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

Organisation: Relationships Australia NSW

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The Hon. Dr Sarah KAINE
Chair, Parliamentary Inquiry into the prevalence,
causes and impacts of loneliness in NSW
Parliament of New South Wales

Via: submission link

Dear Dr Kaine,

Thank you for the opportunity lodge a submission to the Standing Committee on Social Issues' inquiry into the prevalence, causes and impacts of loneliness in New South Wales.

Relationships Australia (RANSW) is one of the largest counselling and family relationship services in NSW, with extensive experience supporting clients who experience loneliness.

This submission outlines twelve recommendations, and integrates the information, insights and recommendations of RANSW, Relationships Australia Canberra & Region (RACR) – who also deliver services in southern NSW - and Relationships Australia National (RAN) on the foundation of long-standing service experience across 75 years.

If you have any questions regarding this submission, I can be contacted on or via email at

Yours sincerely,

Elisabeth Shaw
Chief Executive Officer

INQUIRY INTO THE PREVALENCE, CAUSES AND IMPACTS OF LONELINESS IN NSW

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Introduction

Relationships Australia NSW (RANSW) welcomes the opportunity to provide a submission to the NSW Inquiry into the prevalence, causes, and impacts of loneliness in New South Wales. We thank you for the opportunity to contribute to the development of a statewide strategy to address this growing social issue.

Relationships Australia NSW is part of a federation of community-based, not-for-profit organisations with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances. We aim to support all people in Australia to live with positive and respectful relationships.

This submission integrates the information, insights and recommendations of RANSW, Relationships Australia Canberra & Region (RACR) – who also deliver services in southern NSW - and Relationships Australia National (RAN) on the foundation of long-standing service experience since 1948. Our submission is also underpinned by our national research on loneliness (Mance 2018; Relationships Australia 2021). We address the key issues described

within the Terms of Reference, and our recommendations reflect both community-based and systemic approaches and strategies to mitigate the effects of loneliness and social isolation.

Relationships Australia provides a range of services, including counselling, dispute resolution, children's contact services, services for victims and perpetrators of family violence, relationship education, services for people living with disability, services for older Australians, gambling harm support and professional education. We operate nationally, reaching out to rural, remote, and Aboriginal and Torres Strait Islander communities through specialised outreach programs.

Loneliness is the distress of not feeling connected to other people, while experiencing the desire for satisfying social relationships. Loneliness is complex, as are the solutions.

Relationships Australia understands there is a bi-directional relationship between healthy relationships and loneliness. We need to disentangle any preconceptions about loneliness, physical isolation, and social isolation. While we recognise that loneliness is considered a subjective experience and is distinct from the objective state of being socially isolated, the health of our social connections plays an important part in helping to combat these issues. Family and relationship services offer one source of community-based preventions and interventions. These can help individuals and families to strengthen and repair their relationships and ultimately support health and wellbeing. As such, we consider our family and relationship services to be an integral part of the response to social isolation and loneliness.

Key Recommendations

1. Ensure family and relationship services, and other community-based preventions and interventions, are part of a strategy to address loneliness and social isolation. Fund them sustainably through minimum 5-year contracts to ensure they provide joined up service system continuity for the community.

2. Fund community awareness campaigns to increase awareness and capacity of the community to combat social isolation and loneliness. Increase awareness of the importance of connecting with multiple groups. While our relationships with partners, families, friends and colleagues are important, connecting with your community strengthens these relationships and is a protective factor against social isolation, loneliness, mental ill health and suicidality.

3. Establish a dedicated grant program to support emerging place-based innovations and research to address loneliness, co-designed with community.

4. Interventions should target communities, with a focus on minority communities, most at risk of loneliness, through services they already engage with, to ensure that loneliness does not become chronic or entrenched.

5. Loneliness measures should be used to track loneliness, but interpretations should acknowledge the limitations they present in measuring communities most at-risk of loneliness.

6. Support evidence and community-based loneliness interventions, such as Neighbours Every Day (see details below), that support people to create new connection in their community and improve all the relationships in their lives.

7. Recognise the unique impact NSW geography and development has on loneliness for residents. Consider the implications public transportation and service location has on loneliness and explore impacts of emerging Artificial Intelligence technologies on loneliness.

8. Acknowledge the prevalence of poverty in NSW. Consider the implications poverty has on loneliness, especially for 'well-hidden' poverty in NSW. Prioritise universal access to services for people experiencing poverty, including 'loneliness adjacent' supports which facilitate social connection, address loneliness, and support people to overcome economic barriers to acquiring social capital.

9. Ensure efforts to address loneliness in NSW complement gambling prevention strategies by ensuring the links between gambling and loneliness are well understood.

10. Explore opportunities for investing in loneliness interventions and other services and supports which make social connection possible for everyone in NSW. This should occur across policy areas, including healthcare, social supports, public space design, technology, and transport. Investments should prioritise inclusivity for our communities most at-risk of loneliness and most negatively affected by the NSW current systems.

11. Revisit previous national and local campaigns to identify connection points for loneliness interventions as an effective way to include loneliness into the policy agenda.

12. Incorporate rigorous, evidence-based intervention evaluations and foster international collaborations for knowledge sharing, to ensure interventions are well-targeted, effective, and scalable.

Benefits of addressing the problem

The sociocultural and health benefits of addressing loneliness will be outlined throughout this submission. Although the full economic impact of addressing loneliness is challenging to quantify, investing in solutions for loneliness offers clear value for money. Economic modelling conducted by the National Mental Health Commission shows that for every $1 invested in programs that address loneliness, the return on investment is between $2.14 to $2.87 respectively (2019). Savings beyond the healthcare system would be vast.

Family and relationship services that support individuals and families to manage life's challenges and transitions, including family separation, have been shown to return value on investment of 8:1. (Centre for International Economics, 2023).

Relationship Indicators Research

The Relationship Indicators project is Relationships Australia's nationally representative survey into the state of relationships in Australia. This survey has been conducted periodically since the mid-1990s, and was relaunched in 2022. The research was conducted using "Life in Australia™," a probability-based online panel managed by the Social Research Centre.

This survey explored the 'most important, meaningful' relationships held by Australians, the importance of these relationships over the course of a lifetime, and the difficulties and challenges these relationships face. The survey also explored experiences with partnered relationships breakdown, and the roles that group relationships play in our lives.

Our 2022 report provided an in-depth analysis of the prevalence of loneliness and identified the groups most likely to experience it.https://www.relationships.org.au/relationship-indicators/full-report/#loneliness

A new wave of the survey was conducted in 2024, building on the research conducted in 2022 and continuing to focus on similar themes, and further explored pressures on relationships, and how these are managed.

The aim of the 2024 research is to provide an updated view of these key measures, as well as explore how things have changed for Australians over the past two years. The original 2022 participants were recontacted for the 2024 survey (in addition to new participants), and changes over time among this repeat participant group have been explored throughout the survey.

Findings from as yet unpublished data from our 2024 research include:

- In 2024, 24% of Australians indicated they agreed or strongly agreed that they felt lonely. Among longitudinal respondents, there was a 3 percentage point increase in reports of loneliness between 2022, and 2024.

