Submission No 56

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

Organisation: Multicultural Disability Advocacy Association of NSW

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NSW Parliament Standing Committee on Social Issues

Inquiry into the prevalence, causes and impacts of loneliness in NSW

Multicultural Disability Advocacy Association NSW Inc.

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About MDAA

The Multicultural Disability Advocacy Association of NSW (MDAA) is the peak body in NSW for all people with disability (PWD) and their families and carers, with a particular focus on those from a culturally and linguistically diverse (CaLD) and non-English Speaking (NES) background with disability.

Our vision is a society where everyone regardless of background or disability feels welcomed, included and supported.

Our aim is to promote, protect, and secure the rights and interests of people with disabilities.

MDAA works within a cultural sensitivity framework to ensure the safety, comfort, and well-being of our diverse consumers.

At MDAA, we provide support in the form of Individual Advocacy, with the aim to build the capacity of CaLD people with disability and ensure that the rights of individuals are promoted, protected, and secured.

MDAAs other services include Systemic Advocacy, NDIS Appeals and Reviews, and ongoing projects including The Aged Care Volunteer Visitor Scheme (ACVVS).

About this Submission

MDAA welcomes the opportunity to provide this submission to the NSW Parliaments Standing Committee on Social Issues inquiry into the prevalence, causes and impacts of loneliness in NSW. As a peak body representing CaLD people with disabilities across New South Wales, MDAA is uniquely positioned to offer insights into the challenges and opportunities that exist in delivering equitable services and supports. Our submission is informed by consultation with our consumers, highlighting key areas where the current system falls short and offering recommendations to enhance health outcomes and offer insight into the causes and impacts of loneliness from a grassroots perspective.

MDAA is concerned with the prevalence of loneliness, particularly that stemming from social isolation, among CaLD people with disability and the impacts of such on mental health and participation on our consumers.

Introduction

Loneliness and social isolation are terms often used interchangeably; however, they are two distinct forms of the human experience. While they can coexist to influence an individual's experience, mental health, and wellbeing, one may feel lonely in their environment even when surrounded by friends and family (NIA, 2024).

MDAA conducted a consultation with community members as part of this paper's research, to learn and understand the causes and impacts of loneliness on our surrounding community. The consultation allowed MDAA to understand and compare experiences between different age groups, gender identities, and ability which showcased the prevalence of loneliness across demographics. Additionally, MDAA staff were consulted to gather professional opinions and experiences which are equally as valuable when assessing the efficacy of supports and programs already in place. Staff in particular see and assist a multitude of various individuals and families who have adverse experiences. By consulting staff, MDAA is then able to produce recommendations to the NSW Government based both on research and the backing of industry professionals.

Most at risk populations

MDAA has identified the most at-risk populations of loneliness are also some of society's most vulnerable. These include people with disability, those with poor mental health, single parents, and individuals and families of low socio-economic backgrounds.

In some instances, loneliness is forced upon individuals due to societies' inability to compromise or adapt to the needs of people with disability, forcing them into loneliness and in turn, social isolation. According to the Australian Institute of Health and Welfare, 23% of people with disability aged 15-64 have difficulty getting places needed (AIHW, 2024), with 1 in 6 experiencing social isolation in 2022 (AIHW, 2024). The AIHW found that 1 in 7 people with disability who leave home do not have access to public transport, increasing their barriers to participation and access, exacerbating feelings of loneliness. In addition, more than a quarter of people with disability aged 5 and over (AIHW, 2024) do not leave their home as often as they would like with reasons including but not limited to the following:

- Due to their disability
- The absence of disability friendly and accessible venues, transport, and shopping centres, hinders the ability of a person with disability to engage meaningfully and connect with others and build relationships.
- Difficulty obtaining and using transport, whether it be private or public modes of transportation.
- Fear and anxiety
- Cost or inability to afford expenses

Private transportation such as rideshare services are expensive and have become a luxury. Similarly, the rates of public transport tickets have increased dramatically as the quality and reliability of public transport has severely decreased. Accessible and affordable public transport is unavailable in many areas of Sydney and regional NSW as transport is heavily centred around metropolitan Sydney.

Additionally, the cost of living has increased dramatically, with the average person being unable to participate in social activities as much as they want or used to.

Causes and Impacts of loneliness

In consultation with community members, MDAA found that the common link between individuals experiencing loneliness is poor mental health. For example, people who live with depression often experience a loss of interest in their hobbies, social activities, and keeping to themselves. These behaviours stem from overwhelming sadness, self-depreciation, and hopelessness (Health Direct Australia, 2023) which increase an individual's risk to feelings of loneliness.

42.9 per cent of Australians aged 16-85 experiencing a mental health disorder in their lifetime, and one in seven who will experience depression in their lifetime (BeyondBlue, 2024). The 2021 HILDA Survey showed that 19% of Australians reported being diagnosed with depression or other mental health issues (HILDA, 2024). The issue of loneliness cannot be addressed and posed as a public health issue, when mental health disorders and their impact goes unacknowledged; particularly when research shows a link between poor mental health and loneliness. For strategies and policies to be effective, addressing mental health as a public health issue alongside loneliness will create more effective policy, strategy and initiatives.

Such strategies should include increasing the number of counselling or psychology sessions individuals are able to access within a year, similar to the increase to 20 sessions (Department of Health and Aged Care, n.d), which was seen throughout the COVID-19 pandemic. Feedback from MDAAs community consultation highlighted the need for an increased number of sessions as the majority state that the standard 10 sessions (health direct, 2023) does not even cover one session a month and inhibits the flow of consistent progress. Similarly, in an article published by APS (2024), consulted psychologists agree with the sentiment that a substantial increase of Medicare subsidised sessions is necessary to breaking down barriers to access to health care. Additionally, the article calls for the removal of "out of pocket expenses for 14 to 25-year-olds" (APS, 2024) to slow down the ever-growing mental health crisis we face. Consistent and recurring attendance at psychology sessions are imperative to the improvement of an individual's mental health and wellbeing. Additionally, individuals with more complex mental health care needs are left behind with their issues going unresolved for longer than necessary because of the inadequate provision of health care (APS, 2024).

Further, the bulk billing of psychology services is almost non-existent, with little subsidies provided, significant increases to the cost of a session, and little to no initiative from the government to reduce barriers to access. It has become increasingly clear that only those who can afford it can have access to health services, a population which has and will continue to shrink as the cost of living continues to decimate the quality of life of families and leave individuals to turn to food banks for basic food items.

A 2024 UK study found a link between socioeconomics and loneliness and identifying risk factors to loneliness such as poor physical health, poor mental health, and mortality (Bryan et.al, 2024). This further supports the argument that health and loneliness intersect, and one cannot be solved while the other is ignored.

Below is a case study collected through MDAAs consumer consultation process, describing the cause and effect of loneliness on a person with disability:

> *Cher (psudeonym), a 34-year-old woman with physical disability has been struggling with her fertility and expresses that she has no one to speak to about her struggle. With the high cost of fertility treatment and being told that she could not fall pregnant due to her disability and the increased risk to her if she were to fall pregnant, Cher feels alone and hopeless.*
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> *Falling pregnant is incredibly risky and would be painful. She already experiences pain associated with her disability. Ostracised from her family, with no connection to them she does not have the immediate circle of support that an average person may have. This coupled with not feeling understood has led to feelings and experience of loneliness which further causes her to socially isolate.*

How can data capture be improved

Data on loneliness, particularly with that pertaining to people with disability and CALD communities, is limited and left to interpretation. The Household, Income and Labour Dynamics in Australia (HILDA) Survey provides long term overview of loneliness in Australia, beginning with its data capture in 2001. However, the data is only conclusive of responses to the simple statement "I often feel very lonely" leaving room for interpreting correlation, however a significant gap in data relating to causation. Current capture of data, where valuable, fails to grasp the severity and prevalence of loneliness and avoids capturing the contributing factors of such.

The Survey of Disability, Ageing and Carers (SDAC) conducted by the Australian Bureau of Statistics, is another form of data capture currently available. However, like the HILDA survey, there remains gaps in data collection on loneliness and mental health of people with disability and carers.

Inclusion of more specific questions in already existing data collecting surveys would aid in increasing the efficiency and capture of causes and impacts of loneliness. Questions regarding how often people feel lonely rather than a single question asking how lonely an individual has felt in the past few weeks would aid in capturing a fuller picture on prevalence and its long-term effects. Such question can be accompanied by others such as*, how often do you participate in social activities? How often do you spend time with friends or family?* Often decreased participation and low interaction with friends and family can be a factor in experiencing feelings of loneliness; exacerbated by depression and anxiety disorders. For this reason, expanding data collection to recognise and include effects of mental health on the now deemed public health issue of loneliness, is essential to initiative and program roll out targeting root causes.

Financial burden

As a public health issue, financial burden will continue to increase the longer the issue persists. As the impacts of loneliness are largely health based, an overload of our states health system will be inevitable and should be anticipated in the long run. When addressing financial burden, it is imperative to recognise that an increase in investment in the short-term, would potentially lead to cost reduction in the long term.

Although strategies introduced such as the 2020-2025 National Health Reform Agreement (NHRA) provides an optimistic first step to relief of an overworked health system. The six long-term reforms outlined in the strategy provide the foundations for progression and flexibility within the system (Department of Health and Aged Care, 2024), however strategies towards affordability and accessibility remain under discussed.

MDAAs community consultation found that people are putting off doctor visits and check ups due to the decreasing number of bulk billing practices. This coupled with the cost-of-living crisis has forced many into avoiding seeking help and treatment for seemingly minor issues at the time, which in hindsight had the potential to progress further. Trends such as these will only continue to increase as the cost for general practitioner services increase on patients. By investing more in the short term, the long term affects of chronic illness and the risk of prolonged illnesses can be decreased and therefore become less of a cost to the NSW Government.

MDAA Recommendations:

- Greater initiative from services in reaching out to areas further than metropolitan Sydney.
    - Populations on the outskirts of Sydney are often left as an afterthought, meaning services including disability support services and transport are inaccessible and can be more expensive.
- Government initiatives with a greater scope to support individuals outside of metropolitan Sydney, and to relieve pressure from organisations who are unable to do so.
- Increased number of sessions available to access on a Mental Health Care Plan.
- Increased funding and investment into the NSW Health Care system which would enable wider access and availability of health care services, both for mental and physical health.
    - Increased investment in mental health care could decrease the risk of an individuals experience with poor physical health and mortality, factors which increase financial burden on the NSW Government.
- Government initiatives focused on re-establishing free and low-cost ‘third spaces’, which allow for increased social activity and social gathering without the high costs associated with spaces such as restaurants and bars.

- Health information must be translated into community languages to reduce barriers to access for CALD individuals.
- Widen the scope of data collection and include more specific questions on mental health and loneliness in surveys to capture a fuller picture of causes and impacts of loneliness.

It can be appreciated that the NSW government recognises loneliness as an issue and appears proactive in its consultations and research, however it does not diminish the importance of first addressing the issues of increasing poor mental health and the rising cost of living. There is no one cause of loneliness, with factors such as mental health, physical health, wealth, and socioeconomics that are intrinsically linked and intersect to foster overwhelming experiences of loneliness and further social isolation.

References:

Australian Institute of Health and Welfare (AIHW) (2024). *People with disability in Australia, available at,* https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/social-support/social-inclusion.

Australian Institute of Health and Welfare (AIHW) (2024). *Prevalence and impact of mental illness,* available at, https://www.aihw.gov.au/mental-health/overview/prevalence-and-impact-of-mental-illness.

Australian Institute of Health and Welfare (AIHW) (2024). *Social Isolation and loneliness, available at,* https://www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness.

Australian Institute of Health and Welfare (AIHW) (n.d). *Australian Bureau of Statistics – Survey of Disability, Ageing and Carers (SDAC),* available at, https://www.aihw.gov.au/australias-disability-strategy/technical-resources/data-sources/australian-bureau-of-statistics-sdac.

Australian Psychological Society (APS) (2024). *Cost of living driving people away from seeking psychological support,* available at , https://psychology.org.au/about-us/news-and-media/aps-in-the-media/2024/cost-of-living-driving-people-away-from-seeking-ps.

Beyond Blue (2024). *Statistics - Beyond Blue*, available at, https://www.beyondblue.org.au/mental-health/statistics.

Bryan, B.T., Thompson, K.N., Sidra Goldman-Mellor, Moffitt, T.E., Odgers, C., Shin, L., Momtahena, U.R, Wertz, J., Matthews, T. and Arseneault, L. (2024). The socioeconomic consequences of loneliness: Evidence from a nationally representative longitudinal study of young adults. *Social Science & Medicine*, Vol. 345.

Department of Health and Ageing (2024). *2020-25 National Health Reform Agreement (NHRA), available at,* https://www.health.gov.au/our-work/2020-25-national-health-reform-agreement-nhra.

Department of Health and Aging (n.d). *Medicare Benefits Schedule – Item 80110,* available at, https://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=80110.

Health Direct Australia (2023). *Mental Health Treatment Plan*, available at, https://www.healthdirect.gov.au/mental-health-treatment-plan.

Health Direct Australia, (2023). *Depression*, available at, https://www.healthdirect.gov.au/depression#:~:text=Symptoms%20of%20depression%20may%20include,GP%20for%20support%20and%20advice.

National Institute on Aging (NIA) (2024). *Loneliness and Social Isolation — Tips for Staying Connected*, available at: https://www.nia.nih.gov/health/loneliness-and-social-isolation/loneliness-and-social-isolation-tips-staying-connected.

Roger Wilkins, Esperanza Vera-Toscano and Ferdi Botha (2024) The Household, Income and Labour Dynamics in Australia (HILDA) Survey: Selected Findings from Waves 1 to 21. Melbourne Institute: Applied Economic & Social Research, the University of Melbourne