within a toxic relationship is more damaging than being alone.
- Good relationships don't just protect our bodies, they protect our brains. Good quality relationships were related to sharper memory.

shows that if these needs are not met at any stage throughout the life course, this can have a negative lasting effect. Being excluded is a profound human experience and a fear that is established early in life. This may involve social exclusion such as discrimination, but there can be a whole range of reasons why we don't have the necessary opportunities to connect with others. Whatever the reasons, the resulting loneliness causes deep pain and can shorten our lives.<sup>7</sup> Mother Teresa described loneliness and being unloved as the 'greatest poverty'.



Relationships can take many guises. In Ancient Greece, there were many distinctions made between types of love to acknowledge the wide range of relationships and feelings that are shared between people. *Eros* refers to typical romantic or passionate love felt between partners; however, other forms of love exist beyond this, including *agape* (a term defined as referring to compassionate love or charity), *philia* (meaning friendship), *storgē* (which is familial love), and *philautia* (meaning a love of the self or self-compassion).<sup>8</sup>

## Why we are focusing on relationships in the 21st century

Trends in society are affecting the ways in which we connect and build our social networks in the 21st century; these are evolving quickly as a result of fast-moving technology advancements, increased social mobility, and changes to work patterns. This report explores what this means for our relationships and, ultimately, our mental health.

The Mental Health Foundation defines relationships as 'the way in which two or more people are connected, or the state of being connected'. Research explored within this report shows that being socially connected and having good-quality relationships can make us happier and can improve our sense of wellbeing<sup>9</sup> by providing us with feelings of security and support, and giving meaning to our lives.<sup>10,11</sup>



Recent statistics show that most of us have good relationships with those around us, with 86.7% of people reporting that they had someone to rely on in times of stress or during key transitions throughout their lives, such as a family member, spouse or friend.<sup>12</sup> This is a positive finding, as having quality relationships is one of the most important predictors of happiness, wellbeing and physical health across the life course.<sup>13,14,15,16</sup> Overall, the evidence concludes that it is the quality of our relationships that matters most. That is, it is better to have a few good friends or close family members than a large number of more distant relationships – quality over quantity.

It is therefore worrying that, despite these statistics, social isolation appears to be becoming increasingly commonplace. Our 'Lonely Society' report found that almost half of us believe that people are getting lonelier in general, suggesting that something has shifted in society that is impacting on our ability to develop and sustain good-quality relationships.<sup>17</sup> Findings from our 'Lonely Society' survey indicate that 1 in 10 of us often feels lonely, and more than a third of us report that we have felt depressed as a result of feeling alone. Overall, this report found that loneliness had a profound and detrimental effect on mental health.

Of course, not all isolation is problematic and some people may seek this out, with most of us enjoying some time spent alone. It is therefore important to note that it is not about simply being alone, but the subjective experience of isolation at times when we want or need support and connectedness, such as having no one to turn to in a crisis or no one who knows and understands us.<sup>18</sup>

Loneliness can affect any of us at any time. However, it can impact on people in different ways at different points in their lives. It is becoming increasingly common for young people to report feeling lonely and to worry about being excluded from their peer group even when this hasn't been experienced. Technology has played a part in this phenomenon, which will be explored later in this report. For older people, a central issue is that when social connections break down there is less opportunity to re-establish or make new relationships, and barriers can form that make this more difficult, leading to a long-term experience of loneliness.

Not surprisingly, feeling lonely can have a negative impact on our health, with loneliness found to be associated with higher blood pressure, poor sleep, lower immunity, a higher risk of developing Alzheimer's disease, and poorer mental health,<sup>19</sup> with a specific risk of experiencing depression<sup>20</sup> and alcohol addiction.<sup>21</sup> Loneliness has been found to be as toxic to our health as smoking 15 cigarettes a day, but, as yet, we have not had the same public health interventions to prevent this.<sup>13</sup> Being lonely doesn't require us to be physically alone; many of us can feel lonely even when in a room of people we know. Feeling that no one can share or understand our experience of life can lead to deep feelings of emotional isolation and resulting distress. This can be a particular issue for those who have experienced trauma or a life event that others can't relate to. Relationships are central to our ability to heal and deal with the challenges that we encounter in life. Our mental health depends on our having access to those relationships when we need them and to people that understand us.



# Children and young people

The relationships we develop and form during childhood help us learn how to positively relate to others. In childhood, this is often our family members and relatives; however, in adolescence, this focus changes to our peers and friends. These relationships have been found to be significant predictors of mental health and wellbeing throughout life. In the 2013 'Predicting Well-Being' report by the National Centre for Social Research, it was found that children and young people who have good personal and social relationships with family and friends have higher levels of wellbeing.<sup>22</sup> Having good relationships throughout childhood and adolescence has also been found to protect against the effects of adversity by improving resilience.<sup>23</sup>

This section of the report will explore the key relationships experienced during childhood and adolescence, including the early childhood relationship with parents. We will explore the impacts of changing family relationships, the influence of peers during adolescence, and the impact of isolation and bullying on young people's development and mental health. Finally, this section will explore the important teacher–pupil relationship.

## The first attachment

The first attachment we make with others is with our parents. It's often seen as one of the most important relationships in our lives.<sup>24</sup> While this is most often viewed as the relationship that exists between mother and baby, this can also be the bond that exists with any guardian – for example, a grandparent, an adoptive or foster carer, or a sibling.



According to research, the security of this first relationship is central to a child's psychological and social development, meaning that this relationship lays the foundations for how we understand and positively relate to others.<sup>25</sup> A child who experiences a secure and positive attachment to their guardian can have a more positive emotional and social development, and a healthier lifestyle than those who experienced adversity or difficulties within this relationship.<sup>26</sup>

Having a secure relationship in early childhood has been shown to be predictive of positive wellbeing in adulthood, with the attachment style being found to act as a buffer for:

- coping with stress;<sup>27</sup>
- a higher sense of positive self-worth;<sup>28</sup> and
- positive adjustment to difficulties and change.<sup>29</sup>

In contrast, research has shown that poor or insecure attachments are associated with depression,<sup>30</sup> anxiety,<sup>31</sup> post-traumatic stress disorder (PTSD),<sup>32</sup> suicidal thoughts or behaviours,<sup>33</sup> and eating disorders.<sup>34</sup> While this early attachment is highly important, the other relationships made within early childhood can also provide security where this might not exist within the family.<sup>35, 36</sup> This means that those services that are in contact with children in their early years need to understand and be equipped to take on this important role when required.

