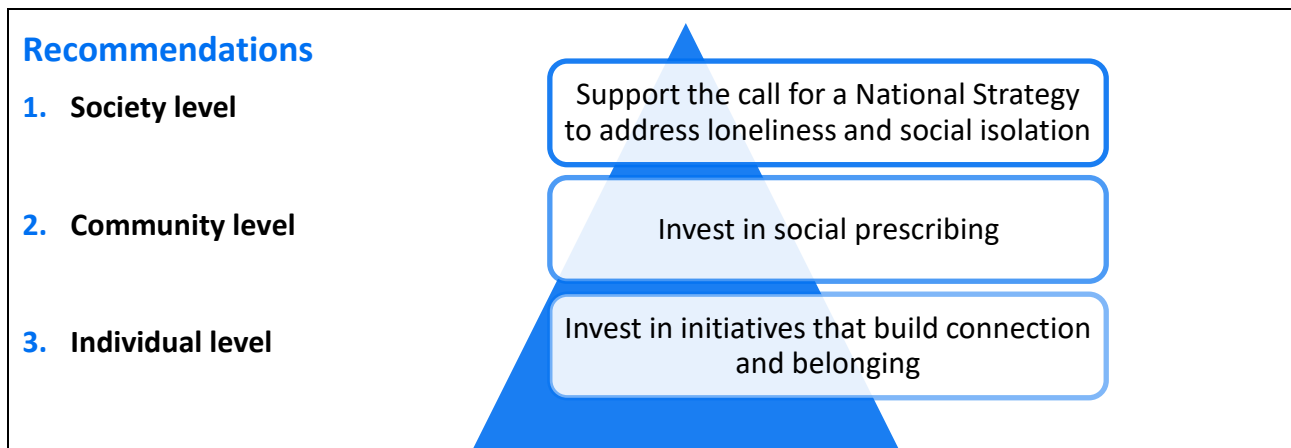![Beyond Blue logo]

Beyond Blue's submission to the inquiry into the prevalence, causes and impacts of loneliness in New South Wales

1 November 2024

Introduction

Beyond Blue welcomes the opportunity to contribute to the New South Wales (NSW) Government's inquiry into the prevalence, causes and impacts of loneliness. Beyond Blue is grateful to receive funding from the NSW Government to deliver our core activities, resulting in significant insights into NSW mental health trends and benefits for the NSW community. For each dollar the NSW Government invests in Beyond Blue, the people of NSW receive approximately $11.30 in costed services[1].

Loneliness and social isolation have significantly negative impacts on the mental health of people across Australia and requires urgent attention at the levels of society, community, and the individual. Beyond Blue recommends that the NSW Government:

Recommendations

1. **Society level** — Support the call for a National Strategy to address loneliness and social isolation

2. **Community level** — Invest in social prescribing

3. **Individual level** — Invest in initiatives that build connection and belonging

Loneliness is worsening

- In line with global trends, indicators of loneliness and social isolation in Australia are steadily increasing[i], with people spending less time with family and friends[ii], and indicators of social connection, networks, community participation and trust in each other and institutions declining[iii].
- Almost 1 in 3 people in Australia feel lonely, while persistent loneliness is experienced by 1 in 4 people with financial hardship, neighbourhood disadvantage and regionality playing a part[iv].
- Loneliness is particularly prevalent among people with poor physical or mental health, disabilities, living alone, single parents and people struggling with financial insecurity. People dealing with financial insecurity are 2.8 times more likely to be lonely than people who are not[ibid], a concerning correlation given the ongoing cost-of-living crisis pushing more people into financial precarity. A record 74% of people in Australia are now reporting elevated cost-of-living and personal debt distress[v].

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[1] This figure reflects the 2021-2024 time period and derived from Beyond Blue's co-contribution model, which combines and leverages funding from the Commonwealth, state and territory governments, community and philanthropic donations, partnership grants, pro bon contributions and tied programs. This excludes additional benefits which are more difficult to quantify on a cost per interaction basis.

- In the 2023 *Australia's welfare* report on social isolation, loneliness and wellbeing, more people aged 15-24 now report feeling lonely than people aged 55 and over, with young women aged 16-24 being most likely to experience loneliness[vi], as well as the highest levels of poor mental health (47%)[vii].
- Data from a national survey by ReachOut[viii] found that 57% of young people aged 16-25 years old are worried about feeling lonely, and that 82% of this cohort said stress about loneliness was having an impact on their mental health and wellbeing. Loneliness is particularly pronounced among young people experiencing multiple marginalizations, such as LGBTQIA+ youth (70% compared to 50% of their cisgender heterosexual counterparts) and youth in rural settings (65% compared to 55% of young people living in major cities).
- Approximately 1 in 20 interactions with the Beyond Blue Support Service from NSW report loneliness or isolation as their specific concern, however, we know that loneliness and isolation are significant contributors to many interactions with the support service and can also precede and rise from periods of anxiety and depression, which are two of the most common themes.

