

o r y  
g e n

---

QUEENSLAND PARLIAMENT'S  
COMMUNITY SUPPORT AND  
SERVICES COMMITTEE  
INQUIRY INTO SOCIAL  
ISOLATION AND LONELINESS

---

ORYGEN SUBMISSION

---

---

# QUEENSLAND PARLIAMENT'S COMMUNITY SUPPORT AND SERVICES COMMITTEE INQUIRY INTO SOCIAL ISOLATION AND LONELINESS

---

## ORYGEN SUBMISSION

---

Orygen welcomes the opportunity to provide a submission to the Queensland Parliament's Community Support and Services Committee inquiry into social isolation and loneliness.

### ABOUT ORYGEN

Orygen is the world's leading research and knowledge translation organisation focusing on mental ill-health in young people. At Orygen, our leadership and staff work to deliver cutting-edge research, policy development, innovative clinical services, and evidence-based training and education to ensure that there is continuous improvement in the treatments and care provided to young people experiencing mental ill-health.

Orygen conducts clinical research, runs clinical services (four headspace centres), supports the professional development of the youth mental health workforce and provides policy advice relating to young people's mental health. Our current research strengths include: early psychosis, mood disorders, personality disorders, functional recovery, suicide prevention, online interventions, neurobiology and health economics.

### SOCIAL ISOLATION AND LONELINESS

#### YOUNG PEOPLE EXPERIENCING LONELINESS

Despite the focus and awareness that loneliness is a pertinent issue faced by older adults,(1) young Australians report higher levels of loneliness than most other age groups.(2) Before the pandemic, one in six adolescents (12 to 17 years old) and one in three young adults (18 to 25 years old) experienced problematic levels of loneliness.(3) Loneliness and social isolation in young people requires focused attention to minimise potential impacts on their mental health. A rapid systematic review identified that children and adolescents who experienced loneliness and social isolation had an increased risk of mental ill-health for up to nine years after loneliness was measured, which was more strongly related to the duration of loneliness than loneliness severity.(4) Interventions and approaches should focus on mitigating current experiences of loneliness and addressing previous experiences of loneliness and social isolation.

#### IMPACT OF THE PANDEMIC

The pandemic has exacerbated loneliness for young people,(5) with Kids Helpline reporting that social isolation was the second most frequent concern reported by children and young people in relation to COVID-19.(5) headspace National reported that the proportion of young people in Australia feeling isolated from others increased from 39 per cent in 2018 to 43 per cent in 2020.(6) International data suggest that young people were 5.3 times more likely to experience loneliness than people aged over 65 years old during the pandemic.(7) There is therefore a need to focus and respond to the pandemic's impact on loneliness in young people.

COVID-19 has changed the loneliness risk profile of some groups of young people. Between 2018 and 2020, young men, 12 to 14 year olds and 18 to 21 year olds all reported greater increases in feeling isolated from others compared with other groups of young people.(6) Increased feelings of isolation for these age groups may represent the increased risk of loneliness for students, particularly for those who may not have had the opportunity to establish strong social connections at school or in tertiary education. While young adults traditionally experience a higher risk of loneliness than adolescents,(3) this appears to have been reversed during the pandemic, with adolescents experiencing higher rates of loneliness.(8) A UK study found that the student population became a high-risk group for loneliness during the pandemic, despite traditionally not being at a significant risk.(9) Therefore, interventions for young people should consider the role of schools and school staff, particularly during any future public health responses to the pandemic.

Young people living with more restrictive public health measures during the pandemic may have also experienced an increased risk of loneliness. While loneliness slightly decreased for most young Australians between April and December 2020, loneliness for young people in Victoria increased.(8) Both public health campaigns and targeted approaches are needed to support young people's social connections and experiences of loneliness during periods of restrictive public health measures.

Although few studies exist, there is some evidence to suggest that mindfulness meditation, mindfulness-based cognitive therapy or cognitive-behavioural therapies are effective loneliness interventions for young people.(10) In adult populations, improving emotional regulation and sleep may also be effective, as they are risk factors for loneliness and amenable to change.(7)

### **Technology**

While technology has a role to play in facilitating or maintaining social connections, it is unlikely to substantially meet the needs of many young people. Consultations with young people undertaken by Orygen identified that young people who relied on online communication before the pandemic reported fewer changes to their social life than others. Some reported that online communication was difficult, tiring and insufficient. Although social media can reduce loneliness through facilitating online relationships, communication and the development of new friendships, it can increase loneliness when used as a substitute for face-to-face interactions.(11) While future online platforms or technologies may be more effective in preventing loneliness, current strategies to prevent loneliness should not solely rely on technology.

### **CONCLUSION**

Orygen commend the Committee for considering a state-wide strategy, which would pave the way for other states and territories to leverage findings and appropriately address loneliness as a major public health issue. The design and implementation of a state-wide strategy should include dedicated consultation with young Queenslanders and recommendations that meet their needs. The strategy should consider thorough evaluation processes to contribute to a wider understanding of supporting young people experiencing social isolation and loneliness.

### **Opportunities**

Opportunities to support young people experiencing social isolation and loneliness include:

- school-based programs and staff awareness;
- increased youth-friendly public health messaging during high-stress periods; and
- implementing brief mindfulness and cognitive-behavioural interventions.

## FURTHER INFORMATION

For further information and follow-up relating to this submission, please contact:

Nicholas Fava  
Policy Analyst  
Orygen

[REDACTED]  
[REDACTED]

**REFERENCES**

1. Pitman A, Mann F, Johnson S. Advancing our understanding of loneliness and mental health problems in young people. *The Lancet Psychiatry*. 2018;5(12):955-6.
2. Ending Loneliness Together. Ending loneliness together in Australia. 2020.
3. Lim M, Eres R, Peck C. The young Australian loneliness survey: understanding loneliness in adolescence and young adulthood. VicHealth; 2019.
4. Loades ME, Chatburn E, Higson-Sweeney N, Reynolds S, Shafran R, Brigden A, et al. Rapid systematic review: the impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2020;59(11):1218-39 e3.
5. yourtown and the Australian Human Rights Commission. Impacts of COVID-19 on children and young people who contact Kids Helpline. 2020.
6. headspace National Youth Mental Health Foundation. Insights: loneliness over time. headspace National Youth Mental Health Survey 2020.; 2021.
7. Groarke JM, Berry E, Graham-Wisener L, McKenna-Plumley PE, McGlinchey E, Armour C. Loneliness in the UK during the COVID-19 pandemic: cross-sectional results from the COVID-19 psychological wellbeing study. *PLoS One*. 2020;15(9):e0239698.
8. Lim M. Coping with coronavirus: second interim report. Melbourne: Burnet Institute and Victorian Health Promotion Foundation; 2020.
9. Bu F, Steptoe A, Fancourt D. Who is lonely in lockdown? Cross-cohort analyses of predictors of loneliness before and during the COVID-19 pandemic. *Public Health*. 2020;186:31-4.
10. Williams CYK, Townson AT, Kapur M, Ferreira AF, Nunn R, Galante J, et al. Interventions to reduce social isolation and loneliness during COVID-19 physical distancing measures: a rapid systematic review. *PLoS One*. 2021;16(2):e0247139.
11. Lim MH, Eres R, Vasan S. Understanding loneliness in the twenty-first century: an update on correlates, risk factors, and potential solutions. *Social psychiatry and psychiatric epidemiology*. 2020;55(7):793-810.



ORYGEN.ORG.AU  
+61 3 9966 9100  
35 POPLAR ROAD  
PARKVILLE VIC 3052  
AUSTRALIA

NICHOLAS FAVA  
[REDACTED] A  
[REDACTED]

**REVOLUTION  
IN MIND** *ory  
gen*