### **Changing family structure**

Our families are changing. In the 1960s, 85% of families were made up of children living with two married parents. This has fallen to 65% in 2015. Parents may not be married, with 3.3 million couples with children under 18 being cohabiting couples. Up to 11% of married and cohabiting couples with dependent children are stepfamilies.<sup>37</sup>

Almost a quarter of households now have mother-only families, compared to 8% in 1960. Almost 7% (6.7%) of children live in the home of their grandparents – over double compared to 1970 (3%).<sup>38</sup> Across England, Scotland and Wales, in 2014, it was estimated that 20,000 dependent children were living in same-sex-couple families.<sup>39</sup>

In 2014, 69,540 children and young people were recorded to be in care in England. This number has steadily increased over the past seven years.<sup>40</sup> While it is outlined by the government that children and young people in care should have the same opportunities as other children to be healthy, safe, and to transition into adulthood, there remain deficits in health and social wellbeing outcomes for these young people.<sup>41</sup> Evidence has shown that children and young people in care

are more vulnerable to mental health problems,<sup>42</sup> with between 45% and 50% of 5 to 17-year-olds in care being assessed to have at least one psychiatric disorder, with levels of mental health problems rising to over 60% for those in residential care.<sup>43</sup> While living in care has been associated with poor outcomes, research shows that these are significantly better for children who have been adopted. This reinforces the importance of having a constant and nurturing parent in protecting the emotional and mental health of children.<sup>44</sup> It is therefore promising that adoption rates have increased over the years. There were 23% more adoptions being completed in 2013, with almost 5,000 children and young people being adopted and a further 51,340 children fostered into stable families.<sup>45, 46</sup>

While family structure is changing, research findings suggest that it is the family harmony that is more predictive of a child's wellbeing than the family structure itself.<sup>47</sup>

Research has shown that family relationships are central to children's happiness, with the quality of these highlighted as one of the six domains of life – alongside health, personal finance, education and skills – that contribute most to children's overall sense of wellbeing.<sup>47</sup> Studies have established that there is a strong link between the quality of the parents' relationship and positive outcomes for children and families.<sup>48</sup> This provides a clear argument that if parents are to protect the mental health of their children, they need to be able to spend time building positive relationships with them.

In 2015, The Children's Society reported that the majority of young people aged 11 to 14 were highly satisfied with their family relationships, with young people in the UK reporting

an average satisfaction score of 8 out of 10 (10 being highly satisfied), with only 3.2% of young people reporting poor satisfaction with their family life.<sup>47</sup> Children are now more likely to talk to their parents than they were in 2002, with young people aged 11 to 15 reporting that they talked to their parents about important issues – 6 in 10 of these young people talked to their mother more than once a week about things that matter, and almost 4 in 10 talked regularly to their fathers about things that concern them.<sup>49</sup>

Being part of a family is predictive of positive outcomes; however, these positive effects are only seen where families are stable. Recent statistics show that 42% (114,720) of marriages in England and Wales ended in divorce in 2013. Of this number, almost half of those who divorced were families with children.<sup>50, 51</sup> Break-up can create considerable upheaval for children and young people, as this may involve moving homes, changing schools, or estrangement from a parent or siblings.

However, being in a family that stays together is not always good for mental health. Children who are living within a family home that experiences high levels of conflict are at higher risk of emotional, social and behavioural problems.<sup>52</sup> Not only does conflict in the household have a negative impact on children's psychological wellbeing,<sup>53</sup> it has also been found to impact negatively on academic attainment<sup>54</sup> and on their future attitudes to relationships.<sup>55</sup> A recent survey of children attending Child and Adolescent Mental Health Services found that family relationship problems were the single biggest presenting problem.<sup>56</sup> The impact of experiencing parental conflict can have long-term impact, with children experiencing higher levels of emotional insecurity

and greater likelihood of internalising problems that can last across life.<sup>57</sup> Working to improve parental relationships, therefore, needs to form part of any strategy to improve the outcomes of children and young people. The Tavistock Clinic has gone as far as to state that 'the couple relationship is the early intervention opportunity'.<sup>58</sup>

Adverse life experiences, the impact of key pressure points and the management of difficult life transitions during this time of life have to be managed carefully, as these can have a very real impact on children that can last into adult life. Proper support and care for the child is needed during times of change and transition within their families. In particular, within decisions related to custody, the needs of the child need to remain central. However, it is important to note some of the positive trends in society, such as the increased levels of adoption, help to ensure there are opportunities for more children than ever before to have stable homes. We need to continue to aim high and ensure that as many children as possible have the opportunity for the positive start that a nurturing family provides and, where this is not possible, demand that our children in care have support from staff that understand and are equipped to take on this vital role in protecting the mental health of our children.

### **Friendships in the 21st century**

Relationships with friends and peers for young people seem to be positive overall. In 2015, The Children's Society found that, on average, children and young people aged 10 to 17 rated their happiness with their friends as high, compared to 5% who rated their happiness with their friends as very low.<sup>47</sup> Young people have an average close friendship network of 10 to 20 friends, and a wider network of 150 social relationships.<sup>59, 60</sup> Social media

has had an impact on friendships and the meaning attached to these, with young people reporting significantly more 'friends' on these social networks and almost a third having more than 500 social media 'friends'.<sup>61</sup>

The importance of having positive peer relationships during childhood and adolescence is well established within research, as social relationships beyond the family are essential for young people in developing their identity and independence. During teenage years, young people begin to spend the majority of their time with their friends – meaning that friends become a primary influence on behaviour, development and wellbeing.<sup>62, 63, 64</sup>

Friendships provide children and young people with the opportunity to develop socially through companionship and shared interests, as well as by having peer support from someone who can relate to their experiences. Consequently, having friends can increase wellbeing, and reduces loneliness and depression. These peer relationships are important in relation to identity development, particularly during puberty and in relation to body image.<sup>65, 66, 67</sup> Positive relationships with peers have been found to play a critical role in the development of social skills that are necessary for personal growth and social adjustment. Given the importance of these relationships, it is unsurprising that when these relationships are positive they are associated with higher levels of psychological wellbeing and self-esteem.<sup>68, 69</sup>

In contrast, children and young people with less positive peer relationships or no friendships are at higher risk of poorer mental health and engagement with risky behaviours, such as drug abuse and alcohol misuse.<sup>70</sup> Both

the quality and quantity of these peer relationships have been found to uniquely predict outcomes such as depression in young people.<sup>71</sup> Adolescence is a time of upheaval and unsureness, considerable social, emotional and physical changes, and a time for developing a sense of self, identity and autonomy. As a result, when a young person has no friendships or ones that are challenging, there can be a detrimental impact on their self-esteem, self-concept and feelings of worth. This is particularly worrying at a time when so much is developing within young people, including their brain, and at a point in life when they are dealing with feelings of insecurity. Teenagers at this point in life are finding out who they are, who they need in their lives and where they fit in. Feeling that they don't belong consequently creates vulnerability to poor mental health and mental health problems.<sup>72</sup>

### **Social isolation and teenagers**

Having a sense of meaningful connection and belongingness with peers remains one of the strongest indicators of psychological health during teenage years.<sup>73</sup> These social relationships are central to wellbeing, emotional fulfilment, behavioural adjustment and cognitive function.<sup>74</sup>

In our 'Lonely Society' report, young people were more likely to report feeling lonely often and feel depressed about this than those aged over 55.<sup>17</sup> This may be attributed to the fact that peer relationships are significantly more important than other relationships, such as family, at this stage of life. In addition, this age is characterised by significant physical, social and psychological transitions, in which identity and a sense of self are being formed. As social beings, it is the point in life where we begin to create our future social world

and our expectations of connectedness thereafter. Feelings of loneliness and rejection from peers and friends will therefore be amplified and have a considerable impact on self-esteem and feelings of worthiness.

