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

Organisation: Country Women's Association of NSW

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Committee Chair
Standing Committee on Social Issues
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Re: Inquiry into the prevalence, causes and impacts of loneliness in New South Wales

The Country Women's Association (CWA) of New South Wales (NSW) is the state's largest rural issues advocacy group with well over 8000 members and close to 400 branches across NSW. There is no other rural, regional, remote member-based organisation that has the breadth and depth of membership on matters affecting country people.

CWA of NSW aims to improve conditions for country women, children, and families by advocating for its members, helping local communities, creating a network of support and meeting together in towns and cities across NSW. The CWA of NSW advocates for positive action on a range of issues that impact the lives of women, children and families throughout NSW and welcomes the opportunity to respond to the *NSW Parliamentary Inquiry into the prevalence, causes and impacts of loneliness in New South Wales (the Inquiry)* and addresses the following terms of reference: a, b, c, d, f, g, h, i, j, and k.

CWA OF NSW POLICY PRIORITIES

The CWA of NSW has a longstanding commitment to advocating for improved health outcomes in rural, regional, and remote areas. Our health policy priorities centre around ensuring accessibility and affordability of healthcare for rural communities, addressing the growing disparity in health outcomes between rural and metropolitan areas in NSW. The CWA of NSW recognises the urgent need to enhance available health services, including mental health support and family services, particularly in times of emergency.

CWA of NSW RESPONSE

The CWA of NSW does not have specific policy in this area but acknowledges the significance and impact of social and/or physical isolation and loneliness on the lives of regional, rural and remote communities throughout NSW. Loneliness is a complex and complicated experience that affects individuals across all demographics and locations. The CWA of NSW recognises that loneliness is not a uniform experience and can manifest in various forms, each with distinct causes and impacts.

The Australian Institute of Health and Welfare defines loneliness as 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"*[1]. It is critical to understand that loneliness is not synonymous with either social isolation or

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[1] Badcock JC, Holt-Lunstad J, Garcia E, Bomacia P and Lim MH (2022) Position statement on addressing social isolation and loneliness and the power of human connection, Global Initiative on Loneliness and Connection (https://www.gilc.globa?general-6) as cited in Australian Institute of Health and

physical isolation, as they are distinct concepts. Loneliness is subjective, reflecting the quality and depth of personal relationships. *Physical or geographic isolation[2]* occurs when someone's living environment limits access to social networks or services and *social isolation[3]* refers to the objective lack of contact with others. People may feel lonely even within a network of social contacts, highlighting the need to address both emotional and social dimensions of loneliness.

Research identifies three types of loneliness[4]: emotional, social, and existential. Emotional loneliness is experienced when a person lacks meaningful relationships or has suffered the loss of a significant attachment figure. Social loneliness stems from the absence or inadequacy of a social network, where one's relationships do not meet personal expectations. Existential loneliness is a deeper, more philosophical feeling of disconnection from the broader human experience, often linked to trauma or confrontations with mortality. These distinctions underscore the importance of targeted interventions and tailored strategies to mitigate the different impacts of loneliness.

a) The extent of loneliness and social isolation in NSW

Social and/or physical isolation and loneliness are universal issues for Australia, impacting a wide cross-section of the population, but particularly affecting younger people and those living in regional, rural and remote areas. Since the COVID-19 pandemic, feelings of social isolation have increased, especially among people aged 15-24[5], where social disconnection became a significant concern. While the situation has eased slightly for young women, young men continue to report higher levels of social isolation compared to previous years[6]. Loneliness, too, has seen a marked increase, with a growing number of young Australians feeling disconnected.[7]

The true extent of loneliness and social isolation in regional, rural and remote NSW remains difficult to quantify, as consistent metrics and data collection are lacking. In regional, rural and remote areas, the sense of social isolation is often magnified by geographic factors, a lack of social infrastructure and limited digital connectivity. Responding to CWA of NSW surveys, members have indicated that addressing social isolation is a high priority for them, yet many feel that not enough is being done to effectively tackle the issue.

The World Health Organisation now recognises loneliness as a public health priority[8], underscoring the urgency of developing solutions. As we look toward addressing this growing challenge, a more comprehensive understanding of social isolation and loneliness, particularly in regional, rural and remote areas is critical and requires establishing consistent metrics, data collection analysis and reporting.

b) Identification of populations most at risk

Loneliness affects various segments of the population differently, with certain groups being more vulnerable. People living in regional, rural and remote areas are at greater risk, with 35% experiencing loneliness compared to 30% in metropolitan areas[9]. Geographic isolation in regional, rural and remote communities

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Welfare, Social Isolation and Loneliness (https://www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness) accessed 10/03/2024

[2] Australian Institute of Family Studies, *Understanding and defining loneliness and social isolation* (Understanding and defining loneliness and social isolation | Australian Institute of Family Studies (aifs.gov.au)) accessed 03/10/2024

[3] ibid

[4] Mansfield, L., Daykin, N., Meads, C., Tomlinson, A., Gray, K., Lane, J., & Victor, C. (2019). *A Conceptual review of loneliness across the adult life course (16+ years): Synthesis of qualitative studies*. What Works Centre for Wellbeing. https://whatworkswellbeing.org/product/loneliness-conceptual-review/ accessed 15/10/2024

[5] Australian Institute of Health and Welfare, Social Isolation and Loneliness (https://www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness) accessed 03/10/2024

[6] ibid

[7] ibid

[8] Social isolation and loneliness among older people: advocacy brief. Geneva: World Health Organisation; 2021.

[9] Lim, M. & Smith, B., 2023. *State of the Nation Report: Social connection in Australia 2023*, Ending Loneliness Together. Australia. (state-of-nation-social-connection-2023.pdf (lonelinessawarenessweek.com.au)) accessed 15/10/2024

intensifies the challenge of staying socially connected, especially when compounded by factors such as financial stress, natural disasters—bushfire, floods and drought—or domestic and family violence.[10]

Age is also a significant factor. Younger adults, particularly those aged 18-24 report the highest levels of loneliness at 38%, while those aged 75 and older experience it the least at just 13%[11].

Men and women report similar levels of loneliness, with 32% of women and 31% of men affected[12]. However, young males aged 15-24 are particularly vulnerable, experiencing higher levels of both loneliness and social isolation compared to their female counterparts[13].

Social and physical isolation, often correlating with loneliness, are more prevalent in regional and remote areas, where 49% of people report feeling isolated, compared to 44% in cities[14]. Across age groups, social isolation peaks in middle age, with those aged 45-64 being the most affected[15].

In addition to geographic and age-based disparities, CWA members identify other vulnerable population cohorts—such as individuals with disabilities, and women facing financial or emotional hardship—as being particularly susceptible to loneliness. Bereavement is also a key factor, particularly in rural communities where the loss of a loved one can create a deep sense of isolation.

Understanding these patterns is essential for addressing loneliness across different segments of the population, especially in regional, rural and remote areas where the impact is often compounded by other forms of isolation.

c) Psychological and physiological impacts of loneliness

The psychological and physiological impacts of loneliness can be extensive, affecting both mental and physical health. Research has consistently shown that loneliness can lead to premature death and a wide range of health problems, including increased stress, depression, anxiety, and dissatisfaction with life. The link between loneliness and greater psychological distress is well-established, with lonely individuals more likely to suffer from mental illness and emotional stress[16]. Social isolation compounds these issues, contributing to poor health behaviours such as smoking, physical inactivity, and poor sleep, as well as biological effects like high blood pressure and weakened immune function.

Isolated individuals, particularly the elderly, frequently experience physical ailments such as heart disease, while younger members, including those from farming families, often struggle with mental health challenges tied to social isolation. The cumulative effect of isolation not only diminishes mental wellbeing but also erodes physical health, leading to poorer outcomes across all ages.

