

Submission
No 64

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

Organisation: Open Dialogue Centre

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The Open Dialogue approach can address the root causes of loneliness

A submission from the Open Dialogue Centre

By way of a definition, the Australian Institute of Health and Welfare describes loneliness as a 'subjective unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or more satisfying, social relationships.'

In Australia, loneliness impacts over five million people and the number of young people reporting feelings of loneliness increased between 2018 and 2020, according to the headspace National Youth Mental Health Survey, 2020. More than half (54%) of young people report experiencing a lack of companionship, up from 49% in 2018.

Social isolation, loneliness and poor mental and physical health have interconnected causes and effects that are difficult to disentangle, despite the wealth of data on each factor. There are multiple and nuanced risk factors that can contribute to people experiencing loneliness.

These risk factors include:

- personal life experiences, such as young people transitioning to adulthood
- physical and mental ill-health due to events or trauma
- demographic factors, such as low socio-economic status
- relationship breakdowns, bullying at school, family violence and more.

We urgently need new strategies to address the root causes of loneliness.

While targeted, therapeutic support for individuals is essential, community-based, population-level strategies are needed to tackle widespread low psychological wellbeing, particularly in children and adolescents.

The potential solutions through the adoption of Open Dialogue

Open Dialogue is a transformative approach to mental health that is supported by the World Health Organisation, the Victorian Royal Commission into Mental Health and Australia's National Suicide Prevention Plan.

It places relationships as foundational to prevention and recovery pathways through social network meetings, where new skills, perspectives and solutions are created to address many of the factors that may be behind a person's loneliness.

When implemented with fidelity and coupled with bespoke training and support, the Open Dialogue approach has the potential to transform any therapeutic or community setting and the experience of the individual and their family, through its focus on relationships and social connection. It is recognised by leaders in a range of sectors, settings and policy contexts as it has potential to be highly effective across the full spectrum of mental health issues.

In the school environment the approach supports the student, their family and social networks as well as the teachers, wellbeing staff and service providers who interact with the person or the school.

With the establishment of the Open Dialogue Centre in 2021, the Open Dialogue approach can now be implemented at scale in schools and place-based settings in New South Wales as well as other states and territories in Australia.

The context: Loneliness, social isolation and mental health

Loneliness is a complex emotional experience. Rather than a state of solitude, it is more akin to a state of isolation – with its impact thoroughly described across a broad spectrum of health and wellbeing journals and publications in Australia and internationally.

It is also well established that loneliness and social isolation can cause significant psychological distress. When people lack social connection, they are more likely to report a general dissatisfaction with life (Schumaker et al. 1993).

It is also thought that stigma surrounding mental distress can undermine both help-seeking and longer-term prevention and recovery pathways for young people experiencing depression or anxiety. The deeply personal experience of loneliness often remains hidden due to discrimination and shame.

Additionally, the experience of loneliness is reported more frequently by people living with mental health issues. When answering the direct question 'How often do you feel lonely?' people with a lived experience of mental health issues were almost twice as likely to report being lonely (54%) compared to those who did not self-report that they experienced mental health issues (32%). (Mental Health Commission NSW, Loneliness in Focus report).

Furthermore, when persistent, loneliness has been described as a silent killer – a public health issue with links to premature death and poor physical health due to smoking, physical inactivity, poor sleep, high blood pressure and impaired immune function.

Adding to the complexity, loneliness is not the same as being alone.

The subjective nature of loneliness means that an individual may be socially isolated without feeling lonely, or, conversely, they may be surrounded by friends and family and yet feel intensely lonely.

In this respect, combatting loneliness is not as simple as surrounding oneself with as many people as possible through a range of activities. People need meaningful connections to address feelings of loneliness (Black Dog Institute).

Addressing loneliness means examining the factors that are inhibiting someone from building meaningful relationships and social connections, rather than simply counting how many people a person knows or sees.

For young people, mental wellbeing is not only about the sharing of company, but also about feeling understood and supported. Young people with mental ill-health have revealed they often felt discriminated against, misunderstood and judged by others as a result of the public stigma surrounding mental ill-health. They describe feeling as though they lack true connectedness with someone who can support them, resulting in intense feelings of isolation.