Research has found that social exclusion or rejection at this age can result in engagement with maladaptive and unhelpful coping strategies and thinking styles. For example, more socially isolated teenagers were found to engage in self-soothing behaviours such as comfort eating, were less able to regulate their emotions and attention, and were more likely to give up and be less enthusiastic when making an effort with tasks.<sup>75</sup> Emerging research suggests that these reactions to social isolation may occur as a result of changes or interruptions in the neurochemical and neurological make-up of the brain. As the brain is still developing during adolescence, individuals are more vulnerable to the effects.<sup>76, 77, 78</sup>

As a result, higher rates of mental health problems such as depression and anxiety have been associated with loneliness, isolation and social rejection during adolescence.<sup>79, 80</sup>

While isolation itself can trigger feelings of distress and depression, there is evidence to suggest that teenagers experiencing mental health problems will begin to isolate themselves and withdraw further, compounding the loneliness experienced.<sup>81</sup> Mental health conditions such as depression, eating disorders, self-harming behaviours and anxiety disorders are characterised by social withdrawal and isolation.<sup>82</sup> Experiencing these issues during adolescence can have a significant impact, as this is likely to disrupt development and the usual social milestones that are experienced by teenagers.<sup>83</sup> As a result, this can push

young people further into feelings of despair and distress, and may mean they are less likely to reach out for help or use their relationships as forms of support during difficult times.<sup>84</sup>

Isolation and bullying during adolescence can have a strong, pervasive effect on someone's sense of wellbeing, which can continue to manifest as poor mental health outcomes throughout adulthood. Children and adolescents who are socially excluded are more likely to have poorer educational outcomes than their socialised and accepted peers. This is important, as one factor that protects against loneliness is having achieved a higher level of education.<sup>85</sup> Being lonely in adolescence is also associated with higher levels of smoking, obesity and of experiencing mental health problems such as depression during adulthood.<sup>86</sup>

While loneliness can have a significantly negative effect on young people, one recent study found that social isolation in teenagers has been consistently declining over the past 37 years.<sup>87</sup> However, there is more to understand about the nature and quality of young people's relationships. In society, we have reduced access to safe spaces for young people to meet and forge friendships. Young people have adapted and found ways to do this online, but this does not allow for the important face-to-face contact that is needed to support the development of social skills and denies young people the opportunity to experience the biochemical changes that come with affiliation. We are yet to understand what the long-term impact on mental health will be, but we need to be careful that those who work with young people – from teachers through to youth workers and the police – fully understand the changes that occur in the brain, the crucial developmental



need for social contact with peers, and the long-term impact of loneliness. In society, we need to understand and respect the role of technology in the lives of young people alongside working to remove barriers that prevent young people from coming together by fully implementing Positive for Youth.<sup>88</sup>

## Bullying

In 2015, 43% of young people aged 10 to 15 in the UK reported having been bullied.<sup>89</sup> Those who had been bullied had lower wellbeing and life satisfaction than those who had never been bullied.<sup>90</sup> Figures from the Department for Education suggest that fewer young people are being bullied now than 10 years ago;<sup>91</sup> however, statistics suggest that new forms of bullying, such as cyberbullying, are increasing, with 7 in 10 young people reporting being victims of cyberbullying.<sup>92</sup>

Bullying is a phenomenon of all times. However, over recent years, bullying methods have evolved with the introduction of digital technology and access to social media accounts, meaning that, while bullying has traditionally been experienced at school, it is now something that can affect young people in their homes and at any time of day or night. Appearance has been cited as the number one reason for bullying, with 51% of young people who experience bullying saying

how they look is the primary reason for it.<sup>89</sup> This is a concerning development, as, within teenage years, identity and self and body image develop. Body dysmorphia is considered to be increasing, with a greater incidence in men, and this imagined ugliness is most often established in adolescence. Increases in presentation of people with body dysmorphia have been seen not only in mental health services but also in primary care, dermatology and cosmetic surgery, and body dysmorphia is associated with high rates of suicidal ideation and suicide attempts.<sup>93</sup>

For children and young people, toxic relationships can have a significant impact. Bullying, both physically and emotionally, can be very detrimental during this age, yet it is and has always been a common occurrence. Being bullied has been associated with a wide range of poor social, health and economic outcomes, and has been significantly linked to a higher risk of developing a mental health problem and mental health service utilisation among young people.<sup>94, 95</sup> Over 60% of young people attending Child and Adolescent Mental Health Services reported bullying as an important reason for their attendance.<sup>96</sup>

Of young people who have reported being bullied within the 2015 'Ditch the Label' bullying survey, 29% reported that they self-harmed, 27% skipped

class, 14% developed an eating disorder and 12% ran away from home as a result of bullying. Thirty per cent had suicidal thoughts, 14% used drugs and/or alcohol, and 6% engaged in risky behaviours.<sup>89</sup> Bullying has been found to have long-term adverse effects, with these experiences during adolescence being found to be a predictor of poor mental health and depression in early adulthood.<sup>97, 98</sup>

While there has been a significant increase in awareness around bullying and there are many interventions within schools to help address the issue, only 55% of young people who had experienced bullying reported their experiences to a trusted adult. Of the 45% who did not report their bullying, many felt it would not be taken seriously or were afraid of things getting worse.<sup>89</sup> This insidious nature of cyberbullying may mean that young people do not always identify online chat as bullying themselves, making it even less likely that they would feel they should report it. As young people increasingly use technology to communicate, this new social environment needs to be carefully considered and new approaches developed alongside young people to help navigate this safely and to make sure precautions are taken.

### **The relationship with the school and teachers**

As children and young people spend a significant amount of their time in education, the relationships formed in school are highly important to their self-esteem and wellbeing.<sup>99</sup> Researchers have found that young people base their experience of school on their relationships with their teachers, with one study finding that, when students were asked how much they liked school, their replies depended on how much they liked the teacher.<sup>100</sup> Good quality of teacher–pupil relationships is seen as

a central factor in the child’s successful development, not only in relation to academic achievement, but also in the development of positive social skills, social adjustment and future attainment.<sup>101, 102, 103</sup> This relationship becomes even more central when there is conflict or a lack of positive relationships with adults at home.

