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

Organisation: The Presbyterian Church of Australia in NSW

Date Received: 1 November 2024

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

The Presbyterian Church of Australia in the State of New South Wales

October 2024

Who we are

The Presbyterian Church of Australia in New South Wales and the ACT ('the Church') consists of 183 congregations with over 13,500 adults regularly attending and supporting their local church and outreach into their local communities. The Church operates four independent schools and three low-fee Christian schools educating over 5,500 students, five of these schools in regional communities across New South Wales. It provides a range of disability services, including Allowah Disability Support Services, supports chaplains in hospitals and prisons, operates a Theological College and six Early Childhood Services for Pre-schools/Kindergartens/Childcare, and coordinates the teaching of scripture in public schools which involves over 400 voluntary Presbyterian scripture teachers.

This submission has been prepared by the Gospel, Society and Culture Committee of the PCNSW General Assembly by Dr Christine Metusela, Senior Lecturer: Public Health in the Graduate School of Medicine, Wollongong University and Rev. Dr. John McClean, Lecturer in Systematic Theology, Christ College. For further information contact the convener of the committee, Rev. Dr. John McClean.

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Our Position

1. The Christian faith affirms the need for and the value of human relationships, to be listened to and to listen to others and to flourish as humans.

2. As many as 50% of NSW residents experience feelings of loneliness at least some of the time. There is a need for more comprehensive data to capture the extent of loneliness throughout NSW and Australia.

3. Adolescents are particularly at risk of loneliness and social isolation, which has been exacerbated by COVID-19. Older adults, people living with disability, people living in rural areas and people experiencing homelessness are also susceptible to higher rates of loneliness and social isolation.

4. Loneliness and social isolation have significant negative impacts on both mental and physical health and are risk factors for increased mortality.

5. Strong social ties can be seen as a protective factor in regard to health. The health benefits of social connections span from enhanced mood to lower blood pressure and result in decreased mortality.

6. Church attendance is associated with lower levels of social isolation and loneliness. Churches provide many activities and programs that have meaning and encourage social connection and interaction for church attenders and the wider community.

7. We advocate government supporting churches and community groups to enhance current community connection.

Christian perspectives on loneliness

Our submission is framed by Christian convictions which make a distinctive contribution to understanding and responding to loneliness. We start by highlighting some of these, without offering anything like an exhaustive account of the rich history of reflection on this issue.

Christian teaching has long recognised the problem of loneliness. In the opening pages of the Bible God declares that it is "not good" for man to be alone, and he creates the woman as a companion and helper (Gen 2:18-24). This does not simply mean that marriage is a solution for loneliness. It also points to the wider reality that marriage and family provide a foundation for a wider social life, and that human flourishing takes place in close family relationships and in wider social life.

People are made in God's image and are made for relationships, for communion with God and for society and community with one another. We receive our identity and self-understanding as well as values, direction, meaning and purpose through community. While meaning in life is ultimately grounded in God and his purposes, it is mediated to us through relationships with others. Much that is meaningful and satisfying in human life comes through relationships with others.

The Christian view recognises the importance of fellowship or communion for human flourishing. We require more than the mere presence of others and social contact, we thrive on friendship and intimacy. Humans need to be able to share their emotions and experiences, to be listened to and to listen to others, to share projects and to work together.

Christian teaching recognises that human life is not the way it should be. We are often isolated from others and lack the close relationships which make life meaningful and enjoyable. The doctrine of sin indicates that humans do not relate to God as they should and do not find satisfaction in communion with him. Our relationships with one another are also interrupted and this leads to loneliness. There are a wide range of possible causes of loneliness. Human conflict can be a factor in loneliness. Exclusion can be a particular factor for those in vulnerable and marginalised groups. Bereavement and grief can lead to periods of intense loneliness. Physical disability and impaired mobility can exacerbate loneliness, as can poor mental health. The Christian perspective is that human loneliness ultimately stems from our deepest spiritual problem. Isolation from God leads to a loss of human communion.

