



# **Scenic Rim Regional Council**

## **Submission to the Queensland Parliamentary Inquiry into Social Isolation and Loneliness in Queensland, 18 August 2021**

### The Scenic Rim context

Loneliness and social isolation – involvement can't be forced and some people don't want to be involved. However existing support groups or broader friendship groups help develop a culture of care and connection for people with a disability, *Scenic Rim Regional Council Social Plan 2010-2020*.

Community celebrations and socially inclusive programs are an effective way to strengthen communities and build resilience; they bring organisations and residents together to celebrate in a unified way, *Scenic Rim Regional Council Health and Wellbeing Plan 2015-2020*

Scenic Rim Regional Council supports a number of local events that encourage participation across all demographics. There are many methods that can help overcome barriers to participation, strengthen local organisations, lower the risks of social isolation and strengthen the fabric of community life. Some of these include:

- Encourage “bring a friend” type activities. Sometimes this gives people an excuse to talk to a neighbour, but also may help the neighbour overcome their barrier of participating
- Formally (or informally) requesting assistance from community members
- Sharing information across community organisations to assist identifying pockets of the community that may be at risk
- Activating spaces and places that are well located and clearly visible yet are potentially underused (some play parks for example)
- Facilitating meetings between community organisations
- Providing affordable and accessible activities and events that celebrate and connect communities

### The Evidence is Compelling

Loneliness is bad for your health as smoking 15 cigarettes a day. Loneliness is worse for your health than obesity. People experiencing loneliness are more likely to suffer from dementia, heart disease and depression, Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Med 7(7): e1000316. <https://doi.org/10.1371/journal.pmed.1000316>

14 per cent of all Australians said they "frequently" or "always" felt lonely in 2021. Twice as many (32 per cent) are aged 18-24 Friends for Good Inc. <https://friendsforgood.org.au/what-we-do/serviceprovision/>

Loneliness is a growing concern globally. Loneliness is a feeling of distress people experience when their social relations are not the way they would like. It is a personal feeling of social isolation. It is different to feeling alone: we can be surrounded by others but still lonely, or we can be alone but not feel lonely, *Australian Loneliness Report: A survey exploring the loneliness levels of Australians and the impact on their health and wellbeing*, Australian Psychological Society 2018 <https://psychweek.org.au/wp/wp-content/uploads/2018/11/Psychology-Week-2018-AustralianLoneliness-Report-1.pdf>

Social isolation and loneliness have a significant impact on the physical and mental health and wellbeing of many people, Social Isolation and Loneliness, 11 September 2019, Australian Institute of Health and Wellbeing <https://www.aihw.gov.au/reports/australias-welfare/social-isolation-andloneliness>

Scenic Rim Regional Council partnered with West Moreton Hospital and Health in 2019 to form the "Western Scenic Rim Community Connectivity project" which was aimed at addressing the impacts of social isolation in Western Scenic Rim communities (refer attached Western Scenic Rim Community Connectivity Social Isolation Health Impacts)

Newly published findings by KPMG Australia in partnership with Landcare Australia, indicate Landcare volunteers enjoy substantial improvements to their mental and physical wellbeing – and a significant decrease to their healthcare costs. Surveying more than 1,000 Landcare volunteers

and coordinators from Landcare groups, the findings in the report, titled *Building resilience in local communities: The wellbeing benefits of participating in Landcare*, suggest substantial improvements in wellbeing owing to involvement in Landcare lead to an approximate savings from avoided healthcare costs of \$403 per individual per year, Building Resilience in local communities, The wellbeing benefits of participating in Landcare, <https://mailchi.mp/landcareaustralia/landlinkjune2021?e=8315ec58c8>

Social isolation and loneliness is not just an older persons issue. Older people have been identified as a vulnerable group, but social isolation and loneliness can also impact people with a disability and their carers, people with mental illness and young people. As humans are essentially social animals, loneliness is thought to arise because an innate need to belong to a group is unmet. Loneliness signals a need to form a meaningful connection with others. Everyone has a role to play in addressing these issues, including governments, service providers, businesses and the broader community. The contributing factors are complex and it needs to be a "whole of community" response <https://psychweek.org.au/wp/wp-content/uploads/2018/11/Psychology-Week-2018-AustralianLoneliness-Report-1.pdf>

## Community Feedback

### **1. What is the impact of social isolation and loneliness in the Scenic Rim community?**

*Having individuals who find themselves becoming socially isolated slowly over time, and by the time they realise it has happened they then lack the confidence, ability and or knowledge on how to reach out or access support services.*

*Lack of engagement in community events. Missed opportunities to tap into the experiences and expertise of people who are socially isolated.*

*Parents with young children are frustrated, Elderly – lonely, depressed.*

*The impact on our community of social isolation and loneliness is often depression, deterioration of mental and physical health and destructive behaviour such as excessive drinking, drug taking, over eating and not exercising.*

*Obvious is depression and health problems. Less obvious is the impact social deterioration is having on the viability of organisations. A modern approach is needed. The obligation to participate has perhaps been lost, 'to give back to community'. A sense of duty needs to be re-established.*

*The main impact is anxiety, fear and uncertainty about what is going on and what will happen. The usual source of information and reassurance (local contact with other people by chatting in shops, pubs, churches, public places, etc) has been removed and replaced by an impersonal barrage of mixed information on the internet and TV - and it's usually fear inducing news and hard to know who to trust.*

*People who have not established networks, or have few or no friends or family, find it hard to cope with social isolation. For some people it is/becomes an established habit to deal as little as possible with others.*

*Social infrastructure has not caught up with the growth of the population and this growth is set to accelerate. For seniors and single parents, the impact is likely to be depression and feelings of alienation. For children/teenagers there is "nothing to do" and a tendency to vandalise or form groups that alienate others. Two-parent families with parents working have little time or energy at weekends and their children may fall into the above category also.*

*Many people are depressed. It seems sometimes they'll do anything for attention, so they fight and argue with people rather than be lonely. They seem to get involved in things, but they don't have the people skills to interact with civility. Which comes first - loneliness or grumpiness?*

## 2. What do you think are the causes and drivers of social isolation and Loneliness?

*Lack of public transport especially for those who find themselves not having a Drivers Licence (that has allowed them to feel included/involved in community/life) due to age, impairment, or traffic penalty which often leads to the person losing their job therefore dramatically increasing the chance of them becoming socially isolated. Lack of regular local activities that encourage social participation in the smaller townships in Scenic Rim. Individuals who have raised their families locally but now find themselves without any family close due to their teenage/adult children having to move for work, suitable rental accommodation, public transport.*

*Social insecurity. Disability. Lack of transport. Financial stress. Lack of knowledge about what is available in the community.*

*Causes can be deep-rooted psychological matters and a fear of leaving the household or engaging with others. Also lack of venues and facilities is a factor in a small remote location.*

*Social media of course, obsessive behaviours attached to that. Detachment from local organisations and participation.*

*Isolation is due to family/friends living further away in our highly mobile society - many people do not know their neighbours - and phoning is not the same as face-to-face contact.*

*Poor communication skills, individual behaviours e.g. inclination to optimism or pessimism*

*New Residents without prior contacts, families in new estates with both parents working out of the area. For those with limited financial resources, many activities are likely to be beyond reach. Sport for children and teenagers is expensive. It also is the case for, say, older members of the community wanting to fully participate in the offerings of organisations including one-day or longer term outings. Unfortunately, not all residents enjoy access to social media, either through lack of knowledge and reluctance to adopt change, or having the funds to participate. Alternatives need to be explored.*

*Social isolation is accentuated when people don't have meaningful work or a meaningful way of being part of the community. Volunteering helps people to be involved and to be less lonely. Poverty doesn't help with social isolation. There are many people in our community living with not much income but there are also plenty of lonely, isolated people with big incomes. Community events need to be free and membership fees need to be affordable so everyone can join in. If people can't afford to do things they are excluded. Mental health also tends to lead people to isolate, because they can't cheerfully join in. Mental health and physical health are big barriers in our community. Need to keep costs down so it can be free for everyone to be involved.*

## 3. Do you have any suggestions on ways to address Social Isolation and Loneliness?

*Have a public loop bus that runs through small townships into a nearby larger town. Morning runs - Midday returns or similar - 2 times a week, even one day a week would probably be a great start.*

*Have Pop Up Support Points in smaller towns, once a month initially. Using the existing local halls as locations. To provide support to those requiring assistance: to navigate online services (one on one support), food hampers/information packs on support services and organisations*

*Supporting community groups to form within individual communities - Seniors Group, Youth Activities, Kids Clubs, Health and Wellbeing Groups. Short term Council initiatives (6 weeks) in each area of interest with the aim of handing the group over to community organisations/volunteers to coordinate.*

*Anything that helps people to know what is available in the community - maybe a Community Expo where various sporting/environmental/game/interest groups can promote themselves and welcome new people. Community support groups would be aware of people who are socially isolated and lonely - there needs to be some way that they can be connected to community groups.*

*Volunteers to touch base with a phone call, particularly Older people, either through Centacare, Beaucare, Lifeline etc who would already have details of people who get a service normally. An advertised helpline phone number for lonely people to contact, if they want someone to talk to, just to touch base. (not a suicide hotline that already exists). Easy to understand and correct information needs to be passed on to people, People need to open their hearts more. A smile doesn't cost anything.*

*Provide an outlet for community members faced with social isolation and loneliness eg Men's Shed, Community Garden, Sporting Fields and Op Shop.*

*Promote outdoor activity and observation, passive and active, eg- look at a bird, use a trowel.*

*The Council could (a) encourage people to contact their neighbours directly to check they're OK, etc, (b) set up a local phone number (staffed by trained volunteers) for people to call for information, advice, etc, (c) send out regular fact sheets (delivered to houses) with updates, future events, household advice, etc. Council or community group could coordinate.*

*Encourage people to move from the large concentrated centres of population to the rural and remote areas by providing cheap electricity (clean coal, gas and nuclear), and encourage manufacturing in these areas. People in smaller communities have more chance of establishing social networks especially if they have satisfying jobs. Move government departments to rural and remote areas using information technology to link them with central offices. School teachers used to have to work for several years before applying to work in the cities; make this a rule for other public service employees. Migrants also should be welcomed into rural areas and not allowed to settle in ghettos in the cities.*

*Problems fall into categories ie \*\* lack of access (transport, money) \*\* lack of knowledge of what's on offer \*\* gaps in the promotion of what is available \*\* lack of will to find out, by people who are already depressed or lack literacy, Transport is a perennial issue and solutions have been tried, with limited uptake. The recent move towards a PCYC in town should go some way to helping disadvantaged families with access to possibilities. Those with children interested in sports have government grants available on a needs basis but may need help in accessing these. Sports and activities such as Army cadets cost a lot on a family budget. Perhaps liaise with State/Federal governments to ramp up and simplify the grants available and then promote them in the target market. Include school newsletters: unfortunately many parents do not check them but there is the potential to gather some extra applicants. Lack of knowledge is partly lack of self-awareness and drive to find solutions, but can, disappointingly, result from promotion not reaching the right recipients, in some cases because of inadequate targeting by sponsoring groups. Some time ago the library began New Residents' Evenings. There was a lukewarm response, partly because people did not know they were on, despite stories in local media. An attempt was made via real estate agents to send out a Welcome to Beaudesert pack when people moved into new accommodation, including information on groups and activities available in the town. The approach via agents was not highly successful. This could be expanded by Council which has a rate base and therefore addresses? What does Council currently do on this front that is not widely known? Social media is under-used apart from groups with agendas. We do not have a community noticeboard that is active, independent and easily accessible. Would people respond to well-placed electronic information boards around town, highlighting various possibilities, eg such as that outside Aldi, just basic information and contacts? This could well be a feature of the revitalisation area as it develops. It could also unite Scenic Rim communities, as information on events in one centre may not currently reach others... Beaudesert residents may well happily attend a car rally or festival at Boonah or Tamborine or vice versa... if only they knew it was happening. Lack of will caused by depression may be an avenue for input by doctors? Medical centres could have simple lists of activities/groups and the contact person for each group educated in the encouragement of people who get in touch.*

*Easier access to health services would be a start. People in our community can't easily see a doctor. Set up a video-link room (very easily and cheaply) so we could have easy Telehealth services for people. With the right equipment, you could go to their homes. We have so many old people living*



*alone in our town, and on farms. They are also older and don't have internet or ability to use technology. How easy would it be visit them with a laptop and dongle, and facilitate a doctor consultation? A GP can often be the first person to recognise a person's need for mental health support. Also, they can quietly refer someone to get help. People who are isolated out here, can't get to see Doctors easily. Set up a little telehealth service, so people could easily talk to a doctor regularly, and maybe even a psychologist. It wouldn't really take very much expensive equipment, just a private space a little carpeted office or something.*

#### **4. Do you know of any successful initiatives that have addressed Social Isolation and Loneliness?**

*Some Community Centres have groups that have started with a wonderful set funded program/initiative and have continued for many years without continued funding. These groups are very successful at reducing the feeling of being socially isolated for those in attendance. The groups rely on local volunteers who are supported by the Community Centre.*

*Community Groups have a range of activities that will appeal to a wide range of interests so there is something for everybody. Need to maintain contact with members and friends through regular emails and social media. Try to include regular events that have a social aspect and ensure that there are a range of ways that people can be involved. Try to ensure that new people are welcomed and encouraged.*

*Men's Sheds have been proven to provide a real benefit to those men struggling with social isolation, loneliness and other 'demons'. Community Gardens provide a venue for social interaction and a more active lifestyle. Sporting Fields provide a venue where the community can participate in a more active lifestyle, walk their dog and possibly bump into others using the facility. Op Shops provide a venue for locals to attend and gather socially. Art and Craft classes help towards social isolation and loneliness.*

*Community Groups should offer Zoom meetings. It probably has to grow organically with a small interested group and spread by word of mouth.*

*Community Groups should have low joining or participation fees and/or sponsor several events each year which can reward members. Actively promote individual groups with stories in local media and occasionally via other seniors' groups in town. Monthly newsletters (email or hard copy) can actively promote inclusion with photos, reports and information. Offer free "on line" courses to all members, which are potentially vital to house bound individuals. Provide free information sessions.*

*Some of the fun community events can address social isolation, eg put on events where everyone comes for a barbecue dinner, or a sport event, people are cheered by getting together. Some of the free events are superb because they give a chance for everyone, even if you're poor, to come along and enjoy some fun. Even a jumping castle for adults and children gives people a laugh. The local markets are useful. They tend to draw people together. They don't make much profit but they are worth supporting ... for the shoppers and the stallholders. The stallholders don't even make much money but they seem to enjoy coming along and being part of the day.*

#### **5. What can Council do to address Social Isolation and Loneliness?**

*Provide funding/resources/staff to provide basic support at a local level. Once a month is all that would be needed for the Pop-up Support Points. The community seeing that Council do provide baseline support, or fund another organisation to do so, at a local level is essential in displaying to that community that they matter. Feeling included in discussions or even being given a chance to be heard/supported locally is essential to reducing someone's feelings of being socially isolated.*

*Community Expo; Link to Community support groups*

*Land for Men's Sheds and Community Gardens. Assist groups to apply for grants as opposed to venues that are on private land with an uncertain tenure. Also, Council-owned sport and recreation areas would certainly be better than privately-owned venues.*

*The work and accomplishments of volunteers needs to be championed.*

*The problem of isolation/loneliness is due to being separated from one's usual personal and local connections and sources of information, and having these replaced by impersonal non-local sources that are mixed and untrustworthy - so the answer is NOT to provide even more impersonal non-local packs of information, but to enable people to re-establish their personal connections in the local community - and the local government is better placed than state/national to do this, and should make it even more local.*

*Encourage apprenticeships especially for older Australians who need to retrain. Employ more older Australians in local government. Promote community organisations as much as possible.*

*How much should a Council be involved in activity beyond Roads, Rates and Rubbish? We strongly believe in community heart and spirit, and that Council activity should encompass more than the three Rs. However, anything that increases rates will encounter opposition, so this needs to be carefully balanced. We acknowledge: SRRC free community events in Jubilee Park, "thank you" events for volunteers, information days such as Get Savvy. Widespread marketing of the What's On site throughout a community which may not read or value print media - in shopping centres, public spaces etc. and in any Council communications to residents. Support of the PCYC. The revitalisation project has great possibilities, not only as a free and environmentally attractive space for community activity, but also for strategic information posts. Promoting activities and groups to new residents and also with every rate notice, in simple language and large print, with photos. Could Council endorse a visitor program to housebound or depressed residents? The library has a small Housebound service of book deliveries but this just touches the surface and is not well known*

*Each community needs to look at who's around and how to include them. Some find it hard to include people who are socially isolated. Grant applications could target this particular issue. Measure it and share the information, then we will all be more conscious of it. Is there any way we (community organisations) can work with Council to support a (simple, inexpensive) metric for social isolation and loneliness in our districts? Not an expensive survey by an expert consultant. Something we could set up locally (a ring around) to do an annual check-up. If we do it ourselves, we are involved in it and hearing the stories and talking together about it. Imagine, once a year, we visit all the people in our district who live alone and ask them a few questions. What if we had a well-being subcommittee in each town Feedback? We need to maintain small community facilities.*

## **6. What can community do to address social isolation and loneliness?**

*Participate in any local initiatives being offered by local, state and/or federal Government. Support any volunteers interested in participating in such activities. Provide the venue. Advertising and spreading the word on upcoming events/initiatives.*

*Welcome new members and encourage people to engage in a range of activities which include a social focus. Some memberships have grown despite COVID. Many new friendships have been formed and many have connected with a lot of existing residents as well as new and part-time residents.*

*The community has created a lot of social networking as a result of its endeavours, which is very pleasing to see however there is still a fair way to go to engage more people but there are some very promising signs so far.*

*Continue to offer education, activities and solicit commitment.*

*Put on theatre workshops, targeting young (or older), unemployed or retired people, with little or no experience in theatre - to help develop their interest and confidence in communicating and working*

*as part of a group - and to put on short one-act plays in the Cultural Centre, which are open to the public - and maybe to do this on a regular basis as more people get interested.*

*Offer creative arts and community involvement for mental health and social well-being.*

*Provide accessible, free or low-cost meeting places eg, the new library space. Volunteer organisations cannot afford high rentals for property. In addition, extra space would enable groups to expand, some of which have waiting lists. Consider the provision of more one-off presentations of general community interest.*

*Monitor our own community and individuals we know are living alone. Create safe and accessible meeting spaces where older people can attend meetings comfortably. Perhaps find ways to include the lonely people in small projects.*

#### Local Solutions/Place Based Initiatives

Local Government has an important role to play in addressing social isolation and loneliness as it is on the only level of government at the grassroots level to deliver targeted and place based initiatives. Overwhelmingly, the evidence and feedback from the Scenic Rim community is that programs need to be place based, accessible and inclusive. The feedback also tells us that Council's existing place based programs are valued and that social connections are vitally important, even when we have access to new technologies. This doesn't mean that Local Government has to take on the lions share. All levels of government need to address these issues collaboratively and work with a strengths and asset based framework. A place based, not a top down or one size fits all approach, is critical.

Scenic Rim Regional Council delivers a range of Community Development, Cultural and Library programs that are aimed at addressing social isolation and loneliness (refer details below):

#### Community Development

Council delivers a number of Community Development programs and activities that provide opportunities for the community to connect in a meaningful way including Queensland Day, Free Movies in the Park, Get Savvy Health and Wellbeing, Be Healthy and Active and New Resident Kits.

#### Cultural Centres

Council's Cultural Centres also provide a range of programs, events and activities which are aimed at connecting the community, including Art Exhibitions, Arts Dinners, Movies, Performances, Art Workshops, School Holiday activities and Indigenous Programs.

#### Libraries

Council Libraries continue to be valued by the community, providing welcoming community spaces that support a diverse range of programs, events and activities for all ages, including First5Forever, Storytime, Digital Literacy, Housebound services, Book Clubs, Indigenous Programs and School Holiday activities.

#### Future Programming (based on community needs)

Scenic Rim Regional Council received funding from Queensland Health in 2021 to deliver "Localised Mental Health Outreach programs" to isolated communities in the Scenic Rim. Using Council's mobile library van service, this program will provide opportunities for the community to connect to Council and other essential services in a positive, safe and friendly environment.

The program will include, but is not limited to;

- Mobile Library services including Digital Literacy
- Cultural and/or art based activities
- Be Healthy and Active programs



- Engagement on key issues such as Disaster Management, Disaster Preparedness, Waste and Environmental Education (eg Pest and Weed Management)
- Engagement with Recovery and Resilience Officers
- Engagement with Service providers and local community based organisations such as Rural Financial Counsellors, Mental Health, Alcohol and Other Drugs Services
- Locally based community organisations will provide food and refreshments

The "Connection Project" will support key community organisations to connect with isolated individuals who have been identified by local hospitals, doctors, pharmacists, the Localised Mental Health Outreach program and general community members. The key objective is to provide information on local happenings and/or opportunities for isolated individuals to reconnect with their local community.

Council's "Get Savvy Health and Wellbeing" project will be incorporated into the Localised Mental Health program as an outreach service to isolated communities across the Scenic Rim. With over 160 stall holders including Service Providers, Allied Health Professionals and community based organisations at the existing annual Council events, this is one of the most successful engagement programs in the region, with many of the stall holders saying that they benefit greatly from the connections to community and other services.

The "New Resident Kits" program will be expanded by offering these kits to locally based community groups to cross promote through other important happenings in the respective communities. For example, some communities already have local newsletters or brochures and the kits could be distributed as part of an existing promotional tool, so that new residents can access relevant information about their local community. This could also align with the Connection Project (refer above)

Members of the Scenic Rim community have embraced Council's Be Healthy and Active (BHA) program but we also know that there are many people in the community who are isolated and struggle to access the suite of health and wellbeing programs on offer or don't have the courage to engage with the program. Through the Localised Mental Health Outreach Program, Council will encourage BHA Providers to deliver more targeted activities to isolated communities as part of the regionwide outreach model and it is hoped that more isolated members of the community will engage with the program.

**10.2 Queensland Parliamentary Inquiry into Social Isolation and Loneliness****Executive Officer:** General Manager Customer and Regional Prosperity**Item Author:** Principal Specialist Community Development**Attachments:**

1. Social Isolation and Loneliness Submission
2. Social Isolation and Loneliness Minister's Statement 2021
3. Social Isolation and Loneliness Snapshot
4. Australian Loneliness Report - Australian Psychological Society 2018
5. Community Connectivity Social Isolation Health Impacts

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**Executive Summary**

This report seeks endorsement from Council to make a formal submission to the Queensland Parliamentary Inquiry into Social Isolation and Loneliness (refer Attachment 1). The closing date for submissions is Wednesday, 18 August 2021.

**Recommendation**

That:

1. Council endorse making a formal submission to the Queensland Parliamentary Inquiry into Social Isolation and Loneliness, noting the closing date for submissions is Wednesday, 18 August 2021;
2. Council acknowledge the Queensland Parliamentary Inquiry into Social Isolation and Loneliness is providing an important opportunity for individual members of the community, governments, service providers and businesses to contribute feedback as a whole-of-community response; and
3. Council note details about the Queensland Parliamentary Inquiry were distributed by Officers to local networks and Service Providers, to encourage those who may wish to lodge a separate submission, based on specific agency needs and experiences, to do so directly.

**Previous Council Considerations / Resolutions**

At the Ordinary Meeting held on 9 March 2021 (Item 10.5), Council resolved to endorse the submission of an application to Queensland Health Mental Health and Wellbeing one-off grant funding program to deliver tailored, localised programs that aim to improve the health and wellbeing of the Scenic Rim community.

**Report / Background**

On 27 May 2021, the Minister for Communities and Housing, Minister for Digital Economy and Minister for the Arts, The Honourable Leeanne Enoch announced a Parliamentary Inquiry into Social Isolation and Loneliness in the wake of the COVID-19 pandemic (refer Attachment 2).

The Legislative Assembly agreed to the motion that the Community Support and Services Committee inquire into and report on social isolation and loneliness in Queensland (the Inquiry).

## Ordinary Meeting Agenda

17 August 2021

The closing date for submissions is Wednesday, 18 August 2021 and the committee is required to report to the Legislative Assembly by Monday, 6 December 2021.

The terms of reference for the Inquiry are that the committee inquire into, and report on:

- the nature and extent of the impact of social isolation and loneliness in Queensland, including but not limited to:
  - identification of and consultation with vulnerable and disadvantaged individuals or groups at significant risk across the life course;
  - the interplay of COVID-19 with this issue;
- the causes and drivers of social isolation and loneliness, including those unique to Queensland;
- the protective factors known to mitigate social isolation and loneliness;
- the benefits of addressing social isolation and loneliness, examples of successful initiatives undertaken nationally and internationally and how to measure social isolation and loneliness in Queensland to determine if implemented strategies are effective;
- how current investment by the Queensland Government, other levels of government, the non-government, corporate and other sectors may be leveraged to prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland, including:
  - services and programs such as health and mental health, transport, housing, education, employment and training, sport and recreation, community services and facilities, digital inclusion, volunteering, the arts and culture, community development, and planning for accessible, inclusive and connected communities;
  - targeted support to vulnerable and disadvantaged groups and those most at risk;
- the role, scope and priorities of a state-wide strategy to address social isolation and loneliness, considering interactions with existing Queensland and national strategies.

Any individual or organisation may make a submission to a committee. If a committee accepts a submission, it becomes part of the committee's records and is usually published on the committee's website as soon as possible to encourage public consideration. If the submission is made on behalf of an organisation, the relevant level of approval is required.

Social isolation and loneliness have a significant impact on the physical and mental health and wellbeing of many people. The 'Social Isolation and Loneliness Snapshot, 11 September 2019, Australian Institute of Health and Wellbeing' report (refer Attachment 3)

Social isolation and loneliness is not just an older person's issue. Older people have been identified as a vulnerable group, but social isolation and loneliness can also impact people with a disability and their carers, people with mental illness and young people. As humans are essentially social animals, loneliness is thought to arise because an innate need to belong to a group is unmet.

Loneliness signals a need to form a meaningful connection with others. The 'Australian Loneliness Report: A survey exploring the loneliness levels of Australians and the impact on their health and wellbeing, Australian Psychological Society 2018' (refer Attachment 4)

Everyone has a role to play in addressing these issues, including all levels of government, service providers, agencies, peak bodies, businesses and the broader community. The contributing factors are complex and it needs a whole-of-community response.

Council's submission has been framed around the terms of reference and feedback has also been sought from key community stakeholders to ensure that Council's formal submission accurately reflects broader community sentiment regarding the impacts of social isolation and loneliness in the Scenic Rim (attachment 1)

## Ordinary Meeting Agenda

17 August 2021

A diverse mix of individuals, community groups and agencies have provided feedback on this project, including Men's Sheds, University of the Third Age (UA3), Landcare, Visitor Information Centres, Community Groups, Performance Groups and Hospital Reference Committees. Details about the Inquiry have also been distributed to local networks and Service Providers, as some may wish to lodge a separate submission, based on specific agency needs and experiences.

Feedback gathered for the submission process will also provide valuable information for the development of the new Scenic Rim Community and Culture Strategy (Strategy), which is currently being undertaken and will be finalised in over the coming months. One of the key objectives of the Strategy is to encourage Scenic Rim communities to be more inclusive, welcoming, resilient and more connected, which closely aligns with this project and the Inquiry's terms of reference.

The Inquiry also aligns with Council's Localised Mental Health Outreach Program, which has been funded by Queensland Health to address social isolation across the Scenic Rim. A key outcome of this outreach program is to engage with residents in rural and more isolated communities by offering a way to connect with Council and other essential services in a positive, safe and friendly environment. The long term objective is to connect vulnerable members of our community to key services and positive experiences (refer Attachment 5).

Social isolation has been identified by Queensland Health, Peak Bodies and the Australian Government as a key risk factor which can lead to more serious mental and physical health issues.

### **Budget / Financial Implications**

Council already delivers a number of Community Development, Cultural and Library programs and activities to address social isolation and loneliness within existing operational budgets.

In March 2021, Council resolved to endorse the submission of an application to Queensland Health Mental Health and Wellbeing one-off grant funding program to deliver tailored, localised programs that aim to improve the health and wellbeing of the Scenic Rim community.

On 12 May 2021, Council received official notification from Queensland Health advising that Council had been successful in securing \$75,000 to deliver the Localised Mental Health Outreach Program.

It is anticipated that outcomes from the Inquiry will validate Council's investment in existing Community and Culture programs, however it is also hoped that the Parliamentary Committee's findings will provide important data and information to improve future programming and/or budget considerations.

### **Strategic Implications**

#### *Operational Plan*

Theme: 7. Healthy, Engaged and Resourceful Communities

Key Area of Focus: 7.1.1 Build capacity to improve health and wellbeing in the community

#### *Legal / Statutory Implications*

Parliamentary committees welcome submissions to their inquiries into bills and other matters. Submissions add to a committee's knowledge and understanding of issues relevant to the committee's Inquiry and may influence a committee's recommendations to the Parliament.

## Ordinary Meeting Agenda

17 August 2021

Therefore, by Council making a submission, it presents an opportunity to provide the committee with a greater understanding of the issues faced by the Scenic Rim region and potentially influencing the committee's recommendations to Parliament.

### Risks

#### Strategic Risks

The following Level 1 and Level 2 (strategic) risks are relevant to the matters considered in this report:

SR51 Ineffective, inaccurate and/or inappropriate communication and relationship/stakeholder management impacting Council's ability to fulfil its strategic objectives.

#### Risk Assessment

Category	Consequence	Likelihood	Inherent Risk Rating	Treatment of risks	Residual Risk Rating
Reputation, Community & Civic Leadership  Submission fails to meet community expectations	2 Minor	Possible	Low	Council consulted with key community stakeholders and the submission aligns with the Terms of Reference	Low

### Consultation

Any individual or organisation may make a submission to a committee. The proposed submission has been framed around the terms of reference and feedback has also been sought from key community stakeholders to ensure that Council's formal submission accurately reflects broader community sentiment regarding the impacts of social isolation and loneliness in Scenic Rim.

Details about the Inquiry were also been distributed to local networks and Service Providers, as some may wish to lodge a separate submission, based on specific agency needs and experiences. The Executive Leadership Team were also consulted.

### Conclusion

Social isolation and loneliness can be harmful to both mental and physical health. They are considered significant health and wellbeing issues in Australia because of the impact they have on peoples' lives. Part of the challenge in reporting on social isolation and loneliness stems from a lack of information about these experiences.

Local Government has an important role to play in addressing social isolation and loneliness as it is on the only level of government at the grassroots level to deliver targeted and place based initiatives. Overwhelmingly, the evidence and feedback from the Scenic Rim community is that programs need to be place based, accessible and inclusive.

The feedback also tells us that Council's existing place based Community and Culture programs are valued and that social connections are vitally important, even when we have access to new technologies. This doesn't mean that Local Government has to take on the lions share. All levels of government need to address these issues collaboratively and work with a strengths and asset-based framework. A place based, not a top down or one size fits all approach, is critical.



## Ordinary Meeting Agenda

17 August 2021

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The Queensland Parliamentary Inquiry into Social Isolation and Loneliness is providing an important opportunity for individual members of the community, governments, service providers and businesses to contribute feedback as a whole-of-community response.

## [Social isolation and loneliness - Australian Institute of Health and Welfare \(aihw.gov.au\)](http://aihw.gov.au)

### **SNAPSHOT**

Social isolation and loneliness can be harmful to both mental and physical health. They are considered significant health and wellbeing issues in Australia because of the impact they have on peoples' lives. Part of the challenge in reporting on social isolation and loneliness stems from a lack of information about these experiences. Also, there are no universally-agreed upon definitions.

### **Difference between social isolation and loneliness**

Social isolation is seen as the state of having minimal contact with others. It differs from loneliness, which is a subjective state of negative feelings about having a lower level of social contact than desired (Peplau & Perlman 1982). Some definitions include loneliness as a form of social isolation (Hawthorne 2006) while others state that loneliness is an emotional reaction to social isolation (Heinrich & Gullone 2006). The two concepts do not necessarily co-exist—a person may be socially isolated but not lonely, or socially connected but feel lonely (Australian Psychological Society 2018; Relationships Australia 2018). For example, research suggests that the number of friends a person has is a poor predictor of their loneliness (Jones 1982).

### **How many people are lonely?**

Most Australians will experience loneliness at some point in their lives (Relationships Australia 2018). One in 3 Australians reported an episode of loneliness between 2001 and 2009, with 40% of these people experiencing more than 1 episode, according to a study of loneliness using data from the longitudinal Household Income and Labour Dynamics in Australia (HILDA) Survey (Baker 2012).

Additionally:

- 1 in 10 (9.5%, or around 1.8 million based on 2016 population) Australians aged 15 and over report lacking social support (Relationships Australia 2018)
- about 1 in 4 report they are currently experiencing an episode of loneliness (Australian Psychological Society 2018)
- 1 in 2 (51%) report they feel lonely for at least 1 day each week (Australian Psychological Society 2018).

Most incidents of loneliness will last for 1 year or less, however, if loneliness lasts longer than this it is likely to last for 3 or more years (Baker 2012).

### **What causes social isolation and loneliness?**

Although there is no guarantee that an individual's family household composition will either lead to or protect against loneliness, some situations are more likely to be associated with loneliness than others.

According to the 2016 Census of Population and Housing, about 1 in 4 (24%) Australian households are lone person households and 71% are family households. Of family households, 45% consisted of a couple with children, 38% a couple without children and 16% were a one-parent family with one or more children (ABS 2016).

Living alone and not being in a relationship with a partner are substantial risk factors for loneliness (Flood 2005; Lauder et al. 2004; Relationships Australia 2011). Relationship separation tends to result in an increase in loneliness across ages and genders, however, the effects are more pronounced for men than women. Recently separated men are more than 13 times more likely to develop loneliness than married men, as opposed to twice as likely for separated women

compared with married women (Franklin & Tranter 2008). Single parents experience higher levels of social isolation (38% for men, 18% for women) than singles adults without children, or couples with or without children (Relationships Australia 2018).

Disconnection from community (Relationships Australia 2018) is a risk factor for developing loneliness. It has been suggested (for example, MacKay 2017) that social fragmentation, or disorganisation and isolation in a particular geographic area (Maguire & O'Reilly 2010) can influence social isolation and loneliness, although there appears to be little difference between levels of social isolation and loneliness in particular geographic areas (Baker 2012).

Unemployment, receiving income support (Relationships Australia 2018) and lack of satisfaction with financial situation (Baker 2012) are also substantial factors in the development of loneliness across age groups and gender.

Loneliness can be self-reinforcing if it is associated with an experience of depression and anxiety, particularly around social interactions (Australian Psychological Society 2018).

## **Social media**

The relationship between social media and loneliness is complex and depends on the individual and their life circumstances. Users of social media experiencing loneliness have reported increased use of social media to communicate with family and friends (Relationships Australia 2011), while at the same time reporting fewer online 'friends' and being less likely to consider these as real friends than users who are not experiencing loneliness (Baker 2012). Others have argued that online socialising can increase levels of loneliness as these relationships are generally fragile and shallow (Franklin 2009). The number of online friends appears less important than the quality and strength of the relationships.

## **Impact**

Loneliness has been linked to premature death (Holt-Lunstad et al. 2015), poor physical and mental health (Australian Psychological Society 2018; Relationships Australia 2018), and general dissatisfaction with life (Schumaker et al. 1993).

Social isolation has also been linked to mental illness, emotional distress, suicide, the development of dementia, premature death, poor health behaviours, smoking, physical inactivity, poor sleep, and biological effects, including high blood pressure and poorer immune function (Hawthorne 2006; Holt-Lunstad et al. 2015). High levels of social isolation are also associated with sustained decreases in feelings of wellbeing (Shankar et al. 2015).

## **Social isolation and loneliness a risk for premature death**

The risk of premature death associated with social isolation and loneliness is similar to the risk of premature death associated with well-known risk factors such as obesity, based on a meta-analysis of research in Europe, North American, Asia and Australia (Holt-Lunstad et al. 2015).

The economic cost of loneliness in Australia is likely to be substantial, although no current estimate of this cost is available. By way of example, a 2017 United Kingdom (UK) study estimated the total cost to UK employers, including absenteeism, caring, lost productivity and turnover, from loneliness experienced by their employees at £2.5 billion (AUD\$4.5 billion) per year (New Economics Foundation & The Co-Op 2017).

## **Who experiences social isolation and/or loneliness?**

Social isolation and loneliness vary across age groups (Figure 1). Loneliness tends to be more common in young adults, males, those living alone and those with children, either singly or in a couple (Baker 2012).

Men tend to report higher levels of loneliness than women (Flood 2005; Relationships Australia 2018). In a study using HILDA data, among adults aged 25–44, more men living alone experienced loneliness (39%) than women living alone (12%) (Baker 2012). This difference in loneliness may be due to women tending to have more social support than men (Flood 2005).

Studies investigating the relationship between age and loneliness often have contradictory findings, likely related to differences in study methods and sample variations. Some studies find higher levels of loneliness among older people (Relationships Australia 2018) while others find lower levels in these age groups (Relationships Australia 2011). Rates of loneliness may also vary according to relationship status, with another study finding that Australians aged over 65 who are married experience the lowest levels of loneliness (Australian Psychological Society 2018).

Column graph showing the percentage of each age group experiencing social isolation or loneliness. Rates for loneliness: 15 to 19 years old, 18.2%; 20 to 24 years old, 17.4%; 25 to 29 years old, 16.7%; 30 to 34 years old, 15.4%; 35 to 39 years old, 16.3%; 40 to 44 years old, 18%; 45 to 49 years old, 16.4%; 50 to 54 years old, 18%; 55 to 59 years old, 17%; 60 to 64 years old, 16%; 65 to 69 years old, 13%; 70 to 74 years old, 14.7%; 75 to 79 years old, 19.1%; 80+ years old, 19.5%. Rates for social isolation: 15 to 19 years old, 7.1%; 20 to 24 years old, 7.1%; 25 to 29 years old, 11%; 30 to 34 years old, 9.8%; 35 to 39 years old, 9.8%; 40 to 44 years old, 9.2%; 45 to 49 years old, 9.9%; 50 to 54 years old, 10.4%; 55 to 59 years old, 11.8%; 60 to 64 years old, 9.4%; 65 to 69 years old, 8.2%; 70 to 74 years old, 8.9%; 75 to 79 years old, 7.9%; 80+ years old, 7.9%.

The relationship between income and loneliness varies depending on age and gender. For example, men aged 25–44 on high incomes are more likely to be lonely, while women of all ages on low incomes are far more likely to be lonely than those on high incomes (Baker 2012).

There are few differences in loneliness levels between urban, regional and rural areas (Baker 2012). Young men who live in regional areas, however, experience higher rates of social isolation than men in *Major cities* (Relationships Australia 2018).

### **Can social isolation and loneliness be prevented or reduced?**

Having paid work and caring for others are important safeguards against loneliness. Engaging in volunteer work and maintaining active memberships of sporting or community organisations are also associated with reduced social isolation (Flood 2005). However, it is unclear whether community engagement can consistently act as a protective factor in the development of loneliness. For example, one study found that loneliness is lower in people who spend at least some time each week volunteering (Flood 2005), while another study found no relationship between loneliness and volunteering, socialising and participating in sport and community organisations (Baker 2012). As social contact alone does not reduce loneliness (Masi et al. 2011), it may be that the building of quality relationships, rather than volunteering in and of itself, can reduce feelings of loneliness.

### **Companion animals**

In 2016, 62% (5.7 million) of Australian households owned a pet, with the two most common types of pet being dogs (38%) and cats (29%). Around two-thirds of dog and cat owners reported 'Companionship' as a reason for owning a pet and a similar proportion consider their pet a part of their family (Animal Medicines Australia 2016). Another survey found 60% of owners felt more socially connected as a direct result of owning a pet (Petplan Australia 2016). Pet ownership has

been linked to increased social contact, for example, through facilitating contact with neighbours and acting as a trigger for conversations (Wood et al. 2015), which may help counter social isolation (McNicholas et al. 2005).

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 those living with others (Flood 2005).

## Government initiatives

Awareness of loneliness and social isolation as significant public health and wellbeing issues has increased in recent years, along with the development of targeted government and community support programs for affected Australians. Federal, state and territory and local governments have all provided varying degrees of funding and support to local councils and community organisations for programs to address the social isolation and loneliness of Australians. For example, the Australian Government funds a national Community Visitors Scheme, which supports local organisations to recruit volunteers who provide regular visits to Australians in receipt of Commonwealth-subsidised aged care services (Sutherland Shire Council 2018).

## Where do I go for more information?

For more information on social isolation and loneliness, see:

- [Household, Income and Labour Dynamics and Australia \(HILDA\) survey](#)
- Psychology Week 11–17 November 2018 [Loneliness study](#)

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# AUSTRALIAN LONELINESS REPORT

A survey exploring the loneliness  
levels of Australians and the impact  
on their health and wellbeing



**Psychology  
Week 2018**

**11-17 NOVEMBER**

*The power of human connection*

#psychweek



## Overview

Loneliness is a growing concern globally, because of its reported impact on health and wellbeing.

As part of Psychology Week 2018, the Australian Psychological Society is addressing loneliness with a campaign to help people to connect and thrive. More information about the “Power of Human Connection” campaign is available at [psychweek.org.au](https://psychweek.org.au).

As part of the campaign, the Australian Psychological Society and Swinburne University have produced *The Australian Loneliness Report*, based on a national survey of adults. This examines the prevalence of loneliness and how it affects the physical and mental health of Australians. It is the most comprehensive study of loneliness completed in Australia.

It is the latest in a series of surveys conducted by the Australian Psychological Society to examine issues affecting the wellbeing of Australians.

## About loneliness

Loneliness is a feeling of distress people experience when their social relations are not the way they would like. It is a personal feeling of social isolation. It is different to feeling alone: we can be surrounded by others but still lonely, or we can be alone but not feel lonely.

Loneliness may be a sign that a person's relationships are inadequate or don't meet their expectations or needs.

As humans are essentially social animals, loneliness is thought to arise because an innate need to belong to a group is unmet. Loneliness signals a need to form a meaningful connection with others.

Research has found that loneliness is related more to the quality than the quantity of relationships. A lonely person feels that their relationships are not meaningful and that he or she is not understood by others.

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## About the survey

- This 30-minute online survey explored loneliness and the physical and mental health of Australian adults. The survey fieldwork was conducted by research staff within Swinburne University (led by Dr Michelle Lim) and the Australian Psychological Society, with assistance with recruitment from Pureprofile, an independent research company.
- A national sample of Australian adults ( $n=1678$ ), including a nationally representative sample of 500 adults, were asked to answer an online survey about their wellbeing between 29 May 2018 and 1 October 2018.
- The data presented has been selected on the basis of a preliminary analysis of noteworthy findings. The survey continues to be run by Swinburne University to track loneliness levels over time.

Note: Further information on the specific scales, demographics and methodology used in this survey are provided in the appendices.



## Survey highlights

- One in four Australian adults are lonely.
- One in two (50.5%) Australians feel lonely for at least one day in a week, while one in four (27.6%) feel lonely for three or more days.
- Nearly 55% of the population feel they lack companionship at least sometimes.
- One in four Australians experience high levels of social interaction anxiety<sup>1</sup>.
- Australians who are married are the least lonely, compared to those who are single, separated or divorced. Australians in a de facto relationship are also less lonely than those who are single or divorced.
- Lonely Australians have significantly worse health status (both physical and mental) than connected Australians.
- Lonely Australians are 15.2% more likely to be depressed and 13.1% more likely to be anxious about social interactions than those not lonely.
- Australians over 65 years are least lonely; other age groups experience similar levels of loneliness.
- Australians over 65 years also report better physical and mental health, lower levels of social interaction anxiety, fewer depression symptoms and greater social interaction than younger Australians.
- Younger adults report significantly more social interaction anxiety than older Australians.
- Higher levels of loneliness are associated with higher levels of social interaction anxiety, less social interaction, poorer psychological wellbeing and poorer quality of life.

1. See appendices for a definition of social interaction anxiety.

# AUSTRALIANS' LEVELS OF LONELINESS

While most Australians are well connected within their environment, this doesn't stop them from feeling alone. Many experience difficulties with social interactions and feel socially isolated.

## How lonely are Australians?

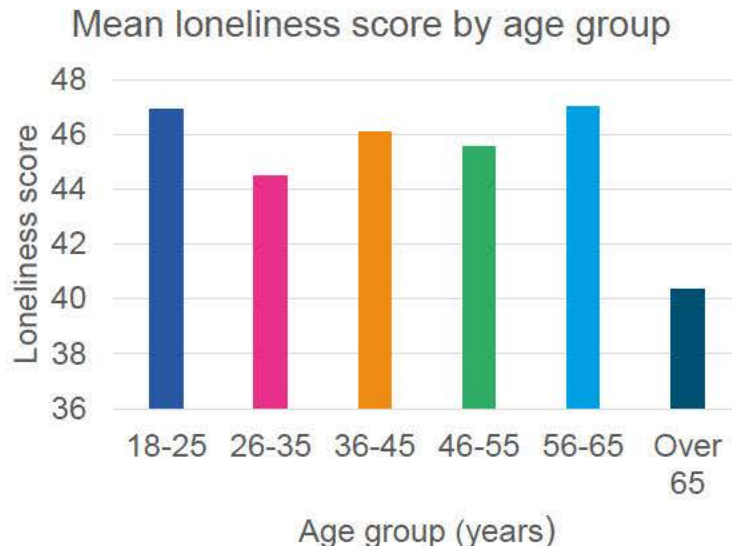
One in four Australian adults experience loneliness<sup>1</sup>. The oldest Australians (over 65 years) are the least lonely; there are no differences between other age categories in loneliness levels.

Those Australians who are married are the least lonely compared to those who are single, separated or divorced. Australians in a de facto relationship are also less lonely than those who are not.

- Loneliness was measured with the UCLA Loneliness Scale – Version 3, a comprehensive gold standard measure of loneliness, with a range from 20-80.
- The average loneliness score for the whole sample was 45.16.
- There were no differences in loneliness by gender.
- When directly asked how lonely they felt<sup>2</sup> 50.5% Australians reported that they felt lonely for at least a day in the previous week; 27.6% felt lonely for three or more days.

1. Loneliness prevalence – see appendices.

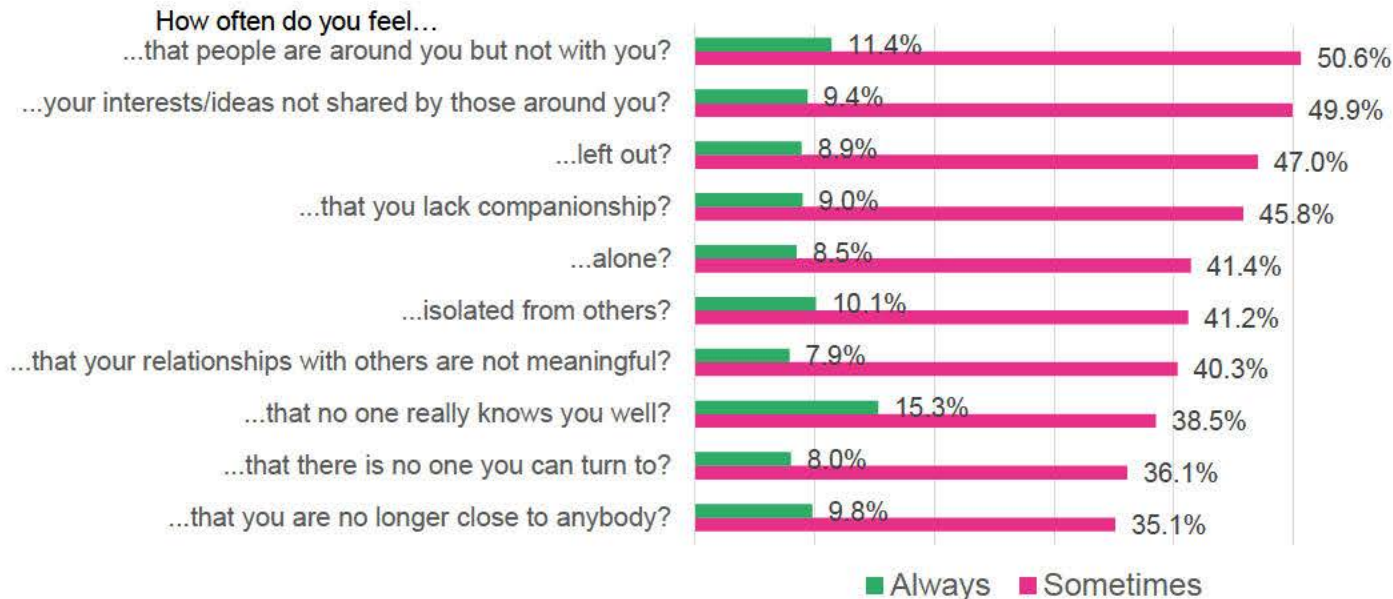
2. Direct question about loneliness came from the Centre for Epidemiological Studies – Depression scale: how often during the last week respondents “felt lonely”. Response options: Less than 1 day, 1-2 days, 3-4 days, 5-7 days.



## How many Australians experience characteristics of loneliness?

Half of those surveyed (50%) sometimes or always feel alone. Nearly 55% of the population feel they lack companionship at least sometimes. This number is highest in young adults (62%) compared to seniors (46%).

### Proportion of Australians experiencing characteristics of loneliness



Q. For each statement, please indicate how often you feel the way described? A: Never, rarely, sometimes, always.

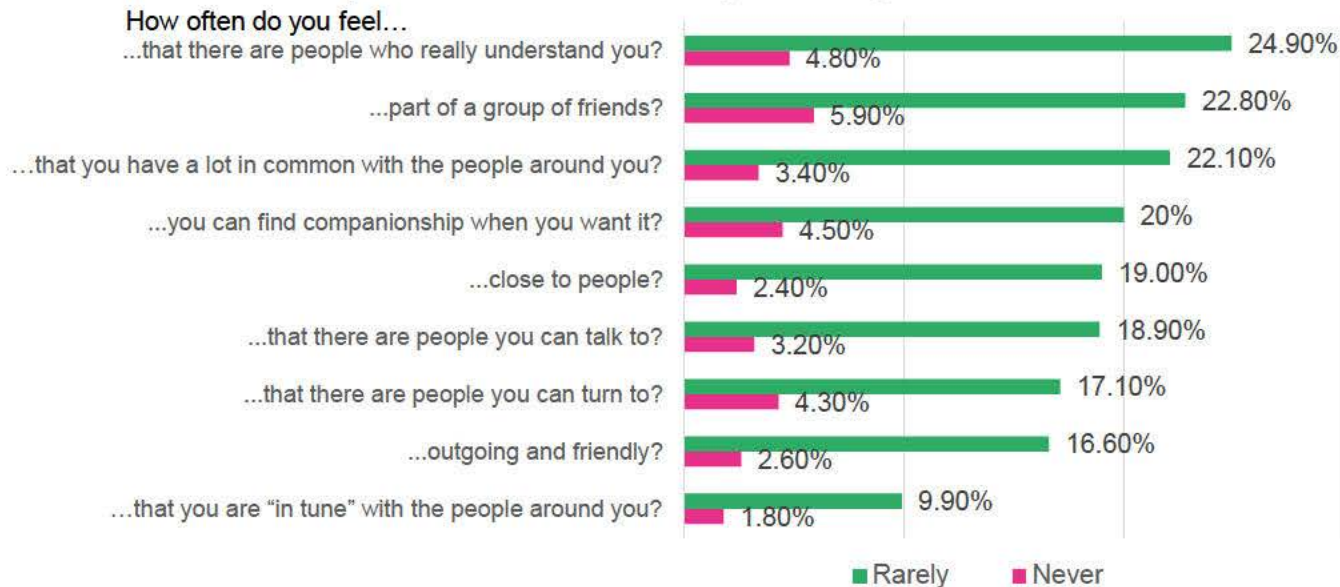


## How many Australians experience characteristics of loneliness?

Nearly 30% of Australians rarely or never feel part of a group of friends. One in four (25.5%) do not feel they have a lot in common with the people around them.

One in five (21.4%) rarely or never feel close to people, rarely or never feel they have someone to talk to (22.1%) and don't feel they have people they can turn to (21.4%). Nearly a quarter (24.5%) say they can't find companionship when they want it.

### Proportion of Australians experiencing characteristics of loneliness



Q. For each statement, please indicate how often you feel the way described? A: Never, rarely, sometimes, always.



## LONELINESS AND HEALTH

Lonely Australians not only report poorer mental and physical health and quality of life, but their higher level of anxiety about social interaction, less frequent social interaction, and more frequent experience of negative emotions and depression symptoms can make it difficult to overcome loneliness.

## How does loneliness affect physical and mental health?

Australians with higher<sup>1</sup> levels of loneliness have significantly worse physical and mental health than those with lower levels of loneliness.

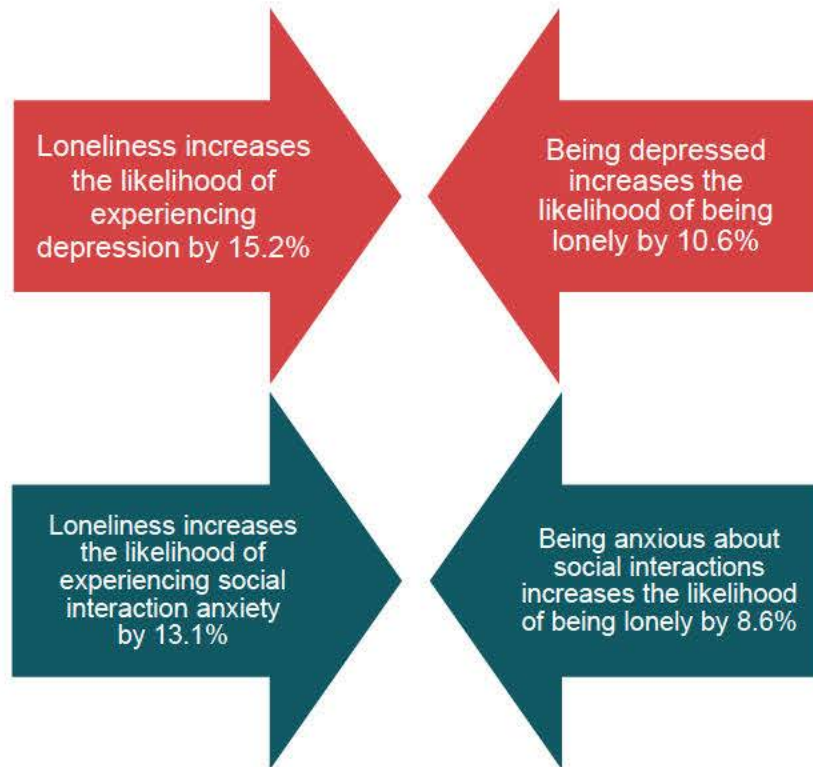
Compared to non-lonely people lonely people have/are...
More anxious about social interactions
More depression symptoms
Less social interaction with family, friends and neighbours
Poorer psychological health
More negative emotions
Fewer positive emotions
Poorer overall quality of life
More likely to suppress their emotions
Less likely to be able to change the way they think about a difficult situation
Poorer physical health

1. Level of loneliness calculated by "Visual Binning" approach in the statistical software used, which groups people into even size groups based on their score on a continuous variable. Specifically, low, moderate and high levels of loneliness were based on the following score ranges on the UCLA Loneliness Scale (Version 3): Low risk = score 20-40, Moderate risk = score 41-51, High risk = 52-80.

## How does being lonely increase the risk of mental health problems?

Loneliness has a substantial impact on the chances of being depressed and anxious about social interactions.

Experiencing depression and social interaction anxiety also increases the chance of being lonely.



Q. For each statement, please indicate how often you feel the way described? A: Never, rarely, sometimes, always.

## How does loneliness and health status vary with age and gender?

Older Australians (over 65 years) are less lonely than younger Australians, and also report better physical and mental health.



Australians over 65 (compared to younger Australians) report:

- Less loneliness
- Better psychological wellbeing
- Less social interaction anxiety
- Fewer depression symptoms
- Better physical health
- Greater social interaction



Younger adults (compared to adults over 35) report:

- More social interaction anxiety (among 18-35 year olds)
- More depression symptoms (among 18-25 year olds)



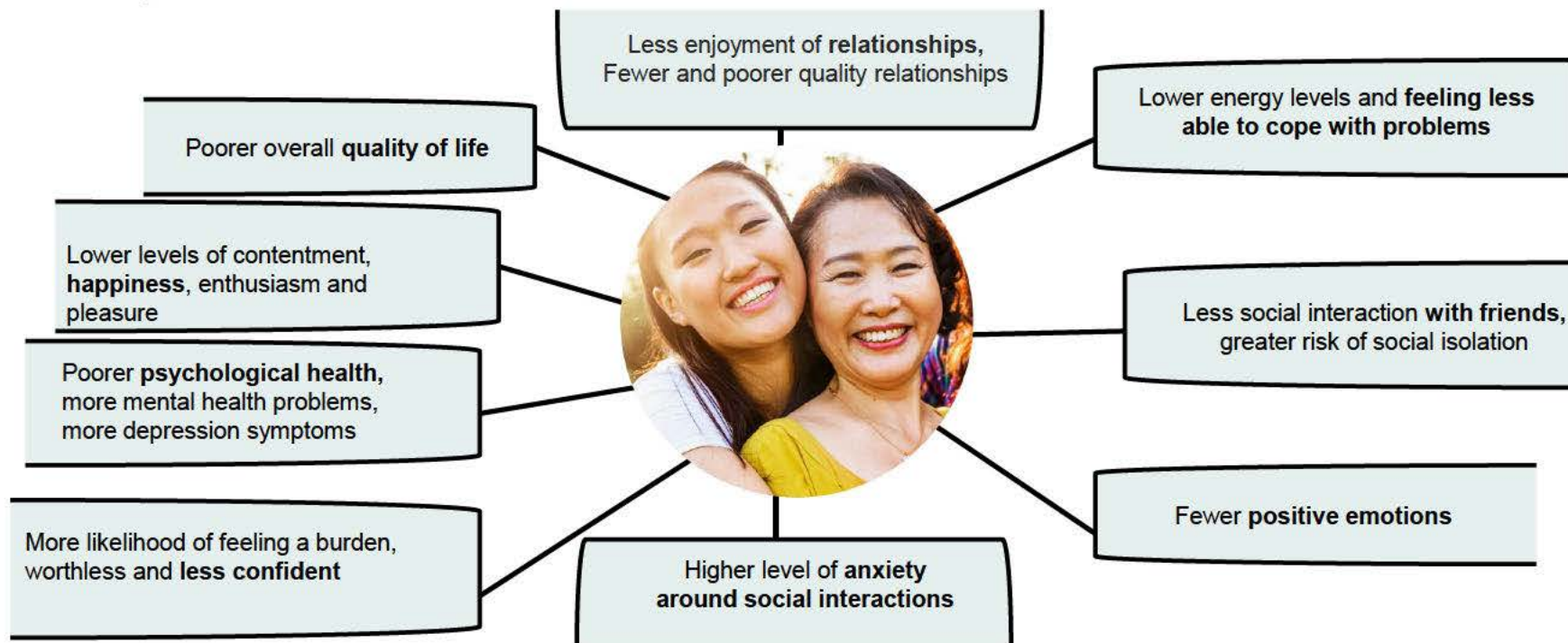
Males (compared to females) report:

- Less social interaction
- Better physical health



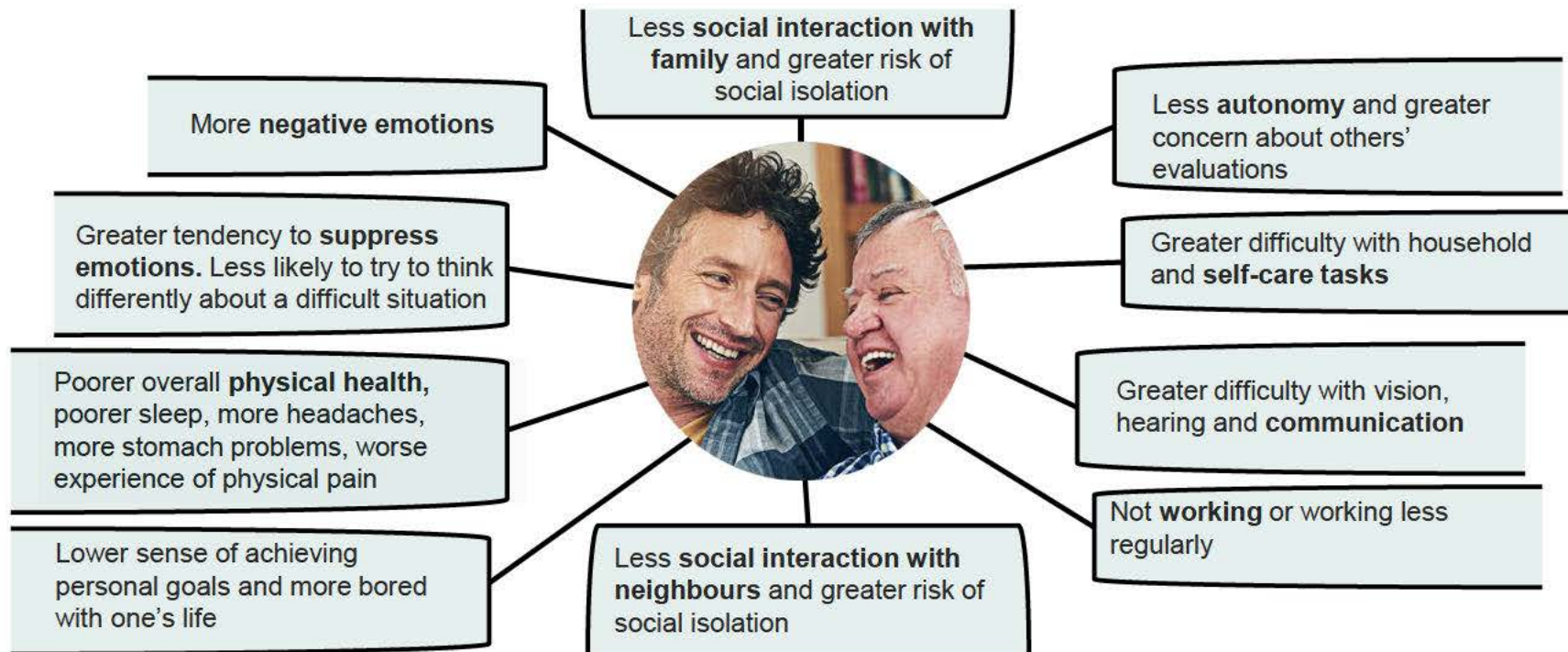
## What factors are associated with loneliness?

Higher levels of loneliness are associated with...



## What factors are associated with loneliness?

Higher levels of loneliness are associated with...





# AUSTRALIANS' LEVELS OF ANXIETY ABOUT SOCIAL INTERACTIONS

Anxiety about social interactions is common among Australian adults. The most challenging social situations include meeting people at parties, talking to unfamiliar people and speaking with someone in authority.

## Are Australians anxious about social interactions?

**One in four** (24%) Australians experience high levels of social interaction anxiety. One in two (51%) report sometimes feeling shy, while 11% report that they always feel shy.

### % of Australians reporting statements as very or extremely characteristic of them<sup>1</sup>

42% are *(not at all or only slightly)* at ease meeting people at parties.

39% *(do not at all or only slightly)* find it easy to think of things to talk about

37% *(do not at all or only slightly)* find it easy to make friends of their own age

28% are nervous about mixing with people they don't know well

25% become tense if they have to talk about themselves or their feelings

24% worry about expressing themselves in case they appear awkward

23% get nervous if they have to speak with someone in authority

22% find themselves worrying that they won't know what to say in social situations

22% feel uncomfortable when mixing socially

21% are tense mixing in a group

Q. For each statement, please indicate how often you feel the way described. Responses: Not at all, slightly, moderately, very, extremely characteristic of me.

1. "Very or extremely characteristic" except the first three listed, for which percentages indicate proportion reporting the statements were not at all or only slightly characteristic of them.

## Are Australians anxious about social interactions?

The most challenging social situations for Australians include meeting people at parties, mixing with people one doesn't know well, speaking with someone in authority, mixing in a group and talking to attractive persons. The easiest social situations are being alone with just one person, general talking and eye contact and meeting an acquaintance on the street.

### % of Australians reporting statements as very or extremely characteristic of them

21% have difficulty talking to **attractive persons** of the sex they are interested in

21% feel they will **say something embarrassing** when talking

21%, worry **they will be ignored** when mixing in a group

18% are unsure whether to **greet someone** they know only slightly

15% find it difficult to mix comfortably with the **people they work with**

15% find it **difficult to disagree** with another's point of view

15% tense up if they meet an **acquaintance on the street**

13% have difficulty making **eye contact** with others

12% have difficulty **talking with other people**

9% feel tense if they are alone with **just one person**

Q. For each statement, please indicate how often you feel the way described. Responses: Not at all, slightly, moderately, very, extremely characteristic of me.

## AUSTRALIANS' INTERACTIONS WITH FAMILY, FRIENDS AND NEIGHBOURS

Most Australians regularly see friends and family and can lean on them for support. However, Australians are not well connected to their neighbours.



## How connected are Australians to their family?

Over a third of Australians (34%) hear from or see 3 to 4 relatives at least once a month, while a small number (8%) don't hear from any relatives on a monthly basis.

Nearly a third of people (32%) say they have 3 to 4 relatives they can call for help and/or talk to about private matters (29%). Others don't have close relationships: 13% say there is no relative they can call for help, while 17% say there is no relative they can talk to about private matters.

By number of relatives	Proportion of Australians that hear from relatives at least once a month	Proportion of Australians who have relatives they can talk to about private matters	Proportion of Australians who have relatives they can call on for help
None	7.6%	17.1%	12.5%
One	11.2%	20.4%	16.6%
Two	17.5%	22.4%	20.5%
Three to four	33.8%	29.1%	32.2%
Five to eight	22.5%	8.4%	12.6%
Nine or more	7.5%	2.6%	5.7%

- One in four (23%) hear from or see a relative daily or a few times a week
- 19% hear from or see a relative weekly, while 14% hear from or see a relative a few times a month
- A small number hear from or see a relative monthly (9%) or less often than monthly (12%)

## How connected are Australians to their family?

Members of Australian families generally talk to each other about important decisions. About 3 in 5 (59%) Australians frequently have a relative available to talk to about important decisions, while 37% say their relatives frequently speak with them about important decisions.

A smaller number (21%) never or seldom have a relative available to talk to and their relatives rarely or never consult with them (29%) about important decisions.

How often?	Proportion of Australians who have relatives available to talk to when they have an important decision to make	Proportion of Australians who have relatives who talk to them when they have an important decision to make
Never	11.0%	13.9%
Seldom	9.6%	14.7%
Sometimes	20.0%	34.0%
Often	23.1%	19.7%
Very often	14.3%	11.9%
Always	22.0%	5.8%



## How connected are Australians to their friends?

Most Australians (92%) have at least one friend that they see at least once a month, and they can talk to about private matters (88%) or get help from (88%). Only 1 in 10 (11%) have a large friendship group that they see at least once a month.

A small number of Australians don't see any friends regularly (8%), have anyone to talk to about private matters (12%) or anyone to call for help (12%). One in four (25%) have at least two friends they can call for help. Nearly a third (29%) have 3 to 4 friends they can call for help.

By number of friends	Proportion of Australians who hear from friends at least once a month	Proportion of Australians who can talk to friends about private matters	Proportion of Australians with friends they could call on for help
None	8.1%	11.8%	12.3%
One	12.1%	17.1%	17.0%
Two	18.5%	23.2%	25.2%
Three to four	30.8%	32.5%	28.9%
Five to eight	19.2%	10.4%	11.6%
Nine or more	11.3%	5.0%	5.1%

- One in five (20%) see their closest friend a few times a week, while similar numbers see a friend weekly (23%) or a few times a month (22%)
- A small number (9%) see their closest friend daily
- 1 in 4 Australians see their closest friend only monthly (12%) to less than once a month (14%)

## How connected are Australians to their friends?

Australian friends generally talk to each other about important decisions. About half (51%) of Australians frequently have a friend available to talk to about important decisions, while 29% say their friends frequently speak with them about important decisions.

A smaller number (22%) never or seldom have a friend available to talk to and their friends rarely or never consult with them (27%) about important decisions.

How often?	Proportion of Australians with friends available to talk to when they have an important decision to make	Proportion of Australians who have friends who talk to them about an important decision
Never	10.5%	12.9%
Seldom	11.5%	14.2%
Sometimes	27.5%	34.4%
Often	23.6%	21.4%
Very often	14.0%	12.4%
Always	12.9%	4.7%

## How connected are Australians to their neighbours?

A third of Australians (34%) have no neighbours they see or hear from on a monthly basis. Nearly half of Australians (47%) have no neighbours they can call for help.

Our relationships with our neighbours are not close, with 70% of people saying they have no neighbours they would talk to about private matters.

However, those with close neighbour relationships see neighbours regularly – a third of Australians (30%) see a neighbour at least a few times a week or weekly.

By number of neighbours	Proportion of Australians with neighbours they hear from at least once a month	Proportion of Australians with neighbours they can talk to about private matters	Proportion of Australians with neighbours they could call on for help
None	34.1%	69.8%	46.7%
One	21.7%	13.9%	22.2%
Two	21.1%	9.2%	18.4%
Three to four	15.9%	5.7%	10.4%
Five to eight	4.9%	1.1%	2.0%
Nine or more	2.4%	0.3%	0.3%

- Two in five (40%) see their closest neighbour less than once a month
- One in four see their closest neighbour monthly (11%) or a few times a month (17%)
- Smaller numbers see their closest neighbour weekly (16%), a few times a week (14%) or daily (2%)

## How connected are Australians to their neighbours?

Australians rarely talk to their neighbours about important decisions. Only 10% of Australians frequently have a neighbour available to talk to about important decisions, while 5% say their neighbours frequently speak with them about important decisions.

Three quarters of Australians (75%) never or seldom have a neighbour available to talk to and their neighbours rarely or never consult with them (82%) about important decisions.

How often?	Proportion of Australians with neighbours available to talk to when they have an important decision to make	Proportion of Australians with neighbours who talk to them when they have an important decision to make
Never	63.6%	68.6%
Seldom	11.4%	13.8%
Sometimes	14.6%	12.2%
Often	6%	3.8%
Very often	2.3%	1.1%
Always	2.1%	0.5%



# APPENDICES

## About social interaction anxiety

**Social interaction anxiety** is anxiety that arises from social interactions, in particular, a fear of being judged negatively by others or of feeling embarrassed.

It can lead people to avoid a range of situations. In its extreme, where people experience high anxiety and are unable to operate in many typical situations, it may be classified as **social anxiety disorder**.

### References

Mattick, R. P., & Clarke, J. C. (1998). Development and validation of measures of social phobia scrutiny fear and social interaction anxiety. *Behaviour Research and Therapy*, 36(4), 455-470.



## Detailed methodology: Sample and timeframe

**Who/What:** Swinburne University (led by Dr Michelle Lim) and the Australian Psychological Society, with assistance from a market research agency, Pureprofile, conducted an online survey of a representative sample of Australian adults supplemented by recruitment by the research partner networks, community organisations, social media and advertising.

**How:** *Sampling approach:* An ISO-accredited sampling partner, Pureprofile, recruited a nationally-representative cohort of 570 (500 who completed the whole questionnaire), based on the 2016 census demographic profile. Adults in their panel lists were invited to start the survey and were screened out when quotas on completers were met until they reached 500 fully completed survey responses. The remaining sample of adults (1103) was recruited through networks of Swinburne University and the Australian Psychological Society, community organisations, social media and advertising. Ethics approval was obtained for all aspects of the research.

**When:** Data were collected over a period of 4 months, from 29 May 2018 to 1 October 2018. The survey continues to be open for recruitment (via <https://bit.ly/2w2ltS7>) until mid 2019 as part of a larger study run by Swinburne University. It will provide longitudinal data to track loneliness and wellbeing over time.

## Detailed methodology: Psychological measures

The full survey covered questions relating to demographics, physical and mental health, social interaction anxiety, degree of social interaction, depression symptoms, coping style, experience of positive/negative emotions and quality of life. Several psychological and behavioural scales were employed, including the following:

- ❖ **Demographics:** Standard demographic questions were included.
- ❖ **Health history:** A measure was developed for this study to assess history of physical health problems.
- ❖ **UCLA Loneliness Scale – Version 3 (UCLA-LS, 1996):** A 20-item measure of subjective feelings of loneliness, scored on a 4-point Likert scale, 1 (never) to 4 (always).
- ❖ **Centre for Epidemiological Studies - Depression (CES-D, 1977):** A 20-item measure of depressive symptoms, scored on a 4-point Likert scale, 0 (less than 1 day) to 3 (5-7 days).
- ❖ **Social Interaction Anxiety Scale (SIAS, 1998):** A 20-item measure of social interaction anxiety, scored on a 5-point Likert scale, ranging from 0 (not at all characteristic or true of me) to 4 (extremely characteristic or true of me). A modified non-heteronormative version (Lidner et al. 2013) was used.

### References

- **UCLA-LS:** Russell, D. W. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66(1), 20-40.
- **CES-D:** Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1(3), 385-401.
- **SIAS:** Mattick, R. P., & Clarke, J. C. (1998). Development and validation of measures of social phobia scrutiny fear and social interaction anxiety. *Behaviour Research and Therapy*, 36(4), 455-470. Lidner, P., Martell, C., Bergström, J., Andersson, G., & Carlbring, P. (2013). Clinical validation of a non-heteronormative version of the Social Interaction Anxiety Scale (SIAS). *Health and Quality of Life Outcomes*, 11(1), 209.



## Detailed methodology: Psychological measures

- ❖ **Expanded Lubbens Social Network Scale (LSNS-18, 2003):** An 18-item measure of the size, closeness and frequency of contacts in an individual's network, including family, neighbours and friends. There are three subscales for connections with family, friends and neighbours, each containing six 6-point Likert scales (with various scale anchors).
- ❖ **Assessment of Quality of Life – 8 Dimensions (AQoL-8D, 2011):** A 35-item measure of health-related quality of life, including wellbeing and life satisfaction. There are 8 dimensions of quality of life (independent living, happiness, mental health, coping, relationships, self-worth, pain and senses), each measured on different Likert scales.
- ❖ **Positive and Negative Affect Scale – Short Form (PANAS-SF, 1988):** A 10-item measure of the level of positive (e.g., excited) and negative (e.g., scared) emotions experienced. It is made up of 2 subscales for positive and negative emotions, each scored on a 5-point Likert scale, from 1 (very slightly or not at all) to 5 (extremely).
- ❖ **Physical Health Questionnaire (PHQ, 2005):** A 14-item measure of the frequency of experiencing physical health symptoms (sleeping difficulties, headaches, stomach complaints, nausea, minor colds, respiratory infections, bad cold/flu). Each item is scored on a 7-point Likert scale, ranging from 1 (not at all) to 7 (all of the time).

### References

- **LSNS-18:** Lubben, J., & Gironda, M. (2003). Centrality of social ties to the health and well-being of older adults. *Social Work and Health Care in an Aging Society*, 319-350..
- **AQoL-8D:** Richardson, J., & Iezzi, A. (2011). Psychometric validity and the AQoL-8D multi attribute utility instrument. *Melbourne Australia: Centre for Health Economics Monash University*, 13
- **PANAS-SF:** Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: the PANAS scales. *Journal of Personality and Social Psychology*, 54(6), 1063.
- **PHQ:** Schat, A. C., Kelloway, E. K., & Desmarais, S. (2005). The Physical Health Questionnaire (PHQ): construct validation of a self-report scale of somatic symptoms. *Journal of Occupational Health Psychology*, 10(4), 363.

## Detailed methodology: Psychological measures

- ❖ **General Health Questionnaire – Short Form (GHQ-SF, 1998):** A 12-item measure of poor psychological health including social dysfunction, anxiety and loss of confidence. It is scored on a 4 point Likert scale (various scale anchors).
- ❖ **Emotion Regulation Questionnaire (ERQ, 2003):** A 10-item measure of respondents' tendency to regulate their emotions in two ways: Cognitive Reappraisal (e.g., reframing a difficult situation) and Expressive Suppression (e.g., trying not to think about/talk about emotional feelings). Each subscale is scored on a 7-point Likert scale, ranging from 1 (strongly disagree) through to 7 (strongly agree).
- ❖ **Psychological Well-Being Scale (PWB, 1989):** A 42-item measure of psychological well-being across six dimensions: autonomy, positive relations with others, environmental mastery, personal growth, purpose in life and self-acceptance. Items are scored on a 6-point Likert scale from strongly disagree (1) to strongly agree (6).

### References

- **GHQ-SF:** Goldberg DP, Williams P. (1998). *A user's guide to the General Health Questionnaire*. Basingstoke NFER-Nelson.
- **ERQ:** Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, 85(2), 348.
- **PWB:** Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069.



## Detailed methodology: Data analyses

**Scoring/Grouping:** For some of the analyses respondents were grouped into categories of high level of loneliness (score on UCLA-LS of 52 or more), moderate level of loneliness (UCLA-LS score of 41-51) and low level of loneliness (UCLA-LS score of 20-40) based on the “Visