Submission No 69

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

Organisation: Mental Health Commission of New South Wales

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Mental Health Commission of New South Wales

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Parliamentary inquiry into the impacts of social isolation and loneliness

Submission by the Mental Health Commission of NSW

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Acknowledgement of Country

The Mental Health Commission of NSW acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging while celebrating the strength, resilience, and wisdom of Aboriginal people on this land which has never been ceded.

Lived Experience Acknowledgement

The Mental Health Commission of NSW acknowledges people who have lived experience of mental health issues and distress, and the lived experience of their carers, families, and kinship groups. The Commission is committed to amplifying the voices of all those with lived experience. We value and respect their wisdom and expertise, and the bravery it can take to speak up. Together we will work to ensure people's right to live meaningful, healthy lives, free from stigma and discrimination.

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The Mental Health Commission of NSW

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Purpose

The Mental Health Commission of New South Wales (the Commission) is a NSW Government statutory agency established under the *Mental Health Commission Act 2012 (NSW)*.

The Commission's purpose is to monitor, review and improve the mental health and wellbeing of the NSW community by undertaking strategic planning, systemic reviews and advocacy – all guided by the lived experience of people with mental health issues and caring, families and kinship groups.

Vision

That the people of NSW have the best opportunity for good mental health and wellbeing and to live well in the community, on their own terms, having the services and supports they need to live a full life.

Strategic alignment

The Commission welcomes the Upper House inquiry into the prevalence, causes and impacts of loneliness in New South Wales. This is the first inquiry of its kind in the state as it aims to[1]:

- **Examine the extent, causes and impacts of loneliness**
- **Review how other regions are addressing loneliness**
- **Assist in identifying those most at risk of social isolation in the state**
- **Identify steps for the NSW Government and community to reduce its prevalence and impacts.**

The announcement of the Upper House inquiry follows on from the Community Wellbeing Survey conducted by the Mental Health Commission in 2022. The Survey found that nearly 40% of NSW residents experience loneliness at varying degrees, with those facing mental health challenges almost twice as likely to feel isolated.[1]

The rising issue of loneliness and social connection is not only relevant to the people of NSW, but the Commission is in a unique position to leverage its work on the topic to advocate for and promote opportunities for prevention, early intervention and wellbeing as part of its legislative functions under the *Mental Health Commission Act 2012*.

This work also aligns with the Commission's *Strategic Plan 2023 – 2028* as it aims to leverage our position to guide and activate whole-of-government efforts in reform, develop the evidence base and promote innovative models to drive system improvement.

This submission draws upon the Commission's core program of work, as well as other research and initiatives recognised by the Commission that address social isolation and loneliness. This includes:

Living Well Indicators

The indicators track how the mental health and wellbeing of the community is improving, including social and community participation measures.

Community Wellbeing Survey

Conducted annually since 2020, the Survey has explored the issue of loneliness, noting trends and priority population groups over time.

Loneliness in Focus

Using data from the Community Wellbeing Survey, the Commission further explored the topic of loneliness including its definition, priority population groups, and strategies that can be considered at the system level.

Loneliness Program

The Commission funded three unique approaches to address loneliness and engage people either at risk or experiencing mental health issues.

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Guiding principles

This submission to the Upper House inquiry is guided by the following priorities and principles deemed essential for an integrated, efficient, and fair mental health system:

- Prioritise evidence-based solutions and initiatives that are contemporary, recovery-focused, strength-based, person- and family-centred, culturally safe, trauma-informed, and built on a foundation of sustainability.
- Establish tailored support structures and systems that extend across the lifespan, with a specific emphasis on prevention and early intervention models. Additionally, bolster community supports for individuals living with severe and enduring mental health issues.
- Address inequalities arising from the social determinants of health. This includes priorities outlined in the *National Agreement on Closing the Gap*, which aim to rectify the disparities experienced by Aboriginal and Torres Strait Islander peoples.
- Empower communities to develop and implement their own solutions to meet the unique and diverse needs present across various communities in NSW.
- Facilitate opportunities for individuals with lived experience of mental health issues, as well as their carers, families, and kin, to actively contribute their perspectives and expertise, and drive transformation at every stage of design, delivery, evaluation, and research.
- Foster collaboration and co-design of solutions among state and national government agencies, non-governmental and private organisations, and local communities.
- Strengthen cross-portfolio partnerships and embrace a whole-of-government approach to mental health care, encompassing initiatives such as *Shifting the Landscape in Suicide Prevention in NSW 2022-2027*.
- Encourage the exploration and application of cutting-edge technological advancements to enhance the delivery of mental health care services and supports.

Submission response

Under the functions of the Mental Health Commission Act 2012, the Commission's primary aim is to advocate for and promote the mental health and wellbeing of the people in NSW.

By leveraging the Commission's core program of work and insights from other research and community projects, this submission aims to highlight effective strategies and interventions that can mitigate these challenges. The Commission is committed to understanding the multifaceted nature of social isolation and loneliness and advocates for collaborative efforts that promote social connection and community engagement as essential components of mental health and wellbeing.

