Inquiry into the Prevalence, Causes and Impacts of Loneliness in New South Wales

MENTAL HEALTH COORDINATING COUNCIL

Submission to the Legislative Council, Standing Committee on Social Issues

1 November 2024

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1 November 2024

The Hon Dr. Sarah Kaine, MLC
Chair of the Parliamentary Standing Committee on Social Issues

c.c. The Hon. Rose Jackson, MLC
Minister for Water, Minister for Housing, Minister for Homelessness,
Minister for Mental Health, Minister for Youth, Minister for the North Coast

Submission to the Legislative Council Standing Committee on Social Issues: Inquiry into the Prevalence, Causes and Impacts of Loneliness in New South Wales

Introduction

Mental Health Coordinating Council (MHCC) is the peak body for community-managed mental health organisations (CMOs) in New South Wales (NSW) and is a Registered Training Organisation (RTO) delivering accredited and non-accredited programs. We represent community-based, not-for-profit/non-government organisations who support people living with mental health challenges. MHCC's 150 members assist people to live well in the community by delivering mental health and psychosocial supports including social inclusion, rehabilitation, and clinical services. Our purpose is to promote a strong and sustainable community-managed mental health sector with the investment, resources, and workforce it needs to provide effective psychosocial, health and wellbeing programs and services to the people of NSW.

MHCC provides policy leadership, promotes legislative reform and systemic change, and develops resources to assist community-based organisations build their capacity to deliver quality services informed by a human rights-based, trauma-informed, recovery-oriented practice approach. MHCC works closely with Mental Health Australia on matters of national interest to the sector, including cross-governmental collaboration, bilateral agreements, and the NDIS, and with the Mental Health Alliance, a partnership of state-based peak bodies and professional associations, on matters of mutual interest in NSW.

The Inquiry is the first of its kind in NSW. It reflects the interest of the Government to work to support the people of NSW following the findings of a 2022 NSW Mental Health Commission survey on community and wellbeing, which found that almost 40% of NSW residents experience loneliness at varying degrees, with those facing mental health challenges almost twice as likely to feel isolated. The Minister for Mental Health and Youth, Rose Jackson announced the Parliamentary Inquiry, citing loneliness as being linked to premature death, poor physical and mental health, and higher rates of psychological distress.

MHCC's submission particularly investigates loneliness and social isolation as they affect people living with mental health challenges and discusses the prevalence, causes, and impacts of these experiences in NSW.

In completing this submission, MHCC has responded to the key questions posed by the Government identified in the Terms of Reference and provided recommendations where possible based on evidence-based research.
We have reviewed international and local literature to inform our responses, in addition to the feedback provided by the sector through individual direct engagement and a survey. We have taken this opportunity to listen to the voices of lived experience and carers and from workers, peers, professionals, families and carers, and researchers.

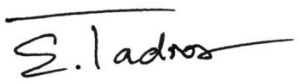
In relation to the Standing Committee's specific questions, some overlap exists in that they ask about matters that are reciprocal, circumstantial, and socially determined, so there is a certain amount of repetition in relation to some aspects addressed in our comments.

This submission also makes recommendations about what targeted interventions or programs are necessary to address loneliness and provide greater social inclusion, as well as minimising stigma and discrimination in communities and reducing the associated shame, fear, and self-isolation that often leads to and exacerbates loneliness and social isolation.

MHCC commends the NSW Government for initiating this Inquiry into the increasingly important and emerging issues surrounding loneliness and social isolation. Interest deepened into loneliness during and post-COVID, and this Inquiry is a timely response to many of the issues found to be highly prevalent and ubiquitous in the community that became evident during the unusual circumstances of the pandemic.

These problems were present in the community before COVID-19 and remain evident on an ongoing basis. This is of great concern to the mental health and human services sectors as well as the Government and community in general, in terms of individual wellbeing and the economy.

We thank the NSW Government for the opportunity to provide commentary on this timely review and express our willingness to be consulted on any matters concerning the Inquiry, including future investment, and implementation of a strategic plan for service delivery reform.



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3 Recommendations

1. **Develop and commission community-based loneliness and online interventions and programs, including social prescribing and volunteering**

2. **Invest in community-managed mental health services to build their capacity to address loneliness as part of their service delivery mix**

3. **Implement targeted anti-stigma and anti-discrimination campaigns**

4. **Develop a 'Tackling Loneliness Strategy' for NSW**

5. **Fully fund local councils to provide pet care services free to people living with mental health challenges**

6. **Invest in digital solutions and accessible online resources**

7. **Foster collaboration with technology and social media companies**

In response to the Inquiry Terms of Reference

1. The extent of loneliness and social isolation in NSW and how this is measured and recorded

What the research tells us

Badcock and colleagues (2022[1]) wrote that social isolation "'means having objectively few social relationships or roles and infrequent social contact". It differs from loneliness, a "subjective unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or more satisfying, social relationships". The two experiences may, but do not necessarily, coexist.

Alison Brook (then National Executive Officer of Relationships Australia) noted in 2018 that a "person may be socially isolated but not lonely, or socially connected but feel lonely"[2]. In their landmark research paper *Is Australia experiencing an epidemic of loneliness?* (2018)[3] Relationships Australia added a decade of data from the HILDA survey[4] to the loneliness prevalence rates estimated by Baker in 2012,[5] which showed, that on average, the number of people reporting a lack of social support had remained consistent over the past 10 years (to 2018), at approximately 9.5%. On average, around one in six people (17%) reported emotional loneliness, with women reporting higher rates of emotional loneliness than men for every year of available data.

In 2023, the Mental Health Commission of NSW reported that 48% of NSW residents experience loneliness at least "some of the time," with young adults and people living with mental health challenges most affected. Specifically, "**people with lived experience are nearly twice as likely to experience loneliness[6].**

Statistical evidence has identified the populations most vulnerable to loneliness include:

- Young people (15-24) who consistently report higher levels of loneliness compared to other age groups[7]
- Nearly 54% of people with lived experience of mental health conditions report high levels of loneliness[8]
- While rates of loneliness in older persons (65 and over) have generally been declining, many people still report feelings of abandonment and rejection[9]
- People living in regional areas face compounded risks due to social isolation and limited access to support services[10].

The Australian Institute of Health and Welfare (AIHW) regularly captures data on social isolation and loneliness. The most recent data suggests that social isolation and isolation are: "concerning issues in Australia due to the impact they have on peoples' lives and wellbeing[11]."

Loneliness among Australians was of concern before the COVID-19 pandemic. By 2022, it was described as one of Australia's most pressing public health priorities[12]. The Ending Loneliness Together Snapshot graphic demonstrates the experience of loneliness in Australia at that time.

In 2022, the AIHW reported that just over 1 in 6 (16%) Australians were experiencing loneliness. As of 2022, about 1 in 5 (17%) males and 1 in 6 (15%) females aged 15–24 was experiencing loneliness. An increasing number of people aged 15–24 have reported experiencing loneliness since 2012. In contrast, the frequency of people aged 65+ reporting loneliness has steadily declined since 2001[13].

Reported at the same time was that almost 1 in 7 (15%) Australians (18% of males and 12% of females) were experiencing social isolation. Compared to just before the pandemic (2019), the proportion of young people aged 15–24 experiencing social isolation increased markedly over 2020 and 2021. During the later years of the pandemic (2021 to 2022), the proportion of young females (15–24 years) experiencing social isolation decreased (23% in 2021 down to 17% in 2022), while the proportion of young males continued to increase (from 22% to 25% over this time). Only amongst the 35–44-year age group did social isolation continue to increase from 2021[14].

From 2003 to 2020, the prevalence of loneliness was greater for people with disability, such that people with disability were 1.5 to 1.9 times more likely to experience loneliness than people without disability. While the prevalence of loneliness decreased for people without disability between 2003 and 2020, the prevalence of loneliness did not decrease for these people during this period. Inequalities in loneliness were more substantial for people with developmental disabilities, psychological disability, and brain injury or stroke[15].

