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

Organisation: The Construction Industry Drug and Alcohol Foundation

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FOUNDATION HOUSE

THE CONSTRUCTION INDUSTRY
DRUG & ALCOHOL FOUNDATION

FOUNDO BLUE

MENTAL HEALTH & SUICIDE PREVENTION
FOR THE CONSTRUCTION INDUSTRY

The Construction Industry Drug & Alcohol Foundation

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

Submission to Parliament of New South Wales Standing Committee on Social Issues

Submission prepared by:

The Construction Industry Drug and Alcohol Foundation (CIDAF)

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Executive Summary

This report examines the prevalence of loneliness in Australia and its profound impact on mental and physical health, including conditions such as depression, anxiety, dementia, and increased mortality. The report also highlights the substantial societal costs of loneliness, such as heightened demand on the healthcare system and economic losses due to decreased employee productivity and wellbeing.

The costs of loneliness are substantial, affecting both individuals and society at large. For individuals, loneliness contributes to increased mental and physical health issues, substance use issues and gambling addiction, leading to greater reliance on healthcare services and higher rates of hospital admissions. For society, the economic impact includes decreased workplace productivity, increased absenteeism, and higher healthcare expenditures, making loneliness a significant public health and economic concern.

Several recommendations are made including:

1. **Creating a ministerial portfolio to address loneliness in NSW.**
2. **Creating social initiatives that target vulnerable populations.**
3. **Social education campaigns to increase awareness.**
4. **Address social and economic disadvantage.**

Who We Are

The Construction Industry Drug and Alcohol Foundation (CIDAF) operates Foundation House - a drug, alcohol and gambling residential rehabilitation service located in Lilyfield, NSW. As well as FoundoBlue, a mental health and suicide prevention training and outreach counselling service for NSW construction workers.

Our mission is to address the social, emotional, and psychological needs of individuals and communities by fostering a supportive environment where everyone has the opportunity to lead fulfilling lives.

Foundation House has been in operation for 24 years servicing people working in the NSW construction industry, and their family members, while FoundoBlue has been operating since 2020.

More information is available on our website.[1]

The CIDAF office is located on the land of the Gadigal and Wangal people of the Eora Nation.

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[1] https://www.foundationhouse.net.au/foundo-blue/

1. Introduction

CIDAF welcomes the opportunity to have input to the Parliament of New South Wales's Standing Committee on Social Issues Inquiry into the Prevalence, Causes and Impacts of Loneliness in New South Wales (NSW).

Loneliness has emerged as one of the most significant public health issues of the 21st century, affecting individuals across various demographics and geographies. Once thought to be predominantly a concern for the elderly, loneliness is now recognised as a pervasive phenomenon that can impact people of all ages, including children and young adults. Recent research underscores the alarming reality that loneliness poses grave risks to both mental and physical health, often equating its detrimental effects to those of smoking, obesity, and sedentary lifestyles. Studies suggest that loneliness is a stronger predictor of premature mortality than many well-known risk factors, highlighting an urgent need to address this epidemic.

The COVID-19 pandemic has served as a catalyst for the growing recognition of loneliness as a critical public health concern. As social distancing measures were implemented, many individuals found themselves isolated from friends, family, and community support networks, exacerbating feelings of loneliness and isolation. This unprecedented experience has not only shed light on the widespread nature of loneliness but has also underscored the necessity for systemic changes to address it. The consequences of loneliness extend beyond individual suffering; they permeate communities and healthcare systems, resulting in increased mental health issues, chronic illnesses, and economic burdens.

Historically, discussions around loneliness have centred on individual experiences, overlooking the broader societal factors that contribute to this issue. Economic instability, technological changes, and shifts in social structures all play significant roles in shaping the modern experience of loneliness. As urbanisation continues to rise and communities become increasingly fragmented, the prevalence of loneliness is likely to grow unless proactive measures are taken.

The societal stigma surrounding loneliness can further complicate efforts to address it. Many individuals may feel ashamed or embarrassed to admit they are lonely, leading to

a culture of silence that perpetuates the problem. This stigma not only affects those experiencing loneliness but also hampers collective efforts to create supportive environments that foster social connections and community engagement.

This submission paper aims to explore the multifaceted nature of loneliness, examining its implications for individual well-being and public health. It will delve into the various factors that contribute to loneliness, including social, economic, and technological influences. Furthermore, the paper will analyse the consequences of loneliness on mental and physical health, presenting compelling evidence that underscores the urgency of addressing this issue.

In this submission, the CIDAF will address:

    a.   The prevalence and experiences of loneliness of people in NSW.
    b.   Factors that increase of loneliness, including societal and individual factors.
    c.   Evidence linking social connection to physical health.
    d.   The identification of existing initiatives by government and non-government organisations to mitigate loneliness and social isolation
    e.   Recommendations for addressing loneliness.

2. Background

2.1. What is loneliness

Loneliness is usually considered to be the psychological manifestation of social isolation, a reflection of the dissatisfaction the individual experiences regarding the frequency and closeness of his or her social contacts or the discrepancy between the relationships they have and the relationships they would like to have.[2] Experiences of loneliness can manifest in people who have high levels of social connection as well as those who are socially isolated.

While social connection is usually seen the antidote to loneliness, for many people, it is the *quality* of the social connection that is important in reducing experiences of loneliness.

