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

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Submission to the Standing Committee on Social Issues: Inquiry into the prevalence, causes and impacts of loneliness in New South Wales

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Submission Key Points:

1. The NSW government should prioritise social connection as a policy focus, expanding beyond just addressing loneliness and social isolation. By focusing on social connectedness broadly, the government can adopt a more preventative, inclusive approach that recognises the diverse benefits that social interaction can bring.

2. The NSW government should implement a cross-departmental policy approach to social connection. A collaborative approach across departments – rather than reliance on a single department like NSW Health or NSW Communities and Justice – will likely yield a more comprehensive and sustained impact on reducing loneliness. For example, incorporating social connection into housing and built environment policies may be particularly beneficial.

3. NSW government should promote public awareness of social connection through public health campaigns which reduce stigma around social isolation and loneliness and emphasise the importance of social connection for overall wellbeing.

4. NSW should invest in community-level infrastructure, improving its accessibility and quality, to support neighbourhood-level social connection.

5. NSW should invest in expanding the evidence base, deepening the understanding of the causes of and solutions to social isolation and loneliness in the NSW context.

6. Creating supportive conditions for NSW residents – including opportunities for volunteering, secure employment and stable income – can help reduce social isolation and loneliness.

Introduction: The Mentally Healthy Futures Project and The Matilda Centre

The Mentally Healthy Futures Project is a five-year project (2023-2027) that aims to build partnerships and democratise evidence to support the development of evidence-based policy to improve the mental health of Australians now and into the future. Mentally Healthy Futures has a

particular focus on improving outcomes for young Australians, with evidence showing mounting rates of mental disorders among this group. This project also supports the continuation of Australia's Mental Health Think Tank, which was established in 2020 and brings together experts across the mental health sector to produce unified evidence-based directives for research and policy. Core to the Mentally Healthy Futures Project's values is meaningful consultation and co-production with young Australians.

The Mentally Healthy Futures Project is based at The Matilda Centre for Research in Mental Health and Substance Use, the University of Sydney. We're a multidisciplinary research centre committed to improving the health and wellbeing of people affected by co-occurring substance use and mental disorders. Established in 2018 and now including over 100 research staff the Matilda Centre for Research in Mental Health and Substance Use aims to generate innovative and workable solutions to address substance use and mental disorders, which are currently the leading global causes of burden and disease in young people.

The Mentally Healthy Futures Project commends the NSW government for conducting this inquiry. This is particularly important post-pandemic, as we now know the lasting, unequal impacts of infection-control measures on social connection and loneliness particularly amongst adolescents, young adults, people with disabilities, people experiencing poverty and those who had small or weak social networks at the beginning of the pandemic (Kirkland et al., 2023; Patulny & Bower, 2022).

Strengthening NSW's social connectedness is critical to sustaining population wellbeing and survival in a future of increasing precarity, crisis and environmental hazards. Research suggests that maintaining social connectedness will be particularly critical in the context of increasing climate change, where those who are more socially connected are more likely to survive and thrive. Communities with strong social networks and support will be better equipped to re-build post climate-related disaster, to engage in climate change adaptation and mitigation efforts, and to have good mental and physical health during changing climate extremes (Aldrich & Meyer, 2015; Tamasiga et al., 2024). Social connectedness is also vital for bolstering collective community resilience, and individual mental health, in the context of other international crises, such as the COVID-19 pandemic, ongoing global conflict, and the sharp rise in cost-of-living (Lawrence et al., 2024). The pandemic taught us important lessons about the unequal impacts of infection-control measures on social connection and mental health, particularly among those already facing multiple forms of disadvantage. The official COVID-19 Response Inquiry Report, published by the Australian Commonwealth Government in late October 2024, highlighted that for many Australians, public health measures to contain the virus drastically increased experiences of social isolation and loneliness, particularly among young people and the elderly. The report also called attention to the scale of the pandemic and its proximity to recent disasters, including the 2020 bushfires, the 2022 Eastern Coast floods and Russia's ware in Ukraine. Indeed, frequent and compounding crises can impair social interactions, which can worsen experiences of loneliness and psychological stress in a negative feedback loop (Spanknebel et al., 2024). NSW has a unique opportunity to bolster the state's social connectedness in the face of these growing and interrelated threats.

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

The latest National Study of Mental Health and Wellbeing (NSMHWB), in which data was collected between 2020-2022, is a nationally representative study of mental health among 15,893 adults (16-

85 years) in Australia. The NSW-based data (N = 5,144) from this survey found that 14.7% reported feeling lonely in the past four weeks. This prevalence estimate is considerably lower than has been reported elsewhere, which may reflect the fact that direct questions about loneliness can lead to underreporting due to stigma around admitting oneself to be lonely, particularly among men (Borys & Perlman, 1985; Botha & Bower, 2024). Other studies which have found higher rates of loneliness in NSW have used validated measures that do not explicitly use the term 'lonely', but rather indirectly measure the different aspects of loneliness. Further, this single item does not capture either the severity or chronicity of loneliness being reported. In contrast, Ending Loneliness Together found that 24.5% of NSW residents are 'persistently lonely', meaning that they met the cut-off score to be classified as lonely across at least two consecutive time points (minimum 8 weeks).