It is important to acknowledge that while this submission may not address every facet of the Terms of Reference, the Commission firmly advocates for further action and reform. This includes enhancing compassionate and timely responses across all dimensions of mental health care. This submission remains committed to fostering a mental health landscape that is not only effective but also deeply empathetic to the needs of individuals and communities across NSW.

Additionally, the Commission proposes that the NSW Government consider all recommendations made in this submission as a response to the Terms of Reference (i) Steps the State Government can take to reduce the prevalence and impacts of loneliness in the community.

Response to Terms of Reference

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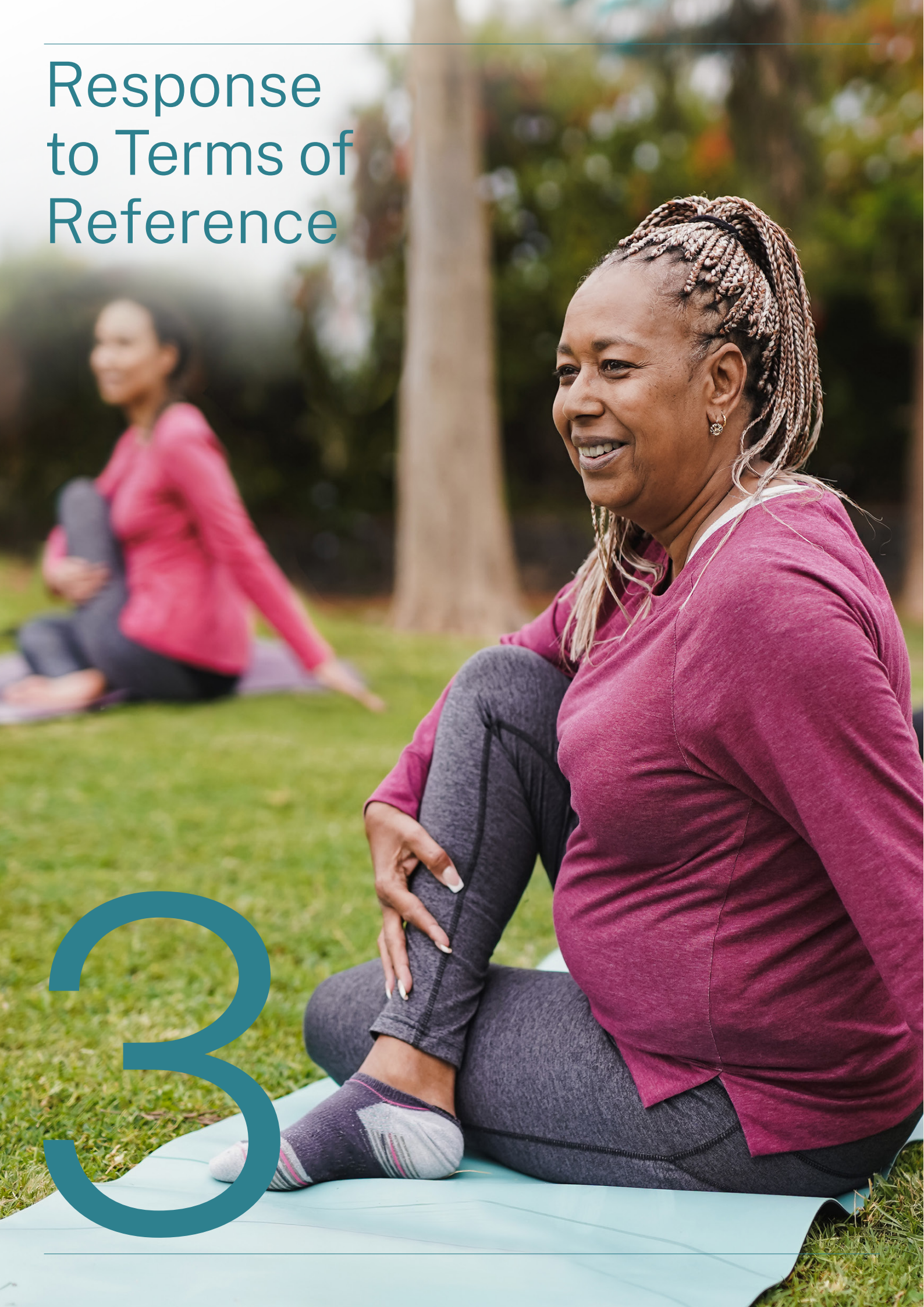

Summary of recommendations

a) The extent of loneliness and social isolation in NSW and how this is measured and recorded, including opportunities for additional and/or improved data capture

- Recognise that loneliness is not simply a result of physical isolation but feeling socially and emotionally disconnected from others as a key concept for measurement and intervention.
- Enhance data collection through targeted interviews and focus groups to supplement quantitative measures such as the UCLA-3+1 scale. This would offer deeper insights into individual experiences, enabling more tailored, place-based solutions.
- Develop validated measurement tools for social isolation that can be validated, to complement the UCLA-3 scale for loneliness, and can be used in state and nation-wide surveys such as the Household, Income and Labour Dynamics in Australia (HILDA) Survey.
- Given the lack of validated tools to measure social isolation, invest in developing strategies that better capture and understand people's lived experience of social isolation and loneliness to guide the design and delivery of services, supports and community approaches.