Loneliness and mental ill-health are mutually reinforcing

- Loneliness and mental health are closely connected. Loneliness is a predictor of poorer mental health outcomes, including depression, social anxiety and increased risk of suicidality. It is also an identified challenge for many living with mental ill-health[ix], such as social anxiety disorders and depression.
- Loneliness, isolation and lack of connection can have a significant cost to individuals, communities and society through the painful lack of human connection, reduced civic participation, outsourced care responsibilities that might otherwise be shared, lower workplace productivity, increased hospital and nursing costs and more[x].
- The mental health and physical impacts of loneliness are severe, with people experiencing loneliness being almost 5 times more likely to experience depression, more than 4 times are likely to have social anxiety and twice as likely to have a chronic illness[xi].
- A recent population level survey[xii] commissioned by Beyond Blue to understand the mental health and wellbeing of people in Australia in 2024 shows that just under 1 in 3 (30%) of people stated they experienced distress due to loneliness over the preceding 12 months.
- The survey found that individuals who experienced poor mental health were more likely to rate as poor or fair their sense of being part of a community and ability to get support from family or friends (both strong indicators of loneliness) than those who reported not experiencing a mental health issue (Figure 1)[xiii].

Figure 1   Social determinants of mental health by mental health issues (% Poor + Fair)
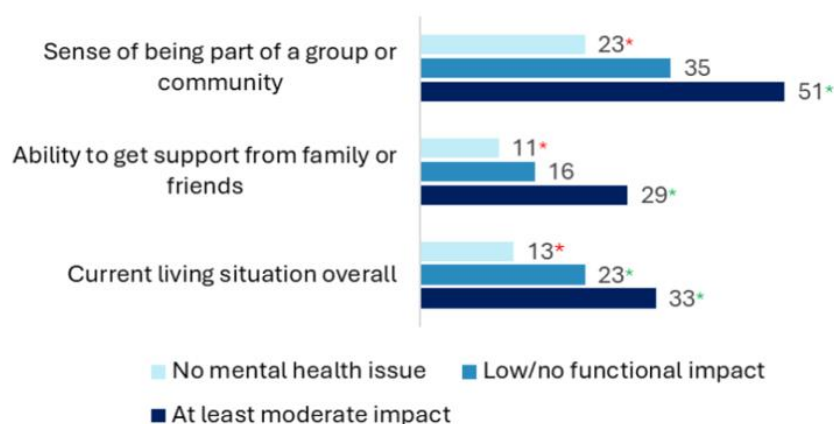
Source: SD1 – Overall, how would you rate your…

Base: All respondents (n = 5,014)

Note: * indicates significantly lower than other subgroups (p<.05), * indicates significantly higher than other subgroups (p<0.05)

The stigma against loneliness is a significant barrier for people accessing support

- The *Ending Loneliness Together* report found that 31% of people are ashamed of feeling lonely, 46% are too embarrassed to admit this to others and nearly 58% do not talk to others about feeling lonely[xiv]. Beyond Blue's research shows that higher levels of psychological distress are associated with higher levels of shame[xv]. Intersecting experiences of stigma create a compounding effect that reinforces the barrier to help-seeking, such as the bi-directional stigma relationship between poor financial wellbeing and mental health[xvi].
- This stigma is fuelled by misconceptions. The *Endling Loneliness Together* report found that:
  - Nearly 1 in 2 (46%) Australians describe people who are lonely as having negative traits.
  - 1 in 4 (25%) Australians think that people who are lonely are less worthy than others.
  - More than 1 in 4 (29%) Australians think their community believes being lonely is a sign of weakness[xvii].

What works to reduce the prevalence and impacts of loneliness

- Social isolation and loneliness are now well-recognised public health concerns internationally, data across 148 studies suggest that social connection decreases the risk of premature death and increases the odds of survival by 50%, which is why addressing social connection is fundamental to approaches addressing loneliness and social isolation and consequently promoting mental health and wellbeing [xviii].
- However, there is limited Australian research into what works to resolve social isolation and loneliness[xix].
- Investments should be made in scaling interventions that combat loneliness by increasing opportunities for social connection, enhancing social support, improving social skills and addressing barriers to social connection.

Recommendation 1 – Support the call for a National Strategy to address Loneliness and Social Isolation.

- In Australia, [Ending Loneliness Together](#) has proposed a National Strategy to address Loneliness and Social Isolation[xx]. **We strongly support the development and implementation of this Strategy.** To ensure this Strategy has lasting impact, we support a commitment from the Commonwealth Government to comprehensively fund:
  - A national campaign to address loneliness as a whole-of-population target for preventing mental illness and equip individuals with the tools and resources to facilitate positive mental health improvements.
  - Delivering a National Social E-Health Portal, an online, digital tool to help consumers and healthcare professionals find local, evidence-based programs and services targeting loneliness.
  - Developing a national measurement and evaluation framework, practice guidelines, and training for frontline workers to equip them with evidence-based approaches, resources, and solutions to systematically identify, monitor, and direct people experiencing loneliness.
- This is critical to putting loneliness on the national agenda and ensuring we are aligned with global movement and the World Health Organization, which have recently declared loneliness and social isolation a global public health priority.

Recommendation 2- Invest in social prescribing.

- **Social prescribing** was found in an evidence review[xxi] of interventions that can help improve a person's mental wellbeing by Beyond Blue and the South Australian Health and Medical Research Institute (SAHMRI), to be a strong example of pro-connection approaches where people are linked into non-clinical activities or services that support their mental wellbeing. The [ASPIRE Consensus Statement](#) highlights this approach as one that acknowledges the complex social factors impacting health and promotes early intervention for non-medical issues that impact health, reducing healthcare costs, and providing comprehensive care that enhances individual and community wellbeing by fostering stronger social connections and resilience[xxii].
- **We support ASPIRE's call for a large-scale rollout of social prescribing** that includes training and support for primary care practitioners and 'link workers' who act as connectors to ensure referrals are

consumer informed and appropriately tailored, as well as funding for community services and groups to respond to demand. Social prescribing initiatives both domestically and internationally have already yielded positive results (see Appendix 1).

Recommendation 3- Invest in initiatives that build connection and belonging.

- When Beyond Blue's research respondents were asked what self-management strategies they used to improve or maintain their social and emotional wellbeing, 81% reported connecting more with family and friends[xxiii]. **Investing early in the social and emotional skills to foster strong connections with others is therefore crucial** to reducing loneliness and social isolation. Beyond Blue's research shows that the first place someone experiencing poor mental health would most likely seek support is from a known person (namely intimate partner at 73%) ahead of any professional support (eg. Doctor/GP at 62%). The largest sources of support continued to come from friends, partners/spouses, and family members or relatives. In fact, in 2024, 2 in 5 (41%) participants with poor mental health had sought personal mental health support from someone they knew in the past 12 months, compared to 17% of participants who did not have poor mental health. This illustrates how many support-seeking behaviours rely on trusted social connections, as human relationships have always been fundamental to wellbeing.

- **We recommend the NSW Government strengthen links with existing initiatives that focus on building social and emotional skillsets** within individuals and the settings they interact in, such as schools, workplaces, in aged care and in local communities. This requires the NSW Government to adopt a whole-of-Government approach to addressing loneliness. Enhancing the collective sense of belonging requires an integrative approach that accounts for the shifting temporal, social, cultural and environmental contexts an individual experiences[xxiv].

- **Beyond Blue's Be You program**, delivered in partnership with Early Childhood Australia and headspace, equips educators to promote social and emotional in schools and learning settings. The Be You program can help educators to understand how to support social development early in life, to enable students to develop social and emotional learning skills, including social development strategies. Supporting students with social and emotional learning skills in schools is one of the most effective ways of creating intergenerational change and cultivating what the US Office of the Surgeon General refers to as 'Culture of Connection'[xxv].

- Similarly, Ending Loneliness Together, in partnership with AIA Australia, launched a training program in early 2024 designed to help people recognise and respond to loneliness in the workplace. This follows the finding that loneliness is increasingly impacting workplaces, with 1 in 4 workers reporting persistent loneliness[xxvi]. Equipping employers and employees with the skills to building meaningful social relationships contributes to an organisational 'Culture of Connection'.

- There is also an opportunity to promote social connection through 'third spaces', including in local place-based initiatives or through widely available online initiatives. For example, by promoting existing evidence-based digital initiatives that reduce loneliness and enhance connection like the Beyond Blue Online Peer Support Forums (see Appendix 2 for case study). Governments should also continue to conduct research about how new and emerging technology can safely combat loneliness.

- Finally, there is a strong need to address declining community belonging and cohesion. Compassion based initiatives, focussed on cultivating values of kindness, respect, service, and commitment to one another, can contribute to the long-term culture change required to enhance social connection and reduce the harmful impacts of loneliness.

Appendix 1: Social prescribing in other jurisdictions:

Queensland

In 2021, the Queensland Community Support and Services Committee *Parliamentary Committee Inquiry into social isolation and loneliness in Queensland* report[1] recommended that the Queensland Government partner with other levels of Government to implement a state-wide trial of the social prescribing model pioneered by the Mount Gravatt Community Centre. The Queensland Government in its response supported the recommendation in principle and committed to making representations to the Commonwealth Government to support Primary Health Networks to deliver initiatives to address social isolation and loneliness in Queensland. **Beyond Blue supports this recommendation and commends this approach as one to be considered for implementation in New South Wales**. Trial evaluations (1) show significantly positive results, in which social prescribing helped break down barriers to social connection and rebuild clients' sense of self after disconnection from community. It recommended more promotion of the method to increase reach and equity.

Victoria

The Victorian Government is trailing a social prescribing initiative in the new Mental Health and Wellbeing Locals (Local Services) in response to Recommendation 15.4 of the Royal Commission into Victoria's Mental Health System. The service, Local Connections, is being trialled in six Local Adult and Older Adult Mental Health Services (Mental Health and Wellbeing Locals) in different regions to examine whether social prescribing can reduce loneliness and social isolation, test the skills required for a link worker in this context and test social prescribing as a model for strengthening pathways between Mental Health and Wellbeing Locals and non-clinical, community-based activities and initiatives that support community participants, inclusion and connection.

Initial trial findings (2) indicate social prescribing is having a positive impact and reducing loneliness within the community. A key strength of the model so far is the community development lens, in which link workers supportive community initiatives to build safe, inclusive and welcoming spaces through upskilling and training. The main enablers to providing a social prescribing service were funding; referral pathways from health practitioners (GPs or allied health etc); use of signposting and community awareness; stakeholder relationships and a directory of local activities and services. The main barriers to providing social prescribing were categorised as lack of awareness by GPs and the health system and individuals; uncertainty with ongoing funding and lack of GP referral system.

Wales

The concept of social prescribing has received significant political attention and cross-party support in Wales, growing organically and producing a range of different delivery models. A core principle of social prescribing here is that it utilises and interacts with statutory services across sectors, requiring multiple organisations to work collaboratively. In December 2023, a National Framework for Social Prescribing was launched to help ensure consistent delivery regardless of the setting. This will help to grow social prescribing by reducing the confusion about the benefits it can offer, make it sustainable in the long term and boost uptake.

Through its early intervention approach, social prescribing in the UK is already showing evidence (3) of reducing the burden on front-line services, reducing demand for GP services by an average of 28% following a social prescribing referral.

(1) *Sharman, L. S., Hayes, S., Chua, D., Haslam, C., Cruwys, T., Jetten, J., Haslam, S. A., McNamara, N., Baker, J. R., Johnson, T., & Dingle, G. A. 2023. Report on the 18-month evaluation of social prescribing in Queensland.*

(2) *Victorian Social Prescribing Survey December 22 – February 23. Australian Disease Management Association, Supported by Victorian Department of Health's Mental Health & Wellbeing Promotion Office. March 2023.*

(3): *National Framework for social prescribing – a description of social prescribing in Wales and a plan of how to provide it throughout the country. Llywodraeth Cymru Welsh Government. 19 January 2024.*

Appendix 2: Case study

Case study: social connection through the Beyond Blue online Peer Support Forums

The Beyond Blue online Peer Support Forums provide a safe and moderated space for people to share their individual experiences with mental health within a digital platform. The Forums normalise experiences with mental health conditions, offer a place of support and decrease associated stigma. Support for feelings of loneliness or isolation are a common theme amongst forums users. For example, one forums user said:

"Every night and every weekend feels so hard to live through because it's just me, in an apartment, nobody to talk to, nowhere to go, too afraid to be seen in public alone because I have nothing exciting to share with people. I'm not one to put myself out there because I just feel people don't have time for me or wouldn't want my company any more than a few minutes. I just need something to help live with loneliness but I have no idea what and thought maybe someone here has some ideas that would help me."
– Forums community member.

The Forums are an example of an existing initiative supporting people to connect, feel understood and exchange words of encouragement and advice.

"I found connection during such an isolated time and felt so relieved to hear others experiencing what I was experiencing" – Forums community member

Survey results[1] found that 67% of NSW respondents were satisfied with the Beyond Blue Forums. While using the Beyond Blue Forums, 78% of respondents felt **heard and understood** and felt better knowing **others had similar experiences**[2].

As a result of using the Beyond Blue Forums NSW respondents reported feeling slightly to significantly:

more **connected** to others (70%)   a **sense of belonging** (73%)   **less alone** (71%)

"I find the forums very helpful when I need advice when I am struggling. Sometimes having an outside view or even knowing someone is reading it to help can make me feel seen or heard. Also helping people and giving advice to other people I would like them to feel the same. I don't want to anyone to feel alone. Hope [the Beyond Blue Forums] stay as I am sure it has helped so many people."
– Forums community member.

(1): Beyond Blue Forums Annual Survey 2024 (NSW n=143)
(2): Includes slightly, moderately and significantly responses.

[i] Ending Loneliness Together (2023). State of the Nation Report. Social Connection in Australia. A Deep Dive into Loneliness and Social isolation.

[ii] Our Epidemic of Loneliness and Isolation (2023). The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community, p.29.

[iii] Ibid.p.13.

[iv] Ending Loneliness Together (2023). State of the Nation Report. Social Connection in Australia. A Deep Dive into Loneliness and Social isolation.

[v] Suicide Prevention Australia Community Tracker. September 2024. Accessed online at: https://www.suicidepreventionaust.org/wp-content/uploads/2024/09/Sept_Community-Tracker.pdf

[vi] Australian Institute of Health and Welfare. (2023). Australia's welfare 2023: data insights. Canberra: AIHW. doi:10.25816/43wp-h749

[vii] Australian Institute of Health and Welfare. (2023). *The health of Australia's females.* Accessed online at: https://www.aihw.gov.au/reports/men-women/female-health

[viii] ReachOut (2023), Craving Connection: How Loneliness is Impacting Young People's Mental Health, Research Brief: Issue 01, ReachOut Australia, Sydney.

[ix] Ending Loneliness Together in Australia White Paper (2020) pg. 16, Accessed online at https://endingloneliness.com.au/news-events/ending-loneliness-together-in-australia-white-paper/

[x] Our Epidemic of Loneliness and Isolation (2023). The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community, p.9.

[xi] Endling Loneliness Together (2023). Loneliness affects everyone. Infographic accessed online at: https://endingloneliness.com.au/wp-content/uploads/2023/08/ELT-LAW-Infographic-digital.pdf

[xii] Social Research Centre (2024). Beyond Blue: Mental Health and Wellbeing Tracking Survey (Preliminary Report)

[xiii] Social Research Centre (2024). Beyond Blue: Mental Health and Wellbeing Tracking Survey (Preliminary Report)

[xiv] Ending Loneliness Together (2023). State of the Nation Report. Social Connection in Australia. A Deep Dive into Loneliness and Social isolation.

[xv] Social Research Centre (2024). Beyond Blue: Mental Health and Wellbeing Tracking Survey (Preliminary Report)

[xvi] Heartward Strategic (2022) The Money and Mental Health Social Research Report. Beyond Blue and ASIC.

[xvii] Ending Loneliness Together (2023). State of the Nation Report. Social Connection in Australia. A Deep Dive into Loneliness and Social isolation.

[xviii] Our Epidemic of Loneliness and Isolation (2023). The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community, p.24.

[xix] Campaign to End Loneliness (2020). The Psychology of Loneliness: Why it matters and what we can do.

[xx] A National Strategy to Address Loneliness and Social Isolation (2021-2022). Pre Budget-Submission. Ending Loneliness Together, RUOK, Australian Psychological Society. p.7.

[xxi] Van Agteren J., Iasiello M. & Lo L. (2023). A guide to what works for mental wellbeing. Melbourne, Beyond Blue.

[xxii] https://www.creatingopportunitiestogether.com.au/consensus

[xxiii] Social Research Centre (2024). Beyond Blue: Mental Health and Wellbeing Tracking Survey (Preliminary Report)

[xxiv] Allen, K. A., Kern, M. L., Rozek, C. S., McInerney, D. M., & Slavich, G. M. (2021). Belonging: a review of conceptual issues, an integrative framework, and directions for future research. *Australian Journal of Psychology*, *73*(1), 87–102. https://doi.org/10.1080/00049530.2021.1883409

[xxv] Our Epidemic of Loneliness and Isolation (2023). The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community.p.53.

[xxvi] Ending Loneliness Together (2024). Why we feel lonely. A deep dive into how different life circumstances contribute to persistent loneliness and social isolation. Accessed online at: https://lonelinessawarenessweek.com.au/wp-content/uploads/2024/08/why-we-feel-lonely.pdf