

Submission
No 79

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

Organisation: NSW Ministerial Advisory Council on Ageing

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The Hon. Dr Sarah Kaine, BEc, PhD MLC
Chair
Inquiry into the prevalence, causes and impacts of loneliness in New South Wales
Standing Committee on Social Issues
NSW Parliament
6 Macquarie Street
SYDNEY NSW 2000

[Via online lodgement NSW Parliament website](#)

Dear The Honourable Dr Kaine

This submission is made by the NSW Ministerial Advisory Council on Ageing (MACA) in response to the *Inquiry into the prevalence, causes and impacts of loneliness in New South Wales*.

The purpose of the NSW MACA is to support and advise the Minister for Seniors in achieving objectives for healthy and productive ageing, consistent with the *NSW Ageing Well in NSW: Seniors Strategy 2021 - 2031*.

The submission seeks to put an ageing lens on considerations about the impact of loneliness and identifying potential solutions for Older Persons, particularly those most vulnerable and “invisible” members of our communities.

We would welcome any future opportunity to meet with or discuss the submission with the Inquiry or its representatives.

Yours sincerely

Joan Hughes
Chair
NSW Ministerial Advisory Council on Ageing



NSW MINISTERIAL COUNCIL ON THE AGEING NSW (MACA) RESPONSE TO NSW LONELINESS INQUIRY

1 November 2024

Preamble

In relation to the *Inquiry into the prevalence, causes and impacts of loneliness in New South Wales* currently being undertaken by the NSW Legislative Council, the NSW Ministerial Council on the Ageing (MACA) has focused its attention on Older Persons, particularly those most vulnerable and “invisible” members of our communities. We are aware that social isolation and loneliness are socially systemic issues. The research data highlights that the most significant group impacted are younger people and that social isolation and loneliness are not necessarily the same, being objective and subjective perspectives.

MACA believes there is a need for a more positivist policy and programmatic agenda, to improve and enhance social connection and social connectedness, to reduce the impacts of social isolation and loneliness in our community.

With respect to the Inquiry’s Terms of Reference, we have summarised our response as follows:

1. EXTENT OF LONELINESS AND SOCIAL ISOLATION

The extent of loneliness and social isolation in Australia, how this is measured, recorded and updated and opportunities for additional and / or improved data capture are significant issues, with varied impacts across different age groups and demographics. There is a plethora of data on these issues, so we will only summarise what we believe to be some key findings and insights into these issues. (see *Appendix for references*).

- **Older Adults:** Older people face unique risks, including isolation due to life transitions (e.g., retirement, illness, death of loved ones) and physical health limitations. Many older people do not receive adequate mental health support, which can further isolate them. For example, mental health issues often remain untreated among those aged 75 and older.
- **People with Disabilities and Other Vulnerable Groups:** Individuals with disabilities report significantly lower social connectedness and higher loneliness levels. Socioeconomic status and migrant backgrounds also influence isolation, particularly for those from culturally diverse backgrounds who may face additional integration challenges.
- **Loneliness in terms of the general population** was unsurprisingly exacerbated by COVID-19, with young Australians, especially females aged 15–24, reporting high rates of loneliness. Social connectedness has in general declined across all age groups, with younger individuals showing the steepest decreases in social engagement

2. OPPORTUNITIES FOR ADDITIONAL DATA CAPTURE

The key challenge in any discussion on loneliness and social isolation is the objective and subjective data profiling and identification of who is lonely and where do they reside?

The *Social Connectedness Index* developed by the Bankwest Curtin Economics Centre, measures social interactions, support, interpersonal trust, and socioeconomic advantage, providing a multi-dimensional view of social connectedness. This index revealed a nearly 10% decline in connectedness between 2010 and 2018, underscoring the scale of isolation issues.

Data from the *Household and Labour Dynamics in Australia (HILDA)* survey tracks loneliness across age groups, and COVID-19 impact surveys have shown how these feelings fluctuated with pandemic restrictions.

Expanding these data sources would allow for targeted interventions, reducing loneliness's social and economic impacts, which are estimated to cost billions annually. It is important to highlight here that there is also a big push to move for health, wellbeing, and social services from face-to-face services into a digital format, particularly in remote/rural/regional areas which also limits structured and incidental opportunities for social connectedness.

