Submission
No 103

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

Organisation: Australian Association of Psychologists Inc

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AUSTRALIAN ASSOCIATION of PSYCHOLOGISTS INC

a true voice for psychology

Feedback on prevalence, causes and impacts of loneliness in New South Wales

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1 November, 2024

Dear House of Representatives Standing Committee on Social Issues,

The Australian Association of Psychologists incorporated (AAPi) thanks the House of Representatives Standing Committee on Social Issues for the opportunity to provide information and recommendations on the prevalence, causes and impacts of loneliness in New South Wales. AAPi is the leading not-for-profit peak body representing psychologists Australia-wide. We advocate for ease of access and affordability so all Australians can get the psychological help they need when they need it. AAPi is committed to advocating for the mental health and well-being of all Australians and recognises the profound impact that loneliness has on Australians living in New South Wales.

Please see our responses to the submission questions below.

(a) The Extent of Loneliness and Social Isolation in NSW and How This is Measured and Recorded

Loneliness and social isolation have become significant public health issues in NSW, affecting people across all demographics. The extent of these issues is currently measured through surveys, health records, and social service data. Still, the systems in place often underreport the issue due to the stigma attached to loneliness and the difficulty of capturing isolated individuals in conventional surveys. Additionally, loneliness in rural and regional areas, where public transport options are limited, and access to social infrastructure is scarce, tends to go underreported. Urban sprawl and privatisation of public spaces further diminish opportunities for spontaneous social interactions, intensifying isolation.

Opportunities for improved data capture lie in community-driven data collection, enhanced healthcare screenings, and leveraging digital platforms for real-time data on social engagement.

The Household, Income and Labour Dynamics in Australia (HILDA) Survey is a powerful tool for investigating the socioeconomic aspects of loneliness. When pooling all the waves of data for those aged 15–85 years, using all observations with non-missing loneliness responses, it was found that 18.8% of female respondent observations (n = 134,412) and 16.1% of male respondent observations (n = 119,035) feel loneliness.

More emphasis must be placed on understanding how urban planning, such as the reduction of "third places" (cafes, libraries, parks) due to commercialisation and urban expansion, impacts social isolation, particularly for people with limited financial means. Recording the availability and use of blue and green spaces (lakes, parks) in urban settings could provide a more comprehensive understanding of the relationship between infrastructure and isolation.

(b) Populations Most at Risk of Loneliness and Social Isolation

Specific populations in NSW are disproportionately affected by loneliness and social isolation. Elderly individuals, young people, people living with disabilities, and those residing in rural or regional areas without adequate access to public transportation are particularly vulnerable. Social isolation tends to exacerbate mental health challenges for these groups, leading to a vicious cycle of withdrawal and further isolation. The urban poor also face significant risks due to limited access to recreational spaces, and the inability to participate in social activities that require financial outlays.

Furthermore, individuals living in areas affected by urban sprawl, where green spaces and third places have diminished, often experience an increased sense of disconnection. Bereaved individuals, those experiencing family disconnection, and those with mental health disorders are similarly at heightened risk, as geographic and emotional barriers often constrain their ability to seek support. Social support networks are weak or non-existent for these populations, heightening their vulnerability.

There is also a marked gender gap in the experience of loneliness, evident among adult men and women of all age groups. Men tend to be lonelier than women from early adulthood right through to old age. They are more likely to agree that ‘I often feel very lonely’; ‘People don’t come to visit me as often as I’d like’; ‘I don’t have anyone I can confide in’; and ‘I have no one to lean on in times of trouble’. Men are also less likely than women to agree that ‘I seem to have a lot of friends’; ‘There is someone who can always cheer me up when I’m down’; ‘When I need someone to help me out, I can usually find someone’, and so on. Whether we compare men and women in lone-person households or men and women in households shared with others, this gendered contrast in their perceptions of support remains (Flood, 2005).

Men living either alone or with others experience less social support than women who live alone or with others, with the contrast particularly striking between those who live alone. It seems the type of household in which these individuals reside does make a difference, at least for men. Among people aged 25 to 44, men who live alone report much lower levels of support and friendship than men who live with others; but the same is not true for women. Women who live alone and those who live with others perceive very similar levels of support and friendship. In short, while men are generally lonelier than women, the difference is much greater in the case of men living alone (Flood, 2005).

For both men and women, being a single parent living with children is a further risk factor for social loneliness. This emphasises the fact that single parenting is hard and time-consuming work, which can easily isolate parents from potential sources of support and friendship and make access to them difficult. There are gender differences here, too. Among men, single fathers with younger children have less support than single fathers with older children, while among women, it is the single mothers with older children who are worse off (Flood, 2005).

Recent separation and divorce, a worsening financial situation or losing a job are all associated with lower levels of personal support and friendship among men aged 25 to 44 living alone or living just with a child or children (Flood, 2005).