Almost 1 in 2 (48%) people with severe or profound disability and 37% of people with other forms of disability self-reported anxiety disorders such as feeling anxious, nervous or tense in 2022. This compares with 14% of people without disability (AIHW analysis of ABS 2023)[16]. An estimated 41% of people with severe or profound disability self-reported that they had mood (affective) disorders such as depression, compared with 29% of people with other forms of disability and 7.3% of people without disability (AIHW analysis of ABS 2023).

Self-reported psychological distress is an important indication of the overall mental health of a population. Higher levels of psychological distress indicate that a person may have or is at risk of developing mental health issues. Adults with disability are more likely to experience high or very high levels of psychological distress than adults without disability – 28% compared with 6.8% of those for whom the distress score is known. This is particularly true for adults with severe or profound disability (46% of those for whom the distress score is known) (AIHW analysis of ABS 2023)[17].

Measurement and data gathering

One way to measure loneliness is the Revised UCLA Loneliness Scale (R-UCLA) Version 3a. This is one of many tools utilised to measure various demographic characteristics, health, depression, and social network characteristics[18]. Canada has developed a whole policy on loneliness/isolation[19], including the development of Clinical Guidelines on Social Isolation and Loneliness in Older Adults 2024[20].

Assessment of social isolation and loneliness in research using a number of tools has focused on defining the prevalence, the risk factors, and the health impacts of social isolation and loneliness. More recently, there has been a focus on using these tools to assess the effectiveness of interventions by using measures of social isolation and loneliness as outcomes (NCBI, 2020)[21].

2. Who is most at risk of loneliness and social isolation?

People with mental health conditions

Research has shown that people living with mental health challenges are at increased risk of loneliness and social isolation. Loneliness in and of itself is not a mental health condition. However, people who are lonely report poorer mental health, and research shows that there is a reciprocal relationship between loneliness and mental health[22]. People who are lonely are more likely to develop mental health conditions, and those with mental health conditions are more likely to experience loneliness and become socially isolated[23].

The relationship between loneliness, social isolation and suicide is associated with an approximately five-fold increase in the risk of mortality from suicide[24],[25]. These associations were much higher in younger individuals and people living with mental illness.

> *It is vital to consider the whole person, understand what gives their life meaning, listen to their lived experience, and through a trauma-informed lens, understand their social connections and the impact their mental health may be having on interpersonal relationships. Loneliness and social isolation may well be barriers to their potential recovery –* ***Clinician***

Young people

In the Young Australian Loneliness Survey (2015), a significant proportion of young Victorians reported problematic levels of loneliness associated with poorer physical and mental health outcomes. This included one in six adolescents (aged 12–17) and more than one in three young adults (aged 18–25). Many young adults are also at risk of social isolation, reporting higher levels than adolescents. Young women notably reported higher levels of loneliness, social anxiety and depressive symptoms than young men. Young people reporting high levels of loneliness are more likely to experience social anxiety and depressive symptoms than those who are less lonely. They are also more likely to report negative mood states and use unhelpful emotional coping strategies[26].

Loneliness was mainly reported among children and young people during periods of enforced social isolation, such as during the COVID-19 lockdown. One review showed that loneliness is associated, both cross-sectionally and prospectively, in children and young people with mental health difficulties, as well as in children and young people with neurodevelopmental conditions, such as autism spectrum disorder. Thus, loneliness is a possible risk factor of which mental health providers should be aware, since loneliness is associated with depression and anxiety in children and young people with pre-existing mental health conditions, and this relationship may be bidirectional[27].

Suicide is the leading cause of death for young people[28]. The Sax Institute reports[29] that around 7.5% of all young people aged 12-17 experience suicidal ideation, with females reporting rates more than double those of young males, and 26% of females aged 14-17 report having engaged in self-harm compared to 9% of young males.

Rates also appear to have increased over time, with young females accounting for much of this growth. These statistics further emphasise the risk of loneliness and social isolation in this reciprocal relationship.

Marginalised communities

Some population groups who experience loneliness are twice as likely to live with a severe mental health condition than those who do not [30]. This is particularly evident in minority communities, including First Nations Australians, LGBTQIA+ communities and migrants[31] [32]. Loneliness is also understood as a risk factor for certain mental health conditions, such as depression and anxiety, as well as suicidal ideation and behaviour [33] [34] amongst people from marginalised groups.

Whilst certain regions of Australia might have larger cultural and ethnic populations, no substantial evidence demonstrates that NSW's people at risk of social isolation and loneliness have any differentiating features from other jurisdictions.

Older people

According to Global Health Estimates (GHE) 2019, around 14% of adults aged 60 and over live with a mental disorder, and these conditions account for 10.6% of the total disability (in disability-adjusted life years, DALYs) among older adults. From the early 1990s, suicide rates among older Australians continued to fall and remained lower than those of people aged under 65 years. In 2022, the age-standardised suicide rate for those aged 65 and over was 13.3 per 100,000 people, compared to 15.7 for those aged under 65 years. This may be due to concerted community efforts to tackle loneliness and isolation in this this age group.

Until around the 1990s, males over the age of 65 years had higher rates of suicide compared to those under 65. Since then, the suicide rate of males over 65 years has been slightly lower than those of younger males[35].

Older individuals (that is, non-Indigenous people aged 65 years and older and Aboriginal and/or Torres Strait Islander (First Nations) people aged 50 years and over) accessing aged care services may be susceptible to mental illness because of the physical health and functional limitations that lead them to access these services, in combination with high rates of loneliness and bereavement[36].

Social isolation has also been linked to the development of dementia, premature death, and poor health behaviours (smoking, physical inactivity and poor sleep) – as well as biological effects, including high blood pressure and impaired immune function[37]. Social isolation is also associated with psychological distress[38], and sustained decreases in feelings of wellbeing[39]. Conversely, more frequent social contact is associated with better overall health[40].

Mental health conditions among older people are often under-recognised and undertreated, often because people are reluctant to seek help because of the stigma surrounding these conditions. Clinicians also tend to focus on the physical health symptoms that older people present with and consider less about what may affect their social and emotional well-being.

A study conducted by Monash University on behalf of the Department of Health and Aged Care investigated social isolation and loneliness in Aged Care Volunteer Visitors Scheme (ACVVS) participants and Australian seniors generally across Australia[41]. They found that lonely Australians aged 65 and over feel “abandoned”, “rejected”, and “left to die”.

The research also found that people who are lonely also face increased dementia and cardiovascular disease risk. Longitudinal data shows that one in five older Australians, especially those aged 75 and over, feel lonely. That increases for older people living in aged care facilities, where estimates indicate that between 35 to 61 per cent of residents feel lonely.

> *The connection between loneliness and elder abuse is stark. Our experience suggests that healthy ongoing relationships are essential for an older person's well-being, safety, and recovery, not just immediate intervention* – ***Relationships Australia***

Veterans

Overall, analysis of self-reported data from Wave 21 of the HILDA survey indicated that people who had served in the ADF experienced loneliness at a similar rate to people who had never served in the ADF (18% compared with 19%, respectively)[42]. However, some subgroups of veterans were at higher risk of loneliness than others. This included veterans who were:

- living alone (31%, compared with 17% of veterans living in a couple with dependent children and 15% of veterans living in a couple without children)
- not in the labour force (that is, neither working nor looking for work) (21%, compared with 12% of veterans who were employed full-time)
- with disability (22%, compared with 13% of veterans without disability)
- not feeling part of their local community (29%, compared with 16% of veterans who did feel part of their local community)
- infrequently in social contact with others (28%, compared with 17% of veterans who were frequently in social contact with others)

Carers

Carers of people with severe mental health challenges have been increasingly observed to experience social isolation and/or loneliness which are risk factors for their own mental and physical health[43]. Carers characteristically spend a great amount of time as well as physical and emotional energy supporting their loved ones with care, symptom management, treatment, and daily activities. Many carers sacrifice aspects of their social life to provide this care and may perceive a need to withdraw from community or workplace activities, and even have to give up employment to care for those they love. At the same time, societal prejudice and discrimination toward within different cultural backgrounds may negatively affect family caregivers' social connections. Family caregivers may face negative attitudes and discrimination such as being distanced or disrespected, or they may rarely visit others or even quit their jobs to avoid embarrassing situations, resulting in a high risk of social isolation or loneliness[44].