b) The identification of populations most at risk of loneliness and social isolation

- Establish a program or process to review measures of loneliness to understand the current social isolation and loneliness landscapes and populations most at risk.
- Implement targeted interventions for groups such as single parents, young people and people who are unemployed to help reduce their risk and experiences of loneliness.

e) Factors that contribute to the development of transient loneliness into chronic loneliness

- Develop targeted strategies to address the underlying factors that place people at risk of transient loneliness developing into chronic loneliness. This may include targeted interventions that support social reintegration, reduce stigma, and provide mental health support, particularly for priority population groups such as young people, people who are incarcerated and those with lived experiences of mental health issues and distress.

g) The identification of existing initiatives by government and non-government organisations to mitigate and reduce loneliness and social isolation

- A whole-of-government approach to tackle the multifaceted nature of loneliness, involving collaboration across housing, education, employment, urban planning, and welfare sectors. This systemic strategy will ensure that efforts are high-quality, effective, and sustainable, leading to improved mental health and wellbeing outcomes for the community.
- Raise awareness of the impact of loneliness and create opportunities for social engagement.
- Focus on sustainable, long-term, community-based interventions to foster social connections.
- Undertake an approach that fosters collaboration between government and the community.
- Establish mechanisms and/or tools for robust evaluation of loneliness initiatives.

j) Steps that community, technology/social media companies, organisations, and individuals can take to reduce impact of loneliness on individuals and the community

- Invest in community and technology-based initiatives to reduce loneliness through community participation and connection.
- Enhance social infrastructure to build opportunities for social connectedness through improved urban layout; architectural design; public, affordable, accessible and natural spaces, and the presence of volunteer and social programs.
- Explore programs for screening and early identification of loneliness and ways to connect people in with existing programs and available supports such as Compeer.
- Integrate evidence-based strategies into workplace policies and organisations to enhance workplace social connections, promote employee well-being and productivity.

a) The extent of loneliness and social isolation in NSW and how this is measured and recorded, including opportunities for additional and/or improved data capture

Definitions

- When measuring the extent of loneliness and social isolation, it is important to highlight the difference between the two concepts and how they would be recorded.
- **Social isolation** – characterised by limited interactions with other people.
- **Loneliness** – a subjective emotional state characterised by negative feelings stemming from a person's perceived lower level of social contact compared to their desired level.[2]

Measuring loneliness

The rising prevalence of loneliness is becoming a pressing public health issue in various countries, including Australia.[1]

To gain a comprehensive understanding of loneliness, the Mental Health Commission of NSW integrated the UCLA-3+1 loneliness survey questions, a valid and reliable scale to measure loneliness, in the annual Community Wellbeing Survey.[3] The scale measures a person's subjective feelings of loneliness as well as feelings of social isolation.

The UCLA scale is also used in the University of Canberra's Regional Wellbeing Survey and the Commission has partnered with them in sharing the survey results using an interactive dashboard.[4]

Additionally, the Commission has access to the nation-wide Household Income and Labour Dynamics in Australia (HILDA) survey administered by the University of Melbourne where loneliness is measured differently as it is assessed using a single question. Started in 2001, the HILDA Survey provides information on various aspects of how people live, for example, how economics affects our lives, or how choices made in the past lead to particular life outcomes. Above all, the Survey enables researchers to see how Australia – and its population – have changed over time.[5]

At a national level, Ending Loneliness Together also conducted a longitudinal study in 2023 to better understand how loneliness influences health and wellbeing over time. It found that people who are lonely are more likely to experience chronic disease, depression, social anxiety and poorer wellbeing, as well as increased social media activity, lower engagement in physical activity, and less productivity at work, as highlighted in their State of the Nation Report 2023.[6]

While at a State level, the Commission's 2022 Community Wellbeing Survey revealed:

- Nearly half of residents in New South Wales report experiencing feelings which are related to loneliness 'some of the time' or 'often'.
- 1 in 6 respondents disclosed encountering a new mental health issue, primarily anxiety, since the onset of the pandemic in 2019.
- Individuals with self-reported mental health issues and those in the 18-29 age group reported higher frequencies of loneliness, underscoring the need for targeted interventions.[2]

The UCLA-3+1 approach has also been used in the United Kingdom by the Office of National Statistics since 2018 as part of the Opinions and Lifestyle Survey.[7]

Measuring social isolation

The Commission uses data from specific questions within the HILDA survey that could approximate social isolation or related experiences, such as an individual's satisfaction with feeling part of their local community rated on a scale from 0 to 10 and frequency of social interactions with friends or relatives not living with them, with a focus on those who report at least weekly contact.[9]

Additionally, data sourced from Department of Education's Tell Them From Me student survey includes the percentage of students who report having a high sense of belonging in school.[10]

From the Australian Bureau of Statistics' National Aboriginal and Torres Strait Islander Health Survey (2018-29), the Commission presents data on the number of Aboriginal and Torres Strait Islander people in NSW who identify with a clan, tribe, or language group.[11]

These questions do not offer an exact measurement of social isolation but an approximation and indication as to the groups who may be affected the most.