Teachers claim that the low levels of mental health and wellbeing experienced by children and young people is extremely concerning and one of the biggest challenges faced by schools. The reasons for social and emotional stress or trauma are often complex and multi-faceted. And on top of this 53% of teachers don't feel equipped or confident to know how to respond to concerning behaviours in the school environment.

Given the increasing prevalence of loneliness, particularly among people experiencing mental health issues, and its impact on various aspects of wellbeing and health outcomes, global efforts are currently prioritising the reduction of social isolation and loneliness.

In The Mental Health Commission of New South Wales' *Loneliness in Focus: an insights report*:

- Almost half of NSW residents reported feeling lonely 'some of the time' or 'often'
- One in six disclosed a new mental health issue since the pandemic
- People experiencing mental health issues reported disproportionate levels of loneliness, with the Commission's 2021 Community Wellbeing survey finding that people living with mental health issues experienced more loneliness (51%) compared to the general NSW population (37%).
- People living with mental health issues consistently rated their satisfaction as lower when it came to feeling part of the local community than those with moderate to good mental health.



The opportunity: overcoming loneliness through social network meetings

Open Dialogue creates the conditions for people to thrive through:

- Agency and voice so that people can direct their own prevention and recovery pathways.
- Facilitating connections with family, and social networks in their community.
- Compassion and consistency in care that brings together all the supports that are available in a community.

This approach ensures that individuals experiencing mental health challenges have easy and immediate access to network meetings in their community, inviting trusted family, social connections – and their school or local services.

These network meetings are facilitated by mental health and wellbeing professionals, people with lived experience and peer-support workers who are trained in the Open Dialogue approach.

Network meetings enable a collective sense of support for the person experiencing distress. Central to the meeting is the agency and voice of the individual. The idea of ‘nothing about me without me’ is core to the whole approach.

Facilitators adopt a dialogical mindset which means responsive listening, building relationships, creating a story together, minimising the medicalisation of the person’s experiences and adopting the use of everyday language.

Network meetings become an efficient resource where different perspectives emerge and new ways of thinking and communicating are facilitated.

The Open Dialogue Centre – enabling a community-based approach

The Open Dialogue Centre (ODC) is a unique purpose-driven organisation established with the support of philanthropy to enable the widespread adoption of Open Dialogue. We envision a future where all individuals experiencing mental distress are able to navigate challenges with the support of their community, family, carers and friends.

We are working in partnership to create the systemic conditions for the widespread adoption of the Open Dialogue approach. After three years of consulting with communities, schools and services in Australia, ODC has identified priority settings where we want to demonstrate and scale Open Dialogue, with implementation partners who are driving change.

With philanthropic support we have built a network of practitioners who are advancing the approach and developing demonstration pilots in three settings:



ODC’s aspiration is to create a unique community-led and evidence-based approach to Open Dialogue in Australia that can be adapted and scaled for different contexts. We have developed a suite of training and organisational support offerings with a fee-for-service. Interest and uptake is growing exponentially.

How do we transform how mental health and wellbeing is approached in schools?

From the international evidence, we know that Open Dialogue has the potential to be a transformative approach to mental health and wellbeing. In Australia, Korowal School in the Blue Mountains of NSW has trialled Open Dialogue for the past six years. The beneficiaries look to be the child or young person, their families and carers, as well as the school itself.