Features of contemporary society exacerbate the loneliness which is part of the human condition. Our society is ideologically individualist, and often focused on productivity. We fail to value and invest in good relationships. Ironically, economic prosperity can be a contributor to loneliness as it enables people to live with less immediate reliance on others.

The Christian Scriptures have many reflections on the experience of loneliness and isolation (1 Kings 19:10; Pss 39:4,5,12,13; 88:6-9,14,18; 102:7; 142:4; Job 19:13-19: Jer 15:17-18; 2 Tim 4:16). These recount the pain

and distress which can be generated by loneliness and reflect how important community is for human security and contentment. We note below some of the deleterious effects of loneliness and isolation.

The Christian view, then, recognises that loneliness is a serious existential and social problem. When people lack strong connections and friendships they will suffer physically, mentally and spiritually. The research on the effects of loneliness, outlined below, helps to substantiate this.

The Christian message is that Jesus Christ has come as God, from God, to restore humanity to God. His life, death and resurrection are a work of redeeming love so that humans may have communion with God. Our restoration to God creates a renewed human community. Reflecting on the ancient enmity between Jews and Gentiles the apostle Paul wrote that Christ is "our peace", he has "made the two groups one and has destroyed the barrier, the dividing wall of hostility", so as to "create in himself one new humanity out of the two, thus making peace, and in one body to reconcile both of them to God through the cross, by which he put to death their hostility (Eph 2:14-15). This reconciliation to God and one another is the paradigm in which Christians understand the restoration of community. Ultimately, human loneliness needs to be addressed spiritually.

Christianity, like many religions, is a communal religion. This is why church is a central and indispensable feature of Christian life. The Scriptures are filled with calls for Christians to love another and to live in fellowship with each other. Christians are instructed to meet with one another regularly to worship God and to fellowship with each other. For centuries, Christians churches have provided a key point of social connection in Western societies. Churches continue to provide this for some people (about 20% of Australians attend church at least monthly). Thus, secularisation must also be recognised as one contributing factor to widespread loneliness.

Christians are concerned for our society and seek to contribute to the common good. Our faith affirms the need for and value of human relationships. We are called to love our neighbours as well as fellow believers. This means that Christians have contributed significantly to the strength of community in our culture and to social capital. We note below some of the ways in which Christians help to respond to loneliness in Australia.

Christians also recognise the value of solitude. The prophets in the Bible, including Jesus himself, withdrew from human society to deepen their communion with God. Time for contemplation and reflection is an important element of healthy living. Solitude is an important spiritual discipline. Yet solitude is usually useful when it is chosen, and is part of a rhythm of life which also involves active community life.

These Christian reflections on community and loneliness help to guide the discussion of the social impact of loneliness and possible responses.

Understanding and responding to loneliness

The following discussion addresses the terms of reference for the inquiry, especially a)-d) and j).

Loneliness has been evidenced to be linked to significantly poorer physical and mental health outcomes (Lee at al. 2021). It is defined as a subjective feeling of anxiety or distress due to a discrepancy between an individual's preferred social relationships and the actual social relationships that they have (Peplau and Perlman, 1982). Loneliness consists of emotional and social dimensions, both of which may lead to feelings of emptiness, anxiety and isolation (Weiss, 1973). Social isolation is the objective state of having minimal social interactions, however both loneliness and social isolation can be classified as a lack of social connection. Social connection is correlated with enhanced wellbeing, including lower levels of depression and anxiety, and greater resilience (Seppala et al. 2013). Conversely, social isolation and loneliness have been associated with lower levels of subjective wellbeing (Shankar et al. 2015; Isaac et al. 2021). Social isolation has also been evidenced to contribute to loneliness (Cacioppo et al. 2015).