- Among longitudinal respondents, the proportion of those experiencing social or emotional loneliness increased from 2022 and 2024, supporting increases seen in overall loneliness. There was a slightly higher increase in social loneliness.

Further data will be published in coming weeks.

Life transitions

Life transitions and loneliness are closely linked. These can include becoming parents, relationship breakdown, loss and grief, retirement and relocation. Life transitions often intensify

feelings of loneliness by creating isolation and reducing opportunities for meaningful connection. The loss of familiarity and social networks, combined with challenging shifts to identity and increased stress and anxiety during these transitions, often leaves people facing difficulties without their usual support systems, leading to feelings of isolation and loneliness. This can lead to social distancing—whether self-imposed or external—that makes it challenging to maintain essential group connections and to identify with new, relevant groups. This is exacerbated for those in transient groups, such as the transition from school to university (compounded by moving out of home, and/or towns, cities or countries to attend university), defence force families and people who move in order to access employment opportunities.

A key aspect of addressing loneliness is ensuring that people have a variety of relationships across different social networks. Our Relationship Indicators research studies described above have confirmed this. The studies found that having a strong relationship which you can rely on for social, emotional, and physical support is extremely important and led to improved wellbeing, better mental health, and reduced loneliness (2022). The study also demonstrated that compounding pressures in relationships, such as the pressure of moving or losing your larger friendship circle due to work relocation, can lead to distress or relationship break-down. Lastly, it found that people are unlikely to seek help when facing challenges in these relationships, with 46% preferring to manage on their own. This suggests that having one reliable relationship is crucial—and that nurturing this connection is equally important, as breakdowns can lead to compounding effects.

Relationship breakdown and loneliness

It is the view of Relationships Australia that social supports are key to positive mental health outcomes, including but not limited to a reduction in symptoms (such as suicidality, anxiety and depression) and an increase in treatment compliance and self-empowerment. We believe that poor relationships—including estrangement, longstanding conflict, or a lack of quality connections that lead to social and emotional loneliness—are central factors contributing to negative mental health outcomes. . Given that good mental health is critical to social and economic participation and productivity, such as maintaining a sustainable income and remaining socially connected, the cost of insufficient investment in effective mental health strategies is high (Productivity Commission Report, 2019).

Loneliness and relationship troubles go hand in hand. Experiences with divorce and separation often lead to the breakdown of friendships as well (Albeck & Kaydar 2008; Aeby & van Hooff 2019). Loneliness is also a risk factor that increases vulnerability to abuse. For example, older people who are socially lonely are more likely to experience elder abuse (von Heydrich 2012). The same is true for people who experience domestic violence.

In Australia, separation and divorce is a common experience, with 30% of marriages ending in divorce. Despite its ubiquitousness, many feel cast adrift – they can lose their friendship network, be cast out of their community, can be impoverished. With the global economy people can be bereft of family support.

Relationship difficulties and breakdowns often create or exacerbate feelings of loneliness, which can intensify the distress and emotional turmoil experienced during these times. In our experience the factors that can contribute to loneliness and mental health struggles following a relationship breakdown are:

1. Loss of emotional intimacy and connection

2. Disruption of routine and sense of purpose

3. Social isolation, shifts in social circles and lifestyle changes

4. Self-esteem, self-worth and identity challenges

5. Unresolved emotional attachments

6. Fear of vulnerability and future relationships

7. The grieving process and the experience of ambiguous loss

8. Impact on mental health and anxiety about the future

9. Relational and existential loneliness

10. Fear of rejection and emotional withdrawal

11. Physical and mental health impacts.

As relationships pervade everyday interactions, the effects of relationship and family breakdowns can have a devastating cascading effect (Suicide Prevention Australia, 2019). Transition points like separation are an important opportunity for intervening through relationship support services, and can bring great benefits.

Addressing the terms of reference

(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

Loneliness and social isolation are increasingly recognised as significant issues in NSW, as evidenced by data from various national studies, including those by Relationships Australia organisations. Approximately 1 in 5 Australians feeling lonely at any given time throughout the last 20 years (Lim 2020; Mance 2018; Newby et. al., 2020; Wilkins et al., 2024).

The measurement of these phenomena has primarily relied on self-reported surveys like the Household Income and Labour Dynamics in Australia (HILDA) survey, which captures subjective experiences of loneliness across different demographics. For more robust data, the use of standardised tools such as emotional loneliness scales could be expanded. Opportunities exist for more comprehensive data collection through the inclusion of loneliness metrics in routine health and social service assessments. Improved data capture can be supported by

technological advancements like apps or online platforms that allow real-time reporting and monitoring of loneliness.

Loneliness and social isolation are prevalent in NSW, affecting various demographics. Current measures, such as self-reported surveys (e.g., HILDA), focus on subjective experiences, yet there are gaps in data capture, especially for marginalised groups. Traditional surveys may overlook unique forms of loneliness faced by culturally and linguistically diverse (CALD) communities, LGBTIQIA+ individuals, and carers. Expanding data collection through real-time reporting, like mobile apps or online platforms, and refining survey methods for high-risk communities could provide a clearer picture of the issue. By incorporating loneliness metrics into routine health and social assessments, NSW could better track and address the extent of the problem.

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

Loneliness does not affect all populations equally. Certain groups are disproportionately affected due to systemic and structural barriers, experiencing varying degrees of social isolation depending on factors such as geographic location (e.g. regional versus metropolitan areas) and individual circumstances. A nuanced understanding of these risk factors is necessary to address social isolation effectively.

Research by Relationships Australia highlights the following high-risk populations:

1. **Youth and Unemployed**: Younger individuals, particularly those unemployed or receiving income support, report high levels of loneliness.

1. **Single Parents**: Single parents, especially fathers who report a lack of social support, face significant social isolation due to caregiving responsibilities.

2. **Widowed Adults and Bereaved Individuals**: Loss of a spouse can exacerbate feelings of loneliness, particularly for younger widowed individuals.

3. **People with Disabilities**: Those living with physical or mental health conditions often experience compounded isolation.

4. **People in Regional, Rural and Remote Areas**: Geographic isolation in rural areas limits access to social services and community activities, compounded by challenges in digital connectivity.

5. **Aboriginal and Torres Strait Islander Communities**: Systemic barriers and intergenerational trauma contribute to higher levels of isolation among Indigenous populations.

6. **Culturally and Linguistically Diverse (CALD) groups:** Complex trauma backgrounds, refugee/migration experiences and systemic barriers exacerbate social isolation, marginalisation and loneliness.

7. **Victim Survivors of Domestic, Family and Sexual Violence (DFSV):** Social isolation is a well-recognised tactic of coercive control for users of violence to control their victims (Boxall and Morgan 2021).

8. **People experiencing complex grief, trauma, and intergenerational disadvantage:** including marginalised communities, survivors of abuse.

9. **Individuals facing homelessness or housing precarity:** Housing instability exacerbates social isolation by disrupting social networks.

10. **Members of the LGBTQIA+ community**: Stigma, marginalisation and discrimination can exacerbate social isolation and loneliness.

11. **Older people:** Experiencing social isolation and loneliness can have a serious impact on older people's longevity, their physical and mental health, and their quality of life. For older cohorts, loneliness has been found to be a predictor of functional decline and premature death (Perissinotto, 2012).

