Alone Togeth

by | **Carole Bonner**

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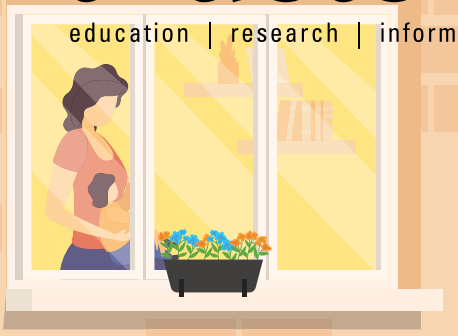


er: The Public Health and Policy Implications of Canada's Loneliness Epidemic

Loneliness is gaining recognition as a significant public health issue, presenting an opportunity for employers and benefits providers to help address loneliness, anxiety and depression among employees. The author highlights ways organizations can play a role in reducing these mental health challenges within the workforce.

The Emerging Public Health and Workplace Challenge

Loneliness is no longer just a social concern—It has become a measurable public health and economic issue with implications for workplace productivity, health care expenditures and policy frameworks. Despite Canada's reputation for community and friendliness, 14.6% of Canadians experience loneliness on a regular basis (Statistics Canada, 2024).

The challenge for industry leaders and policymakers is clear: How does chronic loneliness affect workforce well-being, benefits policy and public health spending—and how should organizations and government agencies respond?

The Financial and Workplace Cost of Loneliness

Chronic loneliness doesn't just impact individuals; it has substantial costs for businesses and health care systems. Studies suggest prolonged isolation is associated with higher absenteeism, decreased productivity and greater health care utilization (Office of the Surgeon General, 2023). Social isolation correlates with higher rates of anxiety and depression, which directly affect workplace engagement, employee retention and disability claims (Emerson et al., 2021).

Economic Toll: Lost Productivity and Increased Health Care Costs

- Employees who report persistent loneliness show higher stress-related sick leave and reduced workplace performance (Beam & Kim, 2020).
- Chronic loneliness is linked to a 29% increased risk of heart disease and higher rates of cognitive decline, adding strain to employer health benefit programs (Goldman et al., 2024).
- Loneliness-related mental health struggles contribute to substantial insurance claims for anxiety and depression treatments (Fields, 2024).

Implications for Employee Benefits and Workplace Policy

Employers and benefits managers must adapt to the evolving needs of an increasingly isolated workforce. Corporate benefits packages should recognize loneliness as a legitimate occupational health concern, integrating proactive measures such as:

- Expanded mental health benefits, including social connection therapies
- Employee social wellness initiatives, such as peer mentorship programs, group activities and structured community engagement
- Flexible work arrangements that prioritize face-to-face collaboration while respecting remote needs.

Given Canada's rising proportion of single-person households (29% in 2021, up from 9% in 1971) (Adler & Lenz, 2023), workplace policies should reflect that traditional family structures no longer provide the same level of built-in social support.

Loneliness in Key Demographic Groups: Policy Considerations

While loneliness affects a broad swath of Canadians, certain populations face significantly heightened risks, requiring specialized policy interventions.

LGBTQ2+ Communities: Social and Economic Barriers to Inclusion

The loneliness rate among LGBTQ2+ Canadians is 28.5%—more than double the national average (Statistics Canada, 2024) (Figure 1). Workplace inclusivity initiatives have helped, but persistent discrimination and subtle exclusion continue to isolate employees within professional settings (Luo, 2024).

- **Recommended Policy Action:** Employers should implement structured mentorship programs, ensuring LGBTQ2+ employees have access to inclusive workplace networks.