Research on social isolation and/or loneliness has paid less attention to carers of people with serious mental health challenges compared to attention given to the general population, older people, general caregivers, and immigrants.

People experiencing domestic violence and coercive control

Social isolation is a well-recognised coercive control tactic used by perpetrators to control their victims[45]. It ensures the victim remains isolated and does not hear other people's perspectives, as perpetrators control the information the victim receives, reducing their help-seeking opportunities, as well as controlling the victim's ability to leave the abusive relationship[46]. An online survey of 166 practitioners conducted in Victoria during the 2020 lockdowns revealed that women's experiences of intimate partner violence worsened because of their increased social isolation, which reduced their ability to seek external assistance (AIHW, 2023)[47].

People living with disabilities

Disability and health have a complex reciprocal relationship – long-term health conditions might cause disability, and disability can contribute to health problems. The nature and extent of a person's disability can also influence their health experiences. For example, it may limit their access to and participation in social and physical activities. Social, cultural, and economic determinants of health can be of particular importance for people with disability and affect their experiences of loneliness and social isolation[48].

People living in rural, regional and remote communities

About 25% of the NSW population live outside of major cities[49]. People living in rural and remote areas enjoy higher levels of life satisfaction, increased community interconnectedness and social cohesion and higher levels of community participation than their urban counterparts[50]. However, Australians living in these areas face additional challenges due to their geographic isolation and often have poorer health and welfare outcomes compared to those living in major cities due to access inequities. Recent data indicates that suicide rates increase as population density decreases, meaning the further away from a major city, there is a higher rate of suicide and suicidal behaviours[51].

Loneliness has significant impacts on the health of older adults. Social networks help to improve psychosocial and quality of life outcomes among older adults. However, for the fifth of older adults who live in rural communities, geographic isolation poses challenges to their health[52]. Common risk factors and challenges[53] for people in rural and remote communities may represent barriers to accessing appropriate care, including:

- Limited availability of resources and services – e.g. primary health care, tertiary care, housing, employment, and education.
- A lack of available appropriate resources and services to support people living in rural and remote locations (particularly rural men who have a lower likelihood of seeking help).
- Limited access to culturally appropriate services for Aboriginal people.
- Barriers posed by travelling to access services – including distance, time, and cost.
- Increased isolation.
- Climate distress and increasing natural disasters– including experiencing drought, floods, or bushfires.
- Increased access to firearms, chemicals or other means that might increase risk.

- Increased socioeconomic disadvantage due to job availability.
- Increased financial distress due to natural disasters, cost of living and job security.

Neurodiverse people

Neurodiverse people and individuals with a cognitive disability often face poor access to appropriate services. The challenges they experience can put them at an increased risk of suicide, and they may have communication difficulties and mental health difficulties, chronic or complex physical health problems and increased feelings of loneliness, isolation, stigma and discrimination, including negative experiences of health providers[54] [55].

3. The psychological and physiological impacts of loneliness and social isolation

Loneliness is a public health issue

For some time, it has been recognised that loneliness is a public health issue that many Australians identify with. Nevertheless, it is often trivialised, and its impacts remain widely unrecognised[56]. Substantial evidence exists demonstrating that loneliness is detrimental not only to physical and mental health but can have profound socio-economic impacts, including reduced productivity and work performance. As mentioned, there is a reciprocal relationship between loneliness and mental health, and alarmingly, people experiencing severe loneliness were 17 times more likely to make a suicide attempt in the past 12 months[57].

Loneliness is also associated with increased mortality rates and has been shown to represent a 26% greater risk of early death, comparable to risk factors like smoking and harmful alcohol consumption.[58] Loneliness increases the likelihood of cardiovascular disease and high blood pressure, reduces restorative sleep, decreases resistance to infection and increases cognitive decline [59] [60].

People who are lonely often self-stigmatise and commonly report feeling shame. Women report experiencing more shame than men. Moreover, feelings of shame about loneliness are higher in younger than older adults. People who self-stigmatise loneliness may also experience a loss of self-esteem when keeping their feelings of loneliness secret – all of which serve to hinder social reconnection further [61]. This may lead to resentment and anti-social behaviour.

> *When you're alone and lonely, you start to lose your sense of who you are* - ***Consumer***

Isolation can become a self-fulfilling prophecy known as "the loneliness loop". It can lead to a toxic combination of low self-esteem, hostility, stress, pessimism, and social anxiety, and ultimately culminate in the isolated person distancing themselves even further from others[62]. People frequently feel hopeless, a failure, and have limited motivation to change or try something new. They may feel unable to make decisions and experience heightened anxiety and depression.

MHCC's survey and interviews with staff supporting people living with mental health challenges have provided, in answer to what are the causes and impacts of loneliness in the people they work with, the following comments:

Loneliness is probably one of the main reasons that people with a mental illness suffer. Not feeling included and all alone - ***Support Worker***

I have noticed that loneliness has been a contributing factor in further isolating clients struggling with mental health, trauma, DFV, or addiction issues. The vicious cycle of shame and stigma gives rise to loneliness, and the loneliness gives the platform needed by shame and stigma - ***Clinician***

Many of my clients have lost the skills to socialise, fear leaving their home to socialise, and can't afford to pay for transport and food which is often required for socialising - ***Clinician***

It's a double-edged challenge of self-isolation due to anxiety, fear, relationship with their mental health but also loneliness experienced because of this challenging and tested self-esteem and anxiety. Also, where substances are involved, there can be guilt and loneliness and attempts of abstinence are very dark and lonely in a time that connection is needed the most, not solely with services but with healthier friends, family and loved ones that are in support of their abstinence - ***Peer Worker***

Poor social or family connections ***- Peer Worker***

Loneliness is pervasive and endemic… It is polarising, isolating and undermines a person's overall sense of wellbeing and does not allow people to flourish - ***Nurse***

There is a high prevalence of loneliness in the disability community. Causes of loneliness are being isolated at home due to disability, inaccessible community locations, financial constraints, stress of managing additional support needs, no time available outside of accessing therapy/medical/school appointments, and stigma/judgement from community members. There is also a lack of safe spaces where individuals and families can go to feel connected to others in similar situations - ***Clinician***

Living in a regional area, loneliness plays a big part in mental health. Without public transport some consumers don't have a vehicle and have to rely on family and friends to take them places which can make it hard - ***Peer Worker***

Causes are usually related to fear of socialising, from stigma, and many are still afraid of COVID-19. Then they lose the skills to socialise, aren't able to work out how to find a group to socialise with, or afraid to go somewhere on their own for the first time. They are frequently unable to join organised activities due to cost - from the basics of getting transport, to being able to pay for a coffee or food, or the cost of a ticket for entry. The impact is that it reinforces their isolation, their social skills continue to decline, they have no-one to challenge their thoughts or beliefs, and they become more fearful of going out over time. It is a downward cycle – ***Clinician***

4. Evidence linking social connection to physical health

Loneliness frequently has a social and physical impact. People affected are likely to be more predisposed to poor diet, physical inactivity, smoking, problem gambling, substance use and misuse, and have higher rates of obesity and poor sleep[63]. They also may demonstrate challenging and anti-social behaviours[64].

Social connection plays a significant role in physical health, influencing mental wellbeing and physiological outcomes. Frequent social contact is linked to improved overall health and reduced rates of chronic diseases. Enhancing social connections has been shown as a preventative measure for various chronic health issues and adverse physiological effects.

> *Due to poor physical health, people's goals of community and exercise engagement have been affected -* ***Peer Worker***

> *Eating less healthier foods, sitting in their/our head more with challenging and anxiety-based thoughts, lack of physical movement and access to GPs for anything from common colds to more severe medical needs –* ***Peer Worker***

> *Social isolation means there is limited attention and support with friendships, social interactions, emotional, psychological, mental, and medical needs, and this is a constant burden on someone every millisecond of every day. It also affects body clock and sleep. It is exhausting being lonely -* ***Peer Worker***

As previously mentioned, social isolation has been linked to the development of dementia, premature death and poor health behaviours (smoking, physical inactivity and poor sleep) [65] as well as biological effects, including high blood pressure and impaired immune function, and associated with psychological distress and sustained decreases in feelings of wellbeing. Conversely, more frequent social contact is associated with better overall health [66].

