

Submission  
No 95

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

**Organisation:** GROW Australia

**Date Received:** 1 November 2024

---

1<sup>st</sup> November 2024

# **Parliamentary Inquiry: Prevalence, causes and impacts of loneliness in New South Wales**

Submitted to:

NSW Government Parliamentary Standing Committee on  
Social Issues Chair - the Hon Dr. Sarah Kaine

Submitted By:

GROW Australia (NSW)

## **Executive Summary:**

GROW is a community-based organization dedicated to improving mental health and combating loneliness through peer support and mutual help. With over 65 years of experience, Grow offers a unique program that leverages the power of lived experience to foster connection and resilience among its members. Mutual support and self-help groups are vital resources for individuals seeking to overcome various challenges, including addiction, mental health issues, and personal crises. These groups provide a supportive environment where members can share experiences, offer encouragement, and develop coping strategies together. GROW's comprehensive approach to mental health and community support makes it a vital resource for individuals struggling with loneliness. By fostering connections and providing ongoing support, Grow helps its members build fulfilling, connected lives.

## **Purpose:**

The purpose of this document is to provide the committee with unique insights into the cause, prevalence, impacts, and potential solutions to loneliness in NSW. There are 3 key areas for consideration:

1. Those with a mental illness are more likely to become isolated and isolation will exacerbate mental health issues. Prolonged loneliness perpetuates social anxiety.
2. Societal shifts in the reduction of naturally occurring social architecture such as spiritual groups and extended families coinciding with the rise of technology.
3. How building intentional social architecture through mutual support and self-help structures simultaneously improves mental health and reduces loneliness.

## **Background:**

GROW was established in 1957 and is the original prototype of a program which was designed and led by people with lived experience. Decades before buzz words like co-design and co-production were being bandied around, the GROW program was designed by consumers and delivered by consumers, and that still remains the case today.

GROW works on a model of Peer Support, or mutual support and self-help (often called Intentional Peer Support) and this creates a community where peers learn from and support each other. GROW has led this model across Australia whether through the classic Grow group programs, or newer programs such as Get Growing in schools, eGrow, young adults programs, specific programs for carers and prison inmates, and residential recovery programs for people with a dual diagnosis of mental illness and substance misuse.

The intentional community allows people to work through their issues in a supportive environment but also provides structured opportunities to develop their social lives and make lasting friendships. GROW has helped tens of thousands of people to recover from severe mental ill-health using an evidence-based approach to peer support. This involves GROW's distinctive services of fostering personal leadership, mutual help, friendship, peer support, self-activation leading to self-actualisation and ultimately recovery.

## Issues and Discussion:

1. **Those with a mental illness are more likely to become isolated and isolation will exacerbate mental health issues. Prolonged loneliness perpetuates social anxiety.**

The Grow Program has helped thousands of people recover from mental illness and the wisdom of our lived experience leaders is clear – thinking in isolation leads to declining mental health and the way out of poor mental health is to challenge distorted thinking through engagement with trustworthy helpers.

Mental health decline is a cycle. Poor mental health causes people to isolate and isolation makes thinking worse. Some people experiencing mental illness can experience detachment from those who would ordinarily support them, such as family and friends. This can be due to stigma around mental illness or because sometimes people experiencing mental illness are difficult to be around. These factors cause those support people to distance themselves from the individual experiencing poor mental health. Other times the person experiencing mental illness intentionally isolates themselves and reduces contact with support networks. They may lack the energy to engage or may not want to meet with family and friends who may challenge them. Whichever came first, the outcome is the same, mental health declines further with isolation.

The longer a person is isolated, the more anxiety they are likely to experience around socialisation. They may become more self conscious or feel less practiced in holding a conversation. A peer support program can help them reengage in a community and slowly overcome the anxiety around socialisation by providing a safe and supportive environment which encourages people to make incremental change. GROW has enabled success in this space with adults of varying levels of mental illness as well as with young people in a school environment. Friendship is identified as one of the most valuable aspects of being part of GROW.

2. **Societal shifts in the reduction of naturally occurring social architecture such as spiritual groups and extended families coinciding with the rise of technology.**

Social architecture is the intentional design of environments to encourage specific social behaviours and interactions, aiming to achieve certain goals. This concept can be applied to both physical spaces, like buildings and urban areas, and digital spaces, such as online communities and social media platforms. GROW has been operational for nearly 70 years and in that time there has been significant changes in the social architecture affecting loneliness.