The relationship that exists between the pupil and teacher can have an immediate effect on adolescents’ social outcomes.<sup>104</sup> Feeling supported socially and academically, in addition to feeling safe and connected to the school, can provide young people with the environmental and social support that is essential for positive mental health and wellbeing.<sup>105, 106</sup> When children and young people feel a sense of belonging and connectedness to their schools, and have supportive relationships with their teachers and classmates, they are motivated to participate more actively in classes and school life.<sup>107</sup>

Furthermore, teachers and school staff can provide an additional source of support for children and young people during the difficult transitions associated with this time of life. The whole-school approach is being promoted across the UK in recognition of the significant opportunity presented within school life to improve mental health. This approach aims to embed mental health improvement across all school activities and ethos by bringing together universal actions to protect mental health for all students, and more targeted approaches, such as anti-bullying programmes, to reduce risk and support children who are displaying early signs of mental health problems in accessing specialist services. Where this has been applied well within schools, it has been found to have a positive impact on young people’s mental health and wellbeing.<sup>108</sup>

# Adulthood

While the relationships we make in childhood are crucial in shaping how we form our future relationships, those we form in adulthood can have an equally significant impact on our lives. Adulthood can be a time of stability and can bring with it the joys of discovering new relationships, including family formation. It is also a time when key risks for loneliness and isolation can significantly impact on us, such as adverse life conditions, transitions and pressures such as relationship breakdowns, poor work–life balance, redundancy, development of physical health conditions, changes in caring responsibilities, retirement, and bereavement. As a result, the relationships we maintain throughout our adulthood are more important to our mental health than we sometimes realise.

This section of the report will focus on adulthood and how the relationships we form during this time of our lives change and impact on us. This period in life can signify new relationships, including romantic partners and work colleagues. Many of these relationships can help us to sustain our mental health, but relationships are often complex and with each of these comes the potential for difficulties and challenges that impact negatively upon us. Our view of adulthood and the relationships we develop within it has changed significantly over the last 50 years. As an ageing society, our goals are changing, we have fewer children and we get married at a later age. A rising cost of education and factors such as house prices also mean that children leave the family home later. In 2015, around 40% of young adults aged 15 to 34 in the UK were living with their



parents.<sup>50</sup> While children are staying at home later overall, our societal networks are fragmenting and are in constant change. This chapter will detail how this affects our mental health.

## Couple relationships

Marriage was once an expected event for most people, but is now in decline and has been steadily so since the 1940s. A total of 301,250 marriages took place in the UK in 2012, with 2009 reporting a record low of marriages to date. Alongside a decrease in the number of marriages, divorce rates have increased in England and Wales, and it is expected that 42% of marriages will end in divorce.<sup>50</sup> As a result, there are significantly more lone parents in the UK currently – almost 2 million: a significant increase across the last decade. Trends appear to be shifting, with more couples preferring to remain in relationships without getting married. The number of same-sex cohabiting couples has increased significantly, rising to 3.1 million in 2015, compared

to 2.1 million recorded in 2001.<sup>109</sup> Alongside this has been the increase in families of same-sex couples, from 16,000 in 1996 to 90,000 in 2015.<sup>50</sup>

The introduction of civil partnerships and same-sex marriage has also changed the landscape of relationships in the UK, as this legalisation has allowed for the social recognition and legal protection of couple relationships in the LGBT community. Marriage of same-sex couples was only introduced in England and Wales in March 2014, in Scotland in December 2014, and is currently not legal in Northern Ireland; however, civil partnership was introduced by UK statute in Northern Ireland. Registration data shows that there were 7,366 same-sex marriages in England and Wales between March 2014 and June 2015, and that 7,732 couples chose to convert their civil partnership to a same-sex marriage between December 2014 and June 2015. This means that there are 15,098 couples that have formed same-sex marriages in England and Wales.<sup>50</sup> Furthermore, 367 same-sex marriages were registered in Scotland in 2014 following the introduction of same-sex marriage on 16th December 2014,<sup>110</sup> and a total of 110 civil partnerships were registered in Northern Ireland this year.<sup>111</sup>

While the number of established couples is increasing, in 2015, 7.7 million people in the UK were reported to be living alone, with 4.1 million of these aged between 16 and 64. There are more males than females living alone (58% in 2014 were male), which may mean that men are more likely to be isolated as they experience lower levels of social support than women. There has been an increase in the number of people in their middle years living alone (aged 45 to 65), with figures showing a 23% increase between 2005 and 2015.

In contrast, there has been a drop in the number of younger adults living alone (falling by 18% for those aged 25 to 44). This contrasting picture may, in part, be accounted for by the rising divorce rate and the sharp increase in the number of those under 35 still living with their parents.<sup>50</sup>

Being happily married or in a stable relationship is linked to both physical and mental health benefits, including lower morbidity and mortality.<sup>112</sup> Furthermore, people tend to be more moderate in their health behaviour, including smoking and drinking less.<sup>113</sup> A stable relationship is linked to greater life satisfaction, lower stress levels, lower blood pressure and better heart health than individuals who are single.<sup>114</sup> Likewise, people who live with a partner were less likely than all other categories (single, separated, or widowed) to show cognitive impairment later in life at ages 65 to 79. Those widowed or divorced in mid-life were found to be three times more likely to develop cognitive impairments when compared with married or cohabiting couples. This means that living with a partner might have a protective effect against cognitive impairment later in life.<sup>115</sup> Based on this growing body of evidence that quality relationships are central to our health and wellbeing, The Relationships Alliance concluded that relationships are a public health concern of vital importance.<sup>116</sup>

Social isolation has been found to be the strongest and more reliable predictive factor of suicidal ideation, attempt and intent across a range of ages, genders, nationalities and clinical experiences. As a result, for both males and females, those who are married are less likely to die by suicide than those who are single, divorced or widowed.<sup>117</sup> However, men have significantly higher rates of suicide than women, with a peak in males in

their 40s.<sup>118</sup> It is believed that men are likely to have smaller social networks and be more isolated than women at this stage of their lives. Studies also suggest that it is less socially acceptable for men to express their emotions and engage with social support. As a result, men are left more vulnerable to feeling alone in times of distress.<sup>119</sup>

While being in a relationship can have positive benefits for health, it is important to recognise that unhappy relationships are more destructive than being single. Research has found that poor-quality or unhappy relationships have a higher negative influence on physical and mental health than not being in a relationship.<sup>114</sup> Conflict within the family environment also impacts negatively on the mental health of children within the family. These negative impacts can be felt across the life course and extend even into adulthood for children who are exposed to inter-parental conflict.<sup>120</sup>

### **Intimate partner violence/ domestic violence**

While intimate relationships can have significantly positive effects on our mental health and wellbeing, not all relationships run smoothly and even those that do can face times of challenge. Findings from a 2009 NSPCC report showed that many teenagers had difficulty fully understanding what constitutes abusive behaviour or what consent means.<sup>121</sup> Without knowledge of what constitutes a negative relationship at an early stage of its development there is a risk that many young people enter into relationships in early adulthood without seeing how damaging they might be.