The Centre for Healthy Brain Ageing (CHeBA) at UNSW has taken a leadership role in researching the relationship between loneliness, social isolation, mental and physical health, and healthy ageing. Their research has shown that the number of individuals with whom a person interacts frequently is associated with their short-term memory capacity, that having larger social networks protects against cognitive decline in older adults, and that declining cognition and function cause a person's social network to decrease. People with Alzheimer's disease who have larger social networks are better able to hold and process thoughts briefly and to remember more 'common knowledge' than are people with similar Alzheimer's disease pathology who have smaller social networks. However, the precise role of social networks in promoting brain resilience is not fully understood [67].

The CHeBA team are addressing these questions through a systematic review and analysis of the literature on social engagement and dementia and by analysing data from the Sydney Memory and Ageing (MAS) study to examine associations between cognition and social network size, social engagement and health-related quality of life. Recent research results indicated that markers of poor social engagement, including living alone, having a limited social network, infrequent social contact and inadequate social support, all increased dementia risk.

Findings indicate that poor social engagement – or social disengagement – is a risk factor for dementia, that people who are both depressed and socially isolated may be more vulnerable, and that dementia prevention strategies should include interventions that target social isolation and provide support for people lacking social engagement[68].

> *The great thing about psychosocial interventions is that they can take place just about anywhere, and they don't involve invasive procedures or medication!* ***- Dr Anne-Nicole Casey, CHeBa, 2019***

5. The factors that contribute to the development of transient to chronic loneliness

John Bowlby was a British psychiatrist whose evolutionary theory of attachment (1958) was a groundbreaking concept that has reshaped our understanding of early childhood development. According to his theory[69], when we form our primary attachment, we also make a mental representation of what a relationship is, which we then use for all other future relationships, i.e., friendships, working, and romantic relationships. Research shows that people who developed a healthy, secure attachment style with others reported having higher levels of happiness and well-being. When a child is unable to develop healthy attachment, this can lead to difficulties in forming relationships as an adult and result in mental health difficulties and chronic loneliness, all of which may be exacerbated by circumstantial factors[70].

Certain conditions and circumstances may increase a person's risk of social isolation and loneliness. These include having a psychiatric or physical health condition, a chronic disease, long-term impairment, being marginalised and feeling stigmatised or discriminated against on account of a disability, racial or cultural difference, particularly when people feel excluded from community life[71].

Loneliness may transition to chronicity as a consequence of poverty, having limited or no access to resources, such as living in a rural or remote area, having restricted access to transport, experiencing language barriers, domestic violence, coercive control, and having lived experience of trauma, grief and loss.

Persistent unemployment and financial disadvantage can lead to long-term loneliness as people experience economic barriers to engaging socially. A lack of accessible support networks inevitably exacerbates feelings of isolation[72]. An association between unemployment and increased loneliness has been observed across multiple studies. Across the life-course a clear yet complex relationship exists between unemployment and greater experience of loneliness. The magnitude of this relationship increases with the severity of loneliness and appears to peak at age 30–34 and 50–59 [73]. Findings reinforce the need for greater recognition of wider societal impacts of loneliness. Given the persisting and potentially scarring effects of both loneliness and unemployment on health and the economy, prevention of both experiences is key. Decreased loneliness could mitigate unemployment, and employment abate loneliness, which may in turn relate positively to other factors including health and quality of life.

When a person is dealing with chronic loneliness, they may experience a number of symptoms that can further impact their health and wellbeing, such as low mood and energy, cognitive decline, sleep problems, weight loss or gain, lack of physical activity, poor physical health and pain, impulse control, excessive TV, social media and/or internet engagement, unhealthy diet, substance use and misuse, cyclical thoughts, negative thinking and anxiousness, depressive moods, and pessimism, and feelings of worthlessness and abandonment.

> *[In response to what people observe are the factors contributing to the transition between circumstantial loneliness into chronic loneliness]. No supports in place and lack of motivation to engage with things and people -* ***Peer Worker***

Lack of family and community support; not having a support service; accommodation and where people are living - ***Support Worker***

If someone can't afford to catch a bus to the local park because all their money goes on rent and food, then they don't go out - ***Clinician***

Availability of social supports e.g., family, friends that have skills needed to provide ongoing support, low socioeconomic status, unsupportive employers, multiple rejections from NDIS funding reviews (fatigue from constant advocating), limited access to transport - ***Clinician***

In my view, the decline is exacerbated by the fact that abandonment equals worthlessness in the mind of the isolated person. From the moment the self is not loved and valued the whole body seems to develop its own language of rejection by creating physical symptoms, confirmed by a gloom state of mind, negative self-talk, lack of energy > lethargy > weight gain > joints aches > bad eating habits to comfort the mind > obesity, diabetes, addiction- ***Carer Advocate***

6. The financial costs of loneliness to the NSW budget and state economy

Loneliness can result in significant healthcare costs to the individual and society and has a measurable economic impact. In Australia, the healthcare costs associated with loneliness due to its adverse impacts on health are estimated at $2.7 billion per annum[74]. The average healthcare cost of each person who becomes lonely in Australia is estimated to be $1,565 annually. Additionally, the mental health issues that are closely related to loneliness, such as depression, are estimated to cost the Australian economy up to $60 billion annually[75].

International research has indicated that costs vary by age group, with loneliness and mental health expenditure stronger in younger adults than in older adults. For example, 6.3% of expenditure can be attributed to those aged 19–40 years, compared to 0.7% in 65–80-year-olds[76]. Loneliness also harms the workplace, affecting both employees and employers. Workplace loneliness is related to lower job and team performance, reduced productivity, workplace errors, reduced organisational commitment and poorer staff retention[77]. Lonely employees also take more sick leave, creating downstream impacts on the Australian economy[78].

The impact of loneliness on unemployed individuals is also critical, with a clear link between unemployment and heightened experiences of loneliness[79] . Given the potentially detrimental effects on both mental health and the economy, it is imperative to implement preventive strategies that address both issues simultaneously.

Given the economic impacts of loneliness, there are strong financial gains to be made from addressing loneliness. Economic modelling conducted in 2019 by the Australian National Mental Health Commission showed that for every $1 invested in programs that address loneliness, the return on investment is between $2.14 and $2.87[80]. Investment will inevitably have positive knock-on effects for improving mental health in the workplace and reducing costs to the public health service system. Economic benefits can be gained from improving physical and mental health outcomes, reducing healthcare costs, and supporting greater economic participation through improved workforce productivity and performance[81].

7. Existing initiatives by government and non-government organisations to mitigate and reduce loneliness and isolation

Several initiatives are available in the community that set out to alleviate and lessen loneliness and social isolation in Australia and NSW. However, on investigation, many require active outreach by the person concerned. The person experiencing loneliness and isolation may find the processes required to access information and follow through to social inclusion insurmountable. This can further exacerbate the challenges experienced, including the self–stigma and sense of worthlessness felt by people living with these difficulties.