Social isolation implies a low level of social interaction and connection.[3] Social isolation is often a contributing factor in experiences of loneliness, by creating a physical and emotional separation from others leading to a lack of social support. Without regular social contact, isolated individuals often feel misunderstood and undervalued, leading to high rates of emotional distress and a sense of exclusion from others, exacerbating loneliness.[4]

While many consider geographical isolation as the primary reason for social isolation; physical, social, financial, and psychological barriers also contribute to social isolation.

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[2] Yamada, M. Decety, J. (2009). Unconscious affective processing and empathy: an investigation of subliminal priming on the detection of painful facial expressions. *Pain*.143:71–75.
[3] Beer, A. Faulkner, D. Law, J. Lewin, G. Tinker, A. Buys, L. et al. (2016). Regional variation in social isolation amongst older Australians. *Regional Studies, Regional Science, 3*(1), 170–184.
[4] Prizeman K, Weinstein N, McCabe C. (2023). Effects of mental health stigma on loneliness, social isolation, and relationships in young people with depression symptoms. *BMC Psychiatry, 23*(1): 527.

2.2 The Prevalence of Loneliness

Recent studies indicate that loneliness is a pervasive issue affecting a significant portion of the population in NSW. According to a *State of the Nation Report on Social Connection in Australia 2023*, almost 1 in 3 Australians report feeling lonely on a regular basis. 1 in 6 Australians experience extreme loneliness, and young people age between 18 and 24 experienced the highest rate of loneliness at 22% compared to other age groups.[5]

The growing prevalence of loneliness has been linked to various health issues, including depression, anxiety, cardiovascular disease, and an increased risk of mortality. It is estimated that the health impact of loneliness is comparable to that of smoking or obesity.[6]

Social isolation has been linked to mental illness, emotional distress, suicide, the development of dementia, premature death and poor health behaviours (smoking, physical inactivity and poor sleep) – as well as biological effects, including high blood pressure and impaired immune function.[7]

In the *State of the Nation Social Connection in Australia Report 2023,* surveyed 4,026 Australians aged between 18 and 92 years. The data was then weighted by age, gender, and region to reflect the latest Australian Bureau Statistics (ABS) population estimates.[8]

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[5] Ending Loneliness Together (2023). State of the Nation Report -Social Connection in Australia 2023. https:// lonelinessawarenessweek.com.au/wp-content/uploads/2023/08/ state-of-nation-social-connection-2023.pdf

[6] Xia, N. Li, H. (2018). Loneliness, Social Isolation, and Cardiovascular Health. *Antioxid Redox Signal, 28*(9):837-851.

[7] Cacioppo, J. Cacioppo, S. Capitanio, J. Cole, S. (2015). The neuroendocrinology of social isolation. *Annual Review of Psychology, 66,* 9.1–9.35.

[8] Ending Loneliness Together. (2023). State of the Nation Report - Social Connection in Australia 2023. https:// lonelinessawarenessweek.com.au/wp-content/uploads/2023/08/ state-of-nation-social-connection-2023.pdf

This report found that:

- Almost 1 in 3 Australians feel lonely

- 1 in 6 Australians are experiencing severe loneliness

- 15% of Australians often or always feel lonely

- Young people and middle-aged people report he highest levels of loneliness

In addition:

Social Isolation

In 2022, almost 1 in 7 (15%) Australians (18% of males and 12% of females) were experiencing social isolation.[9]

In a recent survey in 2023 by the Mental Health Commission in NSW[10], surveyed 2673 NSW residents, and found:

- Almost half NSW residents reported experiencing feelings related to loneliness 'some of the time' or 'often'.

- One in six respondents disclosed experiencing a new mental health issue, primarily anxiety, since the pandemic began.

- People with self-reported mental health issues and those in the 18-29 age group more frequently reported experiencing loneliness, highlighting the need for targeted interventions.

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[9] AIHW. (2024). Mental Health – Loneliness and Social Isolation.
https://www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness
[10] NSW Mental Health Commission. (2023). Loneliness in Focus: An Insights Report. October 2023.

3. Risk factors

3.1. Poverty

The relationship between income and loneliness has found that people in the lowest income decile are more than twice as likely to experience loneliness compared to those in the highest income decile.[11]

A scarcity of financial resources inherently fosters loneliness by limiting individuals' activities, reducing their freedom and choice of their basic needs, diminishing their ability to change their circumstances, and creating a pervasive sense of powerlessness[12].

Poverty often exacerbates social isolation. Economic hardship restricts opportunities for social and recreational engagement, leading to marginalisation and exclusion from broader societal participation. Additionally, poverty severely limits personal autonomy by narrowing life choices, fostering frustration, and reducing individuals' control over their own lives.[13]

This sense of entrapment in disadvantaged circumstances further deepens social disconnection, as individuals are often confined to environments that lack adequate resources and support systems. Over time, chronic deprivation can erode self-worth, diminishing a person's sense of value and belonging.[14]

In addition, the stigma attached to poverty can intensify these feelings of isolation. As a result, poverty not only impacts material well-being but also contributes to psychological and social alienation, perpetuating cycles of disadvantage and exclusion.

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[11] Duncan, A. Kiely, D. Mavisakalyan, A. Peters, A. Seymour, R. Twomey, C. Vu, L. (2021). Stronger Together: Loneliness and social connectedness in Australia, Bankwest Curtin Economics Centre Focus on the States Series, #8.
[12] Ibid 11
[13] Ibid 11
[14] Ibid 11

3.2. Technology

While digital platforms have connected people globally, they have also led to a decline in face-to-face interactions, which are essential for meaningful social connections.