MACA believes data could be enhanced by:

- **Enhanced Demographic Segmentation:** More detailed data collection on loneliness among specific demographics (e.g. older people over 85) could improve understanding. The Council on the Ageing (COTA) Australia advocates for segmented data to help address mental health needs among older Australians.
- **Integration of Mental Health Data:** Incorporating mental health and loneliness data in national health frameworks (e.g. Vision 2030) would support early intervention and provide a better picture of public health needs across age groups.
- **Longitudinal Studies and Digital Metrics:** Further longitudinal studies and digital engagement data could illuminate how changing communication modes impact loneliness. Given the rise in social media use, understanding its role in social connectedness could guide policy around digital mental health resources.

3. POPULATIONS MOST AT RISK OF LONELINESS AND SOCIAL ISOLATION

There is a need for more tailored support and accessible community resources for populations most at risk of loneliness and social isolation, focusing on increasing social connectedness and social interactions, improved mental health resources, and targeted and financially sustained interventions to reduce the barriers that sustain loneliness and isolation. These interventions need to be affordable, accessible and ongoing.

There are also physiological impacts of loneliness on people, particularly older populations, those living with a disability or multiple chronic diseases, those living in rural and regional areas, those who are bereaved and older people who have lost a purpose for living.

Overall, loneliness across these groups results in increased GP visits, higher mental health concerns, reliance on alcohol and risky health behaviours that worsen physical and emotional health outcomes, underscoring the necessity for targeted interventions.

Research highlights again significant physiological impacts of loneliness across various more *vulnerable populations*, including older populations, individuals with disabilities, residents in rural and regional areas, and the bereaved.

Populations identified as *most at risk of loneliness and social isolation*; we believe include the following individuals and groups:

- **Older Adults**

- Aged 75 and older: Older adults are at high risk, especially as social networks decrease with age. There is a marked reluctance to seek mental health services due to stigma, affordability and accessibility issues.
- Recently bereaved and those experiencing health decline: Events like bereavement and health setbacks, common in older age, can lead to significant social isolation, compounding risks of loneliness and mental health challenges.
- Loneliness in older adults has been associated with higher rates of mortality, poorer physical health, and increased risk of dementia. Those over sixty-five who frequently experience loneliness are twice as likely to report poor health.
- Lonely older individuals often make more frequent visits to their GP—around ten visits annually, four more than their non-lonely peers. This increased demand highlights loneliness as a public health concern.
- Loneliness and social isolation contribute to greater psychological distress and mental health deterioration among older adults, with grief and major life transitions (such as retirement or loss of independence) exacerbating these effects.

- **Bereaved Individuals**

- Bereavement has a profound effect on social connectedness and physical health. For example, bereaved individuals, particularly those who have lost a spouse, experience elevated loneliness levels that can persist for years, with lasting impacts on their mental and physical health.
- Loneliness following bereavement is linked to increased rates of chronic health conditions, including high blood pressure, and compromised immune responses, placing the bereaved at higher risk of physical health decline.

- **People Living with Disabilities**

- Individuals of all ages with disabilities report lower levels of social support and are 12% more likely to feel very lonely. This gap is particularly wide among those with hearing impairments, as well as those experiencing barriers to social interactions due to physical limitations.
- Individuals with disabilities experience up to 12% lower levels of social support than those without disabilities, contributing to heightened loneliness. This lack of support also links to physical health decline, as loneliness has been shown to correlate with poor health behaviours such as smoking and physical inactivity.
- Loneliness is associated with a higher likelihood of risky health behaviours, including smoking and physical inactivity, which further deteriorates physical health among people with disabilities.

- **Immigrant Communities**

- **Recent Migrants from Non-English-Speaking Backgrounds:** Migrants from culturally different regions (e.g., Africa, the Middle East) are more vulnerable to loneliness. The lack of community networks and challenges in accessing culturally sensitive resources exacerbate isolation. Gender-specific loneliness also varies widely, with migrant women often reporting higher loneliness than their male counterparts.