According to the *State of the Nation Report: Social Connection in Australia 2023*, Australians who feel lonely are significantly more likely to suffer from chronic disease, depression, and social anxiety. They also report lower overall wellbeing, are less physically active, and are more prone to social media addiction and decreased productivity at work. Conversely, regular social contact is associated with better health,

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[10] Lifeline n.d., *Feelings and Effects of Natural Disaster*, Lifeline Natural Disasters toolkit, accessed 16/10/2024, https://toolkit.lifeline.org.au/topics/natural-disasters/feelings-and-effects-of-natural-disaster
[11] ibid
[12] ibid
[13] Australian Institute of Health and Welfare, Social Isolation and Loneliness (https://www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness) accessed 03/10/2024
[14] Lim, M. & Smith, B., 2023. *State of the Nation Report: Social connection in Australia 2023*, Ending Loneliness Together. Australia. (state-of-nation-social-connection-2023.pdf (lonelinessawarenessweek.com.au) accessed 15/10/2024
[15] Ibid
[16] ibid

highlighting the importance of fostering community connections to mitigate these negative impacts.

In regional, rural and remote communities, where isolation is more common, these psychological and physiological effects are often compounded, making the need for addressing loneliness even more critical. Understanding and addressing the far-reaching consequences of loneliness can lead to more effective interventions and a healthier population overall.

d) Evidence linking social connection to physical health

Social connection plays a crucial role in supporting physical health, with strong evidence showing a clear link between loneliness and poorer well-being. People who experience moderate loneliness are over five times more likely to report poor well-being, and those suffering from severe loneliness are almost six times more likely to experience poor health outcomes compared to those who are not lonely. This connection extends to chronic disease as well, with moderately lonely individuals being twice as likely to suffer from chronic illnesses, and those experiencing severe loneliness are 2.2 times more likely to do so[17].

The CWA of NSW has long highlighted social engagement as a key factor in protecting against physical and mental health challenges. In regional, rural, and remote communities, the CWA of NSW has played a vital role in fostering resilience, especially for women facing adversity, by helping to build meaningful connections. Studies suggest that loneliness, while universal, can be particularly acute in certain age groups, notably young adults (18-29)[18]. This is somewhat counterintuitive, as young adults are often assumed to be well-connected, yet this life stage involves significant social transitions, from leaving school to starting careers, which can leave many feeling disconnected. Meanwhile, older adults often face social isolation due to life changes such as retirement or loss of close relationships.

Ultimately, the evidence demonstrates that fostering social connection is not just beneficial for mental health but has significant physical health benefits as well. Addressing loneliness through community-building efforts and individualised approaches can lead to better overall health outcomes for those at risk.

f) Financial costs of loneliness

The financial burden of loneliness on the state is not only evident in increased healthcare costs but also in reduced productivity and community participation. Research indicates that chronic loneliness can lead to decreased workforce participation.[19]

g) Existing initiatives to mitigate loneliness

Preventing and reducing social isolation and loneliness requires a multi-faceted approach, as there is no singular solution that fits everyone. Research highlights the importance of community involvement, meaningful relationships, and even companion animal ownership as potential protective factors, though outcomes are not always consistent across studies.

Volunteering, for example, has been shown in some cases to reduce loneliness, with people who spend time volunteering reporting lower levels of social isolation. However, other studies have found no direct correlation between volunteering and loneliness, indicating that community engagement alone may not

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[17] Lim, M. & Smith, B., 2023. *State of the Nation Report: Social connection in Australia 2023*, Ending Loneliness Together. Australia. (state-of-nation-social-connection-2023.pdf (lonelinessawarenessweek.com.au) accessed 15/10/2024

[18] 2018, August, *Is loneliness Australia's next public health epidemic?* InPsych, Vol 40, Issue 4. https://psychology.org.au/for-members/publications/inpsych/2018/august-issue-4/is-loneliness-australia-next-public-health-epide#:~:text=Risk%20groups%20and%20risk%20factors,Nicolaisen%20%26%20Thorsen%2C%202014). Accessed 15/10/2024

