

# Prevalence, causes and impacts of loneliness in New South Wales

Hearing – 12/12/2024

## Questions on Notice

### QUESTION 1 – Page 3-4

**The CHAIR:** I'm not sure which of you wants to give an answer, but you've given responses about vulnerable populations in the general community. I'm also interested in the public sector as a workforce. I wondered if there have been any initiatives or if anything has been done with regards to loneliness or social isolation in public sector workplaces that you know about.

**MURRAY WRIGHT:** Off the top of my head, I don't think I can answer that. I know there are initiatives in relation to workplace health. They apply across the public sector and the private sector. But it may be appropriate to take that question on notice.

### ANSWER

While there are no specific initiatives or actions in public sector workplaces relating to addressing loneliness, most NSW Government agencies have policies around workplace health and safety for employees. These may cover aspects of psychosocial support for employees, including the availability of Employee Assistance Programs. SafeWork NSW has developed a [Code of Practice for Managing psychosocial hazards at work](#), including a section on remote or isolated work. It is an approved Code of Practice under the *Work Health and Safety Act 2011*.

In 2023, NSW Health launched the *NSW Health Mental Health and Wellbeing Framework*, which sets out an evidence based approach to creating psychologically safe workplaces. It takes a wholistic approach to the mental health and wellbeing of individuals and is founded on three key principles:

- **Protect/Prevent:** Ensure our workplaces are free from harm and hazards that impact health, safety and wellbeing.
- **Promote:** Enhance the positive aspects of work and leverage the strength of individuals, teams and organisation.
- **Respond:** Identify and respond early to distress or ill health regardless of cause.

A copy of the Framework can be found at

<https://www.health.nsw.gov.au/careers/Pages/employee-wellbeing-framework.aspx>

As a result of the Premier's Department Circular C2024-03 *NSW Government Sector workplace presence*, agencies were required to develop flexible work policies that reflected the requirement for Government Sector employees to work principally in an approved office, workplace or related worksite.

### QUESTION 2 – Page 5

**The Hon. NATASHA MACLAREN-JONES:** In your submission you refer to a couple of issues. One is that the New South Wales Government is supporting the Loneliness Program, which includes the One Door Mental Health's Circle of Support Model and also the Mentoring Men program and the It's a Mind Field! podcast series. I'm wondering when they began and how they are being measured.

**MURRAY WRIGHT:** Ms Maclaren-Jones, I would have to take that on notice. I'm aware of those programs, but I haven't got the detail beyond what's in the submission to hand.

**The Hon. NATASHA MACLAREN-JONES:** That's fine. Also, if you could take on notice if any funding was attached to these specific programs, and the length of time the program is due to run.

## ANSWER

These programs are funded by the Mental Health Commission. The Commission responded to these questions later in the hearing (refer to page 12 of transcript).

Reports relevant to Loneliness Program and three initiatives referenced in the questions can be found here: <https://www.nswmentalhealthcommission.com.au/advocacy-work/loneliness-program>

## QUESTION 3– Page 5

**The Hon. NATASHA MACLAREN-JONES:** Just another one in relation to the men's mental health forum. In the report, I think it was last month, it refers to a number of potential recommendations around reducing loneliness and social isolation amongst men, at page 20. I was wondering if you'd elaborate on what those recommendations are.

**MURRAY WRIGHT:** Again, we would have to take that on notice.

## ANSWER

The report identified several key recommendations to reduce loneliness and social isolation among men, focusing on community-led initiatives, peer support, and non-clinical approaches. These include:

- **Recommendation 1:** Invest in grassroots local community-led initiatives that focus on building community connection, emotional intelligence and mental health literacy among men. Focus on building the evidence for what works for men.
- **Recommendation 2:** Fund community-controlled organisations that are well-positioned to target support to diverse men and deliver community-led approaches. Where possible extend contract lengths to ensure continuity of care.
- **Recommendation 3:** Encourage local community groups to conduct community audits to identify local male peers who could become champions of men's social and emotional wellbeing in their communities, fostering connections with men at risk of suicide or mental ill health.
- **Recommendation 10:** Expand access to support services for men outside of clinical settings, recognising that clinical settings can be a barrier. This may include providing services through sporting clubs, Safe Haven models tailored to men, local community activities and workplaces.
- **Recommendation 12:** Promote early intervention strategies at key transition points (e.g., relationship breakdown, unemployment, retirement) that are accessible through services outside of traditional mental health settings to prevent men from reaching a suicidal crisis due to compounding risk factors. Strategies should consider healthy masculine behaviours among men and tailor content to young men, middle-aged men, and older men.

These recommendations aim to address the drivers of distress and ensure men feel connected and supported within their communities, helping to reduce loneliness and social isolation.

## QUESTION 4 – Page 5-6

**The Hon. NATASHA MACLAREN-JONES:** Fine. Just a final one, which may also need to be on notice. On page 19, it says NSW Health works with or links to community organisations. I'm interested to know about current funding models that are supporting the community social groups. Also, for the homeless organisations, there's a number suggested there. I just

want to know if there are any specific programs that are being funded to address loneliness or social isolation.