> *Our work with individuals, families and communities emphasises that building and maintaining strong relationships is key to improving subjective well-being and reducing loneliness –* ***Relationships Australia***

- Ending Loneliness Together is a national resource that is developing a solid evidence base for measuring loneliness and finding the most effective solutions. They provide people with the information they need to better understand loneliness and how to prevent it. They seek to influence government and relevant stakeholders to make meaningful changes, raise public awareness, and set out to inspire action. They do not provide services but offer a Loneliness Directory, which is a search tool developed to expand the number of programs and services listed so that a person or their supporters can find a range of options available in their local area.
- LiveUp is a not-for-profit funded by the Australian Government Department of Health and Aged Care. It focuses on helping people stay independent through healthy aging. It is a website that provides information about all the services available nationally to assist people in finding out what is available in their local area. Services include a focus on social inclusion and helping people stay connected. A support team is available by telephone to assist people in navigating what is available if they are more comfortable talking to someone.
- Universal Aftercare is the NSW initiative developed by the ACI Universal Aftercare Project Team. It is part of the Toward Zero Suicide Strategy.[82] It includes a range of non-clinical services that provide rapid and assertive follow-up of people after they have experienced suicidal thoughts, behaviours, or attempts. Universal Aftercare provides inclusive and responsive aftercare services to anyone who needs support, regardless of gender, sexuality, religion, ethnicity, ability, and culture. Access to Universal Aftercare is a core area of work in the Strategic Framework for Suicide Prevention in NSW 2022-2027. The need for a Universal Aftercare system has been recognised by both the National Suicide Prevention Advisor Final Advice and the Productivity Commission Inquiry into Mental Health.
- In July 2023, the Government announced that "four research teams will share in over $5.5 million" in targeted funding from the National Health and Medical Research Council (NHMRC) to investigate ways to identify and support people with chronic diseases who are experiencing loneliness and social isolation. These critical studies will contribute much to the evidence about the best interventions the Government should support. There is little point in providing grant research funds if findings are not funded beyond the research of a pilot program being investigated.
- mindDogs assist people with mental health challenges whose lives are often severely compromised by anxiety and fear. With their mindDog they can travel on public transport, access public places and participate in social activities that have been closed off to them. A mindDog is a psychiatric assistance dog.

An assistance dog (also known as a service dog) is covered by the Commonwealth Disability Discrimination Act 1992. An assistance dog is trained to assist its handler in public and is guaranteed access to all public places, including shopping centres, hospitals, public transport, and restaurants.

Whilst application fees are waived for people who are homeless, there are several costs attached to an application, public access testing and certification. The costs of owning, caring for and feeding a pet are high and prohibitive for many people who are unemployed, on a disability pension or with limited resources.

There are a number of resources and organisations providing direct services that support people living with mental health conditions who may also be experiencing loneliness and isolation. A list is provided in Appendix 1 – Page 27.

8. Developments in other jurisdictions regarding the implementation of policies and initiatives relevant to addressing loneliness as a public health issue

Loneliness and social isolation in 52 countries: a scoping review of National policies[83]

The significant increase in research on loneliness and social isolation over the last decade, especially following the COVID-19 pandemic, highlighted the detrimental consequences of loneliness to individuals, society, and governments worldwide. A comprehensive literature review, 'Addressing loneliness and social isolation in 52 countries' [84], demonstrates that a lack of social connection impacts physical and mental health, employability opportunities and how it relates to social disparities. In response, there has been considerable policy-level attention on loneliness, for example, in the UK, Northern Ireland and Japan, appointing a Minister for Loneliness in 2018 (GB) and 2021 (Japan), respectively.

In this important scoping review of national policies[85] researchers conducted a loneliness policy landscape analysis in UN European countries to highlight commonalities and differences between the different national approaches to managing loneliness and to provide actionable recommendations for policymakers wishing to develop, expand or review existing loneliness policies.

The findings show that most policies describe loneliness as a phenomenon that was addressed to varying degrees in different social, health, geographical, economic, and political domains. Limited evidence was found regarding funding for suggested interventions.

The review synthesises actionable recommendations for policymakers' consideration, focusing on language use, prioritisation of interventions, revisiting previous campaigns, sharing best practices across borders, setting out a vision, evaluating interventions, and the need for the rapid and sustainable scalability of interventions. The study provides the first overview of the national loneliness policy landscape, highlighting the increasing prioritisation of loneliness and social isolation as a major public health and societal issue.

Research findings propose that policymakers can sustain this momentum and strengthen their strategies by incorporating rigorous, evidence-based intervention evaluations and fostering international collaborations for knowledge sharing. The researchers suggest that policymakers can more effectively address loneliness by directing funds to develop and implement interventions that impact the individual, the community and society[86].

Tackling Loneliness in the UK

The UK's Tackling Loneliness Strategy initiated in 2018 was a significant step towards recognising loneliness as a public health priority. 'A connected society: a strategy for tackling loneliness - laying the foundations for change' was built on years of work and was the first major contribution to the national conversation on loneliness and the importance of social connections.

The UK Government has provided updates on the progress made against commitments in the strategy through annual reporting, and the most recent Loneliness Annual Report: the fourth year, was published in 2023. They also published an Independent report, 'Tackling loneliness evidence review: main report' in 2023.

The main strands of the UK Government's current work on loneliness are:

- The Every Mind Matters Loneliness Campaign aims to raise awareness of loneliness so people understand the problem and that stigma is reduced, encouraging people to talk about and act on loneliness.
- The Tackling Loneliness Network, a group of high-profile charities, businesses, and public figures formed by the government to help connect groups at risk of loneliness. The members of this network have been challenged to develop innovative ideas and commit to action to tackle loneliness, and the commitments were published in the Tackling Loneliness Action Plan. These organisations communicate and share insights through the government's Digital Platform, the Tackling Loneliness Hub, which allows them to collaborate seamlessly, sharing data and research.
- In combination with these two strands, the government drives forward action by continuing to encourage other government departments and more organisations across society to commit to tackling loneliness in their work. In May 2021, the Government published an Employers and Loneliness guide, produced by The Campaign to End Loneliness, to act as the starting point for a broader conversation about what organisations can do to address loneliness.
- As part of the strategy, a £11.5 million Building Connections Fund was established in partnership between the government, The National Lottery Community Fund and The Co-op Foundation. This fund supported 126 projects to help bring communities together and improve the evidence base on what works to tackle loneliness. See further information about the Building Connections Fund.

See the latest publications on the UK Government's work to tackle loneliness.

Social Prescribing

Social prescribing (SP) involves helping people with mental health challenges to improve their health, wellbeing and social welfare by connecting them to non-clinical services in the community including social groups. Social care and public health agencies have distributed digital tablets, created online forums, and hosted virtual events to help keep people connected. To help inform efforts to address this need, researchers have provided a systematic review of evaluations of interventions designed to tackle loneliness through SP [87], which indicates that individuals and service providers view SP as a helpful tool to address loneliness. However, evidence variability and the small number of studies make it difficult to conclude the extent of the impact and the pathways to achieving positive change. More research is needed into the effects of SP programmes on participants, populations, and communities in terms of loneliness, isolation, and connectedness, especially considering the surge in SP activity since the pandemic response.

In the UK, there are four sectors associated with SP interventions:

- GP practices actively engage link workers to accept referrals and work individually with people and families.
- Organisations in the voluntary and community service sector individually work with people and families to supply an array of innovative and engaging activities for them to access for support and connection.
- Social care services offer complementary support to vulnerable and older people and families by developing the market for SP, commissioning and funding community activities, and supplying SP through local authorities and/or councils.
- Departments of Public Health provide SP services to enhance the population's health, providing evidence on the position and quality of public health and filling gaps in the availability of services.

Therefore, a person might encounter SP through any of these sectors or through an integrated care system that combines these sectors to offer a holistic approach to care and wellbeing.

Addressing loneliness has been part of the public health agenda in the UK, Canada, and other countries prior to the COVID-19 pandemic. Adverse effects of loneliness have been observed across community contexts and linked to increases in health and social care usage due to increased mortality, blood pressure, depression and anxiety, social isolation and decreased mobility and quality of life [88],[89],[90].

Green Social Prescribing (GSP)

Green social prescribing in the UK is widely used to link individuals with nature-based activities to improve mental health[91]. Many link workers and green activity providers with some training and skills to support service users, especially if their mental health condition is mild to moderate. However, some capacity issues undermine the ability of link workers and green activity providers to offer a service to users with mental health needs. The specifics are detailed in the research literature [92],[93].

The health benefits of GSP can be either proactive, preventing poor health symptoms from manifesting, or restorative, where targeted activities and services support people with existing health needs. The literature identifies three elements of GSP that provide health and other benefits to service users: natural surroundings; meaningful activities; and social context. These elements have the potential to tackle the wider social determinants of health and bring about psychological wellbeing as service users engage with green and nature-based activities that allow them to develop new skills, gain a sense of achievement and build confidence. At the same time, the social nature of GSP activities creates opportunities for service users to interact and form relationships with others. The benefits of this are significant where GSP addresses social issues such as isolation or loneliness.

Community Connections

In South Australia, the Community Connections Program[94] supports people not eligible for mainstream programs such as NDIS and My Aged Care to be more involved in their community and to connect to support networks and services. It is a short-term program (up to 12 weeks) delivered through a statewide network of partners. Each person is supported to establish and maintain meaningful social connections with the community, supportive social networks, and a sense of belonging. Expanding and integrating such programs into existing community-based mental health services is critical.

The Community Passenger Network is a capacity building service that works alongside the Community Connections Program to help those who can't access traditional transport (public, private or rented) to visit services, shopping centres, and community facilities and connect socially with their community.

> *Our organisation provides group activities outside of the home and consistently makes phone calls and organises check-ups -* ***Peer Worker***

> *I like to slowly offer our consumers connection (at their pace) with local community supports and organisations as a form of support but also connectedness -* ***Peer Worker***

9. Steps the State Government can take to reduce the prevalence and impacts of loneliness in the community.

Recommendation

1. Develop and commission community-based and online loneliness interventions, including social prescribing and volunteering

Social connection represents a protective factor against loneliness and social isolation. Social prescribing and access to community-based programs have been shown to effectively reduce isolation and improve physical and mental health and wellbeing. Tailoring these programs to the specific needs of individuals and communities will ensure greater reach and impact. Programs should be well integrated across the community and not specifically separate particular groups, such as older persons, unless that is an outcome of co-design and preference.

Promoting and expanding volunteering opportunities within the community is another initiative to combat loneliness and social isolation. Engaging in volunteer work and community-based initiatives significantly reduces social isolation and loneliness[95]. The limited available evidence suggests formal volunteering can partially mediate the relationship between loneliness and quality of life, alleviate loneliness, protect against loneliness and moderate reduce the risk of loneliness[96].

A study by Monash University (2023) has highlighted that 86% of young people felt that there were barriers to becoming involved in organised activities on issues that were important to them, such as high costs and accessibility constraints[97]. Addressing these barriers is crucial to fostering a more inclusive and connected community. Maintaining social contact directly and indirectly, especially through the Internet, is crucial in mitigating loneliness.

Research by ReachOut [98] has found that 73 per cent of young people use social media for mental health support and that half of young people with mental health challenges use social media as a substitute for professional support. Existing interventions to address loneliness and/or mental health difficulties should be further developed and tested. However, they may need adaptation for appropriateness and safety for younger children and adolescent age groups with pre-existing mental health problems challenges who are lonely by preventing exacerbation of their mental health challenges, in particular anxiety and depression. For many, social media is the gateway to the mental health system.

During the recent NSW and SA Governments' social media Summit, the positive and negative role social media has, together with its many intersections with outcomes highlighted the need for reforms to be closely monitored. Recent proposals to ban social media could sever a crucial, free, and accessible support lifeline, especially in an already overburdened mental health system.

Recommendation 1: Fund and expand community-based and online programs that enhance social connections, such as peer support networks, community hubs, and social prescribing initiatives. These programs should be inclusive and affirmative and aim to create safe spaces for meaningful social interaction.

[The NSW Government] to put more money into supporting people in the community so anyone can freely attend functions and have support workers who can assist them - ***Support Worker***

Fund community programs that specifically look at reducing loneliness, like community buses that can pick up and drop off people at the kerbside. Make it easier for people without technology to find out what is on, how to book, and vouchers to cover tickets etc, - ***Clinician***

Whole of government approach so it's not just health responsibility but- education, housing, sport etc Across age groups. Whole of community but also targeting specific at-risk groups. Creation of Recovery Colleges & Safe Havens in community for people to connect - ***Senior Manager***

Recommendation

2. Invest in community-managed mental health services to build their capacity to address loneliness as part of their service delivery mix

Loneliness is both a contributor and a consequence of mental health conditions. Yet, mental health services are often not in a position to address the problem due to a lack of funding to resource the workforce to intervene appropriately. A focus on loneliness as a key area of support would assist community-managed mental health services to effectively address the holistic psychosocial needs and aspirations of people accessing their services. Moreover, people should be able to self-refer and not be required to undertake onerous assessment processes to be part of a program or attend an activity.

> *Addressing loneliness requires a holistic, community-based approach that focuses on building social connections, supporting at-risk groups, and creating a supportive social environment that enables individuals to thrive –* ***Relationships Australia***

> *Social services play an integral role in repairing harm, providing support, and capacity-building to ensure that people's protective factors against social isolation and loneliness are developed and sustained –* ***Relationships Australia***

The community workforce will require investment growth and sustainability measures to ensure that they can undertake additional responsibilities and maintain quality practice. Community organisations must be appropriately funded to build workforce skills and volunteer capacity to understand and work with people who may be lonely and have few social connections.

Recommendation 2: Community-managed mental health services in NSW should be funded to integrate loneliness interventions into their business-as-usual service mix. Peak bodies should be tasked to manage community development and research projects as relevant to their area of expertise. The CMO workforce will need to be funded for skills training in identifying and intervening, and how best to support people move towards social engagement. This could include group work, social skills training, and programs that promote social engagement, including health and exercise, education, and community activities like gardening.

> *We absolutely need more community support workers in the sector -* ***Support Worker***

Recommendation

3. Implement targeted anti-stigma and anti-discrimination campaigns

A central theme demonstrated in this submission is how stigma and discrimination are primary drivers of pervasive loneliness, exacerbating feelings of loneliness and leading to self-isolation, especially for people living with mental health challenges. Reducing stigma will empower individuals to seek support and build social connections without fear of judgment.

The National Stigma and Discrimination Reduction Strategy identifies ways to reduce self-stigma amongst those who experience mental health issues and those who support them, as well as reduce public stigma by changing attitudes and behaviours towards people with personal lived experience and carers, families and support people. The strategy also identifies the steps that should be taken towards eliminating structural stigma and discrimination towards those affected by mental health issues in identified settings.

Recommendation 3: The NSW Government should fund the development of ongoing public education campaigns aimed at reducing stigma and discrimination towards people experiencing mental health and psychosocial challenges. Campaigns must be co-designed with people with lived experience, focusing on increasing community understanding, promoting inclusivity, and challenging harmful stereotypes. The NSW Government should strongly advocate for the Commonwealth to release the National Stigma and Discrimination Reduction Strategy to underpin and support future campaigns.

> *[To reduce impact of loneliness on individuals] Reduce stigma around accessing support -* ***Peer Worker***

> *Build greater awareness to reduce stigma so that the fear of going out can be reduced –* ***Clinician***

Recommendation

4. Develop a 'Tackling Loneliness' Strategy for NSW

A strategy for NSW should build on a vision underpinned by the research evidence and commit to providing a foundation for people to have greater opportunities for meaningful social contact. A central aim must be to reduce the stigma attached to loneliness so that everyone feels better able to engage in society. For people living with mental health conditions and others at risk of loneliness and social isolation, the interface across multiple human service contexts is vital, and the strategy must demonstrate a cross-party, cross-government and community approach [99].

> *As we continue to develop our understanding of the complex nature of loneliness, it is crucial to adopt a multifaceted approach that involves all levels of government, community organisations, and individual citizens. Integrating loneliness into public health strategies and ensuring that services are accessible and inclusive will be key to reducing the prevalence and impacts of loneliness in NSW –* ***Relationships Australia***

The strategy must include crosscutting policies to benefit all of society alongside more tailored interventions that can support people at greater risk due to specific trigger points in their lives or because of societal vulnerabilities, illness, and disability. The strategy must develop consistent measurement, grow the evidence base around effective interventions, and measure outcomes.

The strategy must be followed by a co-designed action plan[100] that commits to investment and outlines the roles all parts of society should play in realising the vision that has been agreed upon.