While living alone has historically been used as a measure of social isolation in itself, direct measures of social engagement more accurately capture objective social isolation. According to the NSMHWB, about 7% of NSW residents report not doing any activities with friends or family in the last month.

Majority (82.2%) of NSW residents reported having 'excellent' or 'very good' social support available from their family and friends, leaving about 1 in 6 NSW residents who reported having 'poor', 'fair' or 'good' support. Just over 1-in-10 NSW residents live alone.

With regard to the data source for loneliness and social isolation metrics, timely and representative government data on the loneliness and social isolation of NSW residents is unfortunately lacking at present. While the NSMHWB provides some useful data, it is conducted infrequently (currently less than once per decade). Similarly, the NSW Population Health Survey is only conducted every two years. Our understanding is that the National General Social Survey announced within the recent Federal budget will be conducted annually, and with a large sample size, so hopefully this survey will also allow for analysis of NSW-level data. The HILDA survey does include a measure of loneliness, so this is one option.

Table 1. Weighted percentage of social connectedness indicators in New South Wales (NSW) according to data from the 2020-2022 National Study of Mental Health and Well-Being (vetted data, in press).

		NSW
		Weighted % (se)
Household composition: Do you live in a lone person household?		
	Yes	11.65 (0.46)
	No	88.35 (0.46)
In the last four weeks, did you do any activities with family or friends?		
	Yes	92.84 (0.47)
	No	7.16 (0.47)
In the last four weeks, did you feel lonely?		
	Yes	14.68 (0.80)
	No	85.32 (0.80)
In general, how would you rate your ability to get support from family or friends when you need it?		

Excellent	54.36 (0.87)
Very Good	27.86 (0.86)
Good	11.59 (0.49)
Fair	4.64 (0.37)
Poor	1.55 (0.24)

However, measuring averages of social isolation and loneliness across the entire NSW population fails to account for inequalities in the population. It is imperative to capture differential distributions of loneliness and social isolation among the most vulnerable groups. This includes those who are socially marginalised, living with disability, physical or mental health problems, those who are unemployed, in poor-quality or precarious housing, and/or those with low income.

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

Loneliness and social isolation are not experienced equally across all members of the population, with identified risk factors occurring both at the individual-level and at the broader structural-level. However, individual and structural determinants are interrelated, and many people experience multiple inequalities simultaneously, putting them at even greater risk.

Research has identified several structural-level determinants of social isolation and loneliness which cannot be remedied by person-centred approaches alone and necessitate multisectoral responses. Economic disadvantage and inequality are key drivers of growing loneliness and social isolation society-wide. This is likely because those experiencing financial hardship also experience higher levels of stress, shame and social comparison, which may impact their social interactions and relationships, as well as having less free time and disposable income to spend on social activities (Batsleer et al., 2020; Tapia-Muñoz et al., 2022). Additionally, those living in poorer-quality built environments tend to be at increased risk of isolation and loneliness, with socioeconomic status again playing a key role in unequal distribution of risk. Access to high-quality social infrastructure, green spaces, and affordable, spacious, and well-maintained housing are all linked to an increased ability to connect socially and consequently, reduced loneliness, however these are much less prevalent and accessible in lower-SES neighbourhoods and therefore the social benefits are also unequally distributed (Bower et al., 2023).

At the individual-level, risk is also influenced by age, relationship status, living conditions, and physical and mental health status. While traditionally thought of as an issue only impacting older people, more recently young Australians have been recognised as being at particularly high risk of loneliness. A recent survey found that young Australians aged 18-24 experience the highest rates of persistent loneliness by a large margin, with 41% experiencing persistent loneliness compared to the national average of 26% (Ending Loneliness Together, 2024).

Women tend to be more vulnerable to experiencing loneliness than men (Choi H, 2022; Dalhberg L, 2016; Lim et al., 2020; Mansour KA, 2021; Tzouvara V, 2022). In terms of living and relationship conditions, those who live alone (Choi H, 2022; Dalhberg L, 2016; Lim et al., 2020; Mansour KA, 2021; Tzouvara V, 2022) or are single (Choi et al., 2022; Lim et al., 2020; Surkalim DL, 2023) are much more likely to be lonely than those who live with others and are in a relationship, respectively.

People with disability, and those experiencing poor physical or mental health, are also at increased risk of social isolation and loneliness (Pearce et al., 2023). Probable reasons for this trend include

social exclusion due to stigma, more limited social and/or financial resources, and the direct impact of symptoms and impairments. Other marginalised groups, including sexual, gender, racial and ethnic minorities, and those with intersecting inequalities, experience higher rates of social stigmatisation and exclusion, which can in turn increase loneliness (Adamczyk & Segrin, 2015; Barrett, 1999). Importantly, social exclusion can also indirectly increase loneliness by negatively impacting mental health, which in itself represents a barrier to social connection as described above (Barreto et al., 2023).

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

The importance of social connection to mental health is well-established. However, while the causal pathway from mental ill-health to isolation and loneliness is the dominant perspective of policy and practice, social isolation has been found to be a stronger and more consistent predictor of psychological distress over time than the reverse (Saeri et al., 2018). Most mental health conditions are associated with higher rates of loneliness, and recent longitudinal meta-analyses have found evidence for a causal link between loneliness and later depression, anxiety, suicidal ideation and self-harm (McLelland et al., 2020; Mann et al. 2021). Loneliness and depression, and loneliness and social anxiety, have both been demonstrated to have bidirectional relationships, with each increasing the risk of the other over time (Cacioppo et al., 2006; Lim et al., 2016; Lim et al., 2021).

As described above, persistent loneliness is highest amongst young Australians. This is concerning because while it is normal to experience transient loneliness during major transition periods (e.g., going from school to university), persistent loneliness is very hard to shift and can have long-term impacts on mental health and physical health.

However, while critical at every age, specific social needs, predictors of loneliness and health impacts vary by stage of life (Qualter et al., 2015). These differences are important to consider when developing effective policy responses and age-appropriate interventions (Holt-Lunstad, 2017; Qualter et al., 2015). Importantly, social connection and relational experiences in early life have a critical influence on health and wellbeing in older age, reinforcing the importance of preventative efforts (Holt-Lunstad, 2017; World Health Organization, 2011).

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

Research suggests that when people experiencing transient loneliness cannot find opportunities to reconnect socially and fulfil their social needs, their loneliness can become chronic and much more difficult to shift. Therefore, there is an urgent need for prevention and early-intervention efforts to prevent prolonged periods of loneliness. Ultimately, it is vital that the NSW government creates the economic, social and built environments in which meaningful social connections can occur and thrive. We describe actions NSW government can take to intervene in social isolation and loneliness further in our answer to Question I below.

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

The New South Wales government has much to learn from innovative loneliness policies and initiatives, both in Australia and globally. The World Health Organisation (WHO) Commission on Social Connection is a three-year (2024-2026) initiative which aims to recognise loneliness as a major public health issue, promote social connection as global priority, and scale up effective solutions across multiple countries (WHO, 2023). The WHO Commission, led by leading policymakers, thought

leaders and advocates, seeks to highlight the immense scale of the problem – that people across all ages and regions of the world are affected by loneliness and social isolation. The Commission also aims to recognise the far-reaching consequences of loneliness on human health, wellbeing and lifespan. Indeed, people with few or poor social connections are at significantly higher risk of stroke, dementia, mental illness and suicide. This initiative is the first-of-its-kind to raise global awareness about the scale and impact of loneliness, thereby aiming to reach parity in the required investment and resourcing that other global health concerns (e.g., tobacco, obesity) have received. The Commission will develop a detailed agenda on social connection which will involve mapping existing research, policy and practice on loneliness, outlining potential solutions, and tracking progress over time.

United Kingdom

A similar approach to addressing loneliness as a public health priority was established as part of the UK Government's 'A connected society: A strategy for tackling loneliness' (Government of the United Kingdom, 2018). The strategy set out three overarching goals: 1) to catalyse a national conversation on loneliness; 2) to grow the evidence base to improve understanding of the causes, consequences and solutions of loneliness; and 3) drive a shift in government by embedding social connection and loneliness as a key consideration in policymaking. During the same year, the UK appointed the world's first minister for loneliness, tasked with addressing what then Prime Minister Theresa May described as the "sad reality of modern life".

A major innovation of this policy was its cross-departmental approach. Ministers at key government departments Housing, Communities and Local Government, Business, Energy and Industrial Strategy, and Transport had their portfolios extended to include loneliness. Each was required to report on progress and explore more options to ensure social relationships are considered in policymaking. They also included a fund 'Building Connections' which supported voluntary, community and charitable organisations to tackle loneliness across the UK.

Another major component of the UK's loneliness strategy was funding evidence-generation, review and dissemination to fill evidence-gaps around the prevalence, causes, prevention and treatment of loneliness. Researchers were commissioned to run this research and government funded non-profit organisations and advocacy groups to facilitate and manage dissemination of information, such as the Tackling Loneliness Hub.

Preliminary independent analysis of the loneliness strategy was positive, showing evidence of genuine government collaboration, measurement efforts and funding (Loneliness Action Group, 2019). The government has since released yearly reports of key outcomes and progress made against each of the strategy's three goals (UK Government, 2023). Whilst the loneliness strategy was issued under a Conversative Tory government, recent communications with loneliness organisations working in the UK suggest that the program will continue to be funded under a Labour government. More recently, the Sunak Government committed £30 million to the Know Your Neighbourhood Fund to support local organisations to offer more volunteering opportunities aimed at improving social connections, while growing local skills and serving communities (UK Government, 2023).

In recognition of the UK's pioneering work to address loneliness, a Roundtable on the Future of Social Connection was held at the University College London in partnership with the University of Sydney in 2023. The Roundtable convened UK experts across policy, research and practice – including authors of this submission, Dr Marlee Bower and Professor Maree Teesson – to explore the key drivers of loneliness and discuss examples of effective initiatives aimed at promoting individual- and

community-level social connection. A summary report of the Roundtable event details how learnings and innovative strategies from the UK context can be applied both within Australia and globally to improve social connection worldwide. A copy of the report can be made available upon request.

United States

In 2019, the US Government took steps to tackle loneliness via legislation to address the negative mental and physical health effects of social isolation and loneliness among ageing Americans. The 'Older Americans Social Isolation and Loneliness Prevention Act' expands the responsibilities and functions of the Administration on Aging to prevent, screen and respond to social isolation and loneliness among older adults. The bill established an advisory council to evaluate progress against these issues and providing guidance to administration to improve best practices around home- and community-based programs to address loneliness (US Congress, 2019).

Asia

Following a Japanese government survey which revealed that 40% of adults felt lonely, Japan launched a nationwide initiative to combat loneliness in the country. The Act on Promotion of Policy for Loneliness and Isolation will involve cross-ministry initiatives and collaborations between industry, academic and government to tackle this social isolation (Government of Japan, 2024). In February 2021, Japan appointed a Minister of Loneliness, Tetsushi Sakamoto, in response to rising trends in loneliness during the COVID-19 pandemic.

In October 2024, the Seoul City Government launched the 'Loneliness-Free Seoul' plan, committing 451.3 billion won (nearly USD $327 million) to reduce loneliness in the nation's capital. According to the Ministry of Health and Welfare, every year there are thousands of 'lonely deaths', termed *godoksa* in Korean, and this number is continuing to rise due to growing rates of loneliness and single-person households. The initiative will offer opportunities, both online and in-person, for residents to seek help, access counselling and connect with others.

Europe

In 2023, the European Commission developed a comprehensive repository of loneliness interventions across the EU (European Commission, 2023). The tool discovered that most interventions (37%) were developed by non-government organisations, followed by local government initiatives (18%), with the majority focusing on connecting people (41%) or providing social activities (26%) as mechanism for addressing loneliness (Nurminen, 2023).

Notable initiatives include Denmark's loneliness strategy, introduced in mid-2023, which includes 75 cross-governmental actions that aim to halve rates of loneliness in Denmark by 2040. In recent years, Belgium, France, Australia, Sweden and the Netherlands have also rolled out government grants, policies and priority actions to actively reduce loneliness among their populations, particularly among older adults. Across Northern Europe as a whole, the European I2I Project (2020-2024) has brought together actors across academic, policy, business and community to put loneliness on the political agenda in the North Sea Region and co-create solutions to improve social connection across European countries (Interreg North Sea Region, 2020).

I)   ***Steps the State Government can take to reduce the prevalence and impacts of loneliness in the community***

Loneliness has become a significant public health issue. However, conventional responses often approach social disconnection as an individual psychological or behavioural problem, primarily addressed through interventions like psychological treatments, social prescribing or befriending programs. While these interventions have their place, a focus on individual solutions without meaningful structural change will likely fail to achieve sustainable, wide-reaching results, leaving high-risk individuals unsupported. To create long-lasting, impactful change, the NSW government should focus on fostering statewide social connectedness as a central social policy objective. This *preventative* approach can and should still be combined with an *intervention* focus on the individual when loneliness is chronic or severe or entwined with exacerbating factors and comorbidities.

1. **Focus on social connection as a public health priority, in addition to loneliness and social isolation**

While 'loneliness' has become a major public health target in government policies around the world, we argue that there must be a shift towards a broader emphasis on fostering 'social connection'. Research, policy and practice has historically framed social disconnection and loneliness as an individual psychological experience with individual-level solutions, such as psychological therapy or simply increasing the number of relationships a person has. While these approaches are an important part of tackling loneliness, they cannot address the root causes of loneliness. A broader focus on promoting social connection is more oriented towards prevention, as well as intervention in cases of isolation, and offers a more inclusive way of considering the various connections that social interaction can bring.

2. **NSW state government should adopt a cross-departmental approach to social connection**

Addressing loneliness requires a cross-departmental strategy, as evidenced by international efforts (e.g., the UK Loneliness Strategy). Cross-sector collaboration across areas like planning, housing, transport, and energy can facilitate structural changes to promote social connection. This approach ensures that social connection becomes a priority within each department's policies, creating environments that encourage and sustain social interactions.

As a case study, we will use our research on housing, homelessness and built environments to show built environment departments, such as the NSW Department of Planning, Housing and Infrastructure, the Department of Transport, and the Department of Climate Change, Energy, the Environment and Water, should consider social connection a policy priority.

The built environment plays a vital role in social connectivity. For example, our research has shown that housing and neighbourhood characteristics can either encourage or hinder social interaction, directly impacting loneliness (Bower et al., 2023). We found that effective planning should aim to provide safe and accessible spaces for gathering, such as community halls, parks, and community gardens, as well as safe, walkable neighbourhoods. Research shows that public infrastructure quality—such as transport, community centres, natural spaces, and affordable housing—is linked to social connectedness, with evidence indicating these resources are less available and less accessible in low-SES areas. The NSW government should address these disparities to ensure all communities can benefit from spaces that facilitate social interaction (Bower et al., 2023). Research shows that local members of a neighbourhood are best placed to know what their area needs and what will work best and should be included in decision making in this area (Wilson et al., 2022).

Housing affordability and quality have a direct impact on social connectivity. Our research has found high housing costs limit people's ability to live near work or community roots, and smaller, cramped housing restricts social gatherings at home, leading to greater isolation. Renters and those in poorly maintained housing report that inadequate housing hinders their ability to host guests, contributing to loneliness (Bower, Buckle, et al., 2023). By prioritising affordable, quality housing close to employment and community hubs, NSW can help residents maintain social ties, improving mental health and wellbeing.

