

**Submission
No 81**

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

Organisation: The Friendship Project Pty Ltd

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Committee Chair
Standing Committee on Social Issues
NSW Parliament
6 Macquarie Street Sydney 2000

Submitted via email Committee.SocialIssues@parliament.nsw.gov.au

Dear Chair and Committee Members,

Response to the Inquiry into the prevalence, causes and impacts of loneliness in New South Wales

We are four Australian Health Practitioner Regulation Agency (AHPRA) registered mental health professionals, educators and researchers from the New England Northwest (NENW) New South Wales (NSW) region.

Dr Mary Kaspar is a clinical psychologist with 18 years' experience in rural private practice in the NENW. She is the author of a parenting book which explores adolescent relationships, status-seeking, relational aggression and linkages with mental health. She has created and delivered a series of clinician training modules for the intervention of adolescent relational aggression in partnership with the Australian Psychological Society. Dr Kaspar's school presentations educate young people and parents about the concept of likable popularity and healthy friendships. Professor Kim Usher is a distinguished nurse scientist and scholar with a strong commitment to improving the mental health of vulnerable groups, including women, people with a mental illness, Indigenous people of Australia, and in undertaking research that addresses inequity in health care. Professor Usher and her team have worked closely with local Aboriginal community groups and Aboriginal Community Controlled Health Services across the Hunter New England/Tablelands area for the last 12 years to establish connections with local communities; this has taken time and required sustained input. Dr Kylie Rice is a clinical psychologist with experience working in various clinical settings including Health, Education and Private Practice. Dr Rice is a Senior Lecturer in Clinical Psychology and has been appointed as the Academic Lead for Pedagogical Research for the Faculty of Medicine and Health. Dr Reakeeta Smallwood is a registered nurse, early career researcher and Senior Lecturer at the University of Sydney. Dr Smallwood is a proud Gamilaroi woman from Tamworth NSW and continues to work from Country with Aboriginal people and communities in health research through Aboriginal-led research methods and inquiries. Dr Smallwood's PhD was focused on addressing the impact of colonisation with Aboriginal young people from a lens of historical trauma. Her work explored how Aboriginal navigate colonial impact today including how they feel connected socially, culturally and personally to self, country and kin. Dr Smallwood's work is strength-based and grounded in Gamilaroi culture, values and relational approaches to research design, implementation and dissemination.

We welcome the opportunity to provide a submission to the Inquiry into Loneliness in NSW. Our comments below are specific to the Terms of Reference (b), (c), (e) and (i) and draws on our evidence-informed practice and psychological research. We promote the importance of the advancement, communication, and application of psychological science and knowledge to benefit society and people's lives.

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

We would like to draw the Committee's attention to the challenges faced by young people living in rural areas, specifically those in the NENW region of NSW.

NENW is on the land of the Anaiwan, Banbai, Bundjalung, Githabul, Gumbaynggirr, Gamilaroi, Kwaimbul, Ngoorabel and Dunghutti people. NENW landscapes range from the tablelands of the Great Dividing Range in the east to the plains in the west. NENW, identified by the Index of Relative Socio-Economic Disadvantage (IRSD; 2011) as being within the 11th to the 25th percentile of most disadvantaged communities in Australia, embodies diversity within 99,139 sq kms and contains remote areas with significant travel between containment pockets and Aboriginal communities. The ABS (2022) reports 12,184 YP aged 15-19 years and 10,264 YP 20-24 years live in the NENW.

Despite being digitally connected, young people aged 15 to 24 years report the highest levels of loneliness of all age groups (Melbourne Institute: Applied Economic & Social Research, 2023). It is alarming that 62 percent of young people aged between 12 and 25 years report feeling socially isolated, lonely, and left out often or some of the time (National Youth Mental Health Survey, 2022). The 2023 State of the Nation Report – Social Connection in Australia (Ending Loneliness Together, 2023) further identifies how rural communities are particularly vulnerable to loneliness.

The unique geographical and social challenges faced by young people in NENW, combined with the existing socio-economic disadvantages, make them a population at significant risk of loneliness and social isolation. We urge the Committee Members to consider these specific rural youth demographics in its recommendations and strategies to address loneliness, as targeted interventions will be critical in ensuring rural young people are adequately supported.

(c) Evidence of the psychological and physiological impacts of loneliness on people

Loneliness has significant health implications across all demographics. Research from Ending Loneliness Together (2023) links loneliness in Australia to a wide range of serious health outcomes: it is associated with twice the likelihood of developing a chronic disease, almost five times the likelihood of experiencing clinical depression, over four times the likelihood of social anxiety, and more than five times the likelihood of experiencing poor overall wellbeing.

We are in the midst of a youth mental health crisis. We are acutely aware that loneliness is an important and urgent risk factor for young people's mental health. Internationally, youth mental health is a recognised priority, with global prevalence of adolescent mental health disorders estimated to be 15%, and suicide recognised as the third leading cause of death for 15 to 29-year olds (World Health Organisation, 2024). Concerningly, in Australia the reported rates are even higher. The Australian Bureau of Statistics (ABS, 2023) recently reported that in the 2020-2022 period, 38.8% of young people in Australia aged 16 to 24 years experienced a mental health disorder. In addition, suicide is recognised as the leading cause of death among Australians aged 15 to 24 years (Australian Institute of Health and Welfare, 2024). These statistics are alarming and highlight the need for urgent action to improve mental health outcomes for Australian young people.