From 2013 to 2014, it is estimated that 1.4 million women in England and Wales were victims of domestic

abuse.<sup>122</sup> Over 59,000 incidents were reported in Scotland,<sup>123</sup> and 13,000 domestic abuse crimes were reported in Northern Ireland in 2014 to 2015.<sup>124</sup> A total of 7.1% of women and 4.4% of men reported having experienced any type of domestic abuse in 2012 to 2013; however, these figures only account for official reports of violence.<sup>125</sup> This is the equivalent to an estimated 1.2 million female victims of domestic abuse and 700,000 male victims.<sup>126</sup> Therefore, an average of 5.7% of adults aged 16 to 59 in the UK have experienced intimate partner violence in the last year. Intimate partner violence, or domestic violence and abuse, is defined as 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality'.<sup>122</sup>

The impact of these statistics is significant, as domestic violence or intimate partner violence has a devastating effect on an individual's life and on families. Domestic violence is associated with high levels of mental health problems,<sup>127, 128, 129, 130, 131, 132</sup> with an estimated overall mental healthcare cost of £176 million.<sup>133</sup>

While there is an increasing level of awareness and visibility of campaigns tackling domestic violence within society, and increasing services such as refuges for women experiencing violence provided by organisations like Women's Aid, levels of domestic violence have remained consistent across the years, accounting for between 15% and 25% of all recorded violent crimes.<sup>134</sup> Austerity has had a considerable impact on tackling this issue, with financial cuts and strains on services and domestic violence provision. In addition, the stresses

associated with the recession have been linked to increased levels of domestic violence, with research suggesting that this is as a result of increased financial pressures and poverty.<sup>135</sup> The home environment is where children will learn how to relate to future intimate partners themselves, and those children living in families where abuse is commonplace are at high risk of developing mental health problems.<sup>136</sup> Therefore, those organisations that work to support children and families from conception onwards need to consider the couple relationship and the impact that this has on the child. Focusing on the parent-child relationship alone will not achieve the necessary mental health outcomes.<sup>137</sup> Support and escape routes also need to be available for families experiencing domestic violence to ensure that children are able to grow up in a nurturing environment without fear.

## Friendships in adulthood

While friendships are very important, particularly during adulthood, when transitions within working life, intimate relationships and parenthood occur, our social networks vary greatly. Establishing social ties outside the core family has been found to fulfil social, emotional and communication needs. In 2015, more than 9 in 10 adults aged 16 and over in the UK reported that they had one or more close friends that they could confide in (93%), who supported them (92%) or who they could escape with or have fun with (90%).<sup>138</sup>

However, overall, social networks tend to decrease during adulthood, potentially leaving us more isolated during mid-life. Adults have been reported to spend as little as 10% of their time with friends.<sup>139</sup> This may be,



in part, because friendships and peer relationships in adulthood can often be forgotten as life gets busier with work and family commitments. People may also move away from friends that they made earlier in life and have less time available to develop new relationships. As a result, many people feel that there is little time for socialising or building their networks of friends.

Life transitions during adulthood can have a considerable impact on how we maintain relationships. People may lose friends and social contacts through life changes, such as moving or relocating for a job.<sup>140, 141</sup> Likewise, with divorce rates reportedly peaking at age 45, this adds another challenge to sustaining friendships, as divorce has been found to cost individuals close relationships.<sup>142</sup> These changes in relationships appear not to happen by choice, as over a third of adults in the UK wished they could spend more time with their friends, with people aged 45 to 54 reporting that they were less satisfied about their social and family life, less likely to socialise often and more likely to feel lonely.<sup>142</sup> It seems the demands on adults make it difficult to maintain and sustain positive, strong friendships.

Evidence suggests that men and women treat friendships differently, with women being more likely to have broader, more intimate relationships than men. As a result, men are less likely to discuss personal matters with their friends than women, so may be less socially and emotionally supported during times of stress and crisis.<sup>143, 144</sup> Findings by Relate show that more men report having no friends (11%) compared to women (7%), with men having lower satisfaction in their friends than women (73% of men rated their friendships as good or very good compared to 81% of women).<sup>142</sup>

The nature of relationships becomes important when there is less time to spend with friends. Spending time supporting someone who is going through a difficult time can help build strong bonds, as well as the wellbeing benefits associated with being kind to someone else. However, where possible, it is better to try to surround yourself with people who are optimistic and positive in their outlook. Interestingly, research tells us that you can catch emotional states,<sup>145</sup> and that having a friend who is happy and lives close by can increase happiness by as much as 25%. Similar results have been found for cohabitant spouses (8%), siblings (14%) and next-door neighbours (34%).<sup>146</sup> In contrast, being in regular contact with someone who is lonely can increase your risk of feeling lonely by as much as 52%. The authors conclude that we need to focus on repairing the social networks of people who feel excluded to stem the increase in loneliness in society.

### **Relationships at work**

The relationships we make and maintain in the workplace are crucial, as we spend more and more time at work and this, in turn, has an effect on our mental health. According to a recent report by Relate, those in full-time work in the UK spend more time with colleagues than with family or friends. The report highlighted that employees were about as likely to have daily contact with work colleagues (62%) than they were their own children (64%), and over 4 in 10 (44%) were more likely to have daily contact with their bosses than with their mothers (26%) or friends (16%).<sup>142</sup>

Good workplace relationships may add to a person's mental health and may also help productivity at work. Employment relationships have been shown to have an important impact on

job satisfaction, skill development and use, staff turnover, workplace morale, absenteeism, and quality of life.<sup>147</sup> Having a good-quality relationship with your manager has been found to protect against psychological health issues at work; however, worryingly, only 64% of employees in the UK reported the relationship between themselves and their managers as good or very good, while 13% reported relations as poor or very poor.<sup>148</sup> NICE guidelines recognise the importance of this line-management relationship and recommend that during the recruitment and training of managers, it is ensured that they are able to lead positively and be 'open, approachable and encouraging of new ideas'.<sup>149</sup> The way that we work is changing, with more people than before working remotely. In 2014, a total of 4.2 million people (13.9% of the total workforce) were recorded as home workers – an increase from 2.9 million recorded in 1998.<sup>150</sup> This is a development that should be watched with interest, as there is the potential that workers will feel less connected and have more tenuous relationships with co-workers; however, it may also provide the opportunity for more time spent at home with family and therefore has the potential to help benefit personal relationships outside work.

Working long hours and lack of work-life balance has been reported as the second-biggest relationship problem, with 40% of people reporting that their work is placing strain on their relationships. Work interrupting or distracting time spent with family, less ability to take time off for family needs, and fatigue have been reported as having a direct impact on employees' mental health and resilience.<sup>151</sup> Employers need to consider the overall wellbeing of staff, as working long hours but with poorer mental health may lead

to presenteeism – being in work for more hours than is required, rather than increased productivity.

### **The impact of the recession and austerity**

The quality of our relationships and the state of the economy is closely connected with the recent recession and impact of austerity having a negative influence on our relationships as a nation. Money worries are the main factor that puts pressure on our relationships in the UK, with 62% of people over the age of 16 reporting this in 2014.<sup>142</sup>

Those who were directly affected by the recession – for example, through redundancy, unstable employment or repossession of their home – were found to be considerably more likely to have experienced deterioration in their relationship quality and stability. Changes in financial situations, sudden unemployment or money struggles can all create conflict and strain.<sup>152</sup> This has not only long-term psychological effects on society, but also financial implications, with the cost of family breakdown in 2015 estimated at £48 billion.<sup>153</sup>

While negative experiences of recession are associated with relationship deterioration, the need to build positive and strong relationships has never been more important than at times of economic unrest. Good-quality relationships can safeguard against the pressures that face us at times of economic and social adversity.



