

Submission
No 43

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

Organisation: Grief Australia
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Submission to the Inquiry into the prevalence, causes and impacts of loneliness in New South Wales

Grief Australia welcomes the opportunity to provide a submission to respond to the current inquiry into the prevalence causes and impacts of loneliness in New South Wales.

Executive Summary

Grief Australia is a leading provider of grief and bereavement support and advocacy services for Australians.

We provide expert support services at the crisis end of the wellbeing spectrum and have a vested interest in ensuring that there are adequate preventative mechanisms in place to support individuals prior to entering a crisis stage.

From our nearly 30 years of clinical experience, chronic loneliness is often a precursor to the development of Prolonged Grief Disorder (PGD). To ensure that we prevent the development of long-term mental health issues, we need to understand the prevalence, the geographical spread and causes of loneliness.

PGD, as described in the 2019 International Classification of Diseases, 11th Revision (ICD-11) and the 2022 Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR), is 'intense and persistent grief that causes problems and interferes with daily life.' Individuals with PGD experience significant distress or problems performing daily activities at home, work, or other important areas. Prolonged grief is disabling and affects everyday functioning in a way that typical grieving does not. It can severely impact a person's emotional, social, financial, and physical wellbeing.

The Australian Bureau of Statistics reports that there were 49,314 registered deaths in NSW in 2022. This would have led to an estimated 443,826 bereaved residents in NSW in that year alone. It is further estimated that 1 in 10 bereaved people will develop PGD, meaning potentially more than 44,000 residents of NSW suffered from PGD in 2022 alone.

Whilst profound loneliness from losing a loved one is felt by many across NSW, there are three subgroups that present a higher risk of the development of PGD and in some extreme cases acute mental health crises:

- Older Australians when they suffer from the loss of their partner, particularly older Australian men.
- Young people, particularly when they lose a parent or caregiver.
- Australians who live in regional and remote areas, with physical isolation a predisposing factor for the development of chronic loneliness.

Recommendations

Unlike other State Governments, NSW currently provides minimal support for PGD. Furthermore, there is currently no standard policy around supporting individuals or families who find themselves battling this condition.

Grief Australia proposes the following recommendations to improve the NSW Government's response to better support NSW residents as they address loneliness and Grief Disorder.

RECOMMENDATION 1: Programs should be developed to specifically support older adults, young people, and individuals in regional or remote NSW who are at high risk of experiencing loneliness post-bereavement. These programs should consider the unique needs of the following three subgroups:

1. Older Australians when they experience the death of their partner, particularly older Australian men.
2. Young people, particularly those who have experienced the death of a parent/caregiver.
3. Individuals in isolated locations often lack immediate support networks, increasing the risks of both chronic loneliness and PGD. Limited access to resources and social support in these areas can exacerbate the challenges of bereavement.

RECOMMENDATION 2: Formal data collection to understand how many NSW residents suffer from Prolonged Grief Disorder and investigate the social and economic environment that triggers the onset of grief.

RECOMMENDATION 3: Development of a NSW Grief and Bereavement Management Plan in alignment with international best practices to be adopted by the NSW Government. This could be a standalone plan or part of a broader mental health, health or bereavement strategy. The plan should include:

- Benchmarking and measurement.
- Support for General Practitioners and other health professionals in identifying and responding to complicated bereavements.
- Achievable targets in terms of reducing the incidence.
- Tangible actions that support the achievement of the targets.
- Funding to drive the incidence of PGD via specific, evidence-based services, either in isolation or as a subset of mental health services – including as part of the emergency preparedness and community resilience programs

RECOMMENDATION 4: Funding for **tailored bereavement support programs for older Australians**, particularly those who are dealing with PGD and/or chronic loneliness.

RECOMMENDATION 5: Establishing a **comprehensive school support strategy** that provides assistance to young people who have experienced the death of a parent/caregiver. Aligned with international best practices, this plan should include:

- Training school welfare providers to recognise and respond to PGD and loneliness.
- Benchmarks and measurable goals for reducing PGD incidence.
- Specific funding for programs targeting bereavement-related loneliness, including partnerships with local communities to provide culturally sensitive support.
- Integration of grief support into mental health services to ensure holistic care for those experiencing both grief and loneliness.

RECOMMENDATION 6: The implementation of a set of best practice principles for the support of carers and family following a death in a palliative care, hospice setting or aged care facility. Given that older adults, particularly men over the age of 85, experience higher rates of loneliness and are at greater risk for suicide following spousal loss, it is important that those bereaved in these settings are provided with appropriate bereavement assessment and care.

About Grief Australia

Grief Australia is Australia's leading voice on grief and provides evidence-informed grief therapy and education services. Our organisation has the experience and the expertise to assist Australians who are suffering from chronic loneliness.

Grief Australia is the largest national provider of bereavement counselling services and education in Australia and operates on three distinct policy foundations:

- Education and health promotion
- Clinical and support services
- Advocacy, research and consultancy services

Grief Australia has had a long-term history of partnering with different Governments to support populations following numerous adverse events. This is inclusive of:

- Successfully delivering a federally funded \$5m national grief and bereavement program for aged care, staff, family, and residents impacted by COVID-19.
- Worked in partnership with clinicians and governments to provide specialist bereavement support services following the 1997 Thredbo landslide, the 2002 Bali bombings, the 2004 Indian Ocean tsunami and deaths as a result of the disappearance of Malaysian Airlines Flight 370 in March 2014 and the destruction of Malaysia Airlines Flight 17 in July 2014.
- In partnership with the Victorian Government, we delivered a five-year support program following the February 2009 Black Sunday Bushfires.
- We have worked with numerous state governments across Australia in relation to the introduction of Voluntary Assisted Dying legislation and the unique bereavement needs of adults and children impacted by these deaths.

Understanding the connection between loneliness and grief

Bereavement and loneliness are closely intertwined, with grief often intensifying feelings of isolation. The death of a loved one disrupts not only the emotional and social connections individuals rely on but also their sense of identity and purpose. The resulting loneliness can be profound, particularly when the deceased person was central to the bereaved person's life, such as a spouse, parent, or child.

The death of a loved one, in many cases, will result in an individual experiencing acute grief, which, over time, can manifest into chronic grief. Research has examined that chronic loneliness may perpetuate grief, however, PGD may also aggravate the experience of loneliness.¹

A cross-lagged panel model study conveyed that PGD was a significant predictor of the development of severe social and emotional loneliness in bereaved people.² Furthermore, a

¹ <https://www.sciencedirect.com/science/article/pii/S0005789424000625>

² <https://www.sciencedirect.com/science/article/pii/S0005789424000625>

longitudinal study found that baseline loneliness was positively correlated with grief symptom trajectories.³

Studies show that around 30% of bereaved individuals report significant loneliness, with this figure rising in older adults, who may already face isolation due to physical decline, retirement, or the loss of social networks (Vedder et al., 2022). The nature of the relationship with the deceased also affects the intensity of loneliness. For instance, the death of a spouse often leaves a significant emotional void, as the person loses their closest confidant and companion. Bereavement not only triggers feelings of loneliness but also reduces opportunities for social engagement, making it difficult for individuals to rebuild their social networks and thus exacerbating their sense of isolation.

It is evident through both scientific research and our clinical experience that grief and loneliness share a bi-directional relationship.

Bereavement and Older Australians

As people age, the rates of spousal, close friends, and family loss naturally increase. Research has found that contrary to social belief, the accumulation of losses does not mean that individuals learn to handle grief more effectively; rather, it has been observed to have a compounding effect on both their physical and mental health.

Research by Amshoff and colleagues compared a control group with a group of widowers. The widower's scores were significantly higher for symptoms of loneliness, sadness, depressed mood, and appetite loss, and significantly lower for happiness and enjoyment of life when compared to the control group.⁴

What is of greater concern is that these states of negative moods can transition to an acute mental health crisis. Research by King and colleagues' results found that among bereaved adults, loneliness was significantly associated with the probability of post-bereavement suicide attempts.⁵

This research aligns with the 2022 ABS report that men aged over 85 years old experience the highest age-specific rate of suicide.⁶ This highlights that this particular subset of the population poses high-risk levels for acute mental health incidences when dealing with life-changing matters such as bereavement.

Bereavement and Young People

The feelings of grief that are brought on by bereavement in young people can trigger self-social isolation as they process and deal with such a complex situation. These feelings of loneliness and grief have long-term detrimental life impacts.

³ [The influence of depression on the relationship between loneliness and grief trajectories in bereaved older adults - PMC \(nih.gov\)](#)

⁴ <https://pubmed.ncbi.nlm.nih.gov/25730514/>

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7395013/#:~:text=Results,the%20bereavement%20to%20adjusted%20models.>

⁶ <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#intentional-self-harm-deaths-suicide-in-australia>

Prior to adding the matter of bereavement to the equation, adolescence is a risky time for the development of mental health issues. It is a highly sensitive developmental stage.⁷Worldwide, one out of seven people aged between 10 and 19 experience a mental health issue.⁸

If the loss is of great significance, such as the death of a parent or close friend, it can negatively affect this developmental period and complicate the transition to adulthood.⁹ These complications have long-term impacts such as:

- 25% of people under 20 years old who died by suicide have experienced bereavement.
- 41% of youth offenders have experienced bereavement.

The COVID-19 pandemic has shown to have a range of adverse effects for young people who are dealing with grief. The forced social isolation and removal of structures in place that would usually provide support have evidently increased the levels of loneliness and grief.¹⁰

Research has shown that the school environment is a crucial vehicle to influence mental health outcomes in young people.¹¹ Therefore, it is important that there are comprehensive programs that are in place across schools in Australia to support young people who are dealing with matters of grief, loneliness, and bereavement.

Measuring and Reporting on Prolonged Grief

While transient and chronic loneliness may be difficult to materially measure – PGD is an identified mental health issue that is able to give us some insight into the prevalence and impact of loneliness.

While a 2020–2022 survey by the ABS collected data on numerous mental disorders, including: Depression, Mania, Panic Disorder, Social Phobia, Agoraphobia, Generalised Anxiety Disorder, Substance Use, Obsessive–Compulsive Disorder, Post-Traumatic Stress Disorder – they did not include Prolonged Grief Disorder as part of the scope of the study.¹²

Grief Australia recommends that the government invest in a study dedicated to understanding the number of residents of NSW who are impacted by the disorder. Grief Australia welcomes the opportunity to partner with the government and the primary care sector to undertake this research task.

If we are able to understand the real prevalence of bereavement support needs and PGD in NSW – it will help improve and bolster grief services that are provided to the community. For example, if the data reflects higher levels of grief in certain areas where English is predominately a second language, we will consider that any increased services are sensitive to the cultural needs of that population.

⁷ <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2021.638940/full>

⁸ World Health Organization. *Mental Health of Adolescents*. World Health Organization; Geneva, Switzerland: 2021.

⁹ <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2021.638940/full>

¹⁰ <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2021.638940/full>

¹¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11047495/#B1-behavsci-14-00263>

¹² <https://www.abs.gov.au/methodologies/national-study-mental-health-and-wellbeing-methodology/2020-2022>

Formal data collection will help our State understand the severity of the disorder, the distribution of cases, and the policies and strategies we develop to help support individuals or communities that are impacted by grief and/or PGD.

References

Vedder, A., Boerner, K., Stokes, J. E., Schut, H. A. W., Boelen, P. A., & Stroebe, M. S. (2022). A systematic review of loneliness in bereavement: Current research and future directions. *Current Opinion in Psychology*, 43, 48–64. <https://doi.org/10.1016/j.copsyc.2021.06.003>