

Submission
No 40

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

Organisation: Lifeline Central West

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Submission NSW Parliamentary Inquiry into Loneliness

Currently Lifeline's 13 11 14 -24/7 Crisis Line is receiving around 4000 contacts a day, a number that keeps rising and creating new records regularly only to then again be broken. Often, I say that the number is like a barometer for the current mental health of Australians. Whilst often thought of as the suicide prevention line, Lifeline answers thousands of calls a day from individuals from all walks of life. Levels of education, employment, financial means, age, gender, ethnicity or sexual orientation don't matter, the reality is that every help seeker is simply a human that is currently struggling with the demands of life. Lifeline connects them with hope and an opportunity to feel heard and validated.

Some callers may have support, loved ones that they indeed could turn to in their distress however they may feel a reluctance to burden them, yet ironically the loved ones would happily support them if the shoe was on the other foot. For some, they like the anonymity, the emotional distance that talking to a stranger provides. For others they have no one and the number truly provides connection and support at a time that they need it most. Some may indeed be on the brink of suicide or are recognizing that they are starting to slide down the slippery slope of depression and are reaching out to stop a further decline. Some use us to stay safe in between counsellor or psychologist appointments. Some calls are from people that are desperately trying to help loved ones they are concerned about. You see each of us is different, we have different resources available to use whether internal ones such as our levels of resilience and coping strategies and belief systems or external ones such as financial means, support networks and access to services and support. I often believe that the help seekers that call are the ones we are likely to keep safe, simply because of their willingness to reach out, unfortunately many more will not. Research shows that many may never reach out and call Lifeline or other support services or connect with medical services because they are either unwilling or unable to. This is where at Lifeline Central West we recognize the importance of strong connected communities that are filled with informed community members that we call "Gatekeepers" or "Accidental Counsellors". People that are in either formal or informal roles, such as sport coaches, pharmacists, teachers, aged care workers, hairdressers, baristas, can all, if willing, take on an informal role that looks out for the wellbeing of people in their lives that they regularly see. They notice when there is a change in routine behaviour, and instead of 'wondering 'what happened they act and 'reach in'. Often we encourage people who are struggling to 'reach out', sometimes this is just an additional pressure that they are simply not able to do. This is why having those that can 'reach in" whether it be by picking up the phone, connecting with others in their circle that may be better placed to check in, or connecting them with support rather than ignoring or dismissing what they may be seeing but are unsure what to do about it. Instead a "Gatekeeper" is committed to act and have the confidence to do so as they have been trained in how to.

Many who are struggling with loneliness are often silently waiting and wanting the people in their lives to 'reach in' and pick up on what we often call invitations, for help. Sometimes those invitations are picked up and other times they are not which can increase the feelings of loneliness and isolation for the person struggling, feeling invisible and like no one cares.

Many, believe that loneliness is for those living alone, for those that live in rural or remote communities or perhaps work in isolation. Many would assume that they are older people who have

been forgotten by loved ones or that they are people with perhaps a mental illness. There is of course the generations that have come to the latter part of their lives. They may be in chronic pain, have lost their lifelong partner or one too many friends. They may have a terminal diagnosis or losses that may go unrecognized such as mobility, licenses, ability to earn an income or that of loss of purpose, faith, direction or sense of meaning. They may be challenging or regretting decisions and choices made, relationships they let slide and feel that they can never be recovered.

Experience in working in the community sector my entire career shows me that certainly those listed often do fall into that category however there are many individuals that are married or have loving partners, that have friends, children, a career, and clear purpose for their life that also struggle but do so often under the radar because of their circumstances. They may feel desperately lonely in a life full of people. They often chastise themselves for feeling this way when they have such elements as friends and family in their lives so they dare not vocalise their suffering because they cannot rationalize the feelings which often lead to further feelings of loneliness and isolation and they believe they are less worthy of help and support.

The world is more complicated and complex like never before. The pressures are high, change is rapid, and there is insecurity and uncertainty in the world. Real relationships that were once face to face may no longer be possible or the norm, in a world where we are so digitally connected, we see a lack of real connection and quality in many of our relationships. We need touch, we need laughter, a hug, the opportunity to experience the joys of real time connection.