With all stakeholders collaborating in the design process, the Government should not delay developing a strategy and action plan any longer than necessary. A plan should be in place by 2027, with investment commitments determined for the next ten years to ensure that any potential changes in government will not derail momentum.

Recommendation 4: Review international models to inform the development of a Tackling Loneliness Strategy that is fit for NSW and enhances cross-government and community relationships to improve integration to address loneliness across community and multiple service delivery contexts.

Recommendation

5. Fully fund local councils to provide pet care services free to people living with mental health challenges

Pets can be integral to people's lives, regardless of culture, profession, or age. Companion animals are one source of external support that can bring both physical and mental health benefits[101]. All types of companion animals may contribute to reducing social isolation and feelings of loneliness[102].

Multiple studies have found an association between pet ownership and lower experiences of social isolation, particularly for children[103]. Further, research suggests that companion animals may positively influence experiences for older people (aged 60 and over) by increasing their sense of purpose and meaning, facilitating increased social interaction, reducing loneliness and improving emotional resilience, as well as being potentially a protective factor against suicide[104]. Owning a pet increases the opportunity for people to get to know their neighbours and for social interactions and forming friendships[105].

> *That surprised me, you know, the amount of people that stop and talk to him, and that, yeah, it cheers me up with him. I haven't got much in my life, but he makes a difference* – ***Research Interviewee***

Brooks and colleagues (2018)[106] systematically reviewed 17 studies investigating the relationship between companion animals, specifically domestic animals, and the assistance these animals provided in helping people manage their mental health conditions. Qualitative studies suggest that people with mental health conditions may benefit from the direct support their companion animals provide. This support includes helping their owners manage their mental health condition, reducing people's stress and regulating emotions – particularly beneficial during times of crisis, improving people's quality of life, providing a consistent source of comfort, and aiding social and community interactions.

Companion animals were found to help mitigate feelings of social isolation and loneliness by providing physical warmth and companionship and opportunities for non-judgemental communication for their owners. Further, they may offer a distraction or disruption when their owners experience panic attacks and other symptoms of mental illness. On the other hand, negative impacts included difficulties with the daily commitment of pet ownership and the psychological stress when losing a companion pet.

Recommendation 5: The government should fund local councils to offer free pet care services to people living with mental health challenges and loneliness, including access to vet care, pet food banks, training activities, and accreditation of companion pets. Mainstream pet services should be subsided, and people on disability and support pensions could receive special benefits.

10. Steps that the community, technology/social media companies, organisations and individuals can take to reduce the impact of loneliness on individuals and the community

Recommendation

6. Invest in digital solutions and accessible online resources

Relationships Australia propose and MHCC agree with their recommendation that "social media and technology companies can play a role in reducing loneliness by promoting positive, meaningful interactions rather than fostering superficial connections. Digital platforms can be used to create virtual communities for individuals who cannot access traditional social networks. Community organisations can partner with these platforms to provide support services and create inclusive online spaces".

There are gaps in data capture regarding loneliness and social connection, particularly for First Nations communities, LGBTQIA+ communities, and those living with psychosocial disabilities. This underscores the need for more targeted and culturally inclusive data collection. Further, purposeful recording of loneliness within routine services data collection could support localised monitoring of the intersection between loneliness and mental health service engagement.

Recommendation 6: The NSW Government should support the development and uptake of a digital information resource where people can access tools, services, and support programs designed to address loneliness. This platform should be user-friendly and easily accessible, include options for social prescribing and self-referral to community programs, and capture data for utilisation, evaluation, and planning purposes.

Many individuals who experience loneliness may not know where to seek help. A digital platform would allow people, particularly those in remote or underserviced areas, to connect to appropriate supports. It would also enable workers to guide people accessing their service toward social connection solutions.

Recommendation

7. Foster collaboration with technology and social media companies

Whether social media has potential benefits or negative impacts on people's experiences of social isolation has been discussed since the advent of this medium. There is no straightforward relationship however, between social media use and experiences of social isolation and loneliness, whether positive or negative.

Maintaining social contact directly and indirectly, especially through the Internet, could be important in mitigating loneliness. Interventions to address loneliness should be further developed and tested to help children and young people with pre-existing mental health problems who are lonely by preventing exacerbation of their mental health difficulties, in particular anxiety and depression[107]. Existing interventions to address loneliness and/or mental health difficulties may need adaptation and testing in younger children and adolescents.

Recommendation 7: The NSW Government should engage with tech companies and social media platforms to create and promote features that encourage positive social interaction and reduce online harassment and promotion of discriminatory and stigmatising beliefs, which can exacerbate feelings of loneliness. The features should also facilitate meaningful, real-life social connections and community engagement.

While social media can be a tool for connection, it can also contribute to feelings of isolation. Encouraging these platforms to play an active role in combating loneliness, stigma, and discrimination could have wide-reaching benefits.

Concluding Comments

The seven MHCC recommendations proposed reflect a holistic approach to addressing the complex issue of loneliness and social isolation in NSW, focusing on reducing stigma, minimising discrimination, improving data collection, enhancing community-based service delivery, and fostering community and interpersonal connections.

MHCC is encouraged by the widespread interest in this Inquiry. The Government could be setting in motion a real game changer for improved mental health not only for the community in general but for the many people who experience loneliness and social isolation for a myriad of relational, economic, and situational circumstances. Moreover, for people identified in this submission as marginalised because of poor mental health, co-existing conditions and psychosocial disability, or for reasons of race, culture, or diversity, and chronically disconnected from society, this could represent a major shift in terms of changing lives.

As the peak body for mental health community-managed organisations in NSW, MHCC are only too happy to be involved in the future development of a Strategic Plan for NSW and to support the Government in implementing plans for minimising the problem of loneliness and social isolation in the community. We have a history of administering community development grants and supporting translational research.

MHCC thank the Government for their interest in the views of the community-managed mental health service sector and would welcome the opportunity to work closely with the Government on a strategy to ensure the successful implementation of a plan.

Appendix 1

Some organisations and resources in NSW that support people experiencing loneliness and social isolation, who may also live with mental health challenges.

First Nations

- NACCHO's Connection. Strength. Resilience: Social and Emotional Wellbeing Resources and Information - A resource hub providing information and support for social and emotional wellbeing tailored for First Nations people, emphasising connection, resilience, and community.
- WellMob - An online platform offering culturally appropriate mental health and wellbeing resources for Aboriginal and Torres Strait Islander people, promoting connection and access to services.
- Manual of Resources for Aboriginal & Torres Strait Islander Suicide Prevention - A comprehensive guide that outlines various resources and strategies for suicide prevention within Aboriginal and Torres Strait Islander communities, focusing on culturally relevant approaches.
- AH&MRC (including social and emotional wellbeing resources) - The Aboriginal Health & Medical Research Council provides resources on social and emotional wellbeing, supporting the health and wellbeing of Aboriginal communities through research and advocacy.
- Yamurrah - A program dedicated to workforce support, education, and training, focusing on enhancing the skills and capacity of those working in the health sector to better serve First Nations communities.
- Conversations Matter - An initiative promoting open discussions about suicide prevention, providing guidance and resources for people and communities to foster supportive conversations.
- Brother to Brother 24 Hour Crisis Line - A confidential crisis support service for Aboriginal and Torres Strait Islander men, offering immediate assistance and a safe space to talk about mental health challenges.
- Yarn up – Yarn up is a safe space for First Nations young people to connect with community, hear from others, and access wellbeing resources and support
- Headspace 'Take a step' resources - Resources designed to help young people take actionable steps towards improving their mental health, including tips, strategies, and guidance tailored for Aboriginal and Torres Strait Islander youth.
- Headspace 'yarnspace' – online community for First Nations young people to access resources and connect with community
- Menzies School of Health Research and Stay Strong: Stay Strong Care Plan - A collaborative initiative focusing on the development of culturally relevant care plans and support systems to promote mental health and resilience in Aboriginal communities.
- 13Yarn Factsheets, 13Yarn Crisis Line - A set of informative resources and a crisis hotline to support Aboriginal and Torres Strait Islander people in distress, promoting mental health awareness and access to supports.