Opportunities to improve data capture

When measuring loneliness and social isolation, surveys can have limitations based on their data sampling. It is difficult to establish cause-and-effect relationships for observed correlations and there can be a lack of detail about individual experiences. Conducting targeted interviews or focus groups with populations most at-risk of loneliness could provide valuable insights, which would be instrumental in developing place-based solutions to address loneliness.

Social isolation is also more challenging to measure compared to loneliness. There are currently no validated survey tools to effectively measure social isolation. While some frameworks conceptualise social isolation as a component of loneliness, the Commission defines them separately in alignment with the Australian Institute of Health and Welfare.[12]

There are inconsistencies in the strategies used to identify lonely and socially isolated older adults, which can result in a mismatch between the interventions provided and the actual needs of participants. While many programs connect primary care with non-health sectors, both professionals and participants have highlighted the importance of long-term interventions that foster meaningful social connections. However, such sustainable, long-lasting interventions are limited. To address this gap, sustainability should be a primary goal when implementing loneliness and social isolation interventions within primary care settings.[13]

Opportunities for a whole-of-government approach

Loneliness is a multifaceted issue that intersects with various social determinants of mental health and wellbeing, making it an ideal candidate for a whole-of-government approach. Addressing loneliness requires more than mental health services alone; it involves coordinated efforts across different government sectors and systems.

For example:

- **Housing**: Safe and stable housing is crucial for fostering a sense of belonging and connection. Programs aimed at reducing homelessness or improving housing accessibility can alleviate isolation.
- **Education**: Schools and educational institutions can create inclusive environments that promote social skills and reduce stigma, helping young people develop meaningful connections.
- **Employment**: Meaningful work can provide social networks and a sense of purpose, while unemployment or precarious employment can contribute to feelings of isolation.
- **Transport and Urban Planning**: Accessible public transport and community spaces can reduce social isolation, particularly for the elderly or those with disabilities, by facilitating social interactions.
- **Welfare and Justice**: A supportive welfare system can address economic hardships that may exacerbate isolation, while justice initiatives can help prevent the marginalisation of individuals and communities.
- **Environmental Issues and Urban Planning**: Designing green spaces, recreational areas, and community centres can foster social engagement and connection.

Loneliness is both a societal and structural issue, shaped by stigma, discrimination, and inequity. This makes it a challenge that no single agency can solve alone. A whole-of-government approach allows for systemic change, enabling collaboration across sectors to create environments where people feel seen, heard, and connected. By building capacity and capability across government, the systems-level approach ensures that efforts to reduce loneliness are high-quality, effective, and sustainable, ultimately leading to better mental health and wellbeing outcomes for the community.[14]

b) The identification of populations most at risk of loneliness and social isolation

In New South Wales, 1 in 5 or 20% of respondents in the University of Canberra's Regional Wellbeing Survey 2022-23 reported feeling lonely 'often' or 'all the time'. The survey identified population groups who are most at risk of loneliness and social isolation.[15]

Aboriginal and Torres Strait Islander respondents were more likely than any other group to report feelings of loneliness with a 28% feeling lonely often/all the time, of which those that felt left out contributed the most.

LGBTQIA+ people were the second most likely to report feelings of loneliness (27% often/all the time) with their lack of companionship (12%) being the highest driving factor. A study conducted by Firk et al. 2023 found, after time that LGBTQIA+ individuals experience higher levels of loneliness, receive less social support, and engage in fewer face-to-face interactions compared to non-LGBTQ+ individuals. This suggests that LGBTQIA+ people are generally less socially connected.

Other population groups at risk include:

- People from culturally and linguistically diverse backgrounds (25% often/ all the time)
- People in major cities reported the highest levels of loneliness, and across the three components of loneliness: feeling left out, isolated and lacking companionship, while the lowest levels of loneliness and across the three components were reported by people in outer regional areas
- People with a disability and lived/living experience of mental health issues reported greater levels of loneliness than those without. This disparity has not changed since the end of the COVID-19 pandemic restrictions.

Unpartnered people are more likely to experience loneliness than partnered people.[14] Single parents also report greater proportions of loneliness across NSW compared to those who are partnered or single without children.[13] This may indicate that there are targeted interventions for single parents that might be of benefit in terms of social connection and ending loneliness.

Recognise that loneliness is not simply a result of physical isolation but also of feeling misunderstood or unsupported as a key concept for measurement and intervention lights that experiences of loneliness may correlate to different stages of life.

People who are unemployed reported feeling left out (13%), isolated (14%) and lacking companionship (15%).[13] This is consistent with the HILDA survey, which also reports loneliness being greatest among unemployed individuals and lowest among those who are employed. It was also reported that higher income was associated with lower loneliness scores, particularly among males.[16] However, in the Regional Wellbeing Survey, the perception of feeling 'well off financially' had a more considerable impact than actual household income.