**MURRAY WRIGHT:** Again, the final word on that might need to be taken on notice. But I think the difficulty in responding to that will be that, for instance, if we're targeting homelessness then that's the target, and how that impacts on loneliness would be a corollary of the intervention rather than a target. It's not the primary target, and I'm not aware of many of those sorts of interventions where loneliness is the primary target of the community-based or volunteer-based organisation. So it's tricky. I think it will be tricky to answer with specifics, because we know that if people have insecure housing then they're more likely to feel isolated and lonely. So if you address that, the sense of loneliness, I would expect, would improve. Is that the target? No, it's not. And is it measured? At this point, I don't think so, for some of the reasons that I've already outlined. So it's a relevant question, but it just might be tricky to give a really substantive answer.

## ANSWER

The Cabinet Office has advised that they are not aware of programs run by homeless organisations to specifically address loneliness or social isolation.

NSW Health does not fund programs to specifically address loneliness or social isolation.

As noted by Dr Wright, this may be a secondary benefit from funding provided to other programs or non-government organisations.

## QUESTION 5 – Page 6

**Dr AMANDA COHN:** Yes, absolutely. The first part of my question was whether the Government understood the problem, and you've answered that part of the question. But the second part of the question was: Is the Government doing any work to actually address the issue of these events being targeted and subsequently cancelled? How are you actually supporting community groups and local government to make sure those kinds of events can go ahead safely?

**MURRAY WRIGHT:** Are there examples of events? That would be helpful.

**Dr AMANDA COHN:** Absolutely. I would be happy to provide a list. There are examples in nearly every local government area across the State.

**The CHAIR:** Perhaps that could be a supplementary question.

**Dr AMANDA COHN:** Yes.

**ANTHONY SHANNON:** If I could add to that answer, there is a range of events and activities that government provides across the whole of community, particularly in the youth space – for example, Youth Week and Youth Opportunities grants. In particular, Youth Week is delivered by local government all across New South Wales in partnership with government. There are often hundreds of events during Youth Week. There are seniors events that occur throughout the year and also Carers Week. There are a number of events and activities that do include LGTQI+ people, and there's a range of strategies to continue to support those events. But, certainly, if there are any specific examples, that would be good to hear and we can take that on notice.

**Dr AMANDA COHN:** I appreciate the value of those broader events, but I'm asking specifically about events that are targeted for inclusion of LGBTQIA+ people.

## ANSWER

The NSW Government proudly supports LGBTIQ+ communities and recognises that a cohesive, resilient society is built on including and celebrating the diversity of all people living in NSW.

While progress continues to be made to strengthen the rights and safety of LGBTIQ+ people in NSW, the Government is concerned by the impacts of hateful, divisive discourse targeting LGBTIQ+ people and communities, particularly trans and gender diverse communities.

To improve the lives and safety of LGBTIQ+ people across the state, the NSW Government is delivering on a range of commitments.

In 2024, the Government established the first NSW LGBTIQ+ Advisory Council, comprised of 16 community representatives, which will facilitate ongoing community consultation to improve the government's understanding of issues affecting LGBTIQ+ people and make recommendations to address these.

The Council will also contribute to the development, implementation and evaluation of a NSW Government LGBTIQ+ Inclusion Strategy, part of which will examine opportunities to strengthen safety and protections for LGBTIQ+ people and supports for their mental health and wellbeing.

In addition to these specific LGBTIQ+ initiatives, the NSW Government has increased investment to counter all forms of hate and extremism through boosting funding to \$55 million over 4 years (2024-2028) to deliver a specialised countering violent extremism program that spans multiple areas of government, with input from health, education, police, justice and multicultural agencies.

This includes the globally recognised Community Partnership Action Grants program and related initiatives to counter hate and division, which is funded at **\$14.7 million** over four years until 2028.

The NSW Government has boosted funding to the NSW Police Engagement and Hate Crimes Unit to improve Police capability to identify and respond to hate crimes to **\$2.8 million** over four years.

The NSW Government is continuing its successful NSW Local Government Social Cohesion Grants Program, investing **\$2 million** over four years in supporting local communities to innovate and address their local social cohesion challenges.

The NSW Government has established the Premier's Prevention Panel on Hate and Extremism to address the growing safety concerns of diverse communities in NSW and considers hate and extremism in all contexts, including issues that impact LGBTIQ+ communities.

## QUESTION 6 – Page 7

**The Hon. EMILY SUVAAL:** A final quick couple of questions from me. I note your reticence around the term "social prescribing", but I will continue to use it because it's referenced in your submission, just for the ease of everyone. The submission talks about allied health clinicians being able to conduct social prescribing. I'm interested to know what that looks like in practice.

**MURRAY WRIGHT:** Again, perhaps I should take that on notice because the concept is one which I have already expressed my discomfort with. I would consider that the issue is more about alerting not just allied health and not just health clinicians but, as I said, all people involved in the service industry of any kind to be tuned into the possibility. It's more a case of alerting the individual clinicians to the relevance of exploring a person's state of loneliness or otherwise and having an awareness of what the tools are that you could suggest. If that's what social prescribing means for an allied health clinician, then I'm very supportive of that.

## ANSWER

The concepts underlying 'social prescribing' take a holistic view of the person beyond their presenting condition and recognise the potential need for non-medical supports and social determinates of health, such as loneliness. Many health practitioners will refer patients to group programs and supports to help address their underlying health condition, but they may have an additional benefit of address other underlying issue such as loneliness. Such group programs may involve exercise and rehabilitation, health education (e.g. for Parkinson's Disease, stroke), memory programs for cognitive decline, and carer support groups.