Additionally, our research indicates that loneliness can undermine housing programs. Individuals transitioning from homelessness, for instance, often find it challenging to reconnect with pre-existing social networks due to stigma around having been homeless (Bower et al., 2018). They are often housed far from existing networks and known destinations. If social isolation is not addressed, many who receive housing assistance can struggle to maintain their tenancies and return to habits and friends in homelessness (Bower, Carvalheiro, et al., 2023; Bower et al., 2018; Conroy et al., 2014). By incorporating social connectedness into housing policies and supports, the government can improve outcomes for these programs.

This research shows that loneliness is not a benign or contained phenomenon, it can have profound impacts the success of diverse state government services.

3. Build public awareness around social connection

Currently, stigma remains a major barrier to openly discussing feelings of loneliness and social isolation, particularly amongst males (Barreto et al., 2022). Public health campaigns that normalise discussions about loneliness and isolation can help to reduce the social and self-stigma that often prevents individuals from acknowledging feelings of loneliness, and by extension taking steps to alleviate it. It is important to provide information and raise awareness of the experience of loneliness as a normal human response to perceived unmet social need, as well as the circumstances that put people at a higher risk of loneliness (e.g. post-partum, recently retired, immigration, loss of a loved one). Campaigns should encourage people to seek help, or prompt efforts to reconnect and engage socially, before loneliness becomes a chronic problem. This shift in public perception is crucial for early intervention and prevention. Current international examples include the UK government's "Every Mind Matters Loneliness Campaign" which aims to raise awareness of loneliness to reduce stigma and increase public understanding, as well as to encourage people to talk about and act on feelings of loneliness (UK Government, 2022)

4. Invest in community-level infrastructure

Infrastructure for social connection is essential, especially for youth and families. Community-led spaces, such as youth centres, parks, and activity-based hubs, provide accessible, affordable places for people to build connections (Australia's Mental Health Think Tank et al., 2022). Research highlights that a sense of belonging and shared identity within community groups can reduce loneliness and positively impact mental health (McNamara et al., 2021). Building infrastructure that supports these connections, such as places where people can engage in hobby groups or extra-curricular activities can benefit mental health (Oberle et al., 2019). This is particularly the case among those with mental health problems, with research finding that increasing the number of social groups one is part of can reduced depression symptoms and likelihood of relapse amongst people experiencing depression, which researchers postulate are because of the sense of shared identity group memberships provide (Cruwys et al., 2013).

5. Improve the evidence base

Ongoing research into the causes and solutions for social disconnection in NSW, and the groups most at risk, is vital. The NSW government should make evidence a central component of their social connection strategy and as part of this, should commission and conduct research to assess the local prevalence and effects of loneliness, gathering data to guide interventions and track their effectiveness over time. There is also a need for high-quality data and research evidence that can sufficiently account for the complex interactions between global threats and its influence on loneliness, social isolation and connection in an NSW context (Kwamie et al., 2024). High-quality, rigorous data and analysis can be leveraged to develop, scale-up and evaluate successful interventions to improve social connection.

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

Employers can help to reduce employee loneliness

A recent review (Sullivan & Bendell, 2023) suggests employers can:

1) Create opportunities for connection, for example, dedicating time for non-work activities such as designing communal areas in offices to support connection.

2) Support flexible and remote workers by fostering workplace connections using virtual spaces such as online dinners, while still encouraging work-life balance.

3) Foster a people focused culture by building employee autonomy, tolerating mistakes and providing mentoring opportunities.

The relationship between managers and workers is especially important for well-being, because managers can shape working conditions, model positive behaviour and improve staff knowledge (Bryan et al., 2024).

Creating opportunities and incentives for volunteering

Non-governmental organisations (NGOs) can create more opportunities and incentives for NSW residents to volunteer, which research has shown to be protective against loneliness, especially among older men (Botha & Bower, 2024). Volunteering offers purpose and social interaction, but volunteering rates across Australia have not rebounded to pre-COVID levels (Biddle & Gray, 2023). In 2022, the Federal Government highlighted a 'civic crisis,' citing declines in volunteering within emergency services and charities, especially in regional areas (Parke, 2022). The NSW government can support these efforts by providing increased ongoing funding for community programs like Men's Sheds, which foster connection and provide a sense of social identity and purpose.

Enhancing employment security

Government employment policies and workplace practices that promote job stability could also reduce social isolation and loneliness. Recent research analysing data from the Household, Income and Labour Dynamics in Australia (HILDA) Survey found that men in unstable jobs or facing unemployment experienced higher loneliness levels than those in secure roles (Botha & Bower, 2024). Job loss can impact a person's identity and reduce the social opportunities typically provided by work (Morrish & Medina-Lara, 2021). Additionally, unemployment can limit income, making it

difficult to engage in social activities. Insecure "gig" work, with its unpredictable hours and isolating conditions, further disrupts work-life balance and contributes to social isolation (Lambert et al., 2023).

Addressing traditional gender roles and expectations

Societal expectations around work, particularly the belief that men should be the primary breadwinners, can also exacerbate loneliness. Research found that middle-aged men who held traditional views about being the main breadwinner were lonelier than those without this belief (Botha & Bower, 2024). This suggests traditional views around work in the context of heteronormative relationships can be damaging to social connection. Community groups and men's advocacy organisations can help shift these stereotypes by running public awareness campaigns that challenge traditional gender roles, promoting healthier, more inclusive views on work and family dynamics (Stewart et al., 2021), which could likely reduce loneliness.

References

Adamczyk, K., & Segrin, C. (2015). Perceived Social Support and Mental Health Among Single vs. Partnered Polish Young Adults. *Curr Psychol*, *34*(1), 82-96. https://doi.org/10.1007/s12144-014-9242-5

Aldrich, D. P., & Meyer, M. A. (2015). Social Capital and Community Resilience. *American Behavioral Scientist*, *59*(2), 254-269. https://doi.org/10.1177/0002764214550299

Australia's Mental Health Think Tank, Bower, M., Smout, S., & Donohoe-Bales, A. (2022). *Building mentally healthy futures: Australian youth recovery plan*.

Barreto, M., Qualter, P., & Doyle, D. (2023). *Loneliness inequalities evidence review*. https://wcpp.org.uk/wp-content/uploads/2023/08/WCPP-REPORT-Loneliness-Inequalities-Evidence-Review.pdf

Barreto, M., van Breen, J., Victor, C., Hammond, C., Eccles, A., Richins, M., & Qualter, P. (2022). Exploring the nature and variation of the stigma associated with loneliness. *Journal of Social and Personal Relationships*, *39*(9), 2658-2679. https://doi.org/https://doi.org/10.1177/02654075221087190

Barrett, A. E. (1999). Social Support and Life Satisfaction among the Never Married:Examining the Effects of Age. *Research on Aging*, *21*(1), 46-72. https://doi.org/10.1177/0164027599211003

Batsleer, J., Duggan, J., Batsleer, J., & Duggan, J. (2020). 39Loneliness and poverty. In *Young and Lonely: The Social Conditions of Loneliness* (pp. 0). Policy Press. https://doi.org/10.1332/policypress/9781447355342.003.0004

Biddle, N., & Gray, M. (2023). Ongoing trends in volunteering in Australia.

Borys, S., & Perlman, D. (1985). Gender differences in loneliness. *Personality and Social Psychology*, *11*(1), 63-74.

Botha, F., & Bower, M. (2024). Predictors of male loneliness across life stages: an Australian study of longitudinal data. *BMC Public Health*, *24*(1), 1285. https://doi.org/10.1186/s12889-024-18770-w

Bower, M., Buckle, C., Rugel, E., Donohoe-Bales, A., McGrath, L., Gournay, K., Barrett, E., Phibbs, P., & Teesson, M. (2023). 'Trapped', 'anxious' and 'traumatised': COVID-19 intensified the impact of housing inequality on Australians' mental health. *International Journal of Housing Policy*, *23*(2), 260-291. https://doi.org/10.1080/19491247.2021.1940686

Bower, M., Carvalheiro, M., Gournay, K., Perz, J., & Conroy, E. (2023). When More Satisfying and Supportive Relationships Increase Loneliness: The Social Worlds of People with Lived Experience of Homelessness. *Health & Social Care in the Community*, *2023*, 9836967. https://doi.org/10.1155/2023/9836967

Bower, M., Conroy, E., & Perz, J. (2018). Australian homeless persons' experiences of social connectedness, isolation and loneliness. *Health & Social Care in the Community*, *26*(2), e241-e248. https://doi.org/https://doi.org/10.1111/hsc.12505

Bower, M., Kent, J., Patulny, R., Green, O., McGrath, L., Teesson, L., Jamalishahni, T., Sandison, H., & Rugel, E. (2023). The impact of the built environment on loneliness: A systematic review and narrative synthesis. *Health Place*, *79*, 102962. https://doi.org/10.1016/j.healthplace.2022.102962

Bryan, B. T., Andrews, G., Thompson, K. N., Qualter, P., Matthews, T., & Arseneault, L. (2024). Loneliness in the workplace: a mixed-method systematic review and meta-analysis. *Occupational Medicine*, *73*(9), 557-567. https://doi.org/10.1093/occmed/kqad138

Choi H, B. M., Duggirala L, Lee J. (2022). Loneliness and depression among adults living on MS Gulf Coast: Individual, interpersonal and community predictors. *International Journal of Social Psychiatry*, *68*(1), 108-117.

Choi, H., Brazeal, M., Duggirala, L., & Lee, J. (2022). Loneliness and depression among adults living on MS Gulf Coast: Individual, interpersonal and community predictors. *Int J Soc Psychiatry*, *68*(1), 108-117. https://doi.org/10.1177/0020764020978677

Conroy, E., Bower, M., Flatau, P., Zaretzky, K., Eardley, T., & Burns, L. (2014). The MISHA Project: From Homelessness to Sustained Housing 2010-2013.

Cruwys, T., Dingle, G. A., Haslam, C., Haslam, S. A., Jetten, J., & Morton, T. A. (2013). Social group memberships protect against future depression, alleviate depression symptoms and prevent depression relapse. *Soc Sci Med*, *98*, 179-186. https://doi.org/10.1016/j.socscimed.2013.09.013

Dalhberg L, A. L., Lennartsson C. (2016). Long-term predictors of loneliness in old age: results of a 20-year national study. *Aging and Mental Health*, *22*(2), 190-196.

Ending Loneliness Together. (2024). *Why we feel lonely. A deep dive into how different life circumstances contribute to persistent loneliness and social isolation*. https://lonelinessawarenessweek.com.au/wp-content/uploads/2024/08/why-we-feel-lonely.pdf

European Commission. (2023). Mapping of loneliness interventions: An online repository based on a mapping of loneliness interventions in the EU. In EU Science Hub (Ed.): European Commission.

Government of Japan. (2024). *Act on Promotion of Policy for Loneliness and Isolation*. https://www.cas.go.jp/jp/seisaku/suisinhou/pdf/law.pdf

Government of the United Kingdom. (2018). *A connected society: A strategy for tackling loneliness - laying the foundations for change*. Government of the United Kingdom. https://assets.publishing.service.gov.uk/media/5fb66cf98fa8f54aafb3c333/6.4882_DCMS_Loneliness_Strategy_web_Update_V2.pdf

Holt-Lunstad, J. (2017). The Potential Public Health Relevance of Social Isolation and Loneliness: Prevalence, Epidemiology, and Risk Factors. *Public Policy & Aging Report*, *27*(4), 127-130. https://doi.org/10.1093/ppar/prx030

Interreg North Sea Region. (2020). *I2I European Regional Development Fund*. European Union. https://northsearegion.eu/i2i/

Kirkland, S. A., Griffith, L. E., Oz, U. E., Thompson, M., Wister, A., Kadowaki, L., Basta, N. E., McMillan, J., Wolfson, C., Raina, P., Anderson, L., Balion, C., Costa, A., Asada, Y., Cossette, B., Levasseur, M., Hofer, S., Paterson, T., Hogan, D., . . . on behalf of the Canadian Longitudinal Study on Aging, T. (2023). Increased prevalence of loneliness and associated risk factors during the COVID-19 pandemic: findings from the Canadian Longitudinal Study on Aging (CLSA). *BMC Public Health*, *23*(1), 872. https://doi.org/10.1186/s12889-023-15807-4

Kwamie, A., Causevic, S., Tomson, G., Sie, A., Sauerborn, R., Rasanathan, K., & Ottersen, O. P. (2024). Prepared for the polycrisis? The need for complexity science and systems thinking to address global and national evidence gaps. *BMJ Global Health*, *9*(9), e014887. https://doi.org/10.1136/bmjgh-2023-014887

Lambert, B., Caza, B. B., Reid, E., & Ashford, S. (2023). Working in isolation can pose mental health challenges – here's what anyone can learn from how gig workers have adapted. *The Conversation*. https://theconversation.com/working-in-isolation-can-pose-mental-health-challenges-heres-what-anyone-can-learn-from-how-gig-workers-have-adapted-194712

Lawrence, M., Homer-Dixon, T., Janzwood, S., Rockstöm, J., Renn, O., & Donges, J. F. (2024). Global polycrisis: the causal mechanisms of crisis entanglement. *Global Sustainability*, *7*, e6, Article e6. https://doi.org/10.1017/sus.2024.1

Lim, M. H., Eres, R., & Vasan, S. (2020). Understanding loneliness in the twenty-first century: an update on correlates, risk factors, and potential solutions. *Social Psychiatry and Psychiatric Epidemiology*, *55*(7), 793-810. https://doi.org/10.1007/s00127-020-01889-7

Loneliness Action Group. (2019). *A connected society? Assessing progress in tackling loneliness: A shadow report for the Loneliness Action Group*. https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/a-connected-society

Mansour KA, G. C., Biden EJ, Francis LM, Olsson CA, Macdonald JA. (2021). Pre-pandemic Predictors of Loneliness in Adult Men During COVID-19. *Front. Psychiatry 12*, 1-11.

McNamara, N., Stevenson, C., Costa, S., Bowe, M., Wakefield, J., Kellezi, B., Wilson, I., Halder, M., & Mair, E. (2021). Community identification, social support, and loneliness: The benefits of social identification for personal well-being. *Br J Soc Psychol*, *60*(4), 1379-1402. https://doi.org/10.1111/bjso.12456

Morrish, N., & Medina-Lara, A. (2021). Does unemployment lead to greater levels of loneliness? A systematic review. *Social Science & Medicine*, *287*, 114339. https://doi.org/https://doi.org/10.1016/j.socscimed.2021.114339

Nurminen, M., Thoma-Otremba, A. and Casabianca, E.,. (2023). *Mapping of loneliness interventions in the EU, European Commission*. https://publications.jrc.ec.europa.eu/repository/handle/JRC134255

Oberle, E., Ji, X. R., Guhn, M., Schonert-Reichl, K. A., & Gadermann, A. M. (2019). Benefits of Extracurricular Participation in Early Adolescence: Associations with Peer Belonging and Mental Health. *J Youth Adolesc*, *48*(11), 2255-2270. https://doi.org/10.1007/s10964-019-01110-2

Parke, E. (2022). Federal government inquiry into 'civic crisis' amid fall in volunteering indicates 'collapse in community life'. *ABC News*. https://www.abc.net.au/news/2022-08-16/civic-crisis-community-life-collapse-sparks-volunteering-inquiry/101334760

Patulny, R., & Bower, M. (2022). Beware the "loneliness gap"? Examining emerging inequalities and long-term risks of loneliness and isolation emerging from COVID-19. *Australian Journal of Social Issues*, *57*(3), 562-583. https://doi.org/https://doi.org/10.1002/ajs4.223

Pearce, E., Birken, M., Pais, S., Tamworth, M., Ng, Y., Wang, J., Chipp, B., Crane, E., Schlief, M., Yang, J., Stamos, A., Cheng, L. K., Condon, M., Lloyd-Evans, B., Kirkbride, J. B., Osborn, D., Pitman, A., & Johnson, S. (2023). Associations between constructs related to social relationships and mental health conditions and symptoms: an umbrella review. *BMC Psychiatry*, *23*(1), 652. https://doi.org/10.1186/s12888-023-05069-0

Qualter, P., Vanhalst, J., Harris, R., Van Roekel, E., Lodder, G., Bangee, M., Maes, M., & Verhagen, M. (2015). Loneliness across the life span. *Perspectives on Psychological Science*, *10*(2). https://doi.org/10.1177/1745691615568999

Saeri, A., Cruwys, T., Barlow, F., Stronge, S., & Sibley, C. (2018). Social connectedness improves public mental health: Investigating bidirectional relationships in the New Zealand attitudes and values survey. *Australia & New Zealand Journal of Psychiatry*, *52*(4), 365-374. https://doi.org/10.1177/0004867417723990

Spanknebel, S., Barton, S., & Hurlemann, R. (2024). Einsamkeit in Zeiten globaler Polykrisen. *Der Nervenarzt*. https://doi.org/10.1007/s00115-024-01739-w

Stewart, R., Wright, B., Smith, L., Roberts, S., & Russell, N. (2021). Gendered stereotypes and norms: A systematic review of interventions designed to shift attitudes and behaviour. *Heliyon*, *7*(4), e06660. https://doi.org/https://doi.org/10.1016/j.heliyon.2021.e06660

Sullivan, D. M., & Bendell, B. L. (2023). Help! Lonely at work: Managerial interventions to combat employee loneliness. *Business Horizons*, *66*(5), 655-666. https://doi.org/https://doi.org/10.1016/j.bushor.2023.01.001

Surkalim DL, C. P., Eres R, Gebel K, Bauman A, Ding D. (2023). Have Middle-Aged and Older Americans Become Lonelier? 20-Year Trends From the Health and Retirement Study. *J Gerontol B Psychol Sci Soc Sci*, *78*(7), 1215-1223.

Tamasiga, P., Mogomotsi, P. K., Onyeaka, H., & Mogomotsi, G. E. J. (2024). Amplifying climate resilience: The impact of social protection, social cohesion, and social capital on public

support for climate change action. *Sustainable Environment*, *10*(1), 2361568. https://doi.org/10.1080/27658511.2024.2361568

Tapia-Muñoz, T., Staudinger, U. M., Allel, K., Steptoe, A., Miranda-Castillo, C., Medina, J. T., & Calvo, E. (2022). Income inequality and its relationship with loneliness prevalence: A cross-sectional study among older adults in the US and 16 European countries. *PLOS ONE*, *17*(12), e0274518. https://doi.org/10.1371/journal.pone.0274518

Tzouvara V, K. P. (2022). Examining Differences, Relationships, and Predictors for Loneliness in an Adult Population: The Roles of Personal Characteristics, Place of Residence, Leisure Activities, Mental Health, and Social Outcomes. *Soc. Sci.*, *11*(9), 425.

UK Government. (2022). *Government's work on tackling loneliness*. Department for Culture, Media and Sport. https://www.gov.uk/guidance/governments-work-on-tackling-loneliness

UK Government. (2023). *Policy paper: Tackling Loneliness annual report March 2023 - the fourth year*. https://www.gov.uk/government/publications/loneliness-annual-report-the-fourth-year/tackling-loneliness-annual-report-march-2023-the-fourth-year

US Congress. (2019). *S.2677 - Older Americans Social Isolation and Loneliness Prevention Act*. United States 116th Congress Retrieved from https://www.congress.gov/bill/116th-congress/senate-bill/2677#:~:text=Introduced%20in%20Senate%20(10%2F23%2F2019)&text=This%20bill%20expands%20the%20scope,and%20loneliness%20among%20older%20adults.

WHO. (2023). *WHO Commission on Social Connection*. World Health Organisation,. https://www.who.int/groups/commission-on-social-connection

Wilson, M., McCabe, A., & Macmillan, R. (2022). *Building Big Local Futures: Towards legacies for people and places (Paper 2)*. https://www.ourbiggerstory.com/Reports/OBS-Towards-Legacies(R3).pdf

World Health Organization. (2011). *Global Health and Aging*. https://www.nia.nih.gov/sites/default/files/2017-06/global_health_aging.pdf