Feelings of loneliness consistently decreased as people got older with 24% of people aged 18-34 reporting feeling lonely often/all of the time compared to 10% of people aged 65+. Interestingly, feelings of lacking companionship and being left out peaked at age 35–44, then decreased with age. This contradicts perceptions of older people being more likely to experience loneliness, and highlights that experiences of loneliness may correlate to different stages of life.[13]

Overall, it is indicated that social isolation and loneliness is caused from sociodemographic factors. Additionally, minority group stress can lead to increased social withdrawal, which may further contribute to these differences in social connectedness[17]. It is important to note that someone may feel content without much contact with other people. However, others may find this a lonely experience. Some people believe that you need to live alone to feel lonely or that being lonely means not having many friends or family around you. You can have lots of social contact and support and still feel lonely, especially if you don't feel understood or cared for by the people around you.[18]

c) Evidence of the psychological and physiological impacts of loneliness on people, including young people, the elderly, those living with a disability, those living in regional areas and the bereaved

Data from the Commission's Community Wellbeing Surveys show that there is a correlation between higher rates of loneliness and those who experience greater psychological distress, poorer mental health and thoughts of ending one's life. These correlations suggest a potential relationship between these factors but don't necessarily indicate that loneliness would be the cause or result of the other factors (psychological distress, poor mental health etc) and could go in either direction.

Other research has shown a link between loneliness and conditions such as personality disorders, psychosis, suicide, impaired cognitive function, cognitive decline, a heightened risk of Alzheimer's disease and reduced executive control. It was also found that loneliness predicts a rise in depressive symptoms, perceived stress, fear of negative judgement, anxiety, and anger, while lowering optimism and self-esteem. These findings imply that a sense of social connection acts as a foundation for one's sense of self, and when that foundation is weakened, other aspects of the self are affected.[19]

Research has found that feeling lonely often leads to psychological distress[20]. Over 50% of those who report being the loneliest are also affected by depression, compared to just 5% of individuals who did not feel lonely[21]. Loneliness was strongly associated with generalised anxiety, panic attacks, personal traits, and suicidal tendencies. Suicidal ideation increases significantly from 6% among those not experiencing loneliness to 42% in those who do[18].

Loneliness has been found to contribute to unhealthy behaviours such as smoking, although there was no significant correlation to alcohol use or diet (as measured by BMI). It is also associated with physiological changes, such as heightened cortisol awakening response, and increased pro-inflammatory gene expression[18].

d) Evidence linking social connection to physical health

Research shows that loneliness is a strong predictor of higher rates of illness and early death, with its effects compounding over time and accelerating physical ageing. For example, there is a direct relationship between loneliness and cardiovascular health risks in young adults. The more often individuals reported feeling lonely — whether in childhood, adolescence, or by age 26 — the higher their risk for increased body mass index (BMI), elevated systolic blood pressure, abnormal cholesterol and glycated hemoglobin levels. In middle-aged adults, loneliness was similarly linked to higher systolic blood pressure. Follow-up studies revealed that chronic loneliness led to a faster rise in blood pressure over a four-year period.[21]

Loneliness is a strong predictor of higher rates of illness and early death, with its effects compounding over time and accelerating physical ageing.

e) Factors that contribute to the development of transient loneliness into chronic loneliness

Transient loneliness is a temporary form of loneliness that most people experience at some point in their lives due to specific situations, and it typically resolves in a short period. If transient loneliness lasts for an extend period of time, it can turn into chronic loneliness. There is currently no consensus on how long someone's loneliness should last before it is considered chronic and if a person who is experiencing chronic loneliness has periods without loneliness, how long those periods can be[22].

Chronic loneliness is more deeply rooted where long-term cognitive and behavioural patterns have been established, compared to transient loneliness which may be in response to temporary changes to one's circumstances or environment. Individuals who experience chronic loneliness often display traits such as higher anxiety, lower self-esteem, introversion, and low emotional stability. These characteristics, along with cognitive tendencies like self-defeating thinking and poor social skills, contribute to maintaining their prolonged state of loneliness[23].

Potential factors which contribute to the development of transient loneliness into chronic loneliness include incarceration, stigma and mental health issues.

Incarceration

Incarceration can exacerbate feelings of loneliness as the separation from loved ones and disruption of social ties during imprisonment can lead to intense social isolation. Incarcerated people may also feel a loss of personal identity, role and responsibility as they can no longer be present for others including friends, partners, elderly relatives, and children[24].

The effects of incarceration can be further compounded by stigma, social exclusion, and mental health issues faced by individuals upon release, which makes it difficult for people to access support and reintegrate into society.[25] As a result, what may begin as transient loneliness can persist and develop into chronic loneliness. Incarceration can also result in other significant hardships such as loss of housing, barriers to employment, and social exclusion which can all result in social isolation. The long-term consequences can extend throughout a person's life.[16]

Stigma

The Commission's Living Well Indicators track various measures of mental health and wellbeing of people living in NSW over time. One of these indicators is the 'anticipated experience of stigma'.[26] This indicator tracks the percentage of people in NSW with lived/living experience of mental health issues who, as a result of stigma, have avoided certain activities such as applying for a job, enrolling in education or engaging in social activities.

