

Submission  
No 94

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

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# Submission to the Standing Committee on Social Issues: Addressing Loneliness in NSW through the LGBTQ+ Community in Greater Western Sydney (GWS)

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## Findings

### Parliamentary inquiry

In August, the parliamentary Inquiry into the prevalence, causes and impacts of loneliness in New South Wales began. In recognition of the potential relevance of this report to the inquiry some of our findings and recommendations have been shaped by its terms of reference.

#### 4.1. Greater Western Sydney

GWS comprises 13 Local Government Areas (see figure 1) and houses over 2.7 million people (Informed decisions, 2023). Rapid population growth in GWS (see figure 2) has placed increased pressure on social resources resulting in distinct demographic disadvantages (Informed decisions, 2023). Compared to GS, GWS experiences lower labour force participation, higher unemployment, a greater proportion of low income households and a lower proportion of year 12 school completion (Informed decisions, 2023). GWS is also demographically distinct from GS in its cultural, linguistic and religious distributions. Compared to GS a larger proportion of people in GWS were born overseas, spoke little or no English, spoke a language other than English at home and professed a religion (Informed decisions, 2023).

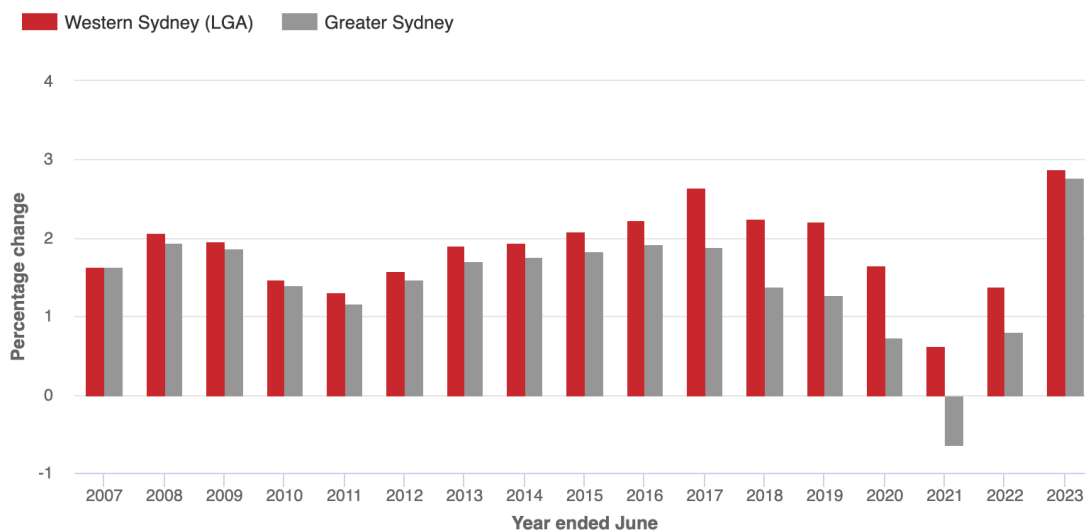
These distinct demographic features have been correlated with the disparate health outcomes of the region. People living in GWS experience higher rates of chronic disease and behaviours linked to poorer health status (Informed decisions, 2023). Further, GWS has experienced a proportional increase in HIV notifications over the last decade and a survey of 278 LGBTQ+ people in GWS found increased rates of psychological distress (ACON, 2024; NSW Ministry of Health, 2023; Robinson et al., 2020).

Given demographic factors of GWS and social isolations' mediating role in both psychological distress and health oriented behaviours, the facilitation of social connection poses a unique avenue through which disparate health outcomes in GWS can be addressed.



Figure 1: Map of LGAs that comprise GWS (Randolph and Freestone, 2008)

### Percentage change in ERP - Western Sydney (LGA) compared to Greater Sydney



*Figure 2: Percentage change in estimated resident population (ERP) in GWS compared to Greater Sydney from 2007-2023 (Australian Bureau of Statistics)*

## **4.2. Factors influencing social isolation for LGBTQ+ people living in GWS**

A range of factors result in an increased risk of social isolation for LGBTQ+ people living in GWS. The intersection of these factors makes this population especially vulnerable to the physical and psychological impacts of social isolation.

### *4.2.1. The intersection of LGBTQ+ and other identities*

The cultural, linguistic and religious diversity of GWS means that the identities and experiences of LGBTQ+ people within society are distinct from that of those living in GS. The intersection of their queerness with other components of identity can be a source of tension, cause struggles in the establishment of their sense of self, confound experiences of social exclusion and result in intersecting forms of discrimination (Garcia et al., 2019; Robinson et al., 2020).

