

**Submission  
No 3**

**INQUIRY INTO PREVALENCE, CAUSES AND IMPACTS OF  
LONELINESS IN NEW SOUTH WALES**

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14 September 2024

Dear Standing Committee on Social Issues

**RE: Inquiry into the Prevalence, Causes and Impacts of Loneliness in NSW**

Thank you kindly for working together on this important inquiry for all citizens across NSW.

The psychological impacts of loneliness are well documented, with evidence linking it to increased rates of depression and anxiety (Weng and Valenzuela, 2022; Pai, 2022). Loneliness has been shown to negatively affect cognitive functioning and emotional regulation, leading to a higher incidence of mental health disorders (Weng and Valenzuela, 2022; Hegeman et al., 2017). Physiologically, loneliness is associated with adverse health outcomes, including increased inflammation, cardiovascular disease, and even mortality risk (Stolz et al., 2020; Pai, 2022). Studies have demonstrated that chronic loneliness can lead to a cascade of physiological responses, such as heightened stress reactivity and compromised immune function, which can further deteriorate overall health (Brown and Gallagher, 2017; Pourriyahi et al., 2021). The bidirectional relationship between loneliness and health suggests that poor health can exacerbate feelings of loneliness, creating a vicious cycle (Parlikar, 2023).

A meta-analysis indicated that loneliness is associated with a 26% higher risk of overall mortality and a 27% increased risk of cardiovascular disease over five years (Stolz et al., 2020). The mechanisms underlying these associations include the impact of social support on stress reduction and the promotion of healthier lifestyle choices (Pai, 2022; Cacioppo et al., 2014). Conversely, social isolation can lead to detrimental health behaviours, such as poor diet and lack of exercise, further exacerbating health issues (Pourriyahi et al., 2021; Pai, 2022).

Several factors contribute to the transition from transient to chronic loneliness. These include persistent social isolation, lack of social skills, and negative cognitive patterns that reinforce feelings of loneliness (Popa, 2023). Environmental factors, such as living in areas with limited social opportunities, can also play a significant role (Buecker et al., 2020). Additionally, the psychological impacts of loneliness can lead to withdrawal from social interactions, creating a feedback loop that perpetuates isolation (Cacioppo et al., 2014).

Social connection plays a crucial role in maintaining physical health. Research has established that individuals with strong social ties experience better health outcomes, including lower rates of chronic diseases and improved immune function (Pai, 2022; Cacioppo et al., 2014). Social supports buffer against stress, reducing cortisol levels and promoting better lifestyle choices like regular exercise and balanced diets. Social engagement and interaction stimulate the release of hormones such as oxytocin, promoting feelings of wellbeing, while stimulating the brain, aiding in memory retention and cognitive abilities.

I urge the Standing Committee on Social Issues to recommend the role of a Minister for Loneliness is established by the NSW Government to take oversight of this important social health area moving forward.

Yours faithfully

Grant Mistler

## References

- Brown E, Gallagher S, Creaven A. Loneliness and acute stress reactivity: A systematic review of psychophysiological studies. *Psychophysiology*. 2018 May;55(5):e13031.
- Buecker S, Ebert T, Götz F, Entringer T, Luhmann M. In a lonely place: Investigating regional differences in loneliness. *Social Psychological and Personality Science*. 2021 Mar;12(2):147-55.
- Cacioppo J, Hawkley L, Crawford L, Ernst J, Burleson M, Kowalewski R, Malarkey W, Van Cauter E, Bertson G. Loneliness and health: Potential mechanisms. *Psychosomatic Medicine*. 2002 May 1;64(3):407-17.
- Hegeman A, Schutter N, Comijs H, Holwerda T, Dekker J, Stek M, van der Mast R. Loneliness and cardiovascular disease and the role of late-life depression. *International Journal of Geriatric Psychiatry*. 2018 Jan;33(1):e65-72.
- Pai N, Vella S. The physical and mental health consequences of social isolation and loneliness in the context of COVID-19. *Current Opinion in Psychiatry*. 2022 Sep 1;35(5):305-10.
- Parlikar N, Kvaløy K, Strand L, Espnes G, Moksnes U. Loneliness in the Norwegian adolescent population: prevalence trends and relations to mental and self-rated health. *BMC Psychiatry*. 2023 Nov 30;23(1):895.
- Popa E. Loneliness as cause. *Topoi*. 2023 Nov;42(5):1175-84
- Pourriyahi H, Yazdanpanah N, Saghadzadeh A, Rezaei N. Loneliness: an immunometabolic syndrome. *International Journal of Environmental Research and Public Health*. 2021 Nov 19;18(22):12162.
- Stolz E, Mayerl H, Freidl W. The impact of COVID-19 restriction measures on loneliness among older adults in Austria. *European Journal of Public Health*. 2021 Feb 1;31(1):44-9.
- Weng S, Valenzuela J. Working with older adults in integrated health care: Social workers' perspective. *Journal of Applied Gerontology*. 2022 Oct;41(10):2235-43