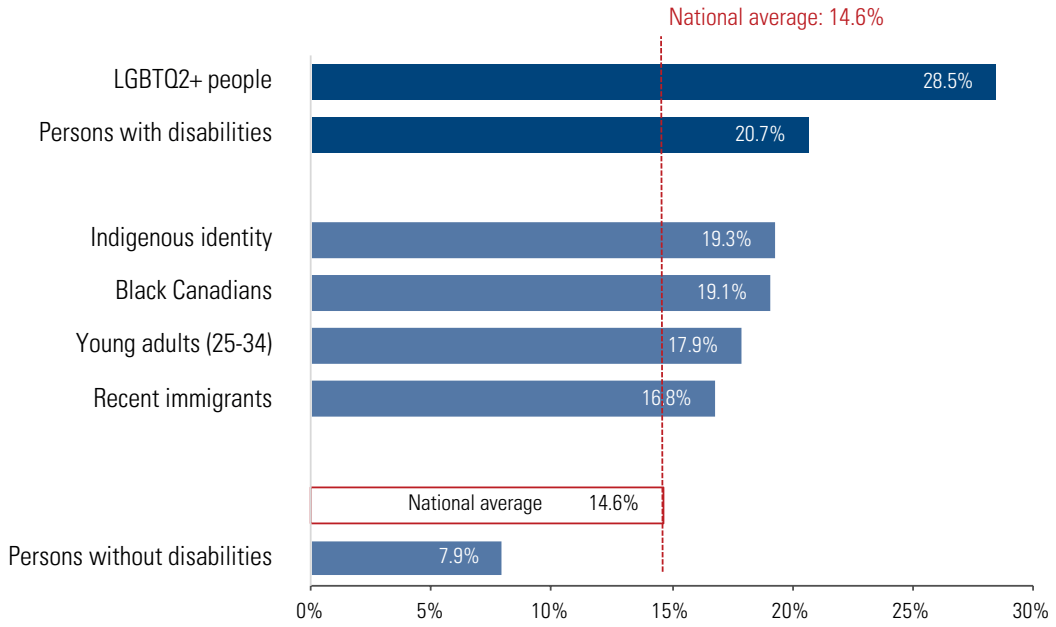
Takeaways

- Quality social connections impact organizations by lowering turnover rates, reducing absenteeism and improving job satisfaction.
- The urban–rural divide reveals that small-town communities may be less affected by loneliness, thanks to strong social ties, community involvement and multigenerational support systems that challenge assumptions about isolation in remote areas.
- Despite being the most digitally connected, young professionals struggle with career development and social stability. Additional support through professional networking and mentorship programs could help young adults entering the labour force.
- Growing evidence shows that chronic loneliness has serious financial, legal and health care impacts. Businesses that prioritize social wellness, inclusivity and employee engagement will benefit from improved productivity and workforce well-being over time.

FIGURE 1

Canada's Loneliness Crisis: Who's Most Affected?

Percentage of Canadians reporting feeling lonely "always" or "often"



Source: *Statistics Canada, Canadian Social Survey (2024).*

Disability and Accessibility: The Hidden Challenge of Workplace Isolation

People living with disabilities experience loneliness at a rate of 20.7%, compared with 7.9% for Canadians without disabilities (Statistics Canada, 2024). The issue goes beyond accessibility; social engagement in workplaces remains a major challenge, often leading to workforce disengagement (Emerson et al., 2021).

- **Recommended Policy Action:** Employers and legislators should expand workplace inclusion training to address the social dimensions of disability, not just physical accessibility.

Young Adults: The Loneliest Generation?

Despite being the most digitally connected, Canadians ages 25-34 report the highest loneliness rates (17.9%)—a stark increase from previous years (Statistics Canada, 2024) (Table). This period is critical for career development and social stability, yet many young professionals struggle with relocation, career transitions and digital dependence (Fields, 2024).

- **Recommended Policy Action:** Federal initiatives supporting professional networking and mentorship programs could help combat the isolation many young workers face when entering the labour force.

Provincial Variations of Loneliness: A Geographic Perspective

Figure 2 reveals significant geographic patterns in loneliness across Canada, with provincial variations that merit careful consideration by benefits professionals and policymakers. This regional analysis provides crucial context for organizations developing benefits strategies responsive to local needs.

Atlantic Provinces: Concerning Elevations

The Atlantic region shows some of the country's highest loneliness rates, with New Brunswick and Nova Scotia reporting 14.5% prevalence—a full percentage point above the national average of 13.5%. This stands in stark contrast to neighbouring Newfoundland and Labrador, which re-

ports Canada's lowest provincial rate at 11.9%. Prince Edward Island falls closer to the national average at 13.2%.