(c) Evidence of the Psychological and Physiological Impacts of Loneliness

Loneliness is increasingly recognised as a key contributor to both psychological and physiological decline. Individuals experiencing chronic loneliness are more likely to suffer from anxiety, depression, and stress-related disorders. In young people, the mental health impacts of isolation are particularly acute, often manifesting in low self-esteem, increased suicidal ideation, and a decline in academic performance. Among the elderly, loneliness can lead to cognitive decline and an increased risk of developing dementia (Singer, 2018).

Physiologically, chronic loneliness triggers prolonged stress responses, elevating cortisol levels and contributing to inflammatory conditions, cardiovascular disease, and weakened immune function. Studies show that social isolation has the same impact on mortality as smoking 15 cigarettes a day. Populations living with disabilities, those in rural areas, and individuals who are bereaved face compounding psychological and physical effects, making timely intervention critical (Holt-Lunstad, & Steptoe, 2022). Most concerning, loneliness is a significant factor in suicide among Australian men (Franklin et al., 2019).

There is a risk of premature mortality associated with loneliness, and this is known to be stronger than the risks associated with obesity and physical inactivity, and on par with the risk of smoking (Kung, et al. 2021). The literature frequently finds individual correlates of loneliness, finding consistent associations between loneliness and living alone, as well as widowhood, migration and disability statuses, among others (Kung, et al. 2021). It is clear that there are significant physiological and psychological impacts of loneliness.

(d) Evidence Linking Social Connection to Physical Health

An increasing body of evidence links social connection to better physical health outcomes. Strong social networks are associated with a lower risk of chronic illnesses, such as heart disease, stroke, and diabetes, and are shown to improve recovery rates from illness or surgery (Holt-Lunstad, 2018). Individuals with rich social lives tend to have better sleep patterns, lower blood pressure, and overall improved immune function. Social connections help regulate stress responses, vital in maintaining long-term health (Holt-Lunstad, 2018).

For populations in NSW who may be geographically isolated or economically disadvantaged, fostering social connections can be a buffer against negative health outcomes. However, urban sprawl, the privatisation of public spaces, and limited access to affordable "third places" where individuals can meet informally all erode the potential for these positive health outcomes. The lack of accessible green and blue

spaces exacerbates this, further limiting opportunities for restorative social interactions.

(e) Factors Contributing to the Development of Chronic Loneliness

Transient loneliness, often experienced after life changes like moving homes or job loss, can develop into chronic loneliness when social connections fail to be re-established. Key factors contributing to this development include prolonged unemployment, the inability to access social spaces due to economic or geographic barriers, and mental health challenges that make it difficult to reach out for help. When third places and public spaces are privatised or diminished, people on low incomes or in isolated areas have fewer opportunities to meet and form meaningful connections, intensifying loneliness (Imrie, 2017).

In rural and regional areas, the lack of public transport, limited access to healthcare, and sparse social infrastructure further contribute to the transition from transient to chronic loneliness (Williams et al., 2022). Additionally, people with disabilities may face physical and social barriers that prevent them from engaging in communal life, while young people and the elderly often lack targeted support services to combat long-term isolation.

(f) Financial Costs of Loneliness to the NSW Budget and Economy

The financial burden of loneliness on the NSW economy is significant. Chronic loneliness drives higher healthcare costs due to its association with mental health issues like depression, anxiety, and stress-related disorders, which in turn increase hospital admissions, prescription costs, and long-term care needs (Bryan et al., 2024). The economic impact is also felt in reduced workforce productivity, as individuals suffering from loneliness are more likely to take sick leave and experience burnout.

Addressing loneliness through improved community infrastructure, better public transport in rural and regional areas, and investment in social services would mitigate these costs. Reducing social isolation would also lessen the financial burden on the healthcare system by improving mental and physical health outcomes for at-risk populations.

(g) Existing Initiatives by Government and Non-Government Organisations

Several initiatives have been introduced to address loneliness in NSW, though more coordinated efforts are needed. Local governments have developed programs promoting social inclusion, such as community gardens and social clubs. Non-government organisations (NGOs) have also provided essential services, including helplines and peer support groups to reduce isolation among the elderly and those with disabilities.

However, these programs often face funding limitations and do not reach rural populations with more severe isolation. Urban planning policies should be reviewed to ensure the provision of accessible, safe, and inclusive public spaces, particularly in

low-income areas. Initiatives such as community hubs in regional towns, supported by public transport improvements, could provide more consistent and equitable access to social resources.

(h) Developments in Other Jurisdictions

Other jurisdictions, such as the UK and Japan, have launched comprehensive loneliness strategies that treat social isolation as a public health issue. The UK has appointed a Minister for Loneliness and implemented nationwide initiatives to foster social connections through community-driven programs. In Japan, technology has been used to mitigate isolation among the elderly, with robots and digital platforms facilitating remote social interactions.