Understanding the unique challenges faced by these high-risk groups is essential for targeted interventions. These groups often face compounded loneliness due to intersecting forms of discrimination and marginalisation. Systemic inequalities prevent them from fully participating in Australian social, cultural, and economic life, leaving them isolated and at heightened risk of loneliness.

(c) 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

The [Harvard Study of Adult Development](#), one of the world's longest studies of physical and mental health in adult life, found that "Loneliness kills. It's as powerful as smoking or alcoholism." (Waldinger 2023).

Loneliness significantly impacts both psychological and physiological well-being. Psychologically, loneliness is linked to higher rates of anxiety, depression, and suicidality. For young people, it often leads to issues such as social anxiety and reduced academic performance, while for older adults, it can result in cognitive decline and mental health issues. Those living with disabilities or chronic illnesses face compounded isolation due to societal barriers and reduced mobility, exacerbating feelings of exclusion.

Physiologically, loneliness has been shown to increase the risk of cardiovascular diseases, weakened immune systems, cognitive decline, and premature mortality. The perception of social isolation has even been equated to smoking 15 cigarettes a day in terms of its health impact. Individuals living in regional areas and those grieving the loss of loved ones often experience a lack of accessible services, exacerbating these effects.

For people experiencing chronic loneliness, such as those going through relationship breakdowns or bereavement, the psychological toll can be particularly severe, often leading to a

sense of hopelessness and even suicidality. Suicide Prevention Australia has referenced the strong link between relationship issues and suicidality. Changes to family and relationships is one of the highest risk factors to suicide rates over the next 10 years (Turning Points: Imagine a World Without Suicide, September 2019).

For young people, loneliness during transitional periods, such as moving to university or experiencing family changes, can significantly impact their mental health. The elderly, especially those facing physical mobility issues or living alone, are at high risk of prolonged isolation, which can lead to cognitive decline and worsening health outcomes.

Our work with individuals, families and communities emphasises that building and maintaining strong relationships is key to improving subjective well-being and reducing loneliness. Group programs, both educational and therapeutic, encompassing relationship transition points across the life cycle and addressing Family Safety, create supportive environments where participants with shared experiences can connect and reduce feelings of isolation.

(d) Evidence linking social connection to physical health

Extensive research underscores the strong connection between social ties and physical health. Socially connected individuals are likely to experience better cardiovascular health, lower blood pressure, and improved immune function.

As detailed below (including economic evaluation), our Neighbours Every Day research participants reported improved mental health and well-being, underscoring the physical benefits of fostering social networks. These findings align with broader studies showing that social support can mitigate the health effects of chronic conditions, such as heart disease and diabetes.

Our research and clinical work align with a growing body of evidence that demonstrates strong links between social connection and improved physical health. Individuals who report strong, supportive relationships are generally healthier and experience fewer negative health outcomes compared to those who are isolated. Conversely, people experiencing loneliness have been shown to be at higher risk for conditions like heart disease, weakened immune systems, and even early death.

Our programs aim to foster these crucial social connections by creating safe spaces where individuals can build long-term relationships, both with peers and within their communities. For example, their peer support parenting programs provide lasting bonds among participants, improving overall mental health and well-being.

(e) Factors that contribute to the development of transient loneliness into chronic loneliness

Transient loneliness can become chronic when risk factors persist without intervention. Prolonged unemployment, poor mental health, and persistent social isolation are key

contributors. The social model of loneliness identifies systemic barriers such as societal stigma and lack of accessible community infrastructure that prevent individuals from forming and maintaining social connections (Burholt et al., 2017). Establishing a social model of loneliness highlights that social isolation and loneliness are complex problems, which require complex solutions. Loneliness is not a singular or universal state, and solutions must recognise this. One example of a simplified understanding of loneliness is evidenced by the medicalisation of loneliness. For example, descriptions of a 'loneliness epidemic' or the over-emphasis on studies that illustrate loneliness as comparable to smoking 15 cigarettes a day (Valtorta 2016). The medicalisation of loneliness has helped garner the public concern necessary for this concerning phenomenon. While the medical issues associated with loneliness remain of significant concern, we would now like to see governments and organisations adopt a more nuanced understanding which incorporates the social realities of social isolation and loneliness, to address the complexity of this issue.

Intergenerational trauma and experiences of abuse also serve as catalysts for chronic loneliness. Recognising these barriers and addressing them through community-based interventions is crucial to preventing transient loneliness from becoming entrenched.

Transient loneliness can evolve into chronic loneliness when individuals begin to self-identify as lonely, which in turn diminishes their self-worth and increases feelings of burdensomeness. This shift can create significant barriers to re-establishing social connections, and over time, the individual's loneliness becomes more entrenched.

People who face multiple pressures, such as relationship dissatisfaction or unresolved estrangement, relationship breakdown, financial struggles, or mental health issues, are more likely to experience chronic loneliness. Therefore, interventions should aim to provide early support to prevent loneliness from becoming a long-term issue, particularly in communities at higher risk.

(f) The financial costs of loneliness to the NSW budget and state economy and steps that can be taken to reduce the financial burden of loneliness

The financial implications of loneliness are substantial. Economic modelling suggests that loneliness contributes to increased healthcare costs, as socially isolated individuals are more likely to suffer from chronic illnesses that strain the health system. Additionally, loneliness exacerbates mental health conditions, which leads to increased demand for psychiatric services, medication, and hospitalisation. Decreased productivity also imposes significant costs on the economy. Financial hardship is both a cause and consequence of loneliness, particularly in dispersed urban areas where services are harder to access.

Investing in preventive measures, such as community-based social support programs and awareness campaigns, and services that mitigate conflict or breakdown, could reduce these costs. For example, the National Mental Health Commission has shown that for every dollar invested in programs addressing loneliness, the return on investment can range between $2.14

to $2.87. Reducing loneliness not only alleviates health-related costs but also improves workplace productivity and lowers social welfare dependence.

Programs that focus on reducing loneliness through community engagement and relationship-building can help mitigate these financial burdens. We stress the importance of government investment in services that promote strong relationships, social connection, as these efforts can lead to better health outcomes, lower healthcare costs, and improved economic participation and productivity.

(g) Existing initiatives by government and non-government organisations to mitigate and reduce loneliness and social isolation

Several initiatives have been developed to combat loneliness. Relationships Australia's Neighbour Day, mentioned in d) above, is one community-wide intervention aimed at fostering social capital. Other initiatives include Groups 4 Health, an evidence-based psychological intervention designed to improve health by providing people with the knowledge, skills and confidence to increase their social connectedness, and in particular, their group-based social identifications. It relies on social prescribing so also supports a shift to more local, non-clinical services. (For more information on Groups 4 Health please see http://www.socialidentitynetwork.com/g4h-info/) Relationships Australia is an industry partner in this University of Queensland led project, which has highlighted the importance of community and group connections in reducing isolation (Haslam et al, 2019). We are currently exploring widening the implementation of this initiative across other Relationships Australia organisations.

Government initiatives, such as public health campaigns and social programs targeting older Australians, have been developed to reduce loneliness. However, more robust strategies and funding are required to expand these programs to meet the growing demand.