The use of technology has erased the opportunity for micro-social in-person interactions. In recent years, traditional in-person interactions within various sectors, such as banking and retail, have undergone a profound transformation. Customers who once visited bank branches for financial services or engaged directly with retail staff at brick-and-mortar stores have increasingly transitioned to online platforms. This shift has been driven by the convenience and accessibility of digital services, resulting in the closure of numerous bank branches and a marked increase in online banking options.

Similarly, the retail landscape has dramatically evolved, with many products now purchased online and delivered directly to consumers. This trend has diminished the necessity for shoppers to consult with sales staff in-store, resulting in a reduction of personalised advice during the retail experience. While the online environment provides the advantage of an immediate access to a wealth of information, it can also lead to a more isolating shopping experience. The personal engagement and tailored assistance that characterise in-person interactions are often lost in this digital environment, potentially leaving customers feeling isolated and disconnected.

The absence of micro-social connections significantly impacts individuals' sense of belonging within their communities. When people lack these small, everyday interactions, they may feel disconnected from their surroundings and from others. This disconnection not only affects individual well-being but also has broader implications for the social fabric and community dynamics. The decline in community engagement can lead to weakened social ties, reduced collaboration, and diminished collective support systems, ultimately undermining the overall resilience and vitality of the community. Without active participation and connection, the sense of community diminishes, leaving individuals feeling isolated and further exacerbating the cycle of loneliness.

3.3 Social Media

Social media can be an avenue to connect people to others and support systems that enhance people's feelings of belonging. However, the relationship between social media use and feelings of isolation varies depending on how and why it's used. Current discourse remains fluctuates between acknowledging the positive benefits as well as harmful influences.[15]

While there are positives to social media use and a feeling of connection to others, social media platforms often encourage superficial interactions rather than meaningful relationships. Users may accumulate hundreds or even thousands of online "friends," but these connections often lack depth and intimacy. Many individuals engage in a cycle of scrolling through curated highlights of others' lives, which can lead to feelings of inadequacy and disconnection. Instead of fostering genuine connections, social media can reinforce a sense of isolation as individuals compare their real lives to the seemingly perfect lives portrayed online.

The addictive nature of technology and social media can also contribute to loneliness. Many people find themselves spending excessive amounts of time on their devices, leading to neglect of real-world relationships. This over-reliance on technology can create a cycle of isolation, as individuals may prioritise their screens over the people around them. As they withdraw from social interactions, their sense of loneliness can deepen, perpetuating the cycle.

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[15] Khalaf, A. Alubied, A. Khalaf, A. Rifaey, A. (2023). The Impact of Social Media on the Mental Health of Adolescents and Young Adults: A Systematic Review. *Cureus*, *15*(8): 42990.

4. At Risk Populations

In New South Wales (NSW), a diverse array of populations has been identified as particularly vulnerable to loneliness and social isolation, highlighting the multifaceted nature of these issues within the region.

4.1. Men in Construction

Men in New South Wales are significantly impacted by loneliness and isolation, with studies revealing gender-specific vulnerabilities and challenges. Research underscores that men are particularly prone to prolonged episodes of loneliness, which are notably influenced by gender cultures and structural factors affecting their social interactions and sense of belonging.[16] This susceptibility is accompanied by higher suicide rates among men, pointing to the severe mental health implications of their loneliness. These findings underscore the pressing need for culturally informed interventions that take into consideration the distinct social and emotional landscapes navigated by men in NSW. [17]

Traditionally, men have struggled to make and maintain meaningful friendships with other non-romantic partners over the course of their life and this leads to social isolation and loneliness. In particular, the construction industry is known for its unsociable work hours, forced (either explicit or implicit) expectation of working overtime, and physically demanding work, leaving little time for men to maintain their friendships. In addition, men who maintain strong beliefs in traditional masculine identities and gender roles (such as men being the primary breadwinner) can increase their sense on loneliness.[18]

As men transition through various life stages—from late adolescence to middle age—significant changes occur in their social networks and levels of social engagement.

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[16] Franklin, A. Barbosa Neves, B. Hookway, N. Patulny, R. Tranter, B. Jaworski, K. (2019). Towards an understanding of loneliness among Australian men: Gender cultures, embodied expression and the social bases of belonging. *Journal of Sociology*, *55*(1): 124-143.
[17] Ibid 16
[18] Botha, F. Bower, M. (2024). Predictors of male loneliness across life stages: an Australian study of longitudinal data. *BMC Public Health, 24*(1):1285.

These shifts are influenced by factors such as career advancement, family dynamics, relationship disruptions, and the superficial nature of male friendships in certain social settings. These patterns underscore a broader issue: many men struggle to maintain meaningful social connections as they age, increasing their susceptibility to loneliness and isolation, particularly in middle age.

i. Case Study – The Story of MJ

MJ is a 38-year-old male construction worker who has recently gone through a difficult separation from his partner of 15 years. The couple had been married for 12 years and have 2 kids together. MJ's long hours at work (10 hours a day, 6 days per week) contributed to the breakdown in MJ's marriage, having little time to participate in family and domestic life.