(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 ABS census captures some data on loneliness through the proportion of people who agree with the statement 'I often feel very lonely'. For example, in 2022, just over 1 in 6 (16%) Australians agreed with this statement. For those aged 15-24, 17% males and 15% females reported feeling lonely. For people aged 65 and over reporting feeling lonely has steadily declined since 2001 (AIHW 2024). The Australian Institute of Health and Welfare (AIHW) analyses data on social isolation based on the Household and Labour Dynamics in Australia (HILDA) dataset. In 2022, almost 1 in 7 (15%) Australians (18% males and 12% females) were experiencing social isolation (AIHW 2024). Loneliness among Australians was already a concerning issue before the COVID-19 pandemic, however in 2022 post-COVID it has been described as one of the most pressing public health priorities in Australia. An ABS April 2020 survey found that 22% of respondents felt lonely and this was the most reported cause of personal stress (ABS, 2020). The proportion of young people aged 15–24 experiencing social isolation increased markedly over 2020 and 2021 during COVID-19. During the later years of the pandemic the proportion of young females (15–24 years) experiencing social isolation decreased (23% in 2021 down to 17% in 2022), while the proportion of young males continued to increase (from 22% to 25% over this time). Therefore, data shows that Australian males aged 15–24 tend to experience more social isolation and loneliness than females.

The Mental Health Commission of NSW (the Commission) collects data on loneliness prevalence through the UCLA 3-item loneliness scale that is incorporated into the annual Community Wellbeing survey. A representative sample of 2,673 NSW residents completed the survey in 2022 and findings showed that almost 50% of NSW residents reported experiencing feelings related to loneliness 'some of the time' or 'often' as measured by the UCLA 3-item loneliness scale. One in six respondents disclosed experiencing a new mental

health issue since the onset of the pandemic in 2020 and among newly reported mental health issues, anxiety emerged as the most prevalent. Individuals with a self-reported mental health issue and those in the 18-29 age group had the highest reporting of loneliness.

There is a need for further robust Australian data on loneliness and isolation. Australia's available data on loneliness do not allow for reliable international comparisons. In a recent systematic review of loneliness in 113 countries led by Australian researchers, Australian data could not be compared internationally except in the adolescent age group, due to a lack of comparable prevalence data (Surkalim et al. 2022). To date, the Organisation for Economic Co-operation and Development has not reported comparable data for Australia on its measures of 'people feeling lonely' and 'people feeling left out of society' (OECD 2023).

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

In Australia, the highest loneliness scores are in young adults (AIHW 2021). Research shows that children and adolescents are at particular risk of loneliness and social isolation (Loades et al. 2020; Munasinghe et al. 2020). Younger people are particularly impacted due to social connection being a key part of psychosocial development. More young people living in regional and remote areas report feeling lonely (65%) compared with young people living in major cities (55%)[1].

The National Disability Strategy Report prepared by the National People with Disabilities and Carer Council in 2009, "Shut Out: The Experience of People with Disabilities and their Families in Australia", found that people with disabilities experience isolation and loneliness in Australia. Causes for this experience included accessibility issues due to the physical environment and attitudinal issues.[2] A study funded by the Australian National Health and Medical Research Council, stated, "people with disability have fewer friends, less social support and are more socially isolated" (Emerson at al. 2021). According to the AIHW, 29% of people with disabilities experience loneliness compared to 17% of people without disability. This figure rises to 38% for people with intellectual disabilities.[3]

Findings by Aged Care Research and Industry Innovation Australia (ARIIA) show that approximately one in five older Australians are socially isolated.[4] This increases up to 60% for older people who live in residential aged care and is particularly of concern with Australia's ageing population. The recent Royal Commission into Aged

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[1] ReachOut: https://about.au.reachout.com/blog/1-in-2-young-people-stressed-about-loneliness---mental-health-impacts-according-to-a-new-report-by-reachout-on-international-day-of-friendship

[2] National People with Disabilities and Carer Council, *Shut Out: The Experience of People with Disabilities and their Families in Australia,* (2009), 52.

[3] https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/social-support/social-inclusion

[4] Aged Care Research and Industry Innovation Australia (ARIIA). Social Isolation. https://www.ariia.org.au/knowledge-implementation-hub/social-isolation

Care[5] also highlighted loneliness among aged care residents as an urgent issue, warning that it has increased even more amongst this group since the COVID-19 pandemic including for people facing bereavement.