One recognised risk factor for the mental health outcomes of Australian young people is rurality (Seidler et al., 2020). Young people in rural communities have higher rates of self-harm and suicide, and limited access to specialist psychological care than their counterparts in urban locations (Fitzpatrick et al., 2021). The National Strategic Framework for Rural and Remote Health (2011) recognised the disadvantage faced by young people in geographical regions where socio-economic and rural risk factors intersect and relate to poorer health outcomes. Service access and treatment difficulties are recognised structural barriers for rural Australian young people, with challenges of travel, stigma, cost, discrimination, confidentiality in small communities, waiting lists and a lack of services contributing to mental health outcomes (Seidler et al., 2020).

Novel approaches emphasise the need for discoveries made through psychological science to reach those who will benefit from them (Wiltsey Stirman & Beidas, 2020). For rural young people, this means co-developing culturally safe and specific strategies to address their needs and adopting innovative solutions that overcome the barriers to accessing services. Importantly, to address loneliness experienced by diverse groups such as Aboriginal young people, we must further incorporate and implement holistic understandings of social and emotional wellbeing into research, policy and practice and ensure programs, services and organisations reflect and respect collective values and beliefs of Aboriginal peoples within their specific communities and contexts (Gee et al, 2014).

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

The transition from transient to chronic loneliness is influenced not only by the number of social connections an individual has but by the quality of those connections. Loneliness is a subjective feeling and is differentiated from social isolation. Young people are often embedded in social structures and surrounded by peers, and yet experience a feeling of being alone. This highlights that young people's current peer context and social culture, with online interaction dominant, have limited success in alleviating loneliness. In understanding and addressing loneliness, it is imperative to consider the quality of relationships, where young people feel they can rely on others for understanding and support.

Navigating social relationships is among the key developmental challenges of adolescence. Young peoples' relationships with their peers are related to their mental health and academic adjustment (Véronneau & Trempe, 2022), and relational bullying has been found to predict a range of mental health symptomology (Ferraz de Camargo et al., 2022). Poor relationship experiences, including the experience of relational aggression such as exclusion, gossip and teasing, can take a significant negative emotional toll on young people, as does upward social comparisons when viewing social media (Moore et al., 2014; Samra et al., 2022).

The importance of addressing young people's relationship and friendship quality is underscored by findings from community consultations conducted with young people, parents, educators, and healthcare providers in the NENW region. These consultations, including friendship forums and focus groups conducted by Dr Kaspar, indicate a pressing need for primary care clinicians to provide better relationship and friendship support to young people. Without access to evidence-based guidance, many turn to unregulated health service sources, which can lead to contradictory approaches to care.

Professor Usher's and Dr Smallwood's work has further identified the importance of Aboriginal young peoples' connection and belonging to culture, kin and community as foundational to a young person's resilience and overall wellbeing (Smallwood et al., 2023). Strengthening connections and relationships of young people and their families and communities is much needed in the rural NENW region. Importantly from this research, the focus of interventions and solutions needs to be focused on the strengths and determination of our diverse communities, families and aspiring young people.

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

Invest in research on young people's friendships as an intervention to loneliness

Quality friendships and feeling connected has an important role in young people's wellbeing, and engagement in school and the community. Fostering the development of quality friendships may present a sustainable prevention and early intervention strategy to reduce young people's loneliness. A review of 24 studies concluded that friendship interventions have the potential to improve and protect adolescent mental health (Manchanda et al., 2023). However, the authors note that "little is known about this important potential area of mental health intervention" (Manchanda et al., 2023; p. 21) and recommend efforts to better understanding the domains of friendship influence. Thus, research is needed to understand how young peoples' friendship experiences shape loneliness, and the impact of youth friendship interventions as an antidote to the current loneliness epidemic. Evidence-based research is needed to enable us to better understand and intervene on this emerging area, and translate evidence into practice and policy, to generate meaningful change.

Overcome barriers for young people, including Aboriginal young people, in rural locations

To address the social-emotional health needs of rural young people, the mental health system needs to work more efficiently. Providing mental health services for young people requires additional resources for effective collaboration with the young person's parents or carers, primary health care professionals and educators about the young person's needs, treatment and progress. Identified by Smallwood et al (2022) Aboriginal young people particularly within health systems are often not heard or valued. Young people requiring secondary and tertiary health care often report it is a difficult process to recount all details about their history and repeatedly answer the same questions to various clinicians (NSW Health, 2023). Moving forward, there is a need for innovative, high quality targeted interventions to change the trajectory for rural young people, to reduce loneliness and improve mental health outcomes. Novel approaches need to be co-developed and evaluated rigorously to identify strategies to help young people at risk. Without urgent attention, there is risk that young people, including Aboriginal young people, will continue to feel isolated and unsupported, especially in rural areas, and suicide rates will continue to increase. Action is needed now to break this cycle of disadvantage through the development, implementation and evaluation of innovative strategies to help young people in rural communities.

Utilise the expertise of AHPRA registered mental health professionals

Mental health professionals have an important role in addressing this increasingly urgent and important issue. It is crucial to value the expertise of AHPRA registered mental health

professionals in the design and delivery of relationship and friendship interventions aimed at addressing loneliness with young people at the centre of interventions. This level of clinical expertise is vital to ensuring that such interventions are grounded in evidence-based practices and delivered with the highest standard of care. Mental health professionals are uniquely qualified to tailor interventions that meet the complex needs of young people, particularly those in rural or underserved areas, ensuring optimal care and effective outcomes.

We thank the Honourable Dr Kaine MLC and the Committee Members for the opportunity to respond to this important consultation. We welcome the opportunity to provide further information or clarify any aspect of our submission and would be pleased to attend a hearing should the Committee request additional insights.

Yours faithfully,

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