MJ reports having had close friends in his late teens and early 20's, but the demands of a career intensified when he married and had children, due to financial pressures of a family and metropolitan living. MJ's wife maintained the social health of the family – arranging family events, facilitating playdates with their kids and friends, as well as maintaining on-going social connection with mutual friends.

The sense of loss and grief from the relationship breakup has also left MJ with a deep emotional void. He is experiencing symptoms of depression, including sadness, loss of interest in activities he once enjoyed, and trouble sleeping. MJ also expressed feeling abandoned and unsure of how to rebuild his social life, as many of his friends were shared with his ex-partner, and he now avoids social gatherings that remind him of his past relationship. MJ has tried to reconnect with old friends, but many have their own families or commitments, making it difficult to re-establish those relationships. He's also hesitant to explore new social groups, unsure of where to begin at this stage in his life.

Social Isolation

MJ's work environment contributes to his isolation. Construction work often involves long hours on-site, and while MJ enjoys the physical labour and

satisfaction of completing projects, it doesn't provide many opportunities for deep, personal connections. His colleagues are cordial, but the work culture is not conducive to forming friendships. Many of them have their own families and commitments, and MJ feels reluctant to open up about his emotional struggles, fearing that it might be perceived as weakness in a male-dominated industry.

MJ's work environment is physically demanding and socially isolating, which has compounded his sense of loneliness. Working long hours on construction sites often leaves him physically exhausted and restricts his social interactions outside of work. Most of his colleagues are friendly but tend to keep interactions brief and work-related.

Adverse Coping Strategies

Occasionally, MJ turns to alcohol to unwind, particularly on weekends when he feels most isolated. While he doesn't consider himself to have a drinking problem, he admits that it has become a more regular part of his life since the separation. Drinking helps him numb the loneliness temporarily, but he acknowledges that it doesn't solve the underlying issues.

MJ's story is a common one clinicians at Foundation House and FoundoBlue hear from male clients. Men working in construction, of all ages, report feeling isolated and lonely, feeling tethered to a demanding job with no time for personal and domestic relationships. The financial pressures to work overtime are immense, especially during a rising cost of living crisis and housing instability.

Men also report that the nature of their friendships are often shallow, typically characterised by surface-level interactions. Conversations are usually focused on superficial topics such as sports, politics, or work, rather than deeper emotional and personal engagement. This emotional disconnect often prevents men from forming meaningful, supportive relationships that could buffer against loneliness and social isolation.

4.2. Older People

Older people in NSW are vulnerable to social isolation and loneliness due to a range of biopsychosocial challenges and a changing society that is becoming more isolating and less community oriented.

Research shows that for people 50 years and older experience higher risk factors for social isolation and loneliness. The relationship between risk factors and social isolation or loneliness can be two-way: being socially isolated or lonely can impact health, while certain health conditions can also increase the likelihood of experiencing social isolation or loneliness.[19]

Longitudinal data shows that one in five older Australians feel loneliness, especially those aged 75 and over. That increases for older people living in aged care facilities, where estimates indicate that between 35 to 61 per cent of residents feel lonely.[20]

4.3. Young People

According to a report by the Mental Health Commission of NSW, younger residents aged between 18-29 report the highest levels of loneliness compared to other age groups. The UCLA Loneliness Scale, a common measure for assessing feelings of loneliness, found that 58% of young people in this age group score between 6 and 9, indicating moderate to severe loneliness. This figure is significantly higher than other age cohorts, with the second most affected group being those aged 40-49, at 55%.[21] These findings of high levels of loneliness in younger people is mirrored in the Headspace National Youth Mental Health Survey which indicates that over half of young Australians are lonely.[22]

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[19] National Academies of Sciences, Engineering, and Medicine. (2020). Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press.
[20] Gardiner, C. Laud, P. Heaton, T. Gott, M. (2020). What is the prevalence of loneliness amongst older people living in residential and nursing care homes? A systematic review and meta-analysis, *Age and Ageing*, *49*(5): 748–757.
[21] Ibid 19
[22] Headspace. (2020). Loneliness Over Time: Headspace National Youth Mental Health Survey Report. https://headspace.org.au/assets/HSP10869-Loneliness-Report_FA01.pdf

Several factors contribute to the increasing loneliness among young people in NSW. One of the most cited reasons is the pervasive role of technology and social media. While these platforms are designed to connect individuals, they often create superficial relationships that lack depth and emotional intimacy.[23] As young people spend more time online, they may inadvertently replace real-world interactions with digital ones, leading to increased feelings of loneliness and social disconnection. Research shows that excessive use of social media correlates with higher rates of loneliness, particularly when it replaces face-to-face communication.[24]

Financial instability, high housing costs, and the competitive job market in cities like Sydney place immense stress on young people, leaving them with less time and energy to invest in building meaningful relationships. Many young adults in NSW feel isolated as they juggle multiple responsibilities, including work, education, and personal commitments. This stress can be exacerbated by the sense of not fitting in or meeting societal expectations, further alienating individuals from their peers.

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[23] Odgers, C. Jensen, M. (2020). Annual Research Review: Adolescent mental health in the digital age: Facts, fears, and future directions. *Journal of Child Psychology and Psychiatry, 61*(3), 336-348.
[24] Ibid 18

5. Effects/Impacts of Chronic Loneliness

Loneliness, especially when chronic, has profound social and psychological effects that can significantly impact an individual's mental well-being, relationships, and overall quality of life. Below is an exploration of the social and psychological effects of loneliness, highlighting how it manifests and the ways it can negatively influence various aspects of human experience.