Another population vulnerable to social isolation and loneliness are individuals who are homeless. The homeless often have small and fragmented social networks due to loss of family members and connections and studies have shown that they are twice as likely to feel lonely than mainstream communities (Bower et al. 2017).

(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

Loneliness and social isolation can harm both mental and physical health and affect life satisfaction (Holt-Lunstad et al. 2015; Munasinghe et al. 2020; Manera et al. 2022). According to the literature, loneliness is linked with an increased risk of Alzheimer's disease (Holwerda et al. 2012; Wilson et al. 2007), obesity (Lauder et al. 2006), cardiovascular disease (Xia and Li 2018), and stroke (Valtorta et al. 2016). Research has found that lonely individuals have higher blood pressure, higher peripheral vascular resistance and decreased cardiac output in comparison to non-lonely individuals (Cacioppo et al. 2002).

Likewise, social isolation has been linked to sustained decreases in feelings of wellbeing, emotional distress, mental illness, suicide, the development of dementia and poor health behaviours (smoking, physical inactivity and poor sleep) as well as biological effects, including high blood pressure and impaired immune function (Cacioppo et al. 2002; Holt-Lunstad et al. 2015; Shankar et al. 2015; Manera et al. 2022). Social isolation, loneliness or living alone are all independent risk factors for increased mortality, thus it is not surprising that lonely people also have an increased mortality rate (Holt-Lunstad et al. 2015).

A recent systematic review of 63 studies that examined the effect of loneliness on children and adolescents found that loneliness was associated with poor mental health, especially depression, even up to 9 years later (Loades et al. 2020). For people facing bereavement, emotional loneliness is one of the biggest challenges to coping on a daily basis (Vedder et al. 2022). A 12-year longitudinal study of over 4000 adults aged over 50 in the UK found a strong association between loneliness and depression with the authors estimating that loneliness accounted for up to 18% of cases of depression (Lee et al. 2021). Another study investigated loneliness as a risk factor for suicidal behaviour, independent of mental illness. The study of 7403 participants found that being lonely was as significant a risk factor for suicidal behaviour as having a common mental health disorder such as depression, anxiety, panic disorder, phobia or obsessive-compulsive disorder. Furthermore, those who were lonely and had a common mental health disorder were at the greatest risk of suicidal behaviour, suggesting a compounding effect of mental illness and loneliness (Stickley and Koyanagi 2016). Further research has shown psychological and physical health impacts of social isolation during

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[5] Monash University. Older Australians join the fight against loneliness and social isolation, 8 Feb 2024
https://www.monash.edu/news/articles/older-australians-join-the-fight-against-loneliness-and-social-isolation

quarantine including COVID-19 with poor mental health outcomes and suicidal behaviour (Hawton et al. 2020; Brooks et al. 2020).

While few studies have examined the relationship between disability and personal wellbeing, the available research suggests a link between increased rates of loneliness and physical health issues, depression and other mental health issues for people with intellectual disabilities (Emerson et al. 2021). Experiences of loneliness was most prevalent among adults with disabilities who were "younger, economically inactive, living in rented or other accommodation, living alone and had low levels of access to environmental assets."[6]

Loneliness also contributes to increased levels of vulnerability due to isolation. The Senate's Community Affairs Reference Committee in its inquiry into "Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability" in 2015 heard that it is the "isolation from broader society and the 'closed' nature of disability services' that can lead to a 'corruption of care'."[7]

Closely related to the issue of loneliness is that of isolation and segregation. The view of the chair and commissioner for the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities* is that though there was in the past "enforced separation and isolation of people with disability" and this "resulted in their dehumanisation and exposed them to horrendous levels of violence, abuse, neglect and exploitation" there are still some settings for people with disabilities that could be described as "segregated."[8] Segregated settings are determined by the following criteria:

- whether participants are separated from other people for shorter or longer periods

- whether people with disability who live, learn, work or engage in leisure activities in those settings do so in the exercise of a free and informed choice (or, in the case of children, the free and informed choice of parents or guardians)

- whether the participants enjoy regular and significant interaction with their non-disabled peers and the wider community.[9]

Because disability support services are often delivered in a segregated manner isolating the individual from the broader community, this can lead to inefficiencies in service delivery, and the service falling short of the intended purpose. This can lead to excessive spending in government funds while providing little to no benefit

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[6] ibid, 6.