Our organisation operates a range of initiatives aimed at reducing loneliness and fostering social connection, including family mediation, child and family counselling, therapeutic groups for people living with a disability and those with trauma backgrounds, and programs targeting youth mental health and family violence. These services are designed to address both the immediate causes of loneliness and the broader social factors that contribute to it.

Programs like Neighbours Every Day empower individuals to build connections within their communities, improving social ties and reducing feelings of isolation. We work in partnership with a wide range of other community organisations to establish place-based services, and can demonstrate the effectiveness of local, collaborative initiatives in reducing loneliness.

(h) Developments in other jurisdictions regarding the implementation of policies and initiatives relevant to the treatment of loneliness as a public health issue

Globally, there has been a growing recognition of loneliness as a public health issue. The UK appointed a Minister for Loneliness in 2018, which has led to the development of national

strategies that promote social connection and community building. In New Zealand, programs like Māori health and well-being initiatives address the cultural aspects of loneliness among Indigenous communities. Japan appointed a Minister of Loneliness in 2021. Australia can learn from these developments by adopting a similar whole-of-government approach to tackle loneliness.

In November 2023, the World Health Organisation highlighted the importance of social connection, recognising the significant and often underestimated impact of loneliness and isolation on our health and well-being. This recognition led to the launch of its Commission on Social Connection (2024–2026), which aims to address this issue as a public health concern. However, little is known about the extent that loneliness is currently included in national strategies and policies across the world.

Ending Loneliness Together is a national network of organisations who have been working together since 2016 to build the evidence-base and tools to address loneliness in Australia. Relationships Australia is one of the founding members of this network. The network advocates for a national approach to tackling loneliness, and points to international examples, such as the UK and Japan appointing of Ministers for Loneliness, as potential models for Australian jurisdictions to adopt. They emphasise that addressing loneliness requires a multi-faceted public health approach that integrates mental health, social services, and community-based initiatives.

(i) Steps the State Government can take to reduce the prevalence and impacts of loneliness in the community

To effectively reduce loneliness, the NSW government could:

1. **Integrate loneliness screening** into routine healthcare services, noting that this data needs to be sensitively gathered given that shame might be attached.

2. **Fund community-building initiatives** that foster social connectedness, particularly in regional and rural areas. e.g. engaging in volunteer work and maintaining active memberships of sporting or community organisations.

3. **Support public awareness campaigns** that destigmatise loneliness and promote community engagement.

4. **Encourage social prescribing** programs that link individuals to community groups and social activities.

5. **Increase access** to therapeutic, group and social services specific to vulnerable populations, such as single parents, children/young people who have a disability, and adults and children who are newly separated.

6. **Provide funding for research** to better understand the specific needs of vulnerable populations and develop targeted interventions.

We call for a multi-sectoral approach to reduce loneliness, involving investment across healthcare, social services, urban planning, technology, and transportation. We stress the need for place-based services that are accessible to all, especially those in low-density, underserved areas. The government should also support community organisations that are already working to reduce loneliness, providing them with the resources and funding needed to sustain their programs.

(j) Steps that community, technology/social media companies, organisations, and individuals can take to reduce the impact of loneliness

Technology may have empowered us individually and connected us globally. But, by displacing everyday shared experiences, studies show it's making us lonelier—especially in affluent cultures that promote individualism and independence.

Social media and technology companies can play a role in reducing loneliness by promoting positive, meaningful interactions rather than fostering superficial connections. Digital platforms can be used to create virtual communities for individuals who cannot access traditional social networks. Community organisations can partner with these platforms to provide support services and create inclusive online spaces. Additionally, individual actions, such as participating in community events, supporting local initiatives, and checking in on neighbours, can have a significant impact on reducing loneliness at a grassroots level.

Technology companies can play a role in addressing loneliness, but we would caution against over-reliance on AI-based solutions, which may not address the root causes of loneliness. They advocate for community-driven initiatives that focus on building face-to-face relationships and creating safe spaces for people to connect. Social media and technology platforms should be designed to foster genuine connections, rather than exacerbate social isolation.

(k) Any other related matters

As we continue to develop our understanding of the complex nature of loneliness, it is crucial to adopt a multifaceted approach that involves all levels of government, community organisations, and individual citizens. Integrating loneliness into public health strategies and ensuring that services are accessible and inclusive will be key to reducing the prevalence and impacts of loneliness in NSW.

The complexities surrounding loneliness and social isolation are amplified by a range of socioeconomic factors, with poverty, mental health issues, and emerging technologies such as artificial intelligence (AI) all playing critical roles. Additionally, the role of gambling, the challenges faced by carers, structural inequalities and the specific vulnerabilities of marginalised populations contribute to systemic loneliness.

Gender Differences in Loneliness

For people aged 25 to 44, being in a relationship is a greater protective factor against loneliness for men than for women (Baker 2012). Women living with others and women living alone report similar levels of loneliness, while men living alone report higher levels of loneliness than men living with others (Flood 2005).

The rates of loneliness across prevalence studies is also confounded by gender. While loneliness for men has been found to generally increase with age, loneliness for women generally decreases, although the relationship between age and loneliness reveals a number of complexities (Flood, 2005; Grenade & Boldy, 2008; Baker, 2012). Victor and colleagues (2006) argue that, although women are generally lonelier than men, once marital status, age and living arrangement are accounted for, the relationship between gender and loneliness often disappears. Using a direct measure of loneliness, Jylha (2004) also found that women were more likely to report being lonely than men. However, when measures that avoid the word loneliness are used, gender differences are much less pronounced (Adams & Sanders, 2004). The study by Victor and colleagues (2006) provides a comparison of loneliness estimates for key demographic characteristics and discusses possible reasons for dissimilarities including differences in the socio-demographics of men and women as they age.

Flood (2005) has postulated that relationships between gender and loneliness are likely to be shaped by differences in both the structure and quality of social networks for men and women, which might include the frequency, diversity and amount of social contact, and the tendency for women to have a greater number of emotionally intimate relationships than men (Fuhrer & Stansfeld, 2002). The propensity for women to report more support, and greater benefit, from relationships with friends and relatives when compared to men who report more support, and greater benefits from relationships with their spouses, has been discussed for a number of decades (House, Landis & Umberson, 1988; Wong, 1986). Therefore, external theory supports us relying on these results as capturing true underlying gender effects related to the different measures.

The climate disaster and COVID-19

The climate disaster and COVID-19 have led to direct increases in feelings of loneliness and social isolation. One in two Australians reported feeling lonelier since the onset of the COVID-19 pandemic and the ABS found loneliness to be the most common personal stressor identified during 2020 (Lim 2020; ABS 2020).

The pandemic and climate crisis also further exacerbate existing issues and challenge people's wellbeing by limiting ability to access traditional support networks such as social networks, communities and work. This, in turn, leads to increases in negative family functioning and alcohol, drug and problem-gambling issues. The pandemic has also restricted people from accessing institutions and services where, organisations such as Relationships Australia, would usually intercept and intervene.

