



**COME  
TOGETHER,  
CANADA.**

**Stronger connections,  
better mental health.**



## FAST FACTS ON LONELINESS IN CANADA

Loneliness: The feeling – or perception – of being alone or disconnected.

Loneliness affects people of all ages and backgrounds, but some groups experience it at much higher rates. Here's what the data tells us.

### LONELINESS IN CANADA

- 13% of Canadians (15+) say they feel lonely “always or often”
- Loneliness affects youth, working-age adults, and seniors alike

### YOUTH (AGES 15–24)

- Youth report one of the highest rates of loneliness in Canada.
- In 2024, 17% of youth between 15-24 years of age said that they feel lonely “always” or “often.”<sup>i</sup>

#### Are youth getting lonelier?

- Youth loneliness has been on the rise worldwide since 2012, with girls reporting slightly higher rates of loneliness compared to boys.<sup>ii</sup>
- Factors contributing to loneliness are complex, but research suggests the introduction of smartphones and digital media as a key driver in loneliness among children and youth.

- While there can be social benefits to digital technologies, their usage has changed how young people interact. Studies show that that phones and digital media lead to fewer interactions among young people. The quality of interaction received through digital media compared to in-person also differs, with in-person interaction generating more emotional closeness.<sup>iii</sup>

### SENIORS (AGES 65+)

- Overall, 10% of Canadian seniors (65+) report feeling lonely.
- Loneliness is much higher in certain groups of seniors:
  - 25% of seniors in the lowest income group
  - 38% of seniors facing social barriers<sup>iv</sup>

## PEOPLE WITH DISABILITIES AND LOW INCOME

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- People with disabilities and those living on low incomes or in poverty are more vulnerable to loneliness
  - Opportunities for social contact and connection are often reduced when people experience physical mobility limitations, discrimination and stigma, and physical and mental health challenges.
- Poverty increases the risk of isolation, as building and maintaining social connections often requires:
  - Financial stability
  - Connection to community and social networks
  - Free time
  - Reliable transportation and mobility<sup>v</sup>
- Having good healthcare and community supports can break down the barriers to social connection and reduce loneliness.

## PEOPLE WITH MENTAL HEALTH-RELATED DISABILITIES

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- Canadians with mental health-related disabilities report higher levels of social isolation and loneliness.
- They are less likely to be socially connected (35%) compared to the general population without disabilities (42%).
- They are also less satisfied with the level of contact they have with their network.<sup>vi</sup>

## PEOPLE WITH SUBSTANCE USE HEALTH AND ADDICTION CHALLENGES

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People with substance use health and addiction challenges are more likely to experience loneliness. Feelings of loneliness can worsen substance use health or addiction problems.<sup>vii</sup>

- An Australian study found:
  - 79% of people in recovery from substance use health and addiction challenges reported feeling lonely
- Loneliness in recovery can stem from:
  - Loss of previous social connections
  - Changing social needs
  - The challenge of building new, supportive relationships that align with recovery<sup>viii</sup>

## GENDER AND LONELINESS

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- There is no definitive research that suggests significant differences in loneliness between men and women. Research shows that transgender and gender diverse people experience higher levels of loneliness and social isolation compared to cisgender people.<sup>ix x</sup>

## WHY THESE FACTS MATTER

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Loneliness is more than a feeling; it's a public health issue linked to mental health challenges, substance use health and addiction, and physical health risks. Understanding who is most affected helps communities, workplaces, and systems respond with compassion, inclusion, and connection.

<sup>i</sup> <https://www.statcan.gc.ca/o1/en/plus/6735-youve-got-friend-me>

<sup>ii</sup> Twenge, Jean M., Jonathan Haidt, Andrew Blake, Cooper McAllister, Hannah Lemon, Astrid Le Roy, “Worldwide increases in adolescent loneliness,” *Journal of Adolescence* 93 (2021): 258-269.

<sup>iii</sup> Sherman, Lauren E., Minas Michikyan and Patricia M. Greenfield, “The effects of text, audio, video, and in-person communication on bonding between friends,” *Journal of Psychosocial Research on Cyberspace* 7.2 (2013).

<sup>iv</sup> Social barriers include: isolation (due to transportation or geography), language barriers, connection to community, familial relations, health-related limitations, etc.. <https://www.statcan.gc.ca/o1/en/plus/4881-look-loneliness-among-seniors>

<sup>v</sup> Band, Rebecca and Anne Rogers, “Understanding the Meaning of Loneliness and Social Engagement for the Workings of a Social Network Intervention Connecting People to Resources and Valued Activities,” *Health Expectations* 27.6 (2024).

<sup>vi</sup> <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2023001-eng.htm>

<sup>vii</sup> <https://www.tandfonline.com/doi/abs/10.1080/16066359.2021.2009466> and <https://www.sciencedirect.com/science/article/abs/pii/S0306460321003002>

<sup>viii</sup> Ingram, Isabella, Peter J. Kelly, Frank P. Deane, Amanda L. Baker, Melvin C. W. Goh, Dayle K. Raftery and Genevieve A. Dingle, “Loneliness among people with substance use problems: A narrative systematic review,” *Drug and Alcohol Review* (2020).

<sup>ix</sup> Hajek A, König HH, Blessmann M, Grupp K. Loneliness and Social Isolation among Transgender and Gender Diverse People. *Healthcare (Basel)*. (2023) May 22;11(10):1517. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10217806/>

<sup>x</sup> Nicolaisen, Magnhild and Kristen Thorsen, “Gender differences in loneliness over time: A 15-year longitudinal study of men and women in the second part of life”, *The International Journal of Aging and Human Development* 98.1 (2024): 103-32.