[7] Australian Senate: Community Affairs Reference Committee, *Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability,* (2015), 48.

[8] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities, *Executive Summary, Our Vision for an Inclusive Australia and Recommendations*, (2023), 91.

[9] ibid.

for the individual. Were the individual to be more socially connected, and therefore less isolated and lonely, a net benefit would be gained in reducing government and increasing the quality of service delivery.

Additionally, the financial impact of loneliness has been observed by the Royal Commission stating,

> An extra $10.8 billion was associated with additional gaps in health-related outcomes between people with disability and people without disability. The estimate of the additional outcomes gap is made up of two main components: higher rates of poor diet, obesity and blood pressure; and the estimated impact of loneliness on quality of life.[10]

The Royal Commission found that people with disabilities experience separation from the rest of the community. This experience of separation is characterised by exclusion from relationships along with social, economic and cultural participation.[11] While larger residential institutions have been discontinued, it has been heard that "people in some group homes are isolated from – or prevented from seeing – family, friends, cultural groups or NDIS supports."[12] It follows, then, that such circumstances would increase experiences of loneliness.

It is this isolation, or loneliness, that leaves people vulnerable. Women with disabilities are vulnerable to sexual abuse by their predator taking advantage of their isolation.[13] Isolation can also allow women with disabilities to be controlled in domestic violence situations.[14]

(d) Evidence linking social connection to physical health

A lack of social connection has been found to have significant negative impacts on physical health and can increase depressive symptoms as well as mortality. Conversely, more frequent social contact is associated with better overall health (Botha 2022). There is significant evidence that social support and feeling connected can help people maintain a healthy body mass index, control blood sugars, improve cancer survival, decrease cardiovascular mortality, decrease depressive symptoms, mitigate posttraumatic stress disorder symptoms and improve overall mental health (Martino et al. 2015; Engebretson et al. 2014). The health benefits of social connections span from enhanced mood to lower blood pressure and result in decreased mortality. A landmark study in 1979 demonstrated that people with strong social ties were three times less likely to die than those who were less connected to others (Berkman and Syme 1979). The study found close social ties to be a protective factor with regard to health. Incidentally, people with unhealthy habits such as smoking and physical inactivity yet who embraced close social ties lived longer than those who

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[10] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities, *Nature and Extent of Violence, Abuse, Neglect and Exploitation,* (2023), 283.
[11] ibid, 260.
[12] ibid.
[13] ibid, 116.
[14] ibid, 107.

had more health promoting habits but lacked these important social connections. Thus, prescribing social interactions and encouraging friendships has the potential to have a healing effect on patients.

(e) Steps that community organisations and individuals can take to reduce impact of loneliness on individuals and the community

Loneliness is a pervasive feature of Australian society and must be addressed by a wide range of strategies from community organisations as well as government. Because of the nature of loneliness, direct government intervention is unlikely to have a significant impact. Loneliness is best addressed by communities and community organisations which can facilitate genuine connections between people. The recommendations below relate particularly to ways in which churches and Christian organisations can address the problem.

Volunteerism and engagement with community organisations are found to be associated with reduced social isolation (Flood 2005). Likewise, non-medical interventions such as the arts and physical activity can help address loneliness and enhance wellbeing (Smith and Lim 2020). Group music participation such as choirs, for example can improve mental health and enhance wellbeing through social connection (Dingle et al. 2021; Maury and Rickard 2022). Group exercise shares similar effects on wellbeing, mood and social bonding (Basso and Suzuki 2017; Dowd et al. 2014). A study focused on experiences of older people with chronic lung disease involved in a peer support community-based exercise program, found physical benefits for older people as well as psychosocial benefits. The program promoted social connection in a supportive environment with people who have a shared lived experience of chronic disease. Participants described how they felt a real sense of belonging where they were 'not so lonely' (Middleton et al. 2023).