NSW could adopt similar models by creating a statewide strategy prioritising public transport, urban planning for community spaces, and government funding for social inclusion programs. Incorporating digital solutions and expanding community health programs could further support socially isolated individuals, particularly those in rural and remote areas.

(i) Steps the State Government Can Take

To reduce loneliness, the NSW Government can invest in infrastructure that promotes social connection, including accessible public transportation, community centres, and green spaces. Urban planning must prioritise creating public places where people can meet, especially in low-income and high-density areas. Funding should be directed towards organisations that foster social inclusion, particularly in rural areas where isolation is most acute.

Additionally, mental health services should be expanded to address the psychological impacts of loneliness, with a focus on early intervention for at-risk groups. Strengthening local government partnerships with NGOs and community groups could provide more robust support networks, reducing long-term isolation. The NSW Government should also consider how financial shocks (such as the cost-of-living crisis) impact on loneliness through reduced consumption of social activities.

The literature finds that social engagement in paid work, caring for others, and participating in clubs and sporting groups are buffers against loneliness. Both men and women face a greater risk of social and emotional isolation if their financial situation has deteriorated or they have lost their jobs. Much more than women, men rely on paid employment as an essential source of their support and friendship, and their levels of support and friendship rise as their participation in paid employment increases. On the other hand, women in part-time employment and those working full-time for an average number of hours experience little difference in support, although the highest levels are found among females in mapping loneliness in Australian employees with the longest work hours. For women living alone, in particular, participation in employment is associated with greater levels of support and friendship, and it appears to provide such opportunities regardless of the number of hours worked. (Flood, 2005). Therefore,

strong social policies to support working parents having more time to socialise in and outside paid work are necessary, like universal childcare and flexible working conditions.

(j) Steps Community, Technology/Social Media Companies, and Individuals Can Take

Community groups, technology companies, and individuals all play a role in mitigating loneliness. Communities can create grassroots initiatives such as social clubs, meet-ups, and volunteer networks. Social media and technology companies can leverage their platforms to facilitate meaningful interactions and connect users with local events or support groups. These also rely heavily on sustainable government investment.

On an individual level, fostering kindness and inclusivity within neighbourhoods can greatly reduce isolation. Community members can check in on their neighbours, especially those who are elderly or living alone, and participate in local events designed to bring people together. Such actions can help cultivate a sense of belonging and reduce the stigma associated with loneliness.

(k) Any Other Related Matters

The privatisation of public spaces and the reduction of blue and green spaces due to urban sprawl have contributed to the rising rates of loneliness. Without accessible areas where people can meet informally, social interactions have become more transactional, disproportionately affecting low-income individuals who lack the means to participate in commercial activities. Expanding public spaces, improving public transport, and enhancing digital access to social services are critical steps in reversing this trend.

We also recommend targeted changes to the accessibility and affordability of psychological support for Australians struggling with loneliness, which may be a cause and consequence of mental illness. Access to affordable psychology services in Australia remains out of reach for many, particularly those grappling with loneliness and financial distress. The cost barrier often prevents individuals from seeking essential mental health support, exacerbating their isolation and hopelessness. This disparity highlights a critical need for enhanced accessibility measures that prioritise affordability, ensuring no Australian is left without the vital care they require to navigate complex issues like loneliness.

Currently, psychology sessions rebated under Medicare are capped at a rate that often falls short of covering the true costs of quality mental health care and leaving the client paying significant costs out of pocket. Increasing the rebate to $150 per session for all psychologists would significantly improve accessibility to necessary services. This adjustment is crucial in supporting Australians in managing their health and wellbeing, as it allows psychologists to offer sustained, effective treatment without financial strain on clients, promoting better long-term health outcomes and reducing the burden on individuals and families affected by loneliness and isolation (McKell, 2023).

The shortage of psychologists in Australia's mental health workforce is an ongoing crisis that demands urgent attention. To address this, establishing a Medicare item number for provisional psychologists in their final two years of supervised study could alleviate pressure on senior practitioners. This initiative would empower provisional psychologists to manage lower-tier mental health concerns, freeing up experienced professionals to focus on complex challenges like isolation and optimising the distribution of resources and expertise within the healthcare system.

Supporting more psychologists to live and work in rural and regional areas is essential, especially in communities disproportionately affected by geographical isolation. By incentivising psychologists to practice in these areas through targeted initiatives such as subsidised education and infrastructure development, communities can benefit from increased access to specialised psychological care. This holistic approach improves local health outcomes and strengthens community resilience by fostering sustainable support networks and reducing the social and economic impacts of loneliness.

Thank you for allowing AAPi to provide our recommendations to the inquiry. We look forward to working with you to better support the experience of all Australians in New South Wales and their families and communities.

Sincerely,

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