Prevailing western narratives of queerness generates a fallacy in which there are discrete ways to be queer. These western-centric ideals permeate media representation and LGBTQ+ oriented services, generating a sense of exclusion and invisibility for those who exist outside of these norms (Altman, 1996; Bateman, 2016). Cultural conservatism and strong religious beliefs within GWS may give rise to prejudice against LGBTQ+ people and lead to discriminatory or exclusionary behaviour (Adamczyk & Pitt, 2009; Meyer, 2003; Woodford et al., 2021). A sense of exclusion from both queer and cultural or religious communities exacerbates experiences of social isolation and increases the vulnerability of LGBTQ+ people living in GWS to the psychological and physical impacts of social isolation.

### *4.2.2. Language barriers*

Language and communication issues are significant challenges for many LGBTQ+ people in the GWS region, especially considering its large immigrant, cultural minority, and non-native English-speaking population. The English-oriented nature of social services create language barriers which develops into a range of inequities, such as limiting communication, access to information, and connections to basic support systems, which can affect the quality of care and hinder their access to mental health services and community supports (Garcés et al., 2006; Diamond et al., 2019; Sentell et al., 2007).

#### *4.2.3. The influence of family*

Family can be both harmful and protective to the well-being of LGBTQ+ people and is especially influential to LGBTQ+ youth who have a greater reliance on familial support (Chan et al., 2022). Family affirmation and acceptance increase self-esteem, support networks and general wellness and acts as protective factors against depression, drug misuse and suicide (Chan et al., 2022). Conversely, an absence of family support is related to an increased prevalence of hopelessness, anxiety and depression (Asquith et al., 2021).

#### *4.2.4. Social media*

Social media can act as a double-edged sword by either fostering social connection or furthering social exclusion. The dissemination of stereotypes, misunderstandings and negative portrayals of LGBTQ+ people through various media modalities exacerbate the social exclusion and isolation of LGBTQ+ people (Feder, 2020). Conversely, social media and queer cinema can also act as a tool through which LGBTQ+ people challenge social norms and reshape their identity thus advancing social acceptance and inclusion (Schoonover & Galt, 2016).

LGBTQ+ youth may be particularly vulnerable to other factors which exacerbate social isolation due to their limited resources and lived experience. For LGBTQ+ youth social media platforms foster a sense of community and enhance their sense of social connection, acting as a buffer to other sources of social isolation (Liu et al., 2023).

#### *4.2.5. Age*

Older LGBTQ+ people are more likely to live alone and have no children and as such, are at a higher risk of social isolation in comparison to non-LGBTQ+ people (Emlet, 2016). Additionally, older LGBTQ+ people may be particularly vulnerable to feelings of isolation and exclusion compared to younger people as a result of the internalisation of the stigmatising beliefs they were exposed to in early life (Marshall & Cahill, 2022). Further, due to difficulties with technology, older LGBTQ+ people are not able to access the social benefits of online connections in the same way younger people are (Alba et al., 2021).

### **4.3. Interventions for social isolation**

Social dynamics since the COVID pandemic have emphasised a renewed importance of physical forms of leisure and queer spaces (Anderson, 2020). Physical activities including

gay bars, PRIDE festivals, LGBTQ+ sports clubs, and community centres were found to be successful in reducing social isolation rates and depression caused by loneliness among LGBTQ+ people (Anderson, 2020; Logie, 2016).

Although smaller programs for disadvantaged demographics are helpful, bigger issues such as housing and employment also needed addressing (Hashimoto-Govindasamy & Rose, 2011). Place-based initiatives (PBIs) have been found to be successful in addressing complex issues as they co-locate housing, drug & alcohol services, and financial & legal services (Eastwood et al., 2020). Through PBIs, physical perspectives in assessment and intervention of negative health outcomes are enabled and have been successful in identifying risk for isolation among volunteer groups, target populations and their support systems (Brown & Munson, 2020). This allows organisations to critically and personally engage with local communities and gain insight into complex issues affecting LGBTQ+ people.

#### **4.4. Social connection and health**

Social connection plays a mediating role in both psychological and physical health. Adequate social support and connection have been correlated with improved physical health including improved BMI and blood sugar maintenance, improved cancer survival and decreased cardiovascular mortality (Martino et al., 2017). Social connection also impacts psychological health, buffering individuals from poor mental health outcomes by decreasing depressive symptoms and mitigating the risk of depression, anxiety and suicidal ideation that accompanies social isolation (Firk et al., 2023; Martino et al., 2017).

An Australian study found that LGBTQ+ adults experienced higher levels of depression and social anxiety and lower levels of perceived social support than a comparative non-LGBTQ+ sample (Eres et al., 2020). This suggests that the LGBTQ+ population in Australia would stand to benefit more from improving social connection, and this should be a consideration of initiatives which seek to improve the health of these populations.

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