These intraregional differences suggest that socioeconomic factors, community structures and provincial mental health resources may be significant determinants beyond geographic proximity. These variations for benefits managers with Atlantic operations indicate that a one-size-fits-all regional approach may be insufficient.

Central Canada: A Tale of Two Provinces

Ontario and Québec—Canada's most populous provinces—demonstrate notably different loneliness profiles. Ontario's 14.0% rate places it among the provinces with higher prevalence, while Québec's 12.8% positions it among the lowest. This 1.2 percentage point difference is particularly meaningful given the large populations involved.

For national employers and benefits providers, this disparity suggests potential differences in workplace culture, community integration or provincial health supports between these neighbouring provinces. Benefits strategies might need regional customization despite geographic proximity.

Western Provinces: Consistent Mid-Range Prevalence

The western provinces demonstrate remarkable consistency, with British Columbia (13.3%), Alberta (13.4%), Saskatchewan (13.2%) and Manitoba (13.0%) all reporting rates within 0.4 percentage points of each other. This regional consistency suggests similar social dynamics may be at play across Western Canada, potentially allowing for more standardized approaches to workplace wellness initiatives in this region.

TABLE

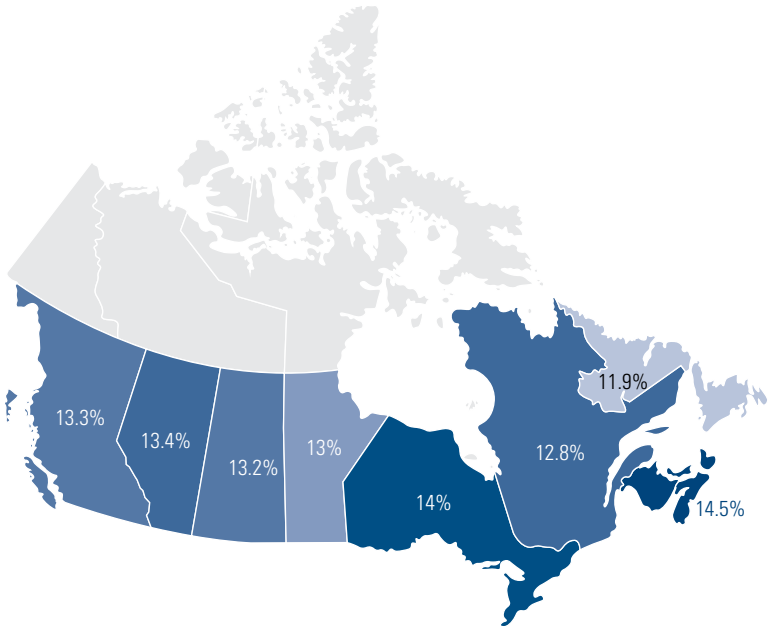
Trend of Loneliness Prevalence by Age Group

Age	2022 (%)	2024 (%)	Relative Change (%)
15 to 24 years	21.7	17.2	-20.7%
25 to 34 years	15.3	17.9	+17.0%
35 to 44 years	13.0	13.6	+4.6%
45 to 54 years	12.4	12.2	-1.6%
55 to 64 years	11.0	11.6	+5.5%

Source: *Statistics Canada, Canadian Social Survey (2024).*

FIGURE 2

Provincial Variations of Loneliness



Source: *Statistics Canada, Canadian Social Survey (2024).*

The Urban–Rural Divide: A More Significant Factor

While provincial variations provide important context, the urban–rural divide presents a substantially more dramatic contrast than interprovincial differences. Contrary to what many might expect, rural Canadians report significantly lower rates of loneliness (10.9%) compared with their urban counterparts (13.9%). This urban–rural divide

challenges common assumptions about isolation in remote communities. There's something powerful about small-town connections that seems protective against loneliness. People often know their neighbours, engage in community events and maintain multigenerational relationships that create natural support systems.

