

Submission
No 9

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

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Loneliness

A longing for something that you don't have...

Inquiry into the prevalence, causes and impacts of loneliness in New South Wales

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Introduction

I'm someone that "should" feel lonely.

I spend most of my time (about 95%) alone, in a rural area.

I never married, no kids.

So why don't I experience loneliness (anymore)?

That will be the focus of this submission.

Summary Position

My logic is that the battle against loneliness begins in solitude, during which time the individual acquires the skills and characteristics necessary to form quality connections that fulfill their genuine needs. Without it, the loneliness gap cannot be bridged.

This gap is the difference between the social connection we desire and what we have. Although it seems counter intuitive to combat loneliness with alone time, without a baseline level of self-awareness and self-worth, **no amount of social connection or resources made available, will satisfy the desires of an individual who is still unclear about what their authentic needs are.**

This period of resilience-building involves some deconditioning and honest introspection, but without it, there is no sustainable way forward. It would be akin to drinking salt water to cure thirst.

Recent studies¹ support this position and speak into the benefits of choosing to spend time alone. The findings suggests that mindful, intentional use of solitude can enhance well-being, providing people with a sense of freedom and reduced stress.

In 2023 the U.S. Surgeon General issued an advisory naming loneliness as one of the most pressing public health concerns. Utah State University (USU) Extension faculty responded by compiling a series of 4 modules to enhance connectedness, the first one being "[Look Inward](#)".²

Skipping this step will greatly reduce the effectiveness of any connection-seeking practices.

[Recent reviews](#)³ have found that reframing solitude positively, as a chance for personal growth, can help individuals feel more empowered and less lonely. I believe that it is only after achieving this shift and gaining self-awareness, individuals will be ready to more safely explore interpersonal relationships, which increases their likelihood of building and deepening the relationships that will yield genuine fulfillment.

¹ Weinstein, N., Vuorre, M., Adams, M. *et al.* Balance between solitude and socializing: everyday solitude time both benefits and harms well-being. *Sci Rep* **13**, 21160 (2023). <https://doi.org/10.1038/s41598-023-44507-7>

² <https://extension.usu.edu/healthwellness/research/coping-with-loneliness-part-1-look-inward>

³ <https://onlinelibrary.wiley.com/doi/10.1111/jopy.12887>

TERMS OF REFERENCE

(a) The extent of loneliness and social isolation in NSW and how this is measured and recorded

Recent data⁴ suggests that loneliness affects a substantial portion of the NSW population, with surveys indicating that over 20% of adults experience the variant described as chronic loneliness.

I acknowledge that current measurement methods primarily rely on self-reported data, which, while valuable, may underrepresent the true extent of the issue due to stigma and varying interpretations of loneliness.

Also impacting the veracity of the data is that (I believe) the very definition of loneliness is obscured when confused with feelings of grief (“I’ve lost something I want”), boredom (“this experience is banal and unfulfilling”) and entrapment (“I don’t want to be in this situation, but I can’t get out”).

My recommendations:

- **Enhanced data collection:** Implement a standardised loneliness scale across all public health surveys to capture more nuanced data. Perhaps one based on the UCLA Loneliness Scale, the De Jong Gierveld Loneliness Scale or The Campaign to End Loneliness Measurement Tool which are robust, of varying lengths and have been used in the USA, UK and Europe. The Australian organisation, Ending Loneliness Together⁵ has been doing great work in this space, and in 2021 released [“A guide to measuring loneliness for community organisations”](#), which references the measurement tools listed above.
- **Utilisation of technology:** Leverage digital tools and social media analytics to quantitatively identify trends and hotspots of loneliness in real-time. Add voluntary human studies to include qualitative data revealing the common behaviours people turn to during moments of loneliness.
- **Explore the definition of loneliness:** Create educational media campaigns that empower people to understand that loneliness can be a “normal” and expected temporary state as part of the healthy passage through grief, into a new life stage or out of a harmful situation. When reframed as an important signal which moves us to act, loneliness gains value. It is not necessary or inevitable to transition to a chronic state of loneliness however, although many people choose this, as it seems easier than the alternative (which is to do the therapeutic, introspective work as outlined [in this article](#))⁶ which I wrote for Heart On My Sleeve.

