

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

Organisation: Lifeline Australia
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Lifeline Australia submission to the Parliamentary Inquiry into the prevalence, causes and impacts of loneliness in New South Wales

Introduction

Lifeline Australia welcomes the opportunity to feed into the NSW Parliament Standing Committee on Social Issues' Inquiry into the prevalence, causes and impacts of loneliness in New South Wales. We note that Lifeline's submission draws on a range of sources, including the experiences and expertise of our frontline workers across Australia.

The importance of this inquiry to shine a light on the epidemic of loneliness impacting people across Australia cannot be underestimated. As detailed below, the impact of loneliness on individuals, their families and communities is significant. Further, there are wider economic and social impacts of loneliness and social isolation. Despite this, there is a knowledge gap when it comes to our understanding of loneliness and which social policy responses are effective in tackling it. More work is needed in this area.

Given this, we welcome the focus that this and other inquiries put on the topic of loneliness and look forward to seeing the advice that comes out of it.

Our responses to the key points below are drawn from a short, public, report on loneliness prepared by Lifeline Australia.

About Lifeline Australia

Lifeline Australia is a national charity providing people experiencing emotional distress with access to 24-hour crisis support and suicide prevention services. We are committed to empowering people in Australia to be suicide-safe through connection, compassion and hope.

In addition to 24/7 crisis support services over telephone, text and webchat, and online resources through our website, Lifeline also provides face-to-face community services through our more than 43 Centres across Australia. These services include counselling, including financial and gambling counselling; aftercare and postvention support; bereavement groups; frontline training; disaster relief; domestic violence workshops and rapid response services.

A number of other services also fall under the Lifeline banner, including:

- 13YARN - the 24/7 national support line for Aboriginal and Torres Strait Islander people in crisis;



- DV-alert – frontline training to help workers and the public recognise, respond to and refer cases of domestic and family violence.
- In 2023, DV-alert also launched ‘Small Business, Big Impact: How to Support Employees Experiencing Domestic and Family Violence’, a podcast for small businesses to help them to better support employees experiencing domestic and family violence.
- Mensline - professional 24/7 telephone counselling support for men with concerns about mental health, anger management, family violence (using and experiencing), addiction, relationship, stress and wellbeing.
- Suicide Call Back Service – a nationwide service providing 24/7 phone and online counselling to people affected by suicide.

Response to key Terms of Reference:

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

Given both the stigma and misunderstanding around loneliness, many people may not admit to feeling lonely or may not even recognise that is what they are feeling. While only 4% of callers to Lifeline state that their reason for calling is feeling lonely or socially excluded, our crisis supporters report that this is a major factor driving people to emotional distress and crisis. Many help seeker conversations reveal the risk factors present in the experience of persistent loneliness. Significant life changes such as relationship breakdown, losing a loved one, becoming a parent, financial hardship and health conditions all take a toll on people, and are clear risk factors for a more isolated life.

- Relationships are the most common reason for reaching out to Lifeline (around 40% of calls).
- Health conditions including mental (38%) and physical health (20%) are also top reasons for contacting Lifeline, which can increase feelings of alienation and a lack of belonging.
- Bereavement and loss (10%) as well as the responsibilities of caring for others (3%) come up as well – both life circumstances that can increase isolation and loneliness.

Importantly, the experience of loneliness is often wrapped up with feelings of isolation, rejection, sadness and, occasionally, grief and loss.

The data on loneliness is limited, particularly in terms of how effective social policy responses are in tackling loneliness.

Standardised data collection across government and non-governmental bodies to inform an effective assessment and evidence base is essential to fill the evidence gaps in our understanding of loneliness and social isolation and the impact and effectiveness of intervention approaches.



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

There is evidence that the highest prevalence for loneliness and isolation is among people with poor physical or mental health (Ending Loneliness Together, 2020), people experiencing financial insecurity (Ending Loneliness Together, 2020), single parents (AIHW, 2024), and younger populations (Ending Loneliness Together, 2020).

It is also worth noting that, while loneliness is often seen as being primarily a problem among the older population – and this was the case in the past – the most recent data from the Household, Income and Labour Dynamics in Australia (HILDA) Survey show that older people in Australia now have the lowest rates of loneliness. Instead, the 2023 survey findings show that younger people, particularly those aged from 15 to 24, have the highest levels of loneliness (Wilkins et al., 2024).

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

As noted above, the psychological and physiological impacts of loneliness are evidenced in the conversations that our crisis supporters have with help seekers. People contact Lifeline either because they are in crisis or because they are trying to avoid reaching crisis.

Loneliness and social isolation, and the life events or circumstances that can trigger them, are drivers of crisis, emotional distress and suicidality. The interrelatedness of loneliness with poor social and emotional wellbeing outcomes is a significant concern for Lifeline, particularly as we know that people experiencing loneliness are five times more likely to die by suicide (Althman et al., 2024).

In addition, the impacts of loneliness are circular: people who report poorer mental health outcomes and those with poorer mental health report higher levels of loneliness (Schwartz & Litwin, 2019).

d) evidence linking social connection to physical health

The impact of loneliness and a lack of social connection on physical health is significant, with scientific evidence showing that:

- loneliness increases the risk of premature death, cancer and disease – and can be as detrimental to our health as smoking 15 cigarettes a day (Holt-Lunstad et al., 2010, 2015);



- in Australia, people who are moderately to severely lonely are twice as likely to have a chronic disease, around five times more likely to have depression, and four times more likely to have social anxiety (Ending Loneliness Together, 2020); and
- loneliness increases the likelihood of cardiovascular disease and high blood pressure, reduces restorative sleep, decreases resistance to infection and increases cognitive decline (Cacioppo et al., 2002; Leigh-Hunt et al., 2017).

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

As mentioned above, loneliness and social isolation, along with the life events and stages that are associated with them, are big drivers for people who contact Lifeline through our 24/7 crisis support services.

In addition, Lifeline's local Centres across Australia run a range of on-the-ground community services, tailored to needs of local people and groups. Bringing people together to address social isolation and loneliness is an important part of many of these services.

One example is a program developed by the team at Lifeline Harbour to Hawkesbury on the North Shore of Sydney. The program is run out of three local libraries and, for four hours a day, trained Lifeline volunteers have an open door, welcoming anyone who feels they need a chat to join them for tea and coffee. In addition, given the large local Chinese-speaking population, a team of trained Mandarin-speaking Lifeline volunteers is offering in-language support, thanks to a partnership with Chinese Australian Society Services (CASS).

The volunteers are all trained to listen and help people come up with their own solutions to some of the everyday problems on their minds.

h) developments in other jurisdictions regarding the implementation of policies and initiatives relevant to the treatment of loneliness as a public health issue

An important aspect of a public health response to loneliness would be to emphasise prevention (before loneliness can occur) rather than just intervention. This is a core goal of many of the in-community services to tackle loneliness and social isolation provided by Lifeline's local Centres across Australia.

For example, Lifeline Western Australia delivers a community program that matches volunteers with older aged adults in Perth who feel lonely or are socially isolated. The volunteers, like the recipients, come from a range of different backgrounds and provide friendship and companionship. The Commonwealth-funded program, the Aged Volunteer Visitors Scheme, has been running



Australia-wide for more than 30 years, delivering vital one-on-one in-person visits to older people to reduce loneliness and enhance health and wellbeing.

This program benefits not just the recipients, but also the volunteers. For international students in a new community, volunteering with Lifeline WA provides connection and helps them grow their interpersonal and English language skills.

Another example is Lifeline Connect Centres across Regional SA and Far West NSW which provide warm and easy access to a range of flexible psychosocial support services at no cost to recipients and with minimal barriers to entry. This enables Lifeline Connect Centres to respond to the needs of local communities in a person-centred manner, helping people to connect with their local community, join community groups and attend local events. Through this, the Centre is helping to build wider community resilience and connectedness.

i) steps the State Government can take to reduce the prevalence and impacts of loneliness in the community

Lifeline Australia recommends that governments take a whole-of-government, public health approach that incorporates promotion, prevention and intervention. Each element should be underpinned by robust research, evaluation and standardised data collection to ensure investment is made in evidence-based, scalable interventions to identify and support people experiencing loneliness.

An awareness campaign could help by providing information about the wide causes of loneliness and the different ways it is experienced (e.g. among both younger and older people) to help people understand and recognise the signs and impacts of loneliness, as well as equip them with the tools and information they need to support themselves and others.

Tackling loneliness and social isolation will require a whole-of-person approach to strengthen social infrastructure and take action to prevent loneliness upstream.

Geographical or place-based design features can have a significant impact on a person's feelings of isolation and loneliness and there are opportunities for place-based responses to be used to foster greater connectedness. This includes public transport links, community services and urban planning.

The UK-based Campaign to End Loneliness has called for the identification, protection and creation of “attractive, friendly built environments, green spaces with safe, navigable walking routes to enable access to them. These should be designed to support the development of both weak and strong ties for people of different genders, ages, with physical and mental health problems, who are members of ethnic and sexual minority groups, and of varying socio-economic status” (Macintyre & Hewings, 2022) . This is reinforced by the U.S. Surgeon General's *Advisory on the Healing Effects of Social Connection and Community* (2023) also called for a greater focus on designing the built environment to promote social connection (The U.S. Surgeon General's Advisory, 2023) .



Within the Australian context, researchers at the University of Sydney have identified a range of ways that the areas we live, work and play in can support our connectedness, including having good access to community centres and green spaces, good transport links and active transport (walking and cycling) options, ability to express themselves and neighbourhoods where people can walk safe from crime, traffic and pollution (Kent et al., 2023) . They also identified economic inequality as impactful, with people who have less secure housing tenure, inability to live close to their friends or in a place they feel safe, often also have a lack of reliable public transport safe neighbourhoods and well-maintained green spaces.

Lifeline recommends that a “connection-in-all-policies” approach is adopted by the Australian government by ensuring all policies are evaluated with a connection assessment to determine potential impacts on loneliness.

Finally, as with all social policy, Lifeline recommends lived experience consultation. Any government strategy to address loneliness should draw on the real-life experiences of people who have been or are impacted by severe loneliness and social isolation.

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

There are a range of services, programs and supports available for people who are facing loneliness and social isolation. However, it is important to remember that there is no one-size-fits-all solution. Identifying ways to forge, rekindle and maintain social connections - big or small - is vital. Lifeline offers an online self-support toolkit that includes information and resources to identify and address loneliness and social isolation, available at toolkit.lifeline.org.au. [What is Loneliness?](https://www.lifeline.org.au/what-is-loneliness/) ([lifeline.org.au](https://www.lifeline.org.au))

When it comes to loneliness and social media use, particularly among young people, there is evidence the relationship is something of a double-sided coin.

On the positive side, there is evidence that social media use can ‘stimulate’ social connection. This is true both in terms of helping to maintain existing friendship groups and in terms of forging new friendships (Käcko et al., 2024).

Conversely, there is evidence of a ‘displacement’ effect. In particular, evidence points to a relationship between loneliness and problematic social media use: In Australia, 16% of people who are lonely report having a social media addiction, whilst the same is true of only 9% of people who are not lonely (Ending Loneliness Together, 2023). There is also evidence that exposure to other people’s apparent connectedness via their social media posts can exacerbate perceived loneliness (Käcko et al., 2024).

Not only is there ongoing debate about the relative stimulation vs displacement effects of social media use (Winstone et al., 2021), but it is also important to note the complexity of attributing



causality: It may be that people experiencing social isolation are then more likely to engage in problematic social media use.

As such, and particularly noting increasing rates of loneliness amongst teens and young adults, there is urgent need for further research to more carefully unpack the nature of the relationship between the experience of social isolation and social media use.

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