5.1. Gambling

Loneliness has been identified as one of the contributing factors for problem gambling, particularly among vulnerable populations such as young people,[25] women,[26] and the elderly.[27]

Among adolescents, gambling is often used as a way to escape real-life issues, including emotional distress and social isolation.[28] Older Australians may gamble due to age-related factors such as living without a partner, dealing with disabilities, having a low income, or no longer being part of the workforce.[29] These circumstances can increase the likelihood of gambling, as older people may use it for social interaction or to distract themselves from life's challenges.

Research has examined whether the reasons for gambling differ between men and women. A study conducted in 2001 found that loneliness, boredom, and stress are

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[25] Gupta, R. Derevensky, J. (1998). Adolescent gambling behaviour: A prevalence study and examination of the correlates associated with problem gambling. *Journal of Gambling Studies*, 14, 319-345.

[26] Thomas, A. Moore, S. (2001). Do women gamble for the same reasons as men. In *Culture and the Gambling Phenomenon*. 366-377.

[27] Zaranek, R. Lichtenberg, P. (2008). Urban elders and casino gambling: Are they at risk of a gambling problem. *Journal of Aging Studies*, 22, 13-23.

[28] King, D. Delfabbro, P. Griffiths, M. (2010). The convergence of gambling and digital media: Implications for gambling in young people. *Journal of Gambling Studies*, 26, 175-187.

[29] Southwell, J. Boreham, P. Laffan, W. (2008). Problem gambling and the circumstances facing older people: A study of gaming machine players aged 60+ in licensed clubs. *Journal of Gambling Studies*, 24, 151-174.

significant predictors of problem gambling for both genders, suggesting that emotional factors like loneliness play a key role in gambling problems, regardless of gender.[30]

For many women, gambling becomes a way to cope with feelings of isolation, especially when they have limited opportunities for social interaction. This is particularly true for women who may be socially isolated due to caregiving responsibilities, unemployment, geographical isolation, or other life circumstances that limit their ability to form and maintain social connections. Visiting a club or casino to gamble offers a form of social engagement, even if it is superficial or relatively anonymous.

i. Financial Costs of Gambling Related Harms

Many gamblers, particularly those experiencing emotional distress, tend to underestimate the amount of money they are spending. What begins as a form of escapism or occasional entertainment can spiral into a destructive habit, consuming an increasing share of a person's income. This financial strain is particularly acute for women who gamble to cope with loneliness or isolation. Research suggests that once gambling becomes compulsive, individuals often lose control over their ability to manage their finances, leading to growing debts, credit card bills, and even bankruptcy.

A recent research study in Victoria analysed the financial costs associated with gambling harms.[31] The report found that:

- $2.2 billion was attributed to **family and relationship problems**, demonstrating the far-reaching effect of gambling on personal relationships and family stability.

- $1.6 billion was linked to **emotional and psychological issues**, including distress, depression, suicide, and violence. This underscores the mental health burden gambling can impose on individuals and society.

- $1.3 billion represented **financial losses** due to excessive spending on gambling, bankruptcy, and illegal offshore gambling. These losses highlight the severe personal financial consequences that problem gambling can cause.

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[30] Ibid 25
[31] Browne, M, Greer, N, Armstrong, T, Doran, C, Kinchin, I, Langham, E & Rockloff, M. (2017). The social cost of gambling to Victoria, Victorian Responsible Gambling Foundation, Melbourne.

- $1.1 billion was the **cost to the Victorian government** for managing gambling-related harms, including the provision of research, regulation, and support services such as mental health and homelessness services.

- $600 million was lost through **lost productivity** and other work-related costs, reflecting how gambling can negatively affect workplace performance and overall economic productivity.

- $100 million was associated with **crime-related costs**, which includes expenses to businesses and the justice system due to gambling-related criminal activities such as theft or fraud.

These figures illustrate the profound and multifaceted impact that gambling can have, not just on the individuals directly involved, but also on their families, communities, and the broader economy. The ripple effects of problem gambling extend far beyond personal financial loss, affecting mental health, public resources, and workplace productivity, ultimately representing a significant societal burden.

5.2. Substance Use

The link between loneliness and addiction is a complex and multifaceted relationship that has drawn significant attention from researchers, psychologists, and medical professionals.

Loneliness often leads individuals to seek ways to cope with emotional pain and distress. For some, substances such as alcohol, drugs, or even behavioural addictions (e.g., gambling, excessive internet use) provide temporary relief from these negative emotions.[32] The use of addictive substances or behaviours can numb the feelings of isolation and provide a sense of comfort or euphoria, albeit briefly. This self-medication, however, can spiral into addiction as individuals become increasingly dependent on these external sources of relief.[33]

Conversely, addiction can also exacerbate loneliness. As addiction progresses, individuals may withdraw from social relationships and activities they once enjoyed,

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[32] Alavi, S. Ferdosi, M. Jannatifard, F. Eslami, M. Alaghemandan, H. Setare, M. (2012). Behavioral Addiction versus Substance Addiction: Correspondence of Psychiatric and Psychological Views. *International Journal of Preventative Medicine, 3*(4): 290-4.
[33] Ibid 31

leading to further isolation. The stigma associated with addiction can cause friends, family, and society to distance themselves, deepening the individual's sense of loneliness and reinforcing their reliance on addictive substances or behaviours.[34]

5.3. Mental Health

Research has shown that over a six-month period, people who are lonely are more likely to experience higher rates of depression, social anxiety and paranoia. Being socially anxious can also lead to more loneliness at a later time.[35]

Although the financial burden of loneliness is significant, addressing the issue can lead to substantial economic benefits. Reducing loneliness improves overall health, increases workplace productivity, and strengthens communities, which can lead to cost savings and increased economic activity. By fostering stronger social connections, governments and businesses can mitigate the costly impacts of loneliness.