## Later life

The number of people aged 65 and over is increasing, with over 11.4 million individuals in this age group living in the UK.<sup>154</sup> This stage of life brings about significant changes in the roles and responsibilities that individuals have, with retirement and the changes in caring responsibilities providing the time and opportunity to take on new hobbies and spend more time with family or friends. While many people are able to continue to play an active role well into their later life, loneliness and social isolation have been found to be a significant issue for those over the age of 65, with higher rates of loneliness reported in later life than in any other period across the life course. Thirty per cent of older people say they feel lonely, with 9% reporting this as severe loneliness.<sup>155</sup> Individuals aged over 65 have the highest levels of loneliness among the population. With 3.6 million older people living alone,<sup>50</sup> loneliness has been linked to social isolation and exclusion. In a report by Age UK, 1.2 million people over 50 reported they felt severely excluded from society.<sup>156</sup>

During later life, there are a number of key transitions that can change the nature of relationships, such as retirement, ill health, caring responsibilities, mobility issues and bereavement. Increased life expectancy means that, as a society, we are living longer. However, women continue to

live longer than men, leaving a growing population of individuals at risk of isolation when a partner dies. In addition, changes in relationship trends, such as increased levels of divorce in mid-life, can mean that, as we grow older, some of us may do so as a newly single person. New ways of socialising using online mediums may also impact on opportunities that older people have to connect with others. Although increasing, still only around 43% of people aged 65 and over use online technology compared with 98% of younger people (16–34) and 83% of adults as a whole.<sup>157</sup>

As a result, older people aged 65 and over were found to be the least satisfied with their personal relationships of any age group, with only 46% of over 65s reporting that they spent time with their family most or every day compared to 65% to 76% reported by the other age groups. Twelve per cent of over 65s reported that they never spend time with their family. For almost half of over 65s, their main source of company was reported as the television or pets.<sup>158</sup>

### Friendships over 65

Remaining connected in later life seems to be the key to health and wellbeing. When asked what they felt was important for maintaining mental health, people aged 60 and over were more likely to choose having a circle of friends they see frequently



over maintaining good health and independent living.<sup>159</sup> Older adults who reported having social networks that included friendships and confidantes were at significantly lower risk of mortality over a 10-year period.<sup>160</sup>

Unfortunately, older people aged 65 and over spend less time with friends than other age groups, with only 35% reporting that they spent time with friends most or every day in the last two weeks, and nearly a quarter (24%) saying that they go out socially less than once a month. Across the ages, people aged 75 and over are the least likely to have at least one close friend, with 11% having no close friends at all, compared to only 2% of those aged 18 to 24.<sup>154</sup>

Researchers have found that fewer social relationships among older adults were associated with greater risk for mortality over time.<sup>161</sup> In addition, having fewer social resources has been found to predict greater functional disability in older adults.<sup>162, 163</sup> Having few close relationships has also been linked to higher rates of depression, stress and service utilisation in older adults. Having a friend as a confidant in later life has beneficial health effects associated with significantly lower physical symptoms of depression, better self-rated health, and fewer sick days in bed during the preceding year.<sup>164</sup> Within research findings, participants who became widowed and had a close friend experienced health outcomes comparable to those enjoyed by the continuously married group.<sup>165</sup>

Community-based programmes to reduce isolation in older people have been found to be effective in improving the lives of individuals simply by increasing positive relationships and social supports within their lives. Befriending, mentoring and social-group schemes that incorporate self-help, support and peer involvement

are effective ways to reduce social isolation, such as the Standing Together peer-support service in England and the Brighter Futures Peer Mentoring Programme in Scotland delivered by the Mental Health Foundation.<sup>166, 167</sup>

Such groups have been found to play a critical role in improving the wellbeing, social support and practical coping strategies of older people experiencing loneliness and those with dementia.<sup>168</sup>

### **Intimate relationships in later life**

Romantic love continues in later life. In fact, more people are getting married at a later age. Older people appear to be embracing the need for intimate relationships, with marriage trends showing that marriages in over-65-year-olds have increased by over 20% between 2011 and 2012.<sup>169</sup> Having a partner at this stage of life has been associated with experiencing a healthier and happier lifestyle.<sup>170</sup>

### **Changing caring roles and responsibilities**

Family and intimate relationships can take on an added dimension in later life, with an increased need for partners to take on caring responsibilities for their spouse. An estimated 1.2 million people in England aged over 65 are providing care to a loved one. The majority of carers over 75 (81%) are looking after a spouse or partner; however, many older people remain the sole carer for parents, children, grandchildren or friends.<sup>171, 172</sup>

A caring role affects the carers' wellbeing, with older carers reporting higher levels of depression and anxiety as they manage their own health conditions.<sup>173</sup> Many carers find it difficult to maintain relationships with their friends, family and other social networks due to their caring responsibility and, as a result, feel increasingly isolated and unsupported.<sup>174</sup>

## Grandchildren

Becoming a grandparent introduces a new role and relationship to develop and explore. Unlike parenthood, this role usually comes with fewer caring responsibilities. It is a time where relationships with one's own children are likely to change as they themselves become parents. This new grandparent role often involves providing social and emotional support for their children and childcare support for parents who are working. Adapting to this new relationship and keeping a balance between being supportive without imposing their own views has been found to be a challenging for many.<sup>175</sup>

In addition, being a grandparent means developing a new relationship with their grandchildren. This role is different from a parenting one; many grandparents and grandchildren talk about this relationship as a friendship, with research showing that a close grandparent–grandchild relationship is likely to lead to the continuation of this relationship into adulthood.<sup>176</sup>

Now, more than ever, grandparents' roles are evolving. Changing family structures mean that grandparents may be the head of the household. In 2015, 6.7% of children were recorded to be living in the home of their grandparents – an increase from 5.6% in 2005, and over double that recorded in 1970 (3%).<sup>38</sup> Grandparents can also be central in providing childcare for working parents or for lone parents wanting to return to work. As more people move for work, the influence of migration on families is likely to impact on the grandparent–grandchild relationship; however, the growing number of older people using online technologies may help maintain these close links with family, even if they move away from the local community.