The data shows that over three-quarters (77%) of people in NSW with recent lived experience concealed or hid their mental health condition in anticipation of stigma. More than half (57%) avoided applying for work, and 55% stopped having a close personal relationship for the same reason. While accessing healthcare had the lowest percentage of people reporting stigma as a barrier, 43% still avoided seeking healthcare due to fear of discrimination.[27]

This behaviour of avoidance, driven by fear and stigma, can gradually lead to deeper social withdrawal and isolation, turning transient feelings of loneliness into chronic loneliness as individuals distance themselves from vital social and support networks.

In August 2023, the Commission developed a report on Mental health stigma in rural NSW which investigated the impact of stigma. Participants shared that their experiences of stigma had serious impacts including isolation, loneliness and distress, withdrawal from life opportunities, decreased help-seeking and in some instances, suicidal thoughts and behaviours.[28]

Develop targeted strategies to address the underlying factors that place people at risk of transient loneliness developing into chronic loneliness.

Mental health distress

Given the evidence of the psychological and physiological impacts of loneliness, as outlined in Terms of Reference (c), the ongoing mental and physical impact, combined with the associated distress, can gradually shift temporary feelings of loneliness into a chronic state, as individuals become trapped in cycles of negative emotions and social withdrawal.

One of the Commission's Living Well Indicators, tracks 'high psychological distress' for adults and secondary students in NSW.[30] About 1 in 5 (18.1%) adults in NSW report high to very high psychological distress. The age group reporting the highest levels of psychological distress in 2023 at 28.9% was young people (16-24 years).

The surge in psychological distress in young people over time has been predominantly experienced by females, with the ratio escalating from 1 in 7 females in 2013 to 1 in 3 females in 2023.[29] Research suggests that academic pressures, body image standards, and family conflicts make a more pronounced influence on the wellbeing of young women than young men.[30] The heightened psychological distress, particularly among young people, can increase feelings of social isolation, and create conditions where transient loneliness may become chronic over time.

f) The financial costs of loneliness to the NSW budget and the state economy and steps that can be taken to reduce the financial burden of loneliness

The attribution of cost to loneliness and social isolation is a complex matter. The Commission is aware of two papers that address these financial costs:

In 2021, Curtin University's Economics Centre released Stronger Together: Loneliness and social connectedness in Australia which estimated the economic cost of loneliness to be up to $2.7 million Australia wide, which is equivalent to $1,565 per person.[31]

Comparatively, In 2022, KPMG in collaboration with the Groundswell Foundation, published the report Connections Matter which estimated the economic impact of loneliness (as well as associated mental health conditions) in Australia to be approximately $60 million each year.[32]

In 2021, researchers found the economic cost of loneliness in Australia to be up to $2.7 million which is equivalent to $1,565 per person.

g) The identification of existing initiatives by government and non-government organisations to mitigate and reduce loneliness and social isolation

Addressing this growing issue of loneliness in NSW requires a multi-faceted approach. Custom-tailored initiatives are essential due to the subjective nature of loneliness.

Based on the Commission's 2022 Community Wellbeing Survey and relevant evidence, consideration for system level reflections include:[33]

- Collaborative efforts between government and the community to emphasise the importance of social connectedness.
- Raising awareness about the prevalence and consequences of loneliness.
- Expanding opportunities for community engagement and social cohesion.[33, 34]
- Recognising the various forms of connection needed to combat loneliness.
- Strengthening existing health, social, education, and community infrastructure to provide tailored support to those at risk or currently experiencing loneliness.[33]

Evaluating loneliness and social connection should be a key priority for governments, researchers, and stakeholders. Non-government and similar organisations need support to gather reliable and consistent data on loneliness, which can deepen understanding of community needs, enhance service evaluation, and enable targeted interventions, while also making a stronger case for investment. It is crucial for organisations to see that their efforts are creating meaningful impact.

The NSW Government should focus on understanding what reduces loneliness and how it does so for specific groups, such as people at different life stages, ethnic minorities, individuals with disabilities, and LGBTQIA+ individuals. This requires identifying a broad range of practices across sectors, including those initiatives that may not be formally recognised as loneliness interventions.[35]

Loneliness program

To support the development of the evidence base, the Commission invested in a Loneliness Program, testing a number of initiatives that focus on improving individuals' social connections.[36]

It's A Mindfield! Podcast

It's a Mindfield! (IAMF) podcast series was led by people with lived experience of mental health issues and explored social connectedness in 13 episodes over 12 months. The episodes featured people with lived experience and diverse backgrounds to reduce stigma, discrimination and loneliness. IAMF reported their listenership has almost tripled since season one. Their audience engagement has also increased via Facebook by 400% and Instagram by 30%.