The interconnection between the protective factors discussed above was brought to light during the pandemic. COVID-19 and the increase in climate-related disaster events impacts the ability

of support services to work with individuals, families and the community to enhance and build these protective factors. Damage done to relationships during pandemics and disasters have long-term effects on loneliness and social isolation. A longitudinal study found that ten years on from the 2009 Black Saturday bushfires, people continue to face increased depression, PTSD, anxiety and other mental health challenges (Gibbs et al., 2016). Social isolation was found to be a key risk factor, especially those living alone. Most notably, the risks of living alone appeared to be offset by group involvement. This provides further support for connecting with your community, as it strengthens these relationships and is a protective factor against social isolation, loneliness, mental ill health and suicidality. Importantly, those who have recovered still require support from social services.

This was further exemplified in a recent survey of over 700 Australians. A collection of service providers found that a third of respondents reported not being able to access a support group during the pandemic, which had adversely impacted their mental health (Wellways 2021). The same survey found that community-based services were vital for building resilience during COVID-19, as these psychosocial supports enable the community connections and networks that reduce isolation and sustain wellbeing in the absence of services. This includes recovery-oriented support and peer support to increase confidence, self-efficacy and skills in connecting with family, friends and professionals (Wellways 2021).

The effects of the pandemic and climate crisis will continue to pose challenges to Australians who will increasingly experience more extreme weather patterns. This is confounded for those experiencing loneliness and social isolation. In response, we need to address the following issues:

- Finding new ways to access hard-to-reach communities,

- Provide interventions that are funded to connect clients with social support systems and provide support for all who require it, not just the presenting-client,

- Promoting services which place social participation and inclusion at their centre, especially for those experiencing other risk factors like mental ill-health, treatment for which, can lead to further social exclusion,

- Funding innovative solutions to provide blended services to reduce the burden on socially isolated and lonely clients; and

- Explore group-based and community-wide interventions to entrenched issues. For example, Groups 4 Health (see above).

It is important to also note that some substantial studies, such as the HILDA survey, found that there was no statistically significant relationship between loneliness and lockdowns (Wilkins et al., 2024).

Victim/Survivors of Domestic, Family and Sexual Violence

DFSV is closely linked to social isolation and loneliness. Data from the DOORS universal screening tool administered to all clients across some Relationships Australia organisations (for more information please see https://familydoors.com/), suggests that 46% of our clients reported feeling very lonely, 44% are experiencing money problems and 28% face illness/sickness/physical disability. This data also highlighted that hostile, anger and avoidant behaviour is common, with 1 in 4 clients reporting these behavioural characteristics towards their current and former partners. While anger, hostility and avoidant behaviour is only an indicator of domestic and family violence, 1 in 4 clients report experiencing behaviours that are considered evidence of domestic and family violence. Most notably, clients who experience loneliness, money concerns and illness/sickness/physical disability are more likely to answer yes to these questions. Additionally, the effect is additive – meaning that if a client experiences multiple challenges, the likelihood increases further.

Older Australians and Elder Abuse

The connection between loneliness and elder abuse is stark. A national prevalence study conducted by the Australian Institute of Family Studies (AIFS) concluded that low social support and lack of social contact are associated with a higher likelihood of experiencing elder abuse (Qu et al., 2021). Additionally, social isolation on the part of the victim and a broad social network on the part of the perpetrator reduce the likelihood of help-seeking (Burnes, Acierno, & Hernandez-Tajada, 2019).

Relationships Australia's senior relationships services support families in preventing or resolving family conflicts, protecting the interests and safety of older people, and reducing the risk of elder abuse. Our experience suggests that healthy ongoing relationships are essential for an older person's well-being, safety, and recovery, not just immediate intervention.

Additionally, economic precarity and elder abuse are closely linked. Lower socioeconomic status correlates with greater risk, especially for financial, sexual, and psychological abuse (Qu et al., 2021). Carers, unfortunately, are often perpetrators of elder abuse, and our findings show that elder abuse prevention is crucial to reducing loneliness and isolation among older people.

Poverty and Loneliness

We highlight the importance of considering the impact of poverty on loneliness, particularly in areas where poverty is often hidden. We call for a focus on "loneliness-adjacent" supports, such as accessible public transportation and inclusive urban design, to address the structural barriers that contribute to social isolation.

Poverty and loneliness are intertwined. Poverty limits people's ability to engage in social activities, access transportation, and participate in community events. Housing instability exacerbates social isolation by disrupting social networks. Loneliness, in turn, leads to increased

health-risk behaviours, such as smoking and alcohol abuse, which further entrench poverty (Algren et al., 2020). The impacts of homelessness and the current housing crisis in Australia is worsening this issue. Those living in poverty are often marginalised, experiencing systemic barriers and multiple forms of discrimination, making them more vulnerable to social isolation.

We have found that many clients, especially those experiencing long-term health issues, intimate partner violence, and housing insecurity, also face poverty. These clients often lack access to essential services like mental health care and community engagement activities. The pandemic has worsened the situation, with many people encountering poverty for the first time, while others who were already disadvantaged are facing exacerbated conditions.

Addressing loneliness requires acknowledging the pervasive and often hidden nature of poverty. More importantly, poverty-related barriers must be considered when designing interventions to combat loneliness. Services that reduce these barriers, such as flexible relationship support services, are crucial to ensuring that those most in need can access loneliness interventions.

Gambling and Loneliness

Gambling is both a cause and a consequence of loneliness. Community clubs, a key socialising space, often feature electronic gaming machines (EGMs), which draw vulnerable populations, particularly those experiencing loneliness, into harmful gambling habits. A 2019 study found that 80% of ACT adults had visited a club with gaming machines, and 20% had played an EGM within the last 12 months (Paterson, Leslie & Taylor 2019). These figures align with national statistics, but EGM players are disproportionately represented among lower-income groups reliant on welfare.

Lonely individuals may seek out the social environments of clubs but are often exposed to gambling opportunities, leading to significant gambling-related harms. The lack of gambling-free social venues exacerbates this issue, especially for people with fewer socialisation options. Moreover, people using EGMs tend to spend more on gambling than those engaged in other forms of gambling (Armstrong & Carroll 2017).

Gambling often coexists with mental health issues like depression and anxiety, further isolating individuals and entrenching loneliness (Raylu & Oei 2007). Relationships Australia's experience in providing gambling help services suggests that gambling can isolate individuals from their families and communities, leaving them more vulnerable to a range of harms, including mental and physical health problems.

A particularly vulnerable group in this regard is international students, who face cultural and language barriers that can isolate them from local communities. For them, gambling may offer a form of escapism, but it also leads to greater social isolation. Culturally appropriate services are essential in addressing both loneliness and gambling harm among international students. Relationships Australia's PEACE services provide a successful model, offering culturally sensitive support to migrants and refugees, which could be expanded to address gambling harm.

Carers and Loneliness

Carers, particularly those responsible for family members, are another group at high risk of loneliness. According to the 2022 Relationship Indicators survey, one in three carers reported feeling very lonely, compared to 20% of the general population. Carers often experience social isolation due to the physical and emotional demands of their roles, leaving little time or energy for socialisation. Moreover, caring roles are undervalued in Australian society, contributing to feelings of unappreciation and loneliness (Blaxland 2010).

A key aspect of this service is its ability to alleviate loneliness by supporting young carers to connect on their successes and challenges and demonstrate appreciation for the important role they play, a role that is often minimised or ignored by the larger society. Carers' loneliness is compounded by negative self-perceptions, a key driver of chronic loneliness (British Red Cross, 2016). Relationships Australia provides support for carers through services like Young Carers Connect, which helps young carers build networks and receive the social and emotional support they need.