## Loss and bereavement

In later life, individuals are more likely than other age groups to experience the loss of relationships through bereavement of a spouse or partner. The loss of intimate relationships in later life resulting from the death of the spouse or marital dissolution predictably has significant health consequences. Widowhood is one of the most stressful life events that requires psychological and behavioural adjustment, which is extremely difficult – particularly within later life. Habits, behaviours and attitudes that have become everyday routine over a lifetime must change. This includes changes to their social network, activities and interactions.<sup>177</sup>

Research has found that older adults who are widowed or divorced have poorer physical functioning, greater mortality risk, lower self-rated health, and more symptoms of depression than their married counterparts.<sup>178</sup> In addition, such losses may increase feelings of isolation felt by individuals due to the immediate decrease in social and instrumental support that a spouse provides. Those who are widowed are three times more likely to feel lonely, with 34.7% of older adults reporting feeling lonely compared to 9.6% of those who were married.<sup>179</sup>

Loss of relationships through bereavement has considerable potential to further isolate and exclude those in later life. The most severely isolated and lonely are those aged 75 and over, as they are more likely to be widowed and live alone. Women are at greater risk of isolation because they live longer than men, with older women more than twice as likely as older men to feel trapped in their own homes. Research has found that there is a greater risk of older people entering care homes or sheltered living following the loss of a partner.<sup>180</sup>

# Community and connection

Our communities and connections are constantly changing in the 21st century. While communities were once understood as a physical neighbourhood, the introduction of quick transport, mobile technology and social media has seen them become more fluid and mobile. The importance of community appears to be declining in modern society, with only 42.5% of people aged 16 to 25 rating associations with others in their community as important, compared to 73.1% of over 75s.<sup>12</sup> This decline in the meaning of community is further reflected by the increasing number of neighbours who rarely or never speak to each other. A recent survey found that most of us speak to our neighbours less than once a week, with 43% of us admitting to having no interest in keeping in contact with our neighbours.<sup>181</sup> This may reflect the changing nature of life, work, travel and family.

Irrespective of this finding, the overall number of neighbours who reported that they were willing to help each other was found to be no less than it was three decades ago. This suggests that, while we may make less of an everyday effort with our neighbours, the sense of community and helping in times of crisis remains unchanged over time.<sup>182</sup>

In addition, positive evidence from the Community Life Survey in 2014 found that 85% of people aged 16 and over in England thought that their community was cohesive and that people got on well together – an increase from 80% recorded in 2003. More than half of adults have reported that they agree that the friendships and associations they have with others



in their neighbourhood are important and mean a lot to them, highlighting the significance that our local community has on our everyday lives.<sup>183</sup>

There is a growing body of evidence suggesting that if we get on better with those who live around us and feel a sense of cohesion, then we are happier and healthier ourselves. Feeling that you belong to a community fosters a sense of social identity and social connectedness.<sup>184</sup> Likewise, participating in activities and sports in the local area has been found to increase psychological and social wellbeing, particularly for children and young people.<sup>185</sup> One in three people live in the same town in which they grew up, and another one in three live within a radius of 50 miles, which suggests that the sense of community remains as valued in modern society as it was over a decade ago.<sup>181</sup>

This may be because being part of a strong, positive group or community provides us with a social identity as we

develop a sense of purpose and value from our connections with others. Having a positive social identity has been linked to better mental health, wellbeing and connectedness. Recent evidence suggests that interventions that have a social focus and build social group memberships, such as peer support interventions, have better outcomes for improving mental wellbeing.<sup>186</sup> Feeling connected and having a positive social identity can therefore protect our mental health.

However, where feeling part of a community can be protective of mental health, the stress associated with being denied access and being on the outside of social participation as an individual or a group can be damaging.<sup>187</sup> In society today, there are many people who are excluded from opportunities, such as work or social membership,

that would enable them to establish friendships, including people who are homeless, have a learning disability or long-term condition, live in poverty or who are single parents. Discrimination is complex and can be multidimensional, but discriminatory social actions and processes can leave people isolated from others and reduce their life chances. An example of an initiative established to improve the life chances of children and young people who experience exclusion through poverty is the Promise Project in the US.<sup>188</sup>

### **Moving communities**

In 2014, there were an estimated 3 million internal migration moves to and from local authorities in England and Wales – an increase of 5.1% recorded in 2013. Moving between communities has become an everyday norm within modern society due to the increased



demands and changes in the labour market. It is therefore no surprise that the age with the highest proportion of movers was reported in 2013 as aged 19 – a time associated with emerging adulthood and transition, often to university or working life. Of all the 19-year-olds resident in England and Wales as of mid-2013, approximately one in five had moved within the UK during the previous 12 months.<sup>189</sup>

Moving away from one's hometown, family and friends can have a very real impact on our relationships. Moving means having to adapt to a new physical and social environment. Studies suggest that one of the biggest challenges facing individuals when they move is building relationships and connecting with others.<sup>190</sup> After a move, people report feeling like the outsider and out of their comfort zone, making the building of new friendships difficult. They are also likely to lack the social support they had in their hometown. Lower mental health has been reported as a result of the lower levels of social support associated with such migration.<sup>190</sup>

In addition, the increased distance and effort needed to maintain previous relationships can make keeping these relationships going difficult. As a result, moving away is one of the most common reasons for friendships to disintegrate.<sup>191</sup> The development of online communication tools and technologies has been of major benefit for people who move for work or family needs. The introduction of video-calling applications such as Skype allows people living away from home to keep face-to-face contact with their loved ones, regardless of distance. Evidence has shown that these online ways of communicating can help to support and partly re-establish communication and bonds with family and friends where distance is a challenge.<sup>192</sup>

## Volunteering

Being actively involved within our community and building relationships outside our home can have a positive impact on our wellbeing. Community activity can help build social networks and trust within the community, and can have some proactive impact on bettering the community.<sup>193</sup>

Research has found that volunteering has significant benefits to the physical and mental health of volunteers, as this community activity provides a sense of purpose and participation.<sup>194</sup> Benefits of volunteering have been found to include reduced mortality, increased physical wellbeing, increased self-rated health and higher life satisfaction.<sup>193</sup> Volunteering has been related to the reduction of depression in later life.<sup>195</sup> These benefits have been found to exist due to the higher levels of social support, social exchanges and sense of community that volunteering provides. It also enables people to take on a role that is valued by the community.<sup>196</sup>



# Online relationships

The rapid evolution of online technology has created vast new opportunities for building connections and relationships. These new forms of communication provide us with the ability to speak to anyone around the world at any time. This can help us to maintain relationships across distances if we have moved, or develop new relationships in other parts of the world that we would otherwise not have had access to. It can help with developing working relationships or can allow us to engage with distance learning or working. However, it can also present difficulties and damage existing relationships.

## How we use the internet to connect

Thirty-eight million adults (76%) in the UK access the internet every day.<sup>197</sup> On average, internet users aged 16 and over spend over 20 hours online each week, and more than 7 in 10 people have a social networking profile.<sup>198</sup> While online usage is becoming normal, in 2015, 4.5 million people aged 65 and over (39% of this age group) had never been online.<sup>199</sup>

Social networking sites such as Facebook have been developed to enable and encourage communication and interaction between users, and it is suggested that, when used for this purpose, online technologies can strengthen interpersonal relationships.<sup>200</sup> Many people report using these networking sites as a way of feeling connected to their friends and to increase feelings of belonging. Even with this increased use of online communication, just under half of internet users in the UK surveyed in 2009 reported that the internet had actually helped to increase their contact with friends or family who had moved away.<sup>201</sup>



More adults are using online communities as a way of meeting people and building intimate relationships, with 27% of 18 to 24 year olds using online dating websites and one in five using mobile dating apps as a way of meeting partners. These forms of communication are also being used more in later life, with 12% of 55 to 64 year olds using them and 3% of over 65s.<sup>202</sup>

## Online communities and relationships

Studies on the use of these online communities have found positive outcomes due to their impact on developing and widening social networks and social supports.<sup>203</sup> These sites can help encourage a feeling of connectedness,<sup>204</sup> with previous literature having shown these positive associations between receiving social support from online friends and increased mental wellbeing.<sup>205, 206</sup>



Such social support is particularly relevant at times of crisis when social networks may provide individuals with important emotional support, create awareness, and signpost self-help resources and services. This can be helpful when seeking support and connection around stigmatised issues, such as suicidal ideation, self-harm or mental health conditions.<sup>207</sup> When online, some people may disclose more than they would in person due to the anonymity provided by the computer.<sup>208</sup> As a result, individuals feeling suicidal or in distress may disclose their feelings of despair and seek help where they wouldn't be able to in person.