[19] Lim, M. & Smith, B., 2023. *State of the Nation Report: Social connection in Australia 2023*, Ending Loneliness Together. Australia. (state-of-nation-social-connection-2023.pdf (lonelinessawarenessweek.com.au) accessed 15/10/2024

universally protect against feelings of disconnection. For men, particularly those aged 25 to 44, being in a relationship is a stronger buffer against loneliness than for women, suggesting that personal circumstances play a significant role in how we experience isolation.[20]

Companion animals have been shown to reduce social isolation, particularly among older adults, by fostering social interactions, providing emotional support, and offering a sense of purpose. Pets can encourage their owners to engage with their surroundings and even lead to new social connections, as daily walks or neighbourhood interactions bring people together. However, owning a pet also has challenges, and the loss of a pet can be a source of significant distress.[21]

The CWA of NSW has long recognised the importance of fostering social connections to combat loneliness, providing platforms for community engagement that reach some of the most isolated populations. Yet, despite the efforts of organisations like the CWA of NSW, gaps remain in understanding how to best address loneliness, as individual experiences vary widely. For some, increased social opportunities can be helpful, but for others, deep-rooted issues like social anxiety must also be addressed. Cognitive-behavioural interventions have shown promise in reducing loneliness by shifting negative thought patterns and fostering more meaningful connections.[22]

Another approach, embedded in positive psychology, focuses on enhancing the quality of existing relationships and promoting resilience in the face of adversity. This strengths-based framework looks to boost emotional well-being by encouraging people to thrive in their current circumstances rather than simply providing more social opportunities[23]. As research into loneliness continues to evolve, it is clear that tailored evidence-based interventions will be key to successfully reducing the impact of loneliness on physical and mental health.

h) Developments in other jurisdictions

Developments in other jurisdictions offer valuable lessons for New South Wales as it seeks to address loneliness as a public health issue. The United Kingdom for example, appointed a Minister for Loneliness in 2018, demonstrating the importance of government leadership in this space. This approach underscores the need for a dedicated portfolio, as loneliness cuts across multiple sectors, from health and social services to community engagement and workplace culture. The UK's 'Campaign to End Loneliness,' which focuses on older adults, has proven to be an effective model and has inspired similar initiatives globally.

At the primary care level, the UK's Royal College of General Practitioners has introduced a Community Action Plan aimed at tackling loneliness, highlighting its crucial connection to health outcomes. These actions showcase the value of embedding loneliness reduction within public health frameworks, an approach that New South Wales could adopt to encourage collaboration across government departments, NGOs, and local communities.

Australia is also taking steps in this direction. The Australian Government recently committed $46 million to the Community Visitors Scheme[24], which connects volunteers with older adults who may lack social contact, and an additional $20 million was dedicated to supporting older adults with mental health disorders who are particularly vulnerable to loneliness. While these investments are promising, their long-term impact remains

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[20] Australian Institute of Health and Welfare, *Social Isolation and Loneliness* (https://www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness) accessed 03/10/2024

[21] ibid

[22] Campaign to End Loneliness (2020) The Psychology of Loneliness. Retrieved from: https://www.campaigntoendloneliness.org/wp-content/uploads/Psychology_of_Loneliness_FINAL_REPORT-1.pdf accessed 24/10/2024

[23] ibid

[24] https://www.health.gov.au/our-work/aged-care-volunteer-visitors-scheme-acvvs/about

uncertain without comprehensive evaluation and a more profound understanding of how loneliness is experienced on individual and societal levels.

In moving forward, New South Wales could benefit from considering evidence-based solutions that are not only backed by rigorous data but also informed by the lived experiences of those most affected. Recognising that loneliness is a critical public health issue—and committing to practical, targeted solutions—will benefit individuals, communities, and the broader healthcare system alike.

i) Role of community, technology, and organisations

The popularity of social media creates a complex dynamic, while it can help people, especially adolescents, feel more connected and provide an outlet for social support, the relationship between social media use and loneliness is not straightforward. Some individuals benefit from the sense of community and identity it offers, while for others, particularly when used as a substitute for face-to-face interaction, social media can increase feelings of loneliness and emotional distress. The pandemic further underscored this, with mixed findings emerging about the effects of social media on isolation across all age groups.[25]

Technology companies, particularly social media platforms, have a role in facilitating safe and meaningful connections, especially for those who may be physically isolated. However, this must be balanced with awareness of the potential negative impacts of digital over-reliance.