The government must reframe how caring roles—paid and unpaid—are recognised and valued in social, economic, and political infrastructure. While many responsibilities sit with the Federal government, the NSW government can also lead by including carer-specific support groups and services, particularly in community centres like Gunners Place. Furthermore, carers should be celebrated and appropriately represented in government reports and strategies.

LGBTQIA+, Trans People and Loneliness

Trans people face significant forms of isolation and stigma, both from society and within LGBTQIA+ communities. Studies reveal that trans people experience stigma even within LGBTQIA+ spaces, leading to disproportionately high levels of loneliness. One study found that 83% of trans people meet clinical levels of loneliness (Hajek et al., 2023), with this isolation being strongly associated with suicidality (Bretherton et al., 2021). These levels are higher than for any other group experiencing minority stress in Australia.

Trans people often turn to online support systems due to the lack of inclusive in-person resources. Gender-affirming healthcare and trans-inclusive spaces are critical to supporting trans individuals' well-being. The NSW government must ensure that healthcare workers receive training in trans health issues to improve inclusivity and support for the trans community.

Risk and Protective Factors

Supporting a strategy to address social isolation and loneliness that is holistic and preventative requires an understanding of the factors which inhibit and support social connection. While this submission has outlined some of the particular risk factors for social isolation and loneliness, we would also like to focus on the protective factors, which provide people with resilience in the

face of adversity and, importantly, moderate the impact of inevitable stress on social and emotional wellbeing.

About one in four Australian adults consider themselves to be lonely, and as many as half of all Australians feel lonely for at least one day each week (APS 2018). While feelings of loneliness are widespread and people are expected to move in and out of loneliness in their lifetimes, managing these experiences and transitions and avoiding chronic loneliness is integral to mitigating the effects (Baker,2012; Franklin & Tranter, 2008). Relationships Australia believes that recognising the risk factors is important for understanding the issue, while conceptualising the protective factors supports a robust response. Social services play an integral role in repairing harm, providing support, and capacity-building to ensure that people's protective factors against social isolation and loneliness are developed and sustained. Some sociocultural protective factors for loneliness and social isolation that are harnessed through social services include:

- Strong social relationships and networks

- Stable and secure housing

- Positive family functioning

- Supportive communities

- Employment and a supportive work environment

- Alcohol and problem-gambling reduction.

This is not an exhaustive list of protective factors, however it begins to represent the integral role community-based treatment plays in addressing social isolation and loneliness. Understanding how these factors interact with, and prevent loneliness, provides a foundation upon which they can design and select appropriate interventions and support systems.

Neighbours Every Day

Neighbourhood identification is a key tool to achieving respectful relationships across the lifespan. Our research and evaluations have shown that improvements in neighbourly relationships can have flow-on effects for all the important relationships in our lives.

Neighbours Every Day, a social connection campaign managed by Relationships Australia, is a nationwide intervention which develops social capital and inclusion in neighbourhoods across Australia. Through "Neighbours Every Day", we support Australians to connect with their communities, and ultimately improve their mental health and wellbeing.

External evaluations of the campaign have been conducted since 2018, highlighting the potential health benefits of enhanced social connectedness. Our research conducted with ANU from 2018 to 2022 revealed that participants in Neighbour Day experience:

- Greater wellbeing during the COVID lockdowns

- Better mental health generally

- Sustained reductions in loneliness

- Reductions in psychological distress

These factors were affected by a person's increase in neighbourhood identification, that is, the sense of belonging and connection individuals feel toward their local community or neighbourhood. Neighbour Day participation led to more close neighbours, which led to greater neighbourhood identification. (Cruwys et. al. [2018](#), [2019](#), [2020](#), [2021](#)). These findings highlight that fostering connections between neighbours and communities is a vital intervention for addressing social isolation and loneliness.

"Neighbours Every Day" employs standardised measurement and evaluation frameworks, establishing it as an evidence-based campaign. The findings from 2018-2020 unequivocally demonstrate that connecting with people outside of your traditional support network is a key aspect of reducing loneliness and social isolation. Positive sources of group connection include, but are not limited to, neighbourhood groups. We believe it is imperative that any strategy to address social isolation and loneliness considers the effects of group-based connection for mental wellbeing.

Economic Evaluation of Neighbours Every Day

A recent economic evaluation of the "Neighbours Every Day" Campaign, and its Day of Action known as 'Neighbour Day', was conducted by researchers at the Australian National University and the University of Queensland. The purpose of this evaluation was to understand the cost-effectiveness of delivering this program, to compare its cost-effectiveness with other health interventions.

The findings illustrated that those who get involved in Neighbour Day reduced their levels of loneliness when compared with the general population. These reduced levels of loneliness have a positive impact on people's health and increase people's quality of life – therefore directly improving QALYs. (QALY refers to "Quality Adjusted Life Years", a term used by health economists to measure both the length and quality of life. QALYs are calculated by looking at the amount of time people spend in certain states of health, combined with the way people feel in these states of health. Loneliness is linked to worse health, so programs that reduce loneliness aim to improve life quality).

The researchers found that the cost for each QALY gained was $4,667. This shows that the campaign brought greater value for money than what researchers typically consider cost-effective in Australia ($28,033 per QALY).

The cost of the Neighbours Every Day campaign is highly favourable, making it an exceptionally cost-effective solution for reducing loneliness and enhancing the health and relationships of individuals across Australia. (Bielby, Spinks and Cruwys, 2023).

Conclusion

In conclusion, addressing loneliness requires a holistic, community-based approach that focuses on building social connections, supporting at-risk groups, and creating a supportive social environment that enables individuals to thrive. The NSW government can lead the way by prioritising this issue as part of its broader public health agenda.

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Case Study - Grief

Client AB presented to our service experiencing significant grief after his partner died. He experienced so much pain it was difficult for him to function. He was very emotional during the counselling sessions and it felt to him that the pain would never end. His grief was compounded by having broken relationships with his children and experiencing a lot of loneliness.

A gradual process over a long time helped A to process his grief and take steps to address his loneliness. Tools used include Worden's Tasks of Grief, and a narrative therapy approach to help A talk about his life experiences and all that he had achieved. This included the experiences he shared with his partner before she died. He enjoyed talking about the things she enjoyed, and he reflected on the positive impact he had on her life.

As the grief gradually lessened, A focused on what he could do to address his loneliness. He had visits with two of his grandchildren. He went to an Old Men New Ideas (ONMI) senior social connections event. He continued to meet with an OMNI group of 12 men every two weeks. He engaged very well with our Senior Relationships Service who helped him to meet people and form new relationships. A also engaged in things of personal interest, such as working on his old Chevrolet car.

Our work with A was framed as how he could honour his partner by living his best life, without getting dragged down by the challenges of life. He agreed she would want him to do this.

After 's counselling had concluded, he let us know how well he was doing. He was happy and optimistic about the future. He asked for details on how to join the local Men's Table to meet more people and establish new relationships.

Case Study - Gambling

Client B was a young woman with a long history of mental health concerns and gambling

behaviours. She sought counselling with the goal of gaining employment and living independently, as she was living with her parent on a disability support pension. She had previous connected with a variety of services, but she disengaged when she perceived the support was not meeting her needs.