Mentoring Men

Mentoring Men supports adult men experiencing challenges, distress and loneliness by providing free, long-term, individual life mentoring with a trained volunteer mentor. Through the pilot, Mentoring Men were able to train 163 new mentors and undertake research into the experience of loneliness among mentors and mentees using the UCLA Loneliness Scale. Findings demonstrated significantly lower levels of loneliness among mentors (12%) than mentees (78%).

An outcome of the initiative was the establishment of the Manly Men's Group, a lived experience group based in Manly, which offers a robust support model aimed at addressing the widespread issue of loneliness among men. The group meets regularly to discuss important personal topics such as mental health, relationships, and careers. In their first meeting, loneliness was a central theme, explored in depth as members shared their experiences and connected with one another. This exchange fostered a strong sense of community and mutual understanding, which is essential in tackling the isolation and disconnection often associated with loneliness.

OneDoor Mental Health

One Door Mental Health piloted a Circle of Support model which focuses on reducing loneliness by creating a circle of family, friends, community, and neighbours to support the person experiencing mental health challenges and loneliness.

The Circle is supported by dedicated staff facilitators who collaborate to help the individual reconnect with people, places and things that matter to them and asking people to join their circle, with the goal of reciprocity and helping each other. One Door Mental Health used the UCLA Loneliness Scale to measure reduction in loneliness among their participants.

The Circles of Connection project, along with the strong sense of community experienced by participants, was linked to reduced feelings of loneliness, greater connection, improved confidence, mutual respect, and a heightened sense of belonging and wellbeing. For some families, the circles provided a safe space to express emotions about their experiences, as well as a supportive environment for collaboration and problem-solving with others.

Community-based initiatives

In June 2024, the Commission visited a number of services and organisations across the Blue Mountains and Lithgow regions which aimed to address loneliness and social isolation.

Katoomba Street University

The Commission's visit to the Katoomba Street University heard first-hand experiences of the unique support, counselling and diverse range of artistic, cultural and educational programs (called 'hooks') designed to engage and connect with young people who can be difficult-to-reach. The University works specifically with young people to move through the issues that they are facing, whether they are substance use, crime, mental health, unemployment or homelessness.[37]

The evidence-based Street University model provides a safe space for young people offering activities which allow them to build connections, confidence and life skills, supported by individual counselling. The service is federally funded through Wentworth Healthcare, the provider of the Nepean Blue Mountains Primary Health Network (NBMPHN) and is delivered by the Ted Noffs Foundation who operate eight Street Universities across Australia, including one in Penrith.[38]

Nanna's Touch – Community Connections Inc.

Nanna's Touch Community Connections is a Lithgow-based service run entirely by volunteers which hosts a variety of activities that support and create connections for both mental health carers and those with lived experience of mental health issues. Nanna's Touch were the winners of the 2023 NSW Mental Health Commissioner's Community Champion Award.

The following activities are run by Nanna's Touch:

- 'Walk n Talk for Life', a program aimed at suicide prevention and mental health awareness
- The Lithgow Community Garden, a mental health safe space
- Wellbeing Connections, a social group for people of all ages
- The Men's Crib Room Talk, for men who provide mental health care support to others
- And most recently, a soup kitchen to supply a warm meal and social connection.[39]

A whole-of-government approach to tackle the multifaceted nature of loneliness, involving collaboration across housing, education, employment, urban planning, and welfare sectors to ensure efforts are high-quality, effective, and sustainable.

j) Steps that community, technology/social media companies, organisations, and individuals can take to reduce impact of loneliness on individuals and the community

Addressing the growing issue of loneliness requires coordinated efforts from individuals, communities and organisations. Programs such as Compeer, the Seniors Connected Program, and FriendLine illustrate various ways to foster social connections and reduce isolation. These include initiatives to connect individuals, provide friendship or social opportunities, and develop supportive environments or platforms that foster connection.

It is not only important to be aware of what supports are available to refer people to, but also to consider how these forms of support can be replicated and built upon across various spaces.

Community participation and connection

Being connected to a community can provide a sense of belonging, safety and shared purpose. People with moderate to good mental health often report stronger ties to their community compared to those experiencing poor mental health.

Feeling part of the local community

One of the Commission's Living Well Indicators Feeling part of the local community tracks the average satisfaction rating for feeling part of the local community on a scale of 0-10, for people in NSW aged 15 years or older. The data shows that people with moderate to good mental health (7.2 in 2022) consistently have higher ratings of feeling part of the local community than those with poor mental health (5.7 in 2022). People with moderate to good mental health reported higher satisfaction for feeling part of the local community in regional and remote areas of NSW and for people aged 65 years and over.[40]

Social and community group participation

The Living Well Indicator Social and community group participation tracks the proportion of people in NSW aged 15 years and older who participate in social and community groups by mental health status. Participation in social and community groups is defined as being an active member of a sporting, hobby or community-based club or association.