Community organisations like the Country Women's Association of NSW play a pivotal role in addressing loneliness by fostering social connectivity and inclusivity across regional, rural, and remote areas. As Professor Ben Smith emphasises, local communities serve as crucial environments for promoting social connections and supporting those vulnerable to loneliness.[26]

Research shows that group activities are highly effective in reducing loneliness by providing shared experiences and mutual support. Local community organisations can play a crucial role in this by fostering social connections and empowering and building the capacities of community members to reach out to those who may feel isolated. While more research is required to identify effective strategies to combat loneliness, it's clear that meaningful group activities offer significant benefits in this regard.

Effective community-level interventions will require leadership and collaboration among a range of diverse stakeholders, including local councils, health services, and community organisations and centres. There is a place for state government in establishing and nurturing these relationships essential for planning, implementing, and evaluating initiatives tailored to the specific needs of different demographic groups at risk of social and or physical isolation and loneliness.

j) Steps the NSW Government can take

The New South Wales Government should consider evidence-based solutions that are not only backed by rigorous data but also informed by the lived experiences of those most affected. To effectively address geographic isolation, social isolation and loneliness, the NSW Government should prioritise investment in infrastructure that fosters social connection in regional, rural and remote areas.

Improving transport connectivity will enable individuals—especially women—to engage more fully with their communities. Enhancing community infrastructure and reducing bureaucratic barriers will empower

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[25] Australian Institute of Health and Welfare, *Social Isolation and Loneliness* (https://www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness) accessed 03/10/2024

[26] Smith, B. (21/12/2021) *Let's* Talk Loneliness and Communities, *Ending Loneliness Together* Retrieved 15/10/2024 from https://endingloneliness.com.au/lets-talk-loneliness-and-communities/

grassroots organisations to expand their reach and impact.

Quality research into the diverse experiences of loneliness is also critical. By adopting a standardised approach to measuring, evaluating, and reporting loneliness, social isolation, and connection, will facilitate better understanding of the scope of the issue.

Addressing loneliness also requires reducing the stigma associated with it. National Campaigns such as Australia's first Loneliness Awareness Week[27] held in 2023 was a positive step forward. It provided the opportunity to normalise conversations about loneliness, develop a shared language and safe spaces to openly discuss the issue, help dispel common misconceptions, and encouraged everyone to seek out meaningful connections.

RECOMMENDATIONS:

The CWA of NSW appreciates the opportunity to contribute to the Inquiry and provides the following recommendations for consideration to address social isolation and loneliness in NSW:

1. **Raise Awareness and Destigmatise**: Prioritise raising awareness and reducing the stigma around social isolation and loneliness. Ensure sufficient financial, technical, and human resources are allocated to address the severity of the issue.
2. **Adopt a Holistic Approach**: Integrate loneliness reduction strategies into public health initiatives, drawing on international best practices and research to guide interventions.
3. **Improve Data Collection and Research**: Establish a consistent data collection system to monitor loneliness and its impacts. Strengthen research efforts to better understand social isolation and loneliness and develop evidence-based interventions.
4. **Foster Government and Community Partnerships**: Simplify bureaucratic processes to enable grassroots organisations to create and scale community-based initiatives. Support the implementation of effective interventions through collaboration and continuous evaluation.
5. **Invest in Regional Infrastructure**: Increase investment in infrastructure in regional, rural, and remote areas to enhance opportunities for social interaction and engagement.

Yours faithfully,

Joy Beames
President

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[27] https://lonelinessawarenessweek.com.au/ accessed 16/10/2024