
From: Michelle Lim
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To: Committee Social Issues
Cc: Committee Social Issues
Subject: CM: Re: Inquiry into the Prevalence, Causes and Impacts of Loneliness in New South Wales - Post-hearing responses - 15 November 2024
Attachments: Transcript - Social Issues - Loneliness - 15 November 2024 - HIGHLIGHTED FOR QUESTIONS ON NOTICE_Michelle Lim Corrected.pdf

Hi there

I got a figure incorrect and have added the right figure in my comment back.
Please see attached document

Kind regards
Michelle

UNCORRECTED

MICHELLE LIM: Twenty-nine per cent of respondents, but those surveys are actually benchmarked and rated according to ABS profile. I would like to state very clearly that when we look at differences across States there is no significant difference. It's just that New South Wales is reporting the highest, so just be very clear about that.

The CHAIR: When you talk about meeting the criteria for loneliness, can you talk us through what the criteria are?

MICHELLE LIM: There is bit of a cut-off score that we use of a psychometrically validated scale, which is the UCLA Loneliness Scale. We actually have a criteria for loneliness at any given time in the more severe end, so more at the top end, where we found that one in six Australians report severe levels of loneliness but only one in three would report loneliness at any given time. So you can hear that the prevalence is really high. I'm not really concerned very much about the high prevalence because loneliness itself, from an evolutionary point of view, you are meant to feel lonely. It's like you are meant to feel hungry and you are meant to feel thirsty. What I am concerned about is persistent loneliness, right. So we are living in an environment that does not facilitate us having, initiating, developing and maintaining social connection that's meaningful and healthy to us.

In this year we actually look at longitudinal data and I am more concerned that one in four Australians report what we call persistent levels of loneliness. This is actually meeting our minimum criteria of at least eight weeks, up to 16 weeks. And depending on where you look, including the HILDA survey, we also looked at people who met the criteria for one year and people who met the criteria for two years. I'm more concerned about persistent loneliness because we know now with emerging data that, yes, loneliness is bad for our health and wellbeing, but when we have those persistent states or more chronic states, that's where we exacerbate our incidence of high mortality and increase our risk of developing future health problems.

The CHAIR: Throughout the various submissions there is discussion about which age cohort or demographic group experiences higher levels of loneliness. Your research was interesting in that it found it was younger people, 18 to 24. Can you talk us through that a bit? Has there been an attempt to figure out what's going on with that group?

MICHELLE LIM: I would like to state that, depending on the survey that you look at, there will be different age groups. It really depends on the sample. In the international data we have younger people, and then sometimes middle aged and older adults might report loneliness. It really depends on how you measure it. I wonder sometimes when I look at this data whether it is that young people are just more comfortable in reporting their loneliness. Perhaps there is an intergenerational bias, where older people do not allow themselves to use the term "lonely" or have this perception that "I shouldn't be feeling this way". So I would not discount the fact that older people experience loneliness. They certainly experience social isolation, which is a pathway to loneliness. We can't neglect other age groups as well. And of course, the middle age group, as well, does come up quite a bit. Not much research has been done looking at the causes of that in middle age, but some of the hypotheses around that might be that they might be in a parenting role or a caring role. They do not have time to develop and maintain meaningful social connections for themselves, because they're really overburdened by those responsibilities.

Dr AMANDA COHN: Thank you so much for coming to share your expertise today. I'm interested that you're representing a national organisation. You're obviously doing some very impressive work internationally as well. What are the lessons from overseas or other jurisdictions that we should be looking to?

MICHELLE LIM: What we have looked at is different kinds of interventions. We have a lot of investments in interventions, focused on the individual level and some on the community level. I will, of course, advocate that we do need to look at these at-risk communities. However, government has the opportunity to look at population-wide strategies as well. Given that there is a high prevalence of loneliness—at any given time, one in three of us will experience it—what we're really trying to do is to prevent that one in three from going on to develop more persistent loneliness. Only government would be able to have a strategy where we have this population-wide initiative. It could look different ways. It could look like improving community awareness on the national level. We have Loneliness Awareness Week, but that's very much limited in terms of its funding. We can only do so much with very limited funding.

This year, just in three weeks, Loneliness Awareness Week yielded around 286 million media impressions. That's just in three weeks. Two thousand people sought connection. People went to the website to look at how they can help others or help themselves. This campaign is really limited, and it needs to be scaled up, but that would be an example of a population-wide strategy. Other population-wide strategies could be things like building the capacity of health and community services to understand, assess or appropriately respond to people at risk of loneliness; implementing workplace policies that provide opportunities for employees to feel included and supported in the workplace; implementing policies to ensure that employees are not overly burdened at work and there is sufficient time for them to focus on their personal lives and building quality interactions; implementing