The anonymity of the internet can also be a danger. Seven in ten young people have reported being victims of cyberbullying.<sup>82</sup> The development of negative affective disorders, loneliness, anxiety, depression, suicidal ideation and somatic symptoms has been highly related to cyberbullying in research worldwide.<sup>209</sup>

The increase in mobile technologies and the constant contact we have with social networking sites and the online world creates the potential for always being close to our friends. While this increased connection may be productive for our relationships, it carries a risk of feeling that you are never able to disconnect. This may be problematic and can interfere with our family life and intimate relationships. Having mobile devices and online technologies constantly present can affect our social interactions. Research has found that our phones now take priority over social interactions, with disruptions at meals and social events to answer calls, texts or to check social

networking sites becoming the norm. This has led to individuals becoming preoccupied with their mobile phone to the extent that they ignore or stop interacting with the people they are physically with.<sup>210</sup>

### **'Friends'**

Online social networks have the potential to blur the reality of relationships. What we consider as friendship in our everyday lives is different from what we consider as an online friendship. While the average offline close friendship network consists of between 10 and 20 individuals, and a wider network of 150 social relationships,<sup>59, 60</sup> the average number of online 'friends' is 338.<sup>61</sup> Young people aged 12 to 17 have significantly more 'friends' on these social networks than adults aged over 18, with almost a third of these young people having more than 500.<sup>61</sup> For those who have social media accounts, 27% reported that at least half of their friends were just acquaintances who they only see occasionally or don't know very well, while 8% stated that none of their friends on these sites were just acquaintances.<sup>211</sup> This may create difficulties for young people in times of crisis; evidence shows that these 'friends' are about quantity not quality, and rarely provide the support needed at times of distress.<sup>211</sup>

While online and mobile technologies can provide a means of connecting and increase a sense of belonging – therefore having a positive impact on our relationships – research suggests that this cannot replace our offline relationships. The neurochemical response that occurs during face-to-face interactions is needed for wellbeing.<sup>17</sup>

# Mental health and relationships

So far, the report has outlined how the relationships we have with our friends, family, work and community can affect our wellbeing and mental health. It is as important to consider that our mental health can also have an impact on our relationships. Individuals experiencing mental health problems such as anxiety, depression or schizophrenia might find developing and maintaining relationships challenging and even overwhelming at times.

Mental health problems can have a profound impact on someone's close relationships; expressing emotions and connecting with others can be challenging.<sup>212</sup> Experiences of depression can make us want to withdraw and isolate ourselves, and avoid social contact – thus making it difficult to maintain relationships with our friends and family.<sup>213</sup> Social anxiety may make it very difficult for someone to create and maintain relationships due to the overwhelming fear and resulting avoidance of social settings.<sup>214</sup> Likewise, individuals experiencing an eating disorder, such as anorexia nervosa, have reported problems with close relationships due to the difficulties that they may have in expressing and sharing how they feel.<sup>215</sup>

It is important to recognise the challenges that someone with a mental health problem can encounter in navigating social settings or relationships. Most people with mental health problems recover and go on to

live full lives, but this can take time and the right kind of support. There are a range of self-help and psychological therapies available that can be beneficial, including those that focus specifically on interpersonal interactions.<sup>216</sup> The Open Dialogue approach has a focus on early intervention for people with psychosis that applies a social network perspective and promotes dialogue between family and the individual. This approach recognises that people are part of a social system that can add pressure or be mobilised to support recovery.<sup>217</sup> Overall, when experiencing a mental health problem support from friends and family can be crucial and structured peer support from someone who can relate to the experience has much to offer.

Stigma can also have a significant impact on relationships for someone experiencing mental ill health. Many individuals with mental health problems have reported experience of being excluded as a result of such stigma.<sup>218</sup> Research has shown that such exclusion and experience of mental health stigma has led to reductions in seeking help and engagement with others, as well as increased feelings of social rejection, shame and fear.<sup>219</sup> The application of strategies that increase social contact between members of the public and those with mental health conditions has been found to be an effective way of closing this relational distance that currently exists.<sup>220</sup>



# Policy recommendations

## For national government

- Health departments and NHS services need to recognise the significance of relationships in supporting good health outcomes, including for mental health, and develop the model of care to reflect this.
- The Department for Work and Pensions, working with the devolved administrations, should identify, implement and promote good practice in supporting work–life balance from home and abroad, such as setting aside family and community days.



## For local bodies

- Local commissioners and planners should develop programmes and initiatives aimed at improving social connectedness and preventing loneliness among those most vulnerable, including people with learning disabilities, people with mental health problems, and isolated older people. Safe spaces should be available for young people to meet and form social relationships.
- Local commissioners and planners should invest in parenting programmes that promote positive attachment and take a family approach, ensuring the couple relationship is supported alongside parent–child bonding.
- Local government should relationship test their policies and practices to recognise the importance of supporting positive relationships to protect families under pressure, including those at risk of homelessness, relocation, debt enforcement, sanctioning or family breakdown.
- All children and young people should have access to a stable and nurturing home environment, and families in conflict should be supported at the earliest stage. All staff working with children in care and potential adoptive parents should be provided with training to support attachment, to ensure transitions are handled effectively and empathically.



### For employers

- Employers should adopt recruitment and training practices that promote good relationships and mental health in the workplace, including ensuring that line managers are able to support and lead teams in a positive manner. Opportunities should be provided for the workforce to socialise and develop relationships.
- Employers should promote work–life balance by ensuring employees take their leave and that there is flexibility provided for family and personal circumstances, such as bereavement or sickness.



### For parents and schools

- Parents and schools should support children and young people in developing the necessary skills and awareness to build positive relationships and to detect potentially harmful relationships – in particular, enabling them to engage with online communities safely.
- Schools and further education institutions should promote pro-social behaviour and determined action to prevent bullying.



### For health and social care services

- Health and social care services should recognise the importance of key relationships to the recovery of people with mental health problems and provide models of support that facilitate these and support carers.



### For all of us

- We should make sure we spend time with people we care about, being present and ‘switching off’ from distractions.
- We should value and nurture our relationships, and invest in developing new ones throughout life. We should make time to ask others how they are and step in to support others at key times.
- We should take pride in being a good neighbour, be active in our own community and look out for local people who may be more isolated or need help.



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