Churches

The church is heavily involved in volunteering and with the community. Both historically and currently, members of the church care for one another and for the community at large. To love one's neighbour as one loves oneself (Mark 12:31) will always be a core tenet of the Christian faith. The main societal benefits of religion can be broadly categorised as relating to social capital, social cohesion, and community health and well-being (Derrington, 2019). This is reflected, for example, in the correlation between religious participation and health which affects society and the economy in positive ways. Research suggests that the practice of religion increases physical health, life expectancy and mental health (Weber and Pargament 2014; Williams and Sternthal 2007).

Research shows that church attendance is associated with higher levels of social integration and social support, meaning lower levels of social isolation and loneliness (Rote et al. 2013). Church attendance is linked with larger social networks and greater contact with network members and is thus a protective factor against loneliness. Many churches run programs for church attenders and the wider community that encourage social connection and interaction, thus the church can be seen as prescribing social interactions and encouraging

friendships. Regular social interaction and practices of kindness toward others produce meaningful relationships that help to ward off loneliness and have the potential to have a healing effect on patients (McFadden 2024).

For those who are at risk for loneliness and social isolation, or for those who are already lonely or isolated finding a social connection and expanding social networks through the church are attainable goals. Churches provide various opportunities that have meaning and promote connectedness, for example, social activities, support groups, craft groups, walking groups and exercise classes, and Bible studies.

Within the church there is also an opportunity to address the loneliness experienced by people with disability. Churches already provide communities which are accessible to and welcoming for people with disabilities. Jericho Road, the social services arm of the Presbyterian church, has worked with many churches to help them become more inclusive for people with intellectual and physical disabilities as well as accommodating people with neuro-diversity. Transforming loneliness into solitude and finding a positive value of solitude can greatly improve their spiritual and emotional well-being (Marginean 2022).

The societal benefits of religion are spread throughout the broader society through faith-based charities and informal social activities. Of the approximately 10,000 Australian faith-based charities, over 60% nominate the general community as the beneficiary of their services. These include programs for children, young people, women, men and the elderly. A survey run by National Church Life Survey Research in 2022 from 3,385 churches showed that 78% of churches in Australia provided or ran social services and activities in the past 12 months, including visitation to prisons and hospitals, chaplaincy and counselling services.[15] Church attenders are also known to be more likely than all Australians to offer informal help to others.[16] This includes spending time with people who are lonely, shut-in, sick or bereaved.

Recommendations

Churches, including the Presbyterian Church of NSW, are already involved in many activities of social connection with church attenders and with the wider community. Churches are places for social interaction and community engagement and connecting with people is an integral part of the mission of the church. Therefore, we advocate government partnership in our endeavours to help address the impacts of social isolation and loneliness within New South Wales and our nation of Australia.

The NSW State Government could take several practical steps to support churches and Christian organisations to address loneliness.

Some of these include:

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[15] 2021/22 Church Census, Australian Attenders
[16] Sources: 2022 Australian Community Survey, by NCLS Research (n=3,090) and 2021/22 National Church Life Survey, Attender Survey (n=105,368)

- Capture more comprehensive and robust data on loneliness and isolation through the ABS census and other avenues.

- Ensure that new development includes zoning for churches and associated buildings, provide land grants for the building of churches and church hall facilities and require developers to build community facilities which are available to churches and other organisations.

- Provide funding for chaplaincy workers that specifically target adolescents who are at high risk of loneliness and social isolation.

- Sponsor home visitation programs for socially isolated older people and people with a disability.

- Make transport funding more accessible for older adults to be able to get to church and community activities.

- Provide funding for youth programs for people from lower socio-economic backgrounds to be able to attend camping experiences and mentoring programs.

- Provide funding for homework programs and other initiatives for vulnerable children.

- Support Jericho Road and other organisations to provide services which directly address loneliness for people living with disability.

- Encourage local government to work with churches to encourage increased community engagement events such as community choirs, Christmas events, ANZAC day events.

References

Australian Bureau of Statistics. Loneliness most common stressor during COVID-19, ABS Website, 18 May 2020, accessed 29 October 2024.