- **Socioeconomically Disadvantaged Individuals**

- Individuals in the lowest income group are significantly more likely to feel very lonely. Single parents experience amplified effects, particularly those facing financial strain, with up to 38% reporting frequent loneliness.
- There is a strong correlation between socioeconomic disadvantage and poorer health and wellbeing outcomes, which can contribute to loneliness. This is further exacerbated by geography, with 20% of the most socioeconomically disadvantaged residing in regional, rural, and remote locations, who also often have limited access to services to support their physical and mental wellbeing.

- **Young People (Aged 15–24)**

- **Female youth:** This group reports the highest loneliness levels, with one in four young women frequently feeling very lonely. The decline in social support and connectedness in this demographic is notable, especially due to the pandemic, which intensified feelings of isolation.
- **Young men:** Although young women report higher loneliness, young men also experience a decline in social connectedness, with reductions in friendship circles and social support from age 15 to 24.

- **Regional Residents**

- Individuals in regional, rural and remote areas experience lower levels of social connectedness than urban counterparts, amplifying the physiological effects of loneliness. Lack of access to mental health and social support services in remote regions exacerbates these impacts, particularly on mental health, contributing to stress and poorer overall health.
- Limited access to healthcare and social support in regional, rural, and remote areas increases psychological distress among isolated residents, linking loneliness with physical health impacts, including higher rates of chronic disease such as cancer, cardiovascular disease, diabetes, chronic obstructive pulmonary disease.

- **Older LGBTIQ Adults**

- According to the United Nations' World Population Aging report, one in five people will be over sixty-five by the year 2050, and this demographic includes a significant number of LGBTIQ individuals. Maintaining social connections is crucial for the well-being of older LGBTIQ adults, as they often face unique challenges and stressors related to their minority status.
- Further stressors are evident for transgender older adults due to greater rates of stigma and discrimination, especially from uninformed care providers both in community and residential aged care environments. Care staff and treating medical practitioners are frequently uninformed about the ongoing need for hormone therapy to be continued, and to accept the persons affirmed gender. These stressors can be exacerbated if the person is from the First Nations population or CALD communities and can lead to higher rates of poor mental wellbeing.
- Older people living with HIV have lived through complex grief and trauma, while developing considerable resilience. This resilience has often led to them developing differing social structures for support as they age. Inclusion into community support groups needs to be authentic or there can be a risk of increasing isolation if appropriate support is not readily available.

- **People from Refugee backgrounds**

People who have arrived in Australia as refugees from countries where they have experienced trauma, loss of family members by death or separation require ongoing trauma informed support from community agencies, and co-designed programs to facilitate culturally informed social engagement, given these numbers are likely to increase in coming years.

- A study by the Australian Institute of Criminology has also highlighted the challenges faced by older prisoners, including increased isolation and mental health issues.



4. INITIATIVES BY GOVERNMENT AND NON-GOVERNMENT ORGANISATIONS TO ENHANCE SOCIAL CONNECTEDNESS

There is no 'one size fits all' or 'magic bullet' to address this or the many related social justice issues. As such, there needs to be greater focus on place-based initiatives to ensure that programs and services are targeting loneliness by enhancing social connectedness. These programs and services must meet the unique needs of individuals and their communities and target older people.

However, this requires commitment of flexible and sustainable long-term funding for programs delivered by both government and non-government organisations to support community-focused initiatives. Local communities should also be supported to build and maintain a community development workforce, including volunteers through state and local governments to better coordinate and disseminate place-based programs and initiatives that focus on health and wellbeing and encourage greater social connectedness. There also needs to be consideration on reducing the financial access barriers to proactive and preventative health and wellbeing initiatives and programs to support greater social connectedness and reduce loneliness, particularly for more vulnerable populations.

We acknowledge there are initiatives being undertaken to enhance Social Connection and Cohesion and would support more consideration of such initiatives by both government and non-government organisations in Australia, aimed at reducing loneliness and social isolation. The programs and services need to be flexible in meeting place-based community needs, evidenced-based, and most importantly receive long term funding.