People with moderate to good mental health are more likely to participate in social and community groups (1 in 3 people) compared to people with poor mental health (1 in 5 people). Rates of reported participation in community groups are consistently higher in regional and remote areas than in major cities. While people with good to moderate mental health reported increases in their participation between 2021 and 2022, those with poor mental health reported a decrease in both youth aged 15–24 and those aged 65+. The age group with the greatest difference was those aged 65+ where there was a 20-percentage point difference between good to moderate mental health and poor mental health. In general, people who are of working age (25-64) have the lowest levels of reported participation in social and community groups.[41]

Participating in local community groups brings people together by providing opportunities to give and receive social support, including a sense of belonging, practical help, or emotional support. Interestingly, being involved in community groups, as a standalone factor, is not a proactive factor against feelings of loneliness when analysing the data from the Commission's 2023 Community Wellbeing Survey (expected publication of results Q2 FY2024). This suggests that further work is required to understand the factors that drive loneliness among people who are at risk but are already engaged in community groups.

Social infrastructure and urban design

There is increasing recognition and research evidence which demonstrates that where people live, work and play can promote meaningful social interactions and sense of connection.[43] The Commission's Loneliness in Focus Report highlights the importance of strengthening connection through social and physical infrastructure. The urban layout, architectural design, public, affordable and natural spaces, transportation, and the presence of volunteer and social programs can all significantly influence a person's capacity to engage within their community.[42,43] It is crucial that the NSW Government, non-government organisations and communities work together to ensure that infrastructure is designed in a manner that promotes social bonds and connection.

Connecting people in with available supports

Compeer

Compeer is a social engagement program designed to connect adults living with diagnosed mental health issues (referred to as Compeer participants) with volunteers from the community. The goal is to foster social connections, enhance community engagement, and improve the overall wellbeing and quality of life of participants through meaningful relationships.

Each match between a participant and a volunteer offers the participant access to social activities, a supportive friend, and a link to community resources. Most activities are shared between the volunteer and the participant on a one-to-one basis. Additionally, Compeer organises bi-monthly gatherings and events for all participants and volunteers to attend together.

Participants and volunteers commit to meeting for at least four hours each month over a 12-month period. After this time, the relationship may continue independently of the program. Recognising that friendships may take time to develop, participants and volunteers may also choose to extend their involvement in the program for an additional year.[44]

Seniors Connected Program

The Seniors Connected Program was established by the Australian Government Department of Social Services as a time-limited initiative to explore different approaches to reduce loneliness and social isolation among older Australians. With a total budget of $10 million allocated between 2019-20 and 2023-24, the program focused on two main activities:

- The G'Day Line (1300 920 552), a free national phone support service.
- The establishment of 12 Village Hubs across Australia, offering members a peer support network to help them age well within their communities.

Funding was evenly distributed between these two activities. The Village Hubs concluded on June 30, 2024, while the G'Day Line remained in operation until September 30, 2024.[45]

Support for the G'day Line program has been highly valued. Although the service will cease, a new resource Community and Connections has been launched. This digital resource aims to continue supporting older community members by providing a comprehensive directory of services and programs dedicated to enhancing social connections and combating isolation. Additionally, telephone support will still be offered to callers through the request-a-call-back service.[46]

FriendLine 1800 4 CHATS

FriendLine is available to anyone who needs to reconnect or have a chat. The service is operated by volunteers who are screened and trained with all conversations casual and anonymous. This is not a mental health crisis service, rather provides an opportunity for those seeking social connection and conversation prior to reaching the point of crisis or distress.[47]

Screening for loneliness and social isolation

In addition to the existing support that is offered to people experiencing loneliness, organisations can consider their role in addressing loneliness through an early-intervention model. Services such as the G'Day Line and FriendLine can intentionally screen for risk factors and signs of social isolation and loneliness during their interactions. This could also extend to all frontline NSW government, non-government and community-based organisations.

By incorporating questions about loneliness and social connectedness, organisations can identify individuals who may be at risk and provide them with appropriate referrals to programs such as Compeer or Village Hubs, that foster community engagement. Existing services are well-positioned to intervene early, offer pathways to deeper social connections and ensure individuals are linked to supportive networks that address both emotional and social needs.

Integrating evidence-based strategies into policy

The research collaboration between Allianz Australia and Swinburne University sheds light on how evidence-based strategies can be integrated into workplace policies. This requires leaders to take an active role in supporting employee connection, including those working in remote settings.[48]

A co-design process was undertaken to engage employees in the process and the relevant evidence and theory on social connection in the workplace informed the changes made. Leaders recognised that while social connection had occurred passively pre-pandemic, it now required active, deliberate attention. As a result, managers trialled new initiatives to foster social interaction within their teams.

Social connection principles guided this approach. These included fostering a sense of belonging, engaging in both formal and informal interactions, and performing small acts of kindness. Leaders actively incorporated social connection into their workdays, ensuring team members remained engaged and supported. Building time for informal chats and social activities became crucial, and ensuring time for both solitude and connection helped staff stay balanced.

While the impact of the materials developed by Swinburne and Allianz remain unevaluated, the collaboration highlighted the critical role of social connection in the workplace, particularly during crises. Future research and larger-scale projects could help further explore how social connection theory can enhance worker wellbeing and productivity.

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