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[34] Matthews, S., Dwyer, R., & Snoek, A. (2017). Stigma and Self-Stigma in Addiction. *Journal of bioethical inquiry*, *14*(2), 275–286.
[35] Lim, M. H., Rodebaugh, T. L., Zyphur, M. J., & Gleeson, J. F. M. (2016). Loneliness over time: The crucial role of social anxiety. *Journal of Abnormal Psychology, 125*(5), 620–630.

6. Health Costs of Loneliness

Studies have shown that in Australia, the total cost of loneliness has been estimated around $2.7 billion (or $1565 for each person who becomes or remains lonely).[36] Older adults aged 55 years or older accounted for more than a third of the costs.[37] These financial costs are primarily driven by increased use of health services, such as frequent visits to general practitioners, hospital admissions, and mental health care. Individuals experiencing emotional distress, including loneliness, are also more likely to take sick leave and engage in unhealthy behaviours such as physical inactivity, smoking, and excessive alcohol consumption. These lifestyle factors contribute to worsening health outcomes and place additional strain on both individuals and the public healthcare system.[38]

Among men aged 25-44, loneliness is correlated with a marked increase in daily smoking prevalence, with 28% of lonely individuals in this cohort engaging in smoking, as opposed to approximately 12% of non-lonely men—a differential of over 16 percentage points.[39] Similarly, nearly 48% of women aged 65 and above who experience loneliness engage in minimal physical activity, compared to 33.9% of women in the same age category who do not report loneliness—a disparity of 14 percentage points.[40]

These findings underscore the economic and social advantages of implementing programs and policies aimed at alleviating loneliness. Interventions to address the escalating prevalence of loneliness could yield significant returns through reduced healthcare expenditures, enhanced community cohesion, and improved overall well-being among Australians, thereby fostering enduring positive outcomes across the lifespan.

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[36] Ibid 11
[37] Ibid 11
[38] Hawkley, L. Cacioppo, J. (2010). Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms, *Annals of Behavioural Medicine, 40*(2): 10. 1007.
[39] Ibid 11
[40] Ibid 11

7. Effects and Impacts of Social Connection on Physical Health

A growing body of research shows that social connection can directly affect physical and mental health. Findings from empirical studies indicate increases in loneliness and/or social isolation are independently associated with poorer health.[41] Loneliness and social isolation have a mortality risk similar to cigarette smoking, alcohol consumption, physical inactivity, and obesity. Other health outcomes associated with these pernicious conditions include cardiovascular disease, dementia and cognitive decline, and worsening anxiety and depressive symptoms to name a few.[42] Perhaps most notable about this research is the consistency of findings, especially given the multitude of methods in operationalising loneliness and social isolation, and the diversity of populations and contexts/settings in which these issues are studied.[43]

People with strong social networks tend to live longer and healthier lives. Studies have consistently shown that individuals who maintain close ties with friends and family are less likely to suffer from chronic illnesses such as heart disease, stroke, and diabetes.[44] Additionally, socially connected individuals exhibit better immune responses, which help them fend off illnesses and recover more quickly from infections or surgeries.

In NSW, public health frameworks like the *Western Sydney Health Alliance's Social Connectedness Framework* emphasise that social connection is key to improving both mental and physical well-being.[45] This framework underscores the role of social networks in enhancing quality of life and reducing the burden on healthcare systems by promoting preventative health behaviours and emotional support. The framework

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[41] National Academies of Sciences, Engineering, and Medicine. Social isolation and loneliness in older adults: Opportunities for the Health Care System. National Academies Press; 2020.
[42] Ibid 38
[43] Ibid 38
[44] Reblin M, Uchino BN. (2008). Social and emotional support and its implication for health. *Current Opinion in Psychiatry, 21*(2): 201-5.
[45] Western Sydney Health Alliance. Social Connectedness: A Framework. https://wshealthalliance.nsw.gov.au/wp-content/uploads/2023/03/Social-Connectedness-Framework-v1.0.pdf

suggests that fostering social connections can help mitigate the risk of physical ailments caused by social isolation and loneliness.[46]

8. Other Jurisdictions Initiatives on Loneliness

As aging populations and social isolation trends grow worldwide, several countries have implemented targeted initiatives to address loneliness, particularly among older adults. Social isolation can have severe effects on physical and mental health, as well as on community dynamics and national health costs. Japan, Denmark, and the Netherlands each offer unique models aimed at building social connections, promoting intergenerational interaction, and integrating support from both public and private sectors.