⁴ **Australian Loneliness Report (2021)** Australian Psychological Society (APS) & Swinburne University, **Loneliness and Social Isolation in Australia (2018)** Relationships Australia, **The Australian Unity Wellbeing Index Survey (2020)** Deakin University

⁵ <https://endingloneliness.com.au/resources/>

⁶ <https://www.heartonmysleeve.org/resources/loneliness>

- **Conduct lived experience research:** Continue the work of institutions who are seeking to understand which moments in life result in us sensing there's something we lack. This idea is further explored below in "at risk populations".

(b) Identification of populations most at risk of loneliness and social isolation

Research consistently identifies certain populations as being more vulnerable to loneliness:

- **Children:** Social media use has paradoxically both increased feelings of isolation among youth while also giving them a space to build connections with like-minded others and give them a space where they feel they can belong. However, the parasocial nature of the relationships may not fully meet their needs or desires, resulting in the gap between the quality and quantity of connection they want, with what they have. "Fitting in" is often required for social survival, but in doing so, young people may have to reshape themselves, losing touch with their authentic identity, resulting in feelings of loneliness. Children are also in the unique position of being under the legal, financial and social control of adults, who may or may not be equipped to handle that responsibility in a healthy way. Safety may not always be available to children, but escape isn't necessarily a viable option either. In many cases, with little autonomy about where they live, go to school or what hobbies they can undertake, children can experience a feeling of isolation even within the family unit, in a classroom or a sports team. Speaking from personal experience, I can attest that this often leads to the development of trauma responses which can make it more difficult to stave off the transition to chronic loneliness (as further outlined in term (e))
- **Young adults:** When I was a member of this group, I found myself feeling discontent because I had the expectation that I would be socially "booked and busy" at this stage in my life, with an abundant group of like-minded friends. I was also looking for a partner with which to potentially have a family, and like many others, I found this to be a demoralising task. Finding a compatible partnership was made even harder at around age 30 when after deep consultation with my true desires, I decided that I did not want to have children. Due to societal conditioning over my life thus far I was still heavily reliant upon external validation for my self-worth, and still unsure of my place in the world. I found myself in the stereotypical "quarter life crisis"⁷, which is a developmental stage resulting in loneliness if perceived goals are not met, as found in [this meta analysis](#).
- **New parents and carers:** Becoming the caregiver of a baby, a child, ill spouse or aging parent to name a few, requires a huge lifestyle change. It is perfectly natural to feel overwhelmed by the new tasks, the hypervigilance and the mental load, which often need to be prioritised over the activities that used to bring one joy. The responsibility is not always chosen or undertaken willingly. Transitioning to become a carer means to grieve the "old way" time used to be spent, and the plans that had to be abandoned. Without extensive support to adjust to this new existence, people in

⁷ Factors Contributing to Quarter Life Crisis on Early Adulthood: A Systematic Literature Review by Farah Fadilah Hasyim, Hari Setyowibowo, and Fredrick Dermawan Purba
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10771792/>

this demographic may feel lost, alone, confused and helpless. In the case where a death is pending, anticipatory grief can look a lot like loneliness.