Carers of people living with mental health challenges

- Carers NSW Aboriginal and Torres Islander Carers - This program supports Aboriginal and Torres Strait Islander carers. It offers culturally appropriate resources, advocacy, and community connections to enhance the wellbeing of carers and those they support.
- Carer Gateway - A national service providing information, resources, and support for carers. It offers practical assistance, access to services, and guidance on navigating the caregiving journey.
- Carers of Forensic and Corrections Patients Network Meeting (MCHN initiative). - This initiative provides a platform for carers of people involved in the forensic and corrections system. The network facilitates discussions on challenges faced, resources available, and strategies for effective caregiving in complex environments.
- Friends for Good - A program aimed at reducing loneliness and social isolation by connecting volunteers with people who want companionship. It promotes meaningful friendships and community engagement, enhancing mental wellbeing.
- Mental Health Carer Connection Meeting (MCHN initiative) - A supportive gathering designed for mental health carers to connect, share experiences, and access resources. The meeting fosters community and collaboration among individuals caring for those with mental health challenges.
- NSLHD Carer Support - A Northern Sydney Local Health District program offering tailored support for carers of people with health conditions. It provides resources, information, and opportunities for connection and respite.
- Seniors Connected Program - This initiative focuses on improving social connections for seniors through activities, technology training, and community events. It aims to foster a sense of belonging and support among older adults.

Culturally & Linguistically Diverse

- Transcultural Mental Health Line- 1800 648 911 - A dedicated helpline offering support and mental health services for people from CALD backgrounds, providing culturally safe assistance and resources.
- Embrace Multicultural Mental Health - An initiative to promote mental health awareness and provide resources tailored for CALD communities, focusing on cultural safety and inclusivity in mental health services.
- NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTSS) - A specialised service that provides psychological support and advocacy for survivors of torture and trauma, particularly from refugee and migrant backgrounds.
- Conversations Matter - An initiative designed to facilitate open discussions about mental health and suicide prevention within CALD communities, offering resources and support for effective communication.
- SSI Welcome Program - A program that supports newly arrived migrants and refugees in their settlement journey, providing information, social connections, and mental health resources to foster a sense of belonging.

- Sydney CS – Social Support Program for elderly persons from CALD Communities - A program offering social support and companionship for older persons from CALD backgrounds, helping to combat social isolation and enhance wellbeing through community engagement.

General

- ICLA efriend – A FREE service that allows people who are feeling low, lonely or isolated to access virtual peer support sessions via video or phone call. Our peer workers can offer insight, provide hope, and empathise from their own lived experience – whether you're looking for support or just want someone to chat to.

Men

- Men's Line Australia - A confidential helpline providing support for men facing personal challenges, including relationship issues, mental health concerns and crises, offering guidance and resources.
- Doing it Tough? - A resource designed to support men experiencing hardship, offering practical advice, mental health resources, and connections to support services.
- Headspace - A national youth mental health service that provides support for young men, offering access to mental health professionals, counselling, and resources tailored to their needs.
- Men Sheds - Community spaces where men can come together to work on projects, share skills, and engage in social activities, promoting mental health and social connections.
- Bridging the Gap – Men's Resource Centre - A centre focused on providing support and resources for men, addressing mental health, relationships, and personal development through workshops and counselling.
- Brothers4Brothers - A peer support network aimed at young Aboriginal and Torres Strait Islander men, fostering connections, sharing experiences, and promoting mental health and wellbeing.
- Menslink - An organisation that provides mentoring, support services, and programs for young men facing mental health challenges, encouraging positive life choices and resilience.
- MentoringMen - A program that connects men with trained mentors to provide support, guidance, and companionship, helping them navigate life challenges and enhance their wellbeing.

Older People

- Older People's Mental Health services - Specialised services that provide mental health assessment, treatment, and support for older adults, addressing their unique psychological and emotional needs.
- Older People's Aftercare Service Delivery Model - A model to provide ongoing support for older people following hospital discharge, focusing on mental health and wellbeing to facilitate recovery and integration into the community.

- G'day Line – Head to Health – a free national telephone support service to alleviate loneliness and social isolation among older Australians through regular check-ins.
- Reducing Social Isolation for Seniors Grant – NSW Government - A DCJ initiative that provided funding to community organisations to develop programs to reduce social isolation and enhance seniors' wellbeing.
- ACON 'Love Club' Gatherings – Community gatherings for LGBTQ+ people aged 55 and over, promoting social connections, support, and engagement through activities and events.
- Aged Care Volunteer Visitors Scheme (ACVVS) - A volunteer-based initiative that pairs trained visitors with older adults in aged care, providing social support and companionship to enhance quality of life.

Rural Regional and Remote

- Conversations Matter – An initiative aimed at facilitating safe and effective community discussions about suicide, providing resources and training to promote open dialogue in rural and remote areas.
- MH4AG: National Centre for Farmer Health – A program co-designing peer-supported approaches to improve mental health among rural farming communities, focusing on unique challenges farmers and their families face.
- Rural Adversity Mental Health Program Coordinators - Coordinators who provide health promotion and educational activities in their local communities and link individuals with appropriate services.

LGBTIQ+

- ACON – NSW's leading HIV and LGBTQ+ health organisation, providing peer support and counselling services aimed at enhancing the health and wellbeing of LGBTQ+ people.
- Interlink - A program that connects people with innate variations in sex characteristics, offering support through trained counsellors and intersex peer workers to foster understanding and acceptance.
- Twenty10 – Social Support Programs ; QLife peer support service (phone and web based support) - Offers social support programs and the QLife peer support service, providing phone and web-based assistance for LGBTQ+ youth and people navigating challenges related to their identity.
- Here – ACON's digital suicide prevention hub – Loneliness and isolation - ACON's digital suicide prevention hub that addresses loneliness and isolation by offering resources, support, and community connection for those in need.
- QLife – online and phone support, resources, service directory - A national service providing online and phone support, resources, and a service directory specifically for LGBTQ+ people, ensuring accessible help and guidance.

People with Disability

- R U Okay – Tips to help support neurodivergent people - A resource providing tips and strategies to support neurodivergent people, fostering better communication and understanding of their unique experiences and needs.
- Intellectual Disability Mental Health Connect - A program aimed at improving mental health support for people with intellectual disabilities, facilitating access to resources, services, and tailored mental health care.
- Healthy Mind – Black Dog Institute - An initiative offering resources and programs focused on mental health and wellbeing for people with disabilities, promoting understanding and strategies to support mental health challenges.
- NDIS – Social and Community Participation Guides - Guides provided by the National Disability Insurance Scheme (NDIS) to help people with disabilities engage in social and community activities, enhancing their participation and inclusion.

Young People

- Headspace – particularly Understanding and Dealing with Suicide and Myth Buster: Suicide Ideation ; Loneliness and young adults ; How to understand and deal with loneliness ; Online communities ; e-headspace (online and phone support) - A national youth mental health service offering resources on understanding and dealing with suicide, loneliness, and self-harm, as well as online support through e-headspace and community engagement.
- The Youth Self Harm Atlas - A comprehensive resource mapping self-harm support services and information for young people, helping to raise awareness and improve access to mental health care.
- Youth Peer Support and Youth Mental Health - Programs that facilitate peer support among young people, encouraging shared experiences and fostering a sense of community to enhance mental health and wellbeing.
- Reach Out – ReachOut Online Community ; 'What is loneliness' - An online community providing resources for young people, including articles on loneliness and mental health, aimed at fostering connection and understanding among peers.
- Myth Buster: Self Harm - A resource debunking common myths surrounding self-harm, providing accurate information and promoting understanding to support young people in distress.
- Mental Health Carers – Young Carers - Support services for young carers who provide care for people with mental health challenges, offering resources and assistance tailored to their unique needs.
- Raise Foundation – Youth Mentoring - A program focused on youth development, connecting young people with mentors to provide guidance, support, and encouragement in navigating life challenges.

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