8.1 Japan – The Nagayama Model

Japan has faced growing concerns about social isolation, particularly among its elderly population. The country has implemented several initiatives to address loneliness.

i. Community Centres and Senior Cafes

These facilities provide spaces where older adults can socialise, engage in activities, and build connections with others. These centres often offer health checkups and recreational activities to encourage participation. To prevent social isolation of older residents, the centre arranges regular visits to residents with volunteers who also watch out for vulnerable residents. It promotes '*choibora'* (*lit.* to volunteer through paying some attention to the surrounding) such as encouraging school children to greet the elder residents in the community on their way to school. Situated within the neighbourhood, the centre also conveniently serves as a social space for residents who pop in to spend time, have more social interaction and learn of volunteering opportunities.[47]

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[46] Ibid 42

[47] Leng Leng Thang, Yoshimichi Yui, Yoshiki Wakabayashi, Hitoshi Miyazawa. (2023). Promoting age-friendly community of support and care in Japan's aging neighborhood: The Nagayama model, Aging and Health Research, 3(1). 100111.

ii. Multigenerational Interaction

Promoting multigenerational interaction by engaging seniors to be volunteers for children's activities. This can be done through transforming the vacant classrooms in schools for community usage and providing multi-generational housing for new residents of a community.[48]

iii. Partnership with Private Business Operators to Combat Loneliness

In response to the challenges of preventing social isolation-related deaths among the elderly, Okazaki City, initiated a public-private partnership to enhance its *mimamori* (neighbourhood surveillance) program. Historically reliant on social service volunteers, this initiative now includes a wide range of private entities, such as utility companies, grocery stores, and medical practitioners, gas and electricity companies, to monitor and report signs of social isolation. Businesses receive training and formal agreements to participate, with their staff tasked with identifying at-risk individuals and notifying city officials. This initiative aims to prevent social isolation-related incidents by expanding the surveillance network beyond municipal structures, ensuring comprehensive community support.[49]

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[48] Ibid 37

[49] Suzuki, K. Dollery, B. Kortt MA. (2021). Addressing loneliness and social isolation amongst elderly people through local co-production in Japan. *Social Policy and Administration,* 55: 674–686.

8.2. Denmark: The "ABC for Mental Health" Campaign

Denmark has focused on reducing loneliness through public health campaigns and promoting social connections. One notable initiative is the *ABC for Mental Health* campaign, which encourages people to:

- '**Act'** means that individuals should strive to keep themselves physically, socially and cognitively active.

- '**Belong'** refers to being a member of a group or organisation (whether face-to-face or not), such that an individual's connectedness with the community and sense of identity are strengthened.

  '**Commit'** refers to the extent to which an individual becomes involved with (or commits to) some activity or organisation. Commitment provides a sense of purpose and meaning in people's lives."[50]

This public health campaign emphasises the importance of community, participation, and belonging as protective factors against loneliness and mental health issues.

The ABC campaign's holistic approach recognises that meaningful change in loneliness rates requires a combination of personal agency and communal infrastructure. Alongside individual participation, the campaign has been supported by public health authorities, local governments, and community organisations, ensuring that resources, activities, and support networks are readily available. By fostering an inclusive culture around mental health and social connection, the "ABC for Mental Health" campaign is building resilience at both individual and community levels, creating a more connected society with reduced loneliness and improved mental health.

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[50] Hinrichsen C, Koushede VJ, Madsen KR, Nielsen L, Ahlmark NG, Santini ZI, Meilstrup C. (2020). Implementing Mental Health Promotion Initiatives-Process Evaluation of the ABCs of Mental Health in Denmark. *International Journal of Environment Research and Public Health, 17*(16): 5819.

8.3. The Netherlands: Government Support for Intergenerational Exchange Programs

The Netherlands has implemented innovative approaches to combat loneliness, particularly through intergenerational programs.

i. Intergenerational Housing Projects

In Deventer, Netherlands, the Humanitas retirement home has implemented an innovative intergenerational housing initiative, allowing university students to reside rent-free alongside elderly residents. In return for accommodation, students are required to contribute at least 30 hours per month engaging in activities that foster social interaction and companionship, such as watching sports, celebrating birthdays, and offering support to seniors during illness. This initiative aims to mitigate the detrimental effects of aging, particularly social isolation, by promoting intergenerational connections. The program not only enhances the well-being of the elderly residents but also addresses feelings of loneliness among both seniors and young adults.[51]

ii. National Action Plan on Loneliness – One Against Loneliness

The discovery of a woman in her home, years after she had died, inspired the Dutch Government to initiate a National Action Plan to tackle loneliness, focusing on the elderly population. The national initiative is called *Een tegen eenzaamheid*, or One Against Loneliness. Advisers visit the local areas, called municipalities, to help them create action plans for the local communities. They also encourage municipalities to form anti-loneliness networks including health professionals, volunteers and businesses. The plan promotes neighbourhood social activities, volunteer work, and stronger integration of public services to identify and support individuals experiencing isolation.[52]

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[51] Arentshorst, M. Kloet, R. Peine, A. (2019). Intergenerational Housing: The Case of Humanitas Netherlands. *Journal of Housing For the Elderly, 33*(3): 244-256.
[52] Bates, C. (2023). How a Dutch tragedy made people take loneliness seriously. *BBC*, https://www.bbc.com/news/world-europe-67714026

9. Recommendations

Given the profound impact of loneliness on both individuals and society, there is an urgent need for comprehensive interventions aimed at mitigating its effects. Addressing loneliness requires a multi-dimensional approach that encompasses social, psychological, and structural factors. This necessitates strategies that not only foster meaningful social connections but also enhance access to mental health resources and community-based supports. The following recommendations outline evidence-based strategies for alleviating loneliness, promoting social inclusion, and improving public health outcomes through targeted interventions that address the root causes of social isolation.