Meanwhile, many Canadians navigate crowds daily in densely populated cities but feel profoundly disconnected. The anonymity of urban living, while liberating in some respects, can foster isolation when not balanced with meaningful community connections.

Implications for Benefits Professionals

These geographic insights suggest the following several strategic considerations for benefits professionals.

1. **Targeted interventions:** Organizations with national footprints should consider geographic variables when designing mental health and social wellness programs.
2. **Urban-focused resources:** Given the significantly higher prevalence of loneliness in urban centres, employers with primarily city-based operations may need more robust loneliness mitigation strategies.
3. **Provincial partnerships:** Benefits managers should explore provincial mental health resources and community programs, particularly in high-prevalence regions such as the Maritimes and Ontario.
4. **Best practice sharing:** The notably lower rates in Newfoundland, Labrador and Québec suggest potential protective factors worth examining for broader application.

For benefits professionals, these geographic variations provide valuable context for allocating resources and designing interventions responsive to local needs, with particular attention to the more pronounced urban–rural divide that appears to transcend provincial boundaries.

Why Canada Lags Behind Other Nations in Loneliness Policy

Unlike the UK, which appointed a Minister for Loneliness in 2018, or Denmark, which released a National Strategy Against Loneliness in 2023 (Department for Digital, Culture, Media and Sport, 2018; Sammen Mod Ensomhed, 2023), Canada lacks a centralized approach to combating social isolation.

While municipal initiatives exist, such as Toronto's Seniors Strategy and Vancouver's community wellness programs (City of Toronto, 2018; Elmer, 2018), no federal framework is coordinating efforts across provinces.

Action Against Loneliness

If you're feeling lonely, take the following actions.

- ✓ Recognize that loneliness is common and doesn't reflect personal failure.
- ✓ Start small with social reconnection—even brief interactions help. For example, joining a local class or attending networking events can ease social barriers.
- ✓ Consider volunteer opportunities that align with your interests.
- ✓ Explore community groups or wellness programs via your workplace or local organizations.
- ✓ Reach out to mental health professionals if loneliness is affecting well-being.

Workplace Strategies

- ✓ Regular check-ins with employees—structured opportunities to engage with colleagues
- ✓ Inclusive gatherings that accommodate diverse needs (not just large social events)
- ✓ Team-building initiatives that integrate personal connections into professional development
- ✓ Mental health coverage that includes loneliness interventions
- ✓ Policies fostering connected workplaces, such as mentorship networks

Resources

- ✓ Canadian Mental Health Association: cmha.ca
- ✓ Community service directories | 211 Canada
- ✓ Friendly Caller programs | Available through many community centres
- ✓ Crisis Services Canada | 1-833-456-4566

Proposed National Policy Measures

Canadian policymakers should consider:

1. Integrating loneliness interventions into health care strategies, which helps highlight social isolation as a public health concern.

2. Offering tax incentives for businesses that implement employee social wellness initiatives
3. Expanding social prescribing, where health care professionals connect patients with community-based social engagement opportunities (Goldman et al., 2024).

Looking Ahead: Industry Action and Legislative Opportunities

As the evidence mounts, businesses and policymakers alike must recognize the financial, legal and health care consequences of chronic loneliness. Organizations investing in social wellness programs, workplace inclusivity and employee engagement will see long-term gains in productivity and overall workforce well-being.

Meanwhile, legislators should consider formalizing loneliness intervention policies, ensuring that Canada moves toward a more connected future where social well-being is not just an individual responsibility but an integral aspect of benefits and health policy.

Final Thoughts

Addressing loneliness isn't just a social challenge—It's an economic, workforce and health policy imperative. By recognizing loneliness as an integral part of employee benefits and legislative strategies, Canada could not only be a country known for friendliness but also one structured for meaningful social connection. &

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BIO

Carole Bonner, M.S.A.S., M.S.E.T., is an experienced applied statistician and public health researcher with over 20 years of expertise in data management, statistical analysis and quality assurance. At the Integrated Benefits Institute, Carole leads groundbreaking research on employee health and productivity. Her exceptional ability to translate complex data from various sources into practical strategies has made her an asset to HR decision makers and employee benefits professionals.

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