The client displayed a strong motivation to make changes to her life, including reducing her gambling. This was an activity however, that was fully supported and actively encouraged by her family. She had viewed gambling as an enjoyable activity and a way to make money, with losses buffered by family members sharing winnings and financially supporting each other to maintain ongoing gambling engagement. Gambling was one of her few social activities and an escape from loneliness and boredom.

Client B was supported to seek ways to strengthen her broader social connection through volunteer work, attending group programs, engaging with disability support workers, and looking for social opportunities outside her immediate family. She found that social interactions had a positive effect on her general mood and significantly reduced her urge to gamble. Through

counselling she developed strategies to rebuild relationships with relevant service providers and break her habit of disengagement when she felt challenged.

Education on gambling odds helped her to understand that she would not be able to make money from gambling. She developed realistic and achievable goals and spending habits that were not beyond her income and did not rely on family bailouts and was able to fulfil her social needs through other activities.

When comparing her current self to her past self (rather than unachievable images and stories of others), she was able to see her personal progress, and this provided motivation to continue her personal recovery journey. She achieved personal milestones she had previously not thought possible such as self-advocacy, completing study programs, and developing computer skills. Counselling assisted client B to be realistic in setting achievable goals for herself and to be more flexible in her interactions with her family and with service providers. She was better able to work with others to support her in her mental health journey. Through growing social outlets and connections she reduced her gambling activity and eventually stopped completely.

She expressed that she was proud of her achievements and better able to navigate the challenges of life that previously would have seen her retreat into the perceived safety but isolation of her room.

Bibliography

ACT Gambling and Racing Commission (2019). Strategy for gambling harm prevention in the ACT: A public health approach 2019-2024. Australian Capital Territory Government.

Algren, M. H., Ekholm, O., Nielsen, L., Ersbøll, A. K., Bak, C. K., & Andersen, P. T. (2020). Social isolation, loneliness, socioeconomic status, and health-risk behaviour in deprived neighbourhoods in Denmark: A cross-sectional study. SSM - Population Health, 10, 100546. doi:10.1016/j.ssmph.2020.100546

Allen, K. A., Ryan, T., Gray, D. L., McInerney, D. M., & Waters, L. (2014). Social media use and social connectedness in adolescents: The positives and the potential pitfalls. The Australian Educational and Developmental Psychologist, 31(1), 18–31. https://doi.org/10.1017/edp.2014.2

Armstrong, A., & Carroll, M. (2017). Gambling activity in Australia. Melbourne: Australian Gambling Research Centre, Australian Institute of Family Studies.

Australian Bureau of Statistics. Household Impacts of COVID-19 Survey, 29 Apr–4 May 2020. Canberra; ABS; 2020 [cited 2020 Jun 9]. Available from: www.abs.gov.au/ausstats/abs%40.nsf/mediareleasesbyCatalogue/DB259787916733E4CA258 55B00 03B21C?OpenDocument

Australian Psychology Society, 2018. Australian Loneliness Report. [online] Melbourne: Swinburne University. Available at: [Accessed 13 August 2021].

Baker, D. (2012). All the lonely people: Loneliness in Australia, 2001-2009, Institute Paper No. 9, June

Beilby, H., Spinks, J. & Cruwys, T. (2023). Neighbour Day Cost-Effectiveness Evaluation. The University of Queensland & Australian National University.

Bretherton, I., Thrower, E., Zwickl, S., Wong, A., Chetcuti, D., Grossmann, M., Zajac, J. & Cheung, A. (2021). The Health and Well-Being of Transgender Australians: A National Community Survey. LGBT Health. Jan 2021.42-49.http://doi.org/10.1089/lgbt.2020.0178

Burholt, V., Windle, G. and Morgan, D., 2016. A Social Model of Loneliness: The Roles of Disability, Social Resources, and Cognitive Impairment. The Gerontologist,. Vol 57(6).

Burnes, D., Acierno, R., & Hernandez-Tajada, M., (2019b). Help-seeking among victims of elder abuse: Findings from the National Elder Mistreatment Study. Journals of Gerontology: Social Sciences, 5(74), 891–896. https://pubmed.ncbi.nlm.nih.gov/30329112/ [accessed 15 February 2024].

Centre for International Economics. (2023). Family and Relationship Services Economic Evaluation. CIE Final Report_FRSA_Family and Relationship Services Evaluation - 11092023

Cowling, M., Crawford, J. & Allen, K-A. (2024, January 29). 1 in 3 people are lonely. will AI help, or make things worse?. The Conversation. https://theconversation.com/1-in-3-people-are-lonely-will-ai-helpor-make-things-worse-217924. [accessed 23 February 2024].

Cruwys, T. & Fong, P. (2020) Neighbour Day in the time of the COVID-19 pandemic – Special Report 2020. Relationships Australia and The Australian National University. Cruwys,T., Fong, P., Robinson, S. & Mance, P. (2019) Neighbour Day Evaluation Report 2019. Relationships Australia and The Australian National University. http://neighbourday.org/wpcontent/uploads/2019/10/ANU-Evaluation-Report-ND2019-3Sept.pdf

Dean, A. (2019). Elder Abuse: Key issues and emerging evidence. Policy and Practice Paper. Australian Institute of Family Studies. https://aifs.gov.au/sites/default/files/publicationdocuments/51_elder_abuse_0_0.pdf [accessed 15 February 2024].

Evaluate (for Carers Australia) (2022) Caring Costs Us: The Economic Impact on Lifetime Income and Retirement Savings of Informal Carers. https://www.carersaustralia.com.au/wpcontent/uploads/2022/04/Final-Economic-impact-incomeand-retirement-Evaluate-ReportMarch-2022.pdf [accessed 15 February 2024].

Fong, P., Cruwys, T., Robinson, S., Haslam, A., Mance. & Fisher, C. (2021). Evidence that loneliness can be reduced by a whole-of-community intervention to increase neighbourhood identification. Social Science and Medicine. Vol 27.

Franklin, A.S & Tranter, B. (2011). Housing, loneliness and health, AHURI Final Report No. 164, Melbourne, Australian Housing and Urban Research Institute.

Gibbs L, Bryant R, Harms L, Forbes D, Block K, Gallagher HC, Ireton G, Richardson J, Pattison P, MacDougall C, Lusher D, Baker E, Kellett C, Pirrone A, Molyneaux R, Kosta L, Brady K, Lok M, Van Kessell G, Waters E. Beyond Bushfires: Community Resilience and Recovery Final Report. (2016) University of Melbourne, Victoria, Australia.

Hajek, A., König, H.-H., Blessmann, M., & Grupp, K. (2023). Loneliness and social isolation among transgender and gender diverse people. Healthcare, 11(10), 1517. https://doi.org/10.3390/healthcare11101517

Haslam, Catherine,Cruwys, Tegan,Chang, Melissa X. -L.,Bentley, Sarah V.,Haslam, S. Alexander,Dingle, Genevieve A.,Jetten, Jolanda. GROUPS 4 HEALTH reduces loneliness and social anxiety in adults with psychological distress: Findings from a randomized controlled trial. Journal of Consulting and Clinical Psychology, Vol 87(9), Sep 2019, 787-801.