Recommendation 1 – Creating a Ministerial Portfolio for Loneliness

The establishment of a ministerial portfolio dedicated to addressing loneliness is a crucial step in mitigating the extensive public health and societal challenges posed by social isolation. A ministerial position would elevate loneliness to a national priority, ensuring that it is systematically addressed through coordinated, evidence-based policy interventions.

A dedicated portfolio would facilitate cross-sector collaboration, integrating efforts across healthcare, social services, housing, education, and the private sector. This approach would enable the development and implementation of comprehensive strategies, such as social prescribing programs, which link individuals to community-based activities, support networks, and volunteer opportunities. Such a ministry would support targeted interventions for vulnerable populations, including the elderly, marginalised communities, and individuals with mental health conditions.

The portfolio would enhance research and data collection on loneliness, allowing for more precise identification of at-risk populations and the development of tailored interventions. By fostering greater public awareness and reducing the stigma associated with loneliness, a ministerial focus would promote social inclusion and cohesion. Addressing loneliness through a dedicated ministerial framework would

alleviate significant health and economic burdens while improving overall societal well-being and resilience.

Recommendation 2: Social Initiatives Targeting Vulnerable Demographics

Social initiatives targeting vulnerable demographics should focus on fostering community connections, improving access to essential services, and promoting mental well-being. Programs designed for the elderly, low-income individuals, and marginalised groups should prioritise social inclusion by encouraging participation in community activities and support networks. Intergenerational housing projects, volunteer-driven outreach, and social prescribing can effectively reduce isolation and improve quality of life. Additionally, integrating public, private, and non-profit sectors can enhance the scope and impact of these initiatives. Continuous evaluation and evidence-based strategies are essential to ensure these programs effectively address the needs of vulnerable populations and promote long-term social cohesion.

Recommendation 3 – Social Education Campaigns

Advertising campaigns aimed at educating the public about loneliness should prioritize raising awareness of its multifaceted impact across all demographics, while de-stigmatising the experience of loneliness. Such campaigns must emphasise that loneliness is a public health issue with significant psychological and physical consequences, transcending age, socioeconomic status, and cultural backgrounds. Utilising evidence-based approaches, campaigns should leverage relatable narratives and data to foster empathy and understanding.

In addition, the campaigns should provide actionable strategies for individuals and communities to reduce loneliness, such as encouraging social engagement, volunteering, and accessing mental health resources. Partnerships with public health bodies, academic institutions, and social service organisations would enhance the credibility and reach of these initiatives.

Leveraging digital platforms to create interactive resources, such as virtual support groups or community forums, can promote sustained engagement. Continuous monitoring and assessment of campaign outcomes will be essential for refining strategies, ensuring that the messaging effectively translates into increased social cohesion and improved public health outcomes.

Recommendation 4 – Address Social and Economic Disadvantage

To address social and economic disadvantage, targeted interventions should focus on improving access to education, healthcare, and employment opportunities for marginalised populations. Expanding affordable housing and providing financial literacy programs can help break cycles of poverty. Additionally, governments and non-government organisations must collaborate to offer comprehensive support systems, including job training, social safety nets, and mental health services. Policies should prioritise equity, ensuring that disadvantaged communities have the resources and opportunities to succeed. Addressing underlying structural inequalities, such as discrimination and unequal access to resources, is crucial for fostering social mobility and reducing economic disparities over the long term.

The NSW Government should prioritise policies that ensure equitable access to safe, affordable homes, particularly for low-income and marginalised communities. Expanding affordable housing projects, offering rent subsidies, and addressing discriminatory housing practices are key measures to promote housing equality and prevent homelessness, which disproportionately affects vulnerable populations. Long-term investment in housing infrastructure and inclusive urban planning will help create more balanced, sustainable communities, ensuring that all individuals have the opportunity to live in secure, dignified environments that encourages social cohesion and connection.

10.   Conclusion

Loneliness and social isolation are significant public health issues affecting people across all age groups and social classes. These conditions go beyond a mere lack of social contact, reflecting complex factors such as relationship quality, financial status, and societal trends, including the rise of technology. Understanding the root causes and manifestations of loneliness is essential to address its profound psychological and physical health risks.

While technology and social media have connected people globally, they have also reduced face-to-face interactions, eroding everyday social connections that foster a sense of belonging. This can deepen feelings of loneliness and emotional disconnection. Additionally, poverty exacerbates loneliness by limiting social engagement and access to resources, further isolating individuals.

Certain groups, such as men in male-dominated industries, older adults, and young adults, are particularly vulnerable to loneliness. Cultural norms, life transitions like retirement, and the pressures of modern life contribute to high rates of isolation in these populations. The impacts are severe, leading to mental health issues like depression and anxiety, and physical health problems including cardiovascular disease.

To combat loneliness, a comprehensive approach is required. Social initiatives, public health campaigns, and targeted policies must focus on fostering meaningful connections, reducing barriers to participation, and providing support for the most vulnerable groups. Governments, communities, and individuals must work together to create inclusive environments that promote mental well-being and prevent social disconnection.

We urge the Committee to consider the recommendations outlined in this submission and to prioritise the development of policies and programs aimed at reducing loneliness across NSW.

The Construction Industry Alcohol and Drug Foundation (CIFAF) is available to provide further assistance to the Committee on the issues raised in this submission.

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