Further concern is that perhaps for the first time that loneliness is impacting our young people like never before. They are saying this yet there is not adequate initiatives to change it. They have digital relationships that are important to them, often misunderstood by their older caregivers . We know that despite the importance of such interactions it is obviously not working as they are at far greater risk of mental ill health and disconnection from their peers and even suicide than ever before . They are plied with false highlight reels of people's lives and then compare to their own, not realizing that all they are seeing is the highlights that the sharer chooses to create when often the reality is very different. They are exposed to too much too soon that they simply are not mature enough to be exposed too. They often are bullied and exposed to predators, gambling, pornography that once was a rarity not the norm. Often we hear that they then do not know how to cope with such exposure, they often do not speak up and again the behaviour is to retreat, disconnect and isolate which often leads to loneliness and despair at a time that should be one of friendships, learning and play.

We hear and have seen that families who used to connect regularly, have rituals around special occasions, dinners at the table, genuine family time, with no devices, share that these important times are also falling by the wayside with financial and time pressures further reducing opportunities for quality family and social time as the need to take on side hustles and second or third jobs just to pay the bills arise and often take precedence of spending time with family and friends. Children are commonly left to supervise siblings and perform tasks that are not age appropriate and carry a responsibility that was once the caregivers simply because they are out earning a living and when present they are tired and have reduced patience for parenting.

Another common story we hear is the number of older persons that say, my son / daughter works too hard, they don't have time to visit/ call, like they used to. It's ok I understand, yet the tears in

their eyes and the loneliness is palpable. They often then tell themselves they are not important, they have had their life and sometimes they go so far as to give up the will to continue as they feel without purpose or value.

For many time on our own can be refreshing, something we crave, however too much time can make the mind go to some dark places and this can further impact our mental wellbeing . We may know the antidote to loneliness is connection, purpose, feeling like you belong It's not rocket science, however, when amid such feelings it can be difficult to forge or maintain connection. When suffering with low mood or depression, the problem can be exacerbated because there is simply not the will or energy to connect. The invitations and checking in that was once there often slowly declines as friends usually only invite and reach out so many times before ceasing to if always given a negative response. Add to this mobility issues, transport or financial disadvantage or even the lack of services and support in a rural community can make it a difficult task to maintain connection. Traditionally rural communities are known for being connected however this seems to be on the decline as we see the number of volunteers that used to be seen has rapidly declined over the past few years leaving further gaps in community organisations as well as more people not connecting.

At Lifeline Central West we have found that “mental health by stealth” initiatives are well received, are often warmly embraced by community as they often are around activities that are non-clinical, are based on interests, commonalities and the uniqueness of individuals and their communities. Initiatives that are evidence based yet are engaging, meaningful and relational that bring people together often have positive benefits across dual areas reducing the impacts of loneliness and isolation and improving mental wellness and physical health which is of benefit to not only the individual but also can relieve pressure from overburdened healthcare systems.

In the new study on loneliness published by J.Barton et al, which was conducted in our region in a joint research project by Bathurst Rural Clinical School, School of Medicine, Western Sydney University and the School of Nursing , Paramedicine, and Healthcare sciences, Charles Sturt University, shows that 35% of rural Australians struggle with loneliness which is detrimental to their physical, emotional and social health. The study supports the idea that it has risen from previous studies. Simply we need policies that recognize and support reducing loneliness, it will in turn positively impact improving both physical and mental health outcomes. We particularly need creative, varied activities such as social prescribing and non-clinical, medical based solutions that are well funded to operate initiatives that support social group opportunities, training of “gatekeepers” to look out for those at risk and be able to connect them with support. Such programs such as “The Growth Rooms” that we run are testament to the effectiveness of such initiatives, other groups such as Men’s or She Sheds, are of vital importance.

In conclusion, our rural communities’ matter. Often the focus is generalized and does not adequately take into account the uniqueness of regions and with double the rate of metropolitan suicides, mental ill health and loneliness being higher , with fewer opportunities and greater barriers, now is the time for innovation and commitment. We are certainly on board to support any initiatives or provide ideas to tackle this issue.

Thank you for the opportunity to contribute to this enquiry.

Kind Regards

Stephanie Robinson
Chief Executive Officer
Lifeline Central West

P 1300 798 258



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