Heinrich, L., & Gullone, E. (2006). The clinical significance of loneliness: A literature review. Clinical Psychology Review, 26(6), 695-718. doi:10.1016/j.cpr.2006.04.002. Hughes, M., Lyons, A., Alba, B., Waling, A., Minichiello, V., Fredriksen-Goldsen, K., Edmonds, S. (2021). Predictors of loneliness among older lesbian and gay people. Journal of Homosexuality, 70(5), 917– 937. doi:10.1080/00918369.2021.2005999

Hughes, M., Lyons, A., Alba, B., Waling, A., Minichiello, V., Fredriksen-Goldsen, K., Edmonds, S. (2021). Predictors of loneliness among older lesbian and gay people. Journal of Homosexuality, 70(5), 917– 937. doi:10.1080/00918369.2021.2005999

Kim, J., LaRose, R., & Peng, W. (2009). Loneliness as the cause and the effect of problematic internet use: The relationship between internet use and psychological well-being. CyberPsychology & Behavior, 12(4), 451–455. https://doi.org/10.1089/cpb.2008.0327

Klein E, Cook K, Maury S, Bowey K. An exploratory study examining the changes to Australia's social security system during COVID-19 lockdown measures. Aust J Soc Issues. 2022 28 57(1):51-69. doi: 10.1002/ajs4.196. Epub 2021 Nov 14. PMID: 34898752; PMCID: PMC8652978.

Legislative Assembly for the Australian Capital Territory (1999). 'The Social and Economic Impacts of Gambling in the ACT (with particular reference to poker machines)'. Final Report of the Select Committee on Gambling, p.12.

Leyden, K.M. (2003) 'Social Capital and the built environment: The importance of walkable neighborhoods', American Journal of Public Health, 93(9), pp. 1546–1551. doi:10.2105/ajph.93.9.1546.

Levkovich, I., & Elyoseph, Z. (2023). Identifying depression and its determinants upon initiating treatment: Chatgpt versus Primary Care Physicians. Family Medicine and Community Health, 11(4). https://doi.org/10.1136/fmch-2023-002391

Lim, M. (2023). Lonely in lockdown? you're not alone. 1 in 2 Australians feel more lonely since coronavirus. https://theconversation.com/lonely-in-lockdown-youre-not-alone-1-in-2-australiansfeel-more-lonely-since-coronavirus-142724 [accessed 20 February 2024].

Long, K. & Lim, M. (2019) Evaluating the impact of Neighbour Day on the community. Swinburne University of Technology for Relationships Australia. http://neighbourday.org/wp-content/uploads/2019/03/NeighbourDay-Swinburne-Evaluation-Final-Report.pdf

Luhtanen, R. K. (2002). Identity, stigma management, and well-being: A comparison of lesbians/bisexual women and gay/bisexual men. Journal of Lesbian Studies, 7(1), 85–100. doi:10.1300/J155v07n01_06

Mance, P. (2018). Is Australia experiencing an epidemic of loneliness? Relationships Australia. https://www.relationships.org.au/wp-content/uploads/An-epidemic-of-loneliness-2001-2017.pdf [accessed 20 February 2024].

Mozafar Saadati, H., Mirzaei, H., Okhovat, B., & Khodamoradi, F. (2021). Association between internet addiction and loneliness across the world: A meta-analysis and systematic review. SSM - Population Health, 16, 100948. https://doi.org/10.1016/j.ssmph.2021.100948

Musterd, Sako & Veer, Jeroen. (2000). Urban Segregation and the Welfare State. Inequality and Exclusion in Western Cities, Sako Musterd and Wim Ostendorf (Eds.). Journal of Housing and the Built Environment. 15. 201-204. 10.1023/A:1010132332193.

National Mental Health Commission (2019). 'Educational interventions to reduce older persons' loneliness'. Return on Investment: Prevention in mental health. [accessed 20 February 2024].

Newby, J.M. et al. (2020) 'Acute mental health responses during the COVID-19 pandemic in Australia', Plos One, 15(7). doi:10.1371/journal.pone.0236562.

Paterson, M., Leslie, P. and Taylor, M. (2019) 2019 ACT Gambling Survey. Australian National University, Centre for Gambling Research.

Qu, L., Kaspiew, R., Carson, R., Roopani, D., De Maio, J., Harvey, J., Horsfall, B. (2021). National Elder Abuse Prevalence Study: Final Report. (Research Report). Melbourne: Australian Institute of Family Studies. ISBN 978-1-76016-217-7

Raylu, N, Oei, T (2007). Gambling and Problem Gambling among the Chinese. School of Psychology, The University of Queensland. https://www.publications.qld.gov.au/dataset/4d12b47b-d516-4851- 82f5-65218fcaadfb/resource/c4e2e3fc-c943-4107-b483-91708a032895/download/gambling-andproblem-gambling-among-the-chinese.pdf [Accessed 20 February 2024].

Sharafizad, F., Franken, E., Jogulu, U., & Teo, S. (2023). "Being a carer, you just get forgotten!": exploring the experiences and opportunities of informal primary carers in Australia. International Journal of Care and Caring (published online ahead of print 2023). https://doi.org/10.1332/239788223X16789866214981 [Accessed 13 February 2024]

Suicide Prevention Australia. "Turning Points: Imagine a World Without Suicide", September 2019.

Sustainable Development Goals (2024). No poverty, Sustainable Development Goals. Available at: https://www.sdgdata.gov.au/goals/no-poverty (Accessed: 20 February 2024).

Van Baarsen, B., Snijders, T., Smit, J., & van Duijn, M. (2001). Lonely but Not Alone: Emotional Isolation and Social Isolation as Two Distinct Dimensions of Loneliness in Older People. Educational And Psychological Measurement, 61(1), 119-135.

Verbeek, M. J., Hommes, M. A., Stutterheim, S. E., van Lankveld, J. J., & Bos, A. E. (2020). Experiences with stigmatization among transgender individuals after transition: A qualitative study in the Netherlands. International Journal of Transgender Health, 21(2), 220–233. https://doi.org/10.1080/26895269.2020.1750529

Vrantsidis F., Dow B. Joosten M., Walmsley M., & Blakey J. (2016). The Older Person's Experience: Outcomes of Interventions into Elder Abuse. Melbourne: National Ageing Research Institute and Senior's Rights Victoria. www.seniorsrights.org.au/wp-content/uploads/2016/06/SRV-NARIOutcomes-Report-2016-FINAL-Web-6-June-2016.pdf [Accessed 10 February 2024].

Walker, S. (2021). Orientation and transition. https://services.anu.edu.au/files/guidance/Full document-Orientation and Transition Framework and Implementation.pdf [Accessed 20 February 2024].

Waldinger, R. (2023).The Good Life: Lessons From the World's Longest Scientific Study of Happiness (Simon & Schuster)

Warr, D., Cox, J., & Redshaw, S. (2020). A review of associations between social isolation, loneliness and poor mental health among five population groups.

Wellways. (2021). Survey results. Resilience in Isolation The impact of COVID-19 on Australians with a lived experience of mental ill heath.

Wilkins, R, Vera-Toscano, E & Botha, F. (2024). The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 21. Melbourne Institute: Applied Economic & Social Research, the University of Melbourne.