- **Migrants and immigrants:** Moving away from the familiar and into the unfamiliar, regardless of the circumstances that caused the shift, will be discombobulating. Small and large changes must be made to adjust to the new living situation, new faces, and new routines. Culture shock doesn't just apply to people who are unfamiliar with language or dress; customs vary within towns, cities and states as well. For example, someone who has always lived in a small town where everyone smiled at you in the street, may feel insignificant and alone, even when surrounded by thousands of people in a vibrant capital city. Several times in my life I have experienced "culture shock". Once, I was in a foreign country, surrounded by loving family, but I couldn't speak the language, I was frustrated to tears, desperately wanting to communicate effectively and having no way to do it. Another time, I moved from a capital city to an isolated area, I was constantly in awe of beauty and nature, but had no one to share it with. Adjustment was slow and difficult at times, but the emotional cues like frustration and sadness informed me that I needed to alter my situation, learn new skills or update my beliefs.
- **Elderly:** Retirement, loss of a spouse, and physical immobility contribute significantly to feelings of grief (disguised as loneliness). Sometimes, the elderly may feel that they lack deserved rewards of the relationships they worked for over the course of their lives; Their friends are dying, their families are estranged or busy, and their marriage is possibly over by death or divorce. Also debilitating can be their dwindling access to choice. Poor health or geographic isolation may mean that they can't always do what they want to do, they're losing the independence they've become accustomed to over a lifetime.
- **People with disabilities:** Physical and social barriers exacerbate feelings of exclusion. This is often coupled with the onerous responsibility of adjusting themselves to exist in societies and communities that weren't built for them. In some places they can feel invisible, and in others, tokenised. Although my incapacitation was temporary, a knee injury several years ago saw me bedridden for weeks, and alerted me to something else that needed attention...my discomfort with asking for and receiving help. Initial feelings of what I perceived to be loneliness (because I didn't have a partner to take care of me) soon revealed themselves to be a personal barrier. Several people had offered to drive me to appointments, cook for me or help me clean, but I was convinced that I was a burden to these people because it wasn't their responsibility to take care of me. I know now, that asking for help when I need it, and accepting help when it's offered is not only ok, it is vital.
- **Rural and regional residents:** Geographic isolation and limited social infrastructure pose unique challenges to people having access to the level of social connection that they desire. Community responsibilities or family obligations may exacerbate this feeling of being "location bound". When I first found myself alone on acreage, with a long drive between me and anyone I knew, it was scary. I second guessed my choice to move states and put myself in this position. Feelings of loneliness were my cue to act courageously, to seek out new groups of like-minded friends (like Vegans), to explore my favourite hobbies (like theatre) with local companies, and to adopt new

communication styles (like voice and video messages) that made me feel closer to people who were in fact, quite far away.

My recommendations:

- **Targeted programs:** Develop specific outreach and support services tailored to the needs of these high-risk groups.
 - Follow established models, but also try new things like the TV program “Old peoples home for 4yos”, and intentionally intergenerational villages.
 - Examine effective social media initiatives like: “Women under 30 ask a question, women over 30 answer one”, or “My therapist says...” where people can share wisdom.
 - Fund the services that will meet the default needs of new caregivers, and migrants.
- **Discover the antecedent:** Undergo courageous investigation and as a society, challenge the norms which perpetuate unhelpful expectations and contribute to the burden of loneliness. For example, “Someone like me should be married with children by now...”, or “Someone like me should be living it up in retirement...” Validate the problem, the cause of which is far more complex than spending too much time alone. Address the uncomfortable truth that there may be systemic factors, and prejudices that result in otherwise avoidable feelings of loneliness.
- **Community engagement:** Create inclusive community spaces in both urban and rural areas that meet the needs of the inhabitants. If available services are being underutilised, look instead at “desire paths” to find where people are going to have their needs met. For example, a men’s support group may be empty, while a nearby barber shop is humming with vulnerable conversations and reinforced strength.

(c) Evidence of the psychological and physiological impacts of loneliness

The research speaks for itself here. Loneliness is not merely an emotional state but a significant risk factor for numerous mental and physical health conditions. Chronic loneliness has been linked to:

- **Mental health:** Increased rates of emotional dysregulation, depression, anxiety, and suicidal activity.⁸
- **Physical health:** Elevated risks for cardiovascular disease, high blood pressure, inflammation, pain, fatigue, cognitive decline (dementia) and weakened immune function.⁹

⁸ Cacioppo, J. T., & Cacioppo, S. (2018). *Loneliness in the modern age: An evolutionary theory of loneliness (ETL)*. Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). *Loneliness and social isolation as risk factors for mortality: A meta-analytic review*. Perlman, D., & Peplau, L. A. (1981). *Toward a social psychology of loneliness*.