Government Initiatives

1. **Vision 2030:** Australia's blueprint for mental health and well-being, Vision 2030, seeks to address loneliness and social isolation among older adults, with a specific focus on improving mental health care access and community support for older Australians.
2. **Better Access and ATAPS Programs:** Funded by Medicare, these programs provide mental health services, especially to those unable to afford private services, and target mild to moderate mental health conditions. These initiatives include the Access to Allied Psychological Services (ATAPS) program, which is particularly beneficial for individuals experiencing loneliness.
3. **Social Connectedness Index:** The Bankwest Curtin Economics Centre (BCEC) developed the Social Connectedness Index, which tracks social interactions, social support, and community participation across demographics to inform policy and understand at-risk groups better.
4. **COVID-19 Impact Monitoring and Public Health Efforts:** During the pandemic, the government enhanced data collection on social isolation and loneliness to understand and respond to the impacts of lockdowns. Ongoing monitoring of these impacts is expected to support further targeted interventions.

Non-Government Initiatives

1. **Ending Loneliness Together:** This coalition of researchers, community organisations, and policymakers aims to reduce loneliness by raising awareness, improving community support, and conducting research to influence policy. Their 2022 campaign highlighted loneliness as a public health priority, helping secure further research funding.
2. **Council on the Ageing (COTA) Australia Policy:** COTA has advocated for policies focused on the mental health and social support of older adults, addressing social isolation through community engagement programs and advocating for enhanced mental health screening for those in residential aged care.
3. **Volunteering and Community Engagement Programs:** Community organisations such as Relationships Australia and various local councils have promoted volunteering as a way to improve social connections, particularly among young people and older adults.
4. **Digital Social Support and Telehealth Services:** With increased reliance on digital health and mental health support, several organisations have enhanced telehealth and digital mental health services. The aim is to make support services more accessible, particularly for those in rural or regional areas, who are often more isolated.
5. **Connectedness through art, including music, dance/movement** is vital for the health and well-being of older adults. The mental, physical, cognitive, and emotional benefits of maintaining strong social ties are well-documented in academic research. By fostering social connections through artistic activities, older adults can improve their overall quality of life and enjoy healthier, more fulfilling lives.
6. **Connectedness through physical programs like** Strengthening for over 60s program. There is ample evidence to show the positive impact of exercise and other physical health programs like regular walking groups, on people's psychosocial health.
7. **Encouraging social engagement and providing opportunities for social interaction** should be a priority in promoting healthy ageing. Encouraging local councils, art galleries, service providers, CWA, service clubs to identify those who lack social connectedness. Offering funding and transport options can assist grouping likeminded people together.

These initiatives, although varied in focus, work toward a stronger focus on Social Connection and Social Connectedness, which MACA believes needs to be the future approach. Additionally, given the intersect between health, wellbeing, and social disconnect, consideration in how existing health and wellbeing programs can incorporate a greater focus on identifying and supporting individuals that are experiencing loneliness or lack of social connectedness is warranted. The NSW Department of Communities and Justice *Connecting Seniors* grant program promoting social connection is a very good example of what can be achieved with targeted and

evaluated program funding to local communities. Such programs indicate a more cohesive approach to reducing social isolation through awareness, improved access to mental health care, and enhancing social and community participation.

REFERENCES

There are plethora of research studies and reports on Social Isolation and Loneliness, particularly related to the impact of COVID; but these reports were informative in referencing material in the MACA submission.

1. **COTA Australia.** *Policy Statement: Mental Health (2023)*
2. **Australian Institute of Health & Welfare (AIHW)** *Social isolation, Loneliness and Wellbeing. Australian Welfare: Data Insights. Chapter 2 (2023)*
3. **Bankwest Curtin Economics Centre.** *Stronger Together, Loneliness and Social Connectedness in Australia.* Alan Duncan, Daniel Kiely, Astghik Mavisakalyan, Austen Peter, Richard Seymour, Chris Twomey and Lili Loan Vu. Focus on the States Series, No. 8/21 (2021)
4. **Australian Health Policy Collaborative.** *Getting Australia's Health On Track 2024 (2024).* Victoria University, vu.edu.au/institute-forhealth-sport-ihes/health-policy
5. www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2021.756649/full?form=MG0AV3 (LGBTQI+)
6. **Australian Institute of Criminology.** *Older prisoners: A challenge for Australian corrections.*

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