In 1957 people were more likely to be part of a larger extended family network and be a part of a spiritual group (eg. Church congregation) which met regularly. Individuals did not have to 'plan' their social lives so much as attend the various rituals and family milestones as they happened. As society has become increasingly secular and family sizes have dwindled due to the plummeting birth rate, individuals are now responsible for planning and executing their own social lives which has delivered mixed results.

In recent decades the rise of social media, convenience apps and home entertainment has meant that people don't need to leave home as much or see people face to face to stay in touch. While the rise in technology has certainly saved individuals time which could be used to socialise, people are often using the time to consume more technology. Being able to stay in contact with everyone has sometimes meant not staying in touch with anyone particularly well.

3. How building intentional social architecture through mutual support and self-help structures simultaneously improves mental health and reduces loneliness.

The lived experience of our member suggests individually managing a social life is not a strength of human beings. People naturally build connections with others when they regularly see them as part of their usual routine and are given a reason to talk. Building the appropriate social architecture for people to seamlessly interact with each other is key to combating loneliness.

Within the Grow Program members attend a weekly meeting, a weekly group social, and receive a weekly phone call from a group member. In addition, they can attend community weekends, regional socials, and leadership meetings. The social architecture is already established so all people need to do is show up.

GROW has been assisting those with a mental illness, or those who are just lonely, to engage with a supportive group of peers for nearly seven decades which has enabled them to improve their mental health. This type of outcome cannot be achieved in a clinical or one-to-one setting as there is no offer of friendship in a professional setting. GROW has built and maintained the appropriate social architecture to ensure that even the most marginalised people have an opportunity to connect and build enduring friendships.

#### **Recommendation:**

The NSW Government should consider and promote the important role that mutual support and self help plays in providing the social architecture required to keep even the most marginalised people connected. The NSW government should appropriately fund services, such as GROW, to ensure that peer support programs are available across the entire state both for adults and young people. Funding these types of programs will provide the dual outcome of teaching people better resilience building and coping strategies and allowing people to form lasting friendships with each other as a result.

## Reference List:

1. Bear, H. A., Nunes, L. A., Ramos, G., Manchanda, T., Fernandes, B., Chabursky, S., Walper, S., Watkins, E., & Fazel, M. (2024). The acceptability, engagement, and feasibility of mental health apps for marginalized and underserved young people: Systematic review and qualitative study. *Journal of Medical Internet Research*, 26, Article e48964. <https://doi.org/10.2196/48964>
2. Cassidy, S. (2015). Resilience Building in Students: The Role of Academic Self-Efficacy. *Frontiers in Psychology*, 6, Article 1781. <https://doi.org/10.3389/fpsyg.2015.01781>
3. Fullerton, D. J., Zhang, L. M., & Kleitman, S. (2021). An integrative process model of resilience in an academic context: Resilience resources, coping strategies, and positive adaptation. *PLOS ONE*, 16(2), e0246000. <https://doi.org/10.1371/journal.pone.0246000>
4. Grow Australia. (2015). *Mutual support in mental health recovery: Applying the evidence*. Retrieved from [https://grow.org.au/wp-content/uploads/2020/08/Mutual-support-in-mental-health-recovery\\_v1.pdf](https://grow.org.au/wp-content/uploads/2020/08/Mutual-support-in-mental-health-recovery_v1.pdf)
5. Lyons, N., Cooper, C., & Lloyd-Evans, B. (2021). A systematic review and meta-analysis of group peer support interventions for people experiencing mental health conditions. *BMC Psychiatry*, 21, Article 315. <https://doi.org/10.1186/s12888-021-03321-z>
6. Lainas, S. (2023). Self-help/mutual aid groups for health and psychosocial problems: Key features and their perspectives in the 21st century. *American Journal of Community Psychology*, 72(3-4), 271–287. <https://doi.org/10.1002/ajcp.12718>
7. Silverman, P. R. (2012). Mutual Help Groups: What Are They and What Makes Them Work? In *The Oxford Handbook of Group Counseling* (pp. 511–519). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780195394450.013.0028>
8. Rappaport, J., Seidman, E., & Toro, P. A. (1987). Collaborative research with a mutual help organization: The case of GROW. *American Journal of Community Psychology*, 15(5), 745-766. <https://doi.org/10.1007/BF00919274>