Australian Institute of Health and Welfare (AIHW). Social isolation and loneliness. April 2024. https://www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness, accessed 29 October 2024.

Basso JC., Suzuki W.A. The effects of acute exercise on mood, cognition, neurophysiology, and neurochemical pathways: A review. Brain Plasticity. 2017;2(2):127–152.

Berkman L.F and Syme S.L. Social networks, host resistance, and mortality: a nine-year follow-up study of Alameda County residents. Am J Epidemiol. 1979;109:186-204.

Bower M, Conroy E, Perz J. Australian homeless persons' experiences of social connectedness, isolation and loneliness. Health Soc Care Community. 2018 Mar;26(2):e241-e248. doi: 10.1111/hsc.12505.

Botha F 'Social connection and social support', in Wilkins et al., The Household, Income and Labour Dynamics in Australia Survey: selected findings from waves 1 to 20, 2022. Melbourne Institute: Applied Economic and Social Research, Melbourne.

Brooks S.K, Webster R.K, Smith L.E, et al. The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. Lancet 2020;395:912e20.

Cacioppo S, Grippo A.J, London S, et al. Loneliness: Clinical Import and Interventions. Perspectives on Psychological Science, 2015;10(2):238-249.

Cacioppo J.T, Hawkley L.C, Crawford L.E, et al. Loneliness and health: Potential mechanisms. Psychosomatic Medicine. 2002. 64(3), 407–417.

Derrington S.C. "Faith, hope, and charity - religion as a public benefit in modern Australia", CLAANZ Annual Public Lecture, The University of Melbourne, 29 November 2019.

Dingle G.A, Sharman L.S, Bauer Z, et al. How Do Music Activities Affect Health and Well-Being? A Scoping Review of Studies Examining Psychosocial Mechanisms. Frontiers in Psychology, 2021. vol. 12 p. 3689.

Dowd A.J, Schmader T, Sylvester B.D, et al. Effects of social belonging and task framing on exercise cognitions and behavior. Journal of Sport and Exercise Psychology, 2014. vol. 36, no. 1.

Emerson E, Fortune N, Llewellyn G, et al. Loneliness, social support, social isolation and wellbeing among working age adults with and without disability: Cross-sectional study. Disabil Health J. 2021 Jan;14(1):100965.

Engebretson J.C, Peterson N.E, Frenkel M. Exceptional patients: narratives of connections. Palliat Support Care. 2014;12:269-276.

Flood M. Mapping loneliness in Australia- external site opens in new window, The Australia Institute, Canberra. 2005.

Hawton K, Arensman E, Gunnell D, et al. Suicide risk and prevention during the COVID-19 pandemic. Lancet Psychiatry 2020;7:468e71.

Holt-Lunstad J, Smith T.B, Baker M et al. Loneliness and social isolation as risk factors for mortality: a meta-analytic review- external site opens in new window. Perspectives on Psychological Science, 2015;10(2):227–237.

Holwerda T.J, Deeg D.J.H, Beekman, A.T.F. et al. Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL). Journal of Neurology, Neurosurgery and Psychiatry. 2012,85:135-142.

Isaac V, Cheng T, Townsin L, et al. Associations of the initial COVID-19 lockdown on self-reported happiness and worry about developing loneliness: a cross-sectional analysis of rural, regional, and urban Australian communities. International Journal of Environmental Research and Public Health. 2021;18(18):9501.

Lauder W, Mummery K, Jones M, et al. A comparison of health behaviours in lonely and non-lonely populations. Psychology, Health and Medicine. 2006;11(2):233-245.

Lee S.L, Pearce E, Ajnika O, et al. The association between loneliness and depressive symptoms among adults aged 50 years and older: a 12-year population-based cohort study. The Lancet. 2021;8(1)48-57.

Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., et al. 2020. Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. Journal of the American Academy of Child and Adolescent Psychiatry, vol. 59, issue 11, p1218–1239.