⁹ Hawkey, L. C., & Cacioppo, J. T. (2010). *Loneliness matters: A theoretical and empirical review of consequences and mechanisms*. Valtorta, N. K., Kanaan, M., Gilbody, S., Ronzi, S., & Hanratty, B. (2016). *Loneliness, social isolation, and social relationships: Associations with cognitive function during 4*

My recommendations:

- **Accept the current research:** Expand access to mental health services for those identified as chronically lonely or socially isolated, as a predictor of disease, and apply early intervention strategies.
- **Public awareness campaigns:** Raise awareness of the proven health risks associated with loneliness to reduce stigma and encourage early help seeking. Remove the shame around loneliness as a symptom and lonely as a character trait. Reframe those experiences as a “normal” response to situational adjustment. Ideally people would perceive loneliness to be something as ordinary and expected as sadness would be around a death.

(d) Evidence linking social connection to physical health

Quality social connections are essential for maintaining both mental and physical health. Studies have shown that individuals with strong social ties have a lower risk of mortality, better recovery rates from illness, and improved mental well-being.¹⁰

The studies and reviews focus on the mechanisms by which social support improves health outcomes, including emotional support, practical assistance, and stress-buffering effects.

My recommendations:

- **Promotion of social networks:** Encourage the development of local support networks and community groups to foster social connections. Suggest that having an independent living disruption plan is as important as a fire or flood plan. Remind people that injury, illness and stressors of all degrees are largely inevitable, and that having systems and processes in place to manage the impacts will lead to better health outcomes.
- **Health system integration:** Incorporate social prescribing into the healthcare system to link patients with community activities and support networks.

(e) Factors contributing to the development of transient loneliness into chronic loneliness

Several factors (psychological, social, and environmental) contribute to the shift from transient to chronic loneliness. Understanding this development helps in identifying how

years of follow-up in the English Longitudinal Study of Ageing. **Step toe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013).** *Social isolation, loneliness, and all-cause mortality in older men and women.* **Jaremka, L. M., et al. (2013).** *Loneliness predicts pain, depression, and fatigue: Understanding the role of immune dysregulation.*

¹⁰ **Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010).** *Social relationships and mortality risk: A meta-analytic review.* **Berkman, L. F., & Syme, S. L. (1979).** *Social networks, host resistance, and mortality: A nine-year follow-up study of Alameda County residents.* **Berkman, L. F., & Syme, S. L. (1979).** *Social networks, host resistance, and mortality: A nine-year follow-up study of Alameda County residents.* **Seeman, T. E. (1996).** *Social ties and health: The benefits of social integration.*

temporary periods of loneliness can become deeply ingrained, creating long-lasting negative effects on mental and physical health.

Transient loneliness is temporary and typically triggered by life changes or circumstances, such as moving to a new city, ending a relationship, or a brief period of social isolation. It is often short-lived, and many people overcome it once they adapt to new situations, make social connections, or their circumstances improve. Ideally it has a noticeable but undisruptive impact on a well-adjusted psyche. Most people would perceive it as “normal”.

Chronic loneliness is a more persistent, long-term feeling that remains even when social opportunities exist. It reflects deeper patterns of disconnection which indicate pre-existing mental health conditions and/or unresolved trauma.

Factors contributing to the shift from transient to chronic loneliness may include:

- **Developing limiting beliefs:** Distorted and inaccurate thought patterns that fuel social withdrawal, such as “I don’t belong here”, “I’m not a likeable person”, “I don’t know how to have fun”, “I tried and it didn’t work”, “They don’t have time for me”. I have fallen victim to long periods of believing these unhelpful truths about myself. They only vaguely reflected reality and had debilitating effects. They were born during moments where I was grasping for something that would make sense of the world, and my place in it. In a strange way, they provided some temporary comfort, but caused long term harm.
- **Habituated social withdrawal:** After a period of avoiding social opportunities and disengaging from relationships, perhaps initially for protective purposes, the behaviour becomes ingrained and reinforced by a lack of confidence to socialise, making reconnection daunting.
- **Rejection sensitivity:** Being quite susceptible to social threats like criticism and rejection can perpetuate circumstances that lead to further social exclusion. For example, tending to misread someone’s intention or misinterpret a neutral social cue as a negative one can make conversation less pleasurable.
- **People pleasing (self-abandonment):** Relying on the validating expressions of satisfaction from other people, at the expense of our own internal esteem, over the long-term lead to social interactions becoming less fulfilling. I explored people pleasing more deeply [in this article](#)¹¹ and developed a self-assessment tool.
- **Lack of self-esteem:** Internalising some of the distorted thought patterns listed above can lead to a core belief of unworthiness “I’m not good enough”. Without introspection and courageous communication, a short-term disruption, can develop into a long-term character integration.
- **Clinical diagnosis (Autism, ADHD, BPD, CPTSD, OCD, Bipolar among others):** The symptoms associated with these medical diagnoses can be counterproductive to developing confidence in social situations. Interpersonal effectiveness is inherently challenging for people with those conditions. The more severe the symptom, the more prohibitive. Untreated conditions will certainly hasten the transition from situational loneliness to a chronic state. I speak as someone with a BPD diagnosis

¹¹ <https://www.heartonmysleeve.org/resources/people-pleasing>

which is now considered to be in remission, and a CPTSD diagnosis, which is now largely symptom free. That relief comes after decades of suffering. People like me have a history of relational trauma. In the past, human connection has been hazardous for us, so there is a lot to unlearn before we're able to engage in meaningful and trusting relationships with others.

- **Substance use:** To cope with the shock and pain of an adverse life experience, people often turn to addictive substances or behaviours. Over time, what started as a coping tool can become a primary endeavour, which leaves sustainable options like pursuing healthy relationships, seeming like an inferior choice. So, the scrolling, shopping, drinking or dating that used to provide some comfort in warding off loneliness, now creates a barrier to genuine connection and deepens the isolation.
- **Community exclusion (e.g. intolerance to certain identity expressions):** The longer that one is exposed to prejudice or bigotry, the more likely it is that they will develop chronic loneliness. This act of rejection may range from something which is quietly conveyed to being blatantly flaunted by the perpetrator. For example, if someone who doesn't drink alcohol starts a new job at a company that prioritises networking over Friday night drinks, over time they will likely feel like they don't belong. Or if a sexual identity is considered to be "wrong" by a certain cohort, a member of the group who relates to that identity may feel vulnerable and isolated.
- **Self-stigma:** Transitional loneliness can perpetuate a cycle of self-isolation due to shame, when the limiting beliefs listed above can solidify. One may make the incorrect assumption that feeling loneliness is an indicator of their character, and they fear being judged or pitied. Stereotypes of "lonely people" which they have formed, reinforce the embarrassment and perhaps even lead to denial. This lack of acceptance of transient loneliness being a perfectly natural, cyclical emotional state, can inhibit help-seeking or action-taking.
- **Life transitions:** Events such as divorce, bereavement, retirement or relocation can trigger loneliness due to the disruption in the social circle. Friends, family and community groups to which one used to happily belong, may become estranged. If networks, neighbours and confidantes are not restored, feelings of chronic loneliness may embed.
- **Brain chemistry:** A [recent study](#)¹² has found that people who identify as lonely (as per UCLA scale) demonstrate idiosyncratic brain activity when examined by an fMRI. The authors state, "we found that nonlonely individuals were very similar to each other in their neural responses, whereas lonely individuals were remarkably dissimilar to each other and to their nonlonely peers." The results remained significant even after controlling for individuals' objective levels of social connection (specifically, their numbers of friends), demographic variables, and friendships between participants, which supports the position that some people (perhaps due to their brain chemistry) will move from a state of transient to chronic loneliness, despite social opportunities being made available to them.

¹² Baek, E. C., Hyon, R., López, K., Du, M., Porter, M. A., & Parkinson, C. (2023). Lonely Individuals Process the World in Idiosyncratic Ways. *Psychological Science*, 34(6), 683-695. <https://doi.org/10.1177/09567976221145316>

- **Genetic predisposition:** Prior to 2016, several studies (which are listed in the DISCUSSION section of Gao, J., Davis, L., Hart, A. *et al.*) using twins and family-based approaches would suggest that “loneliness has a sizable degree of heritability”¹³. However, in 2016 the aforementioned group of researchers [published](#) the first of its kind genome-wide association study of loneliness¹⁴. They identified strong genetic correlations between loneliness, neuroticism, and a scale of ‘depressive symptoms’, but ultimately concluded that loneliness was a “modestly heritable trait”. With that said, it is worth noting that genetic and environmental factors, when working together, will have some influence over a person’s perception of inclusion, and their likelihood to progress to chronic loneliness

My recommendations:

- **Freely accessible therapy:** In solitude, or with a trusted caregiver, like a therapist, family member, friend or spouse, individuals take responsibility for their own treatment. They investigate the extent of their trauma responses, plus their true desires and capabilities, so that when they seek social connection, it is of the quality and quantity they authentically desire and therefore find fulfilling. The government could standardise a self-guided course, that would widen the availability of these resources and, with the course material having already been approved by regulatory bodies, less qualified counsellors and teachers could guide people through them, instead of relying on psychologists or psychiatrists who are both rare and expensive. Here are some therapeutic approaches with high rates of success in targeting loneliness:
 - Cognitive Behavioural Therapy (CBT)
 - Dialectical Behavioural Therapy (DBT)
 - Rejection Exposure Therapy
 - Somatic therapy
 - Internal Family Systems therapy (IFS)
 - 12 step addiction recovery - especially behavioural addiction recovery groups like CODA and SLAA (already freely available)
- **Early intervention programs in schools:**
 - Mindfulness
 - Conflict resolution
 - Emotional regulation
 - Esteem building
- **Community stigma busting campaign:** Publicise the damaging health effects of loneliness and position it as a periodic life challenge which all people are likely to face. The problem is not unique to some individuals, but an inherent part of the human experience.

¹³ Goossens, L., van Roekel, E., Verhagen, M., Cacioppo, J. T., Cacioppo, S., Maes, M., & Boomsma, D. I. (2015). The Genetics of Loneliness: Linking Evolutionary Theory to Genome-Wide Genetics, Epigenetics, and Social Science. *Perspectives on Psychological Science*, 10(2), 213-226. <https://doi.org/10.1177/1745691614564878>

¹⁴ Gao, J., Davis, L., Hart, A. *et al.* Genome-Wide Association Study of Loneliness Demonstrates a Role for Common Variation. *Neuropsychopharmacol* **42**, 811–821 (2017).

(f) The financial costs of loneliness to the NSW budget and the state economy

The financial implications of loneliness are significant, impacting healthcare costs, commercial productivity, and uptake of social services. Chronic loneliness leads to increased healthcare utilisation, absenteeism, and reliance on welfare and insurance systems.

My recommendations:

- **Cost-benefit analysis:** Conduct a comprehensive cost-benefit analysis of loneliness interventions to inform budgetary decisions.
- **Investment in preventative measures:** Prioritise funding for programs that are proven to prevent loneliness, thereby reducing long-term financial burdens.

(g) Identification of existing initiatives by government and non-government organisations

Several initiatives currently address loneliness, including community outreach programs, mental health hotlines, and social clubs. However, these efforts are often fragmented and lack coordination.

It is a battle between having funds and focus diluted across many organisations serving the same need, while also activating resources locally to reach people where they are.

The Mental Health Commission of NSW [Loneliness in Focus](#) insights report¹⁵, outlines a number of initiatives being trialled.

Additionally the [National Strategy to Address Loneliness and Social Isolation](#) prepared by Ending Loneliness Together, in partnership with R U OK? and the Australian Psychological Society pre-Budget submission in January 2021, covers the issue, the cost and proposed solutions.¹⁶

My recommendations:

- **Coordination of efforts:** Establish a central body to coordinate efforts across sectors and ensure resources are efficiently utilised.
- **Scaling successful programs:** Identify and expand successful programs to reach a broader audience.

(h) Developments in other jurisdictions regarding the implementation of policies and initiatives relevant to the treatment of loneliness as a public health issue

Countries like the UK and Japan have recognised loneliness as a public health issue, implementing national strategies that include ministerial roles dedicated to addressing loneliness.

¹⁵ MHCNSW 2023: <https://www.nswmentalhealthcommission.com.au/sites/default/files/2023-09/Loneliness%20in%20Focus.pdf>

¹⁶ Social recovery beyond COVID-19 • Pre-Budget Submission • January 2021

My recommendations:

- **Adoption of international best practices:** Evaluate and adapt successful strategies from other jurisdictions to the NSW context.
- **Policy integration:** Integrate loneliness considerations into broader public health and social policies.

(i) Steps the state government can take to reduce the prevalence and impacts of loneliness

The government has a crucial role in addressing loneliness through policy, funding, and public awareness.

My recommendations

- **Policy development:** Start by establishing a state-wide strategy to combat loneliness, with the end goal being to determine a united position at a Federal level.
- **Infrastructure investment:** Invest in public spaces that encourage social interaction, such as quality playgrounds and dog parks, community centres, and tech access centres.
- **Therapeutic accessibility:** Subsidise access to interventions which support mental health, such as those listed in term (e)

(j) Steps that community, technology/social media companies, organisations, and individuals can take

Community organisations, technology companies, and individuals also play critical roles in reducing loneliness.

My recommendations

- **Community initiatives:** Financially sponsoring local events and activities that foster social connections.
- **Corporate responsibility:** Embedding truly effective and comprehensive inclusivity practices within their organisations.
- **Data collection:** Use information gathered from search engines and social media platforms to target individuals and communities at risk, for early intervention. For example, after posting about the death of a family member, imagine grief support groups showing up in your algorithm, instead of shopping ads.
- **Individual Responsibility:** Empower individuals to challenge stereotypes and stigma related to loneliness. Educate them with conversation practices that will give them the confidence and competence to either speak up when they're struggling or be there to support someone else who is.

(k) Any other related matters

Loneliness intersects with various other societal issues, such as housing, education, and employment. Addressing these broader determinants can help alleviate loneliness in the community.

My recommendations:

- **Holistic approach:** Develop cross-sectoral policies that address the underlying causes of loneliness, such as economic inequality and access to education.

Conclusion

Several years ago, I started with a new counsellor. A question on the intake form was: “What do you want to get out of therapy?” I was very ill at the time, battling chronic suicidal ideation. I wrote “I just want to belong, to myself, in my body and on this earth”. It seemed like an impossible goal at the time... yet, here we are.

Today I feel at home in my body, I love all the many and varied parts of myself. I feel held and protected by the earth and nature. The humans I value have been carefully selected for the trust, beauty, fun, and support we bring each other.

For decades I was haunted by thoughts like “I wasn’t chosen”, “There is something wrong with me”, and “I’m broken in a way that can’t be fixed”. You can imagine how lonely that made me feel.

But those thoughts weren’t true.

I had to dig very deep to uproot those beliefs. When I found them, I thanked them for their service and told them I didn’t need them anymore, and I’d be planting some new seeds.

I’ve come to see that addressing loneliness is not simply about adding more people to my life; it’s about building a solid foundation within myself. By leaning into solitude, I’ve learned that connection is an inside job. I’ve identified and met my own authentic needs, which creates a space in me that has capacity to welcome others. My hope is that everyone can find the courage to look inward, to embrace time alone not as an enemy, but as a teacher. Only then can we create relationships that fulfill and sustain us.

So, now do you understand why I am not lonely?

Warm wishes

Submission written by,

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General Manager, Civil Celebrant and Proud “Crazy Cat Lady”