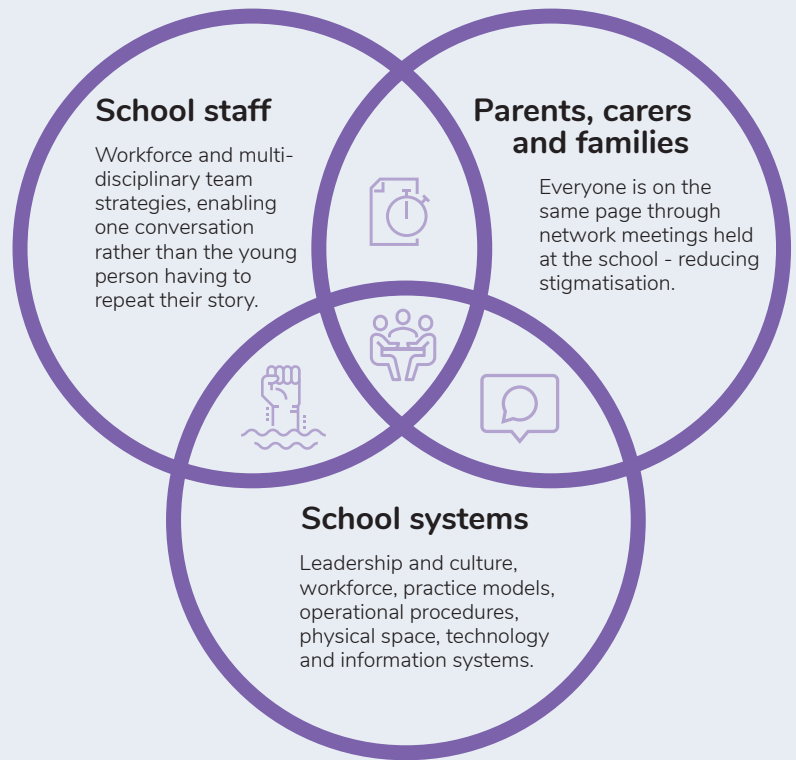
ODC is currently creating the conditions needed for schools to implement Open Dialogue. We are inviting schools to connect, share and learn about the practice of Open Dialogue in Australia, through a Community of Practice to improve:

- Agency and voice
- Engagement at school and with learning
- Mental health and wellbeing
- Relationships with parents and families
- Support for the school workforce and staff engagement.

More about forming a Community of Practice with schools

The potential journey to form a Community of practice:

- Schools nominate people to be involved (wellbeing teams, and other allied health support professionals).
- School staff participate in discovery workshops and training in Open Dialogue facilitated by the Open Dialogue Centre.
- With support from the Open Dialogue Centre, schools develop a plan to adapt and implement the approach to meet the needs of their community.
- Schools participate in a Community of Practice facilitated by the Open Dialogue Centre to learn and share insights across schools.
- Schools participate in ODC's research program to build the evidence for the approach.



Forward-thinking: from policy to practice

ODC is at a crucial point in time. Momentum is building with our implementation partners as we co-create the systemic conditions for the widespread adoption of the Open Dialogue approach in schools.

The opportunity exists for schools in New South Wales to participate in a Community of Practice that will enable Open Dialogue principles to be adapted to meet the needs of each school.

We are currently responding to interest from schools, philanthropic partners and government partners to design and develop a Loneliness Program in three Government schools over a period of two years.

By way of reference, this would require a modest investment of \$300,000 to enable each school to design and implement the Open Dialogue approach to meet the needs of young people and each school community.

As a result, each school would have access to network meetings in their community, to address the root causes of loneliness with an evidence-based approach that could be transformative for the long-term and be sustained by the school.

We hope that the information above is useful to the NSW inquiry into loneliness process, as we strongly believe that innovative community-based approaches are needed to shift the dial on outcomes, particularly for young people and children who are experiencing loneliness and isolation.

For more information contact

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 .org.au

Founding Partner: GrantFamily Philanthropy.

Resources:

- Australian Institute of Health and Wellbeing info page
<https://www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness>
- Global Initiative in Loneliness and Connection
https://www.gilc.global/_files/ugd/410bdf_62e236db3a7146cd9f2654877a87dbc6.pdf
- Australia's welfare 2023 data insights - Chapter 2: social isolation, loneliness and wellbeing
<https://www.aihw.gov.au/getmedia/d86bae1e-ddc8-45b6-bb85-6e85380d041f/aihw-aus-246.pdf>
- Mental Health Commission of NSW - Loneliness in Focus: an insights report
<https://www.nswmentalhealthcommission.com.au/sites/default/files/2023-11/Loneliness%20in%20Focus%20Report.pdf>
- Headspace National Youth Mental Health Survey 2020 - insights: loneliness over time
https://headspace.org.au/assets/HSP10869-Loneliness-Report_FA01.pdf
- Effects of mental health stigma on loneliness, social isolation and relationships in young people with depression symptoms
<https://link.springer.com/article/10.1186/s12888-023-04991-7>
- Five Million Australians impacted by loneliness: Connections Matter, a report by KPMG Australia in collaboration with the Groundswell Foundation, reveals the prevalence of loneliness in Australia.
<https://kpmg.com/au/en/home/media/press-releases/2022/11/connections-matter-australians-impacted-by-loneliness-7-november-2022.html>