Manera K.E, Smith B.J, Owen K.B, et al. Psychometric assessment of scales for measuring loneliness and social isolation: an analysis of the household, income and labour dynamics in Australia (HILDA) survey- external site opens in new window', Health and Quality of Life Outcomes. 2022;20:40, doi:10.1186/s12955-022-01946-6.

Marginean E.M. Transforming Loneliness: An Orthodox Christian Answer to an Increasing Loneliness in Disabled Populations. Religions. 2022;13(9):863.

Martino J, Pegg J, Frates E.P. The Connection Prescription: Using the Power of Social Interactions and the Deep Desire for Connectedness to Empower Health and Wellness. Am J Lifestyle Med. 2015;11(6):466-475.

Maury S and Rickard N. The benefits of participation in a choir and an exercise group on older adults' wellbeing in a naturalistic setting', Musicae Scientiae. 2022;26(1)144-171.

McFadden S.H. Dementia and the problem of loneliness: how faith communities can help. Journal of Religion, Spirituality & Aging. 2024;*36*(4), 372–381

Mental Health Commission of New South Wales. Loneliness in Focus: An Insights Report, October 2023.

Middleton R, Metusela C, Marriott-Statham K, et al. The engagement of older people living with chronic lung disease in a peer support community-based exercise programme: A qualitative study. Health Expect. 2023 Dec;26(6):2409-2417.

Munasinghe S, Sperandei S, Freebairn L, et al. The Impact of Physical Distancing Policies During the COVID-19 Pandemic on Health and Well-Being Among Australian Adolescents. J Adolesc Health. 2020; 67(5):653-661.

Organisation for Economic Cooperation and Development (OECD). Measuring well-being and progress: well-being research- external site opens in new window, OECD website, 2023, accessed 29 October 2024.

Peplau L.A, Perlman D. Perspectives on loneliness. In: Peplau L.A, Perlman D, editors. Loneliness: A sourcebook of current theory, research and therapy. New York: Wiley; 1982. p. 1-8.

Rote S, Hill T.D, Ellison C.G. Religious attendance and loneliness in later life. Gerontologist. 2013;53(1):39-50.

Seppala, E, Rossomando, T and Doty, JR. Social Connection and Compassion: Important Predictors of Health and Well-Being. Social Research. 2013. 80(2):411-430.

Shankar A, Rafnsson, S.B and Steptoe A. Longitudinal associations between social connections and subjective wellbeing in the English Longitudinal Study of Ageing. Psychology and Health. 2015;30(6):686-698.

Shaya F.T, Chirikov V.V, Howard D, et al. Effect of social networks intervention in type 2 diabetes: a partial randomised study. J Epidemiol Community Health. 2014;68:326-332.

Smith B.J and Lim M.H. How the COVID-19 pandemic is focusing attention on loneliness and social isolation. Public Health Research and Practice. *2020;*30(2).

Stickley A. and Koyanagi A. Loneliness, common mental disorders and suicidal behaviour: Findings from a general population survey. Journal of Affective Disorders. 2016;197:81-87.

Surkalim D.L, Luo M, Eres R, et al. The prevalence of loneliness across 113 countries: systematic review and meta-analysis- external site opens in new window. BMJ. 2022. 376:e067068, doi:10.1136/bmj-2021-067068.

Valtorta N.K, Kanaan M, Gilbody S, et al. Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and metaanalysis of longitudinal observational studies. BMJ Heart. 2016;102(13):1009-1016.

Vedder A, Boerner K, Stokes J.E, et al. A systematic review of loneliness in bereavement: Current research and future directions. Curr Opin Psychol. 2022;43:48-64.

Weber S.R and Pargament K.I. The role of religion and spirituality in mental health. Current Directions in Psychological Science. 2014; 27.5:358-363.

Weiss R.S, 1973. Loneliness: The experience of emotional and social isolation, MIT Press, Cambridge, Massachusetts.

Williams D.R and Sternthal M.J. Spirituality, religion and health: evidence and research directions. MJA. 2007;186.10: S47-S50.

Wilson R.S, Krueger K.R, Arnold S.E, et al. Loneliness and Risk of Alzheimer Disease. Archives of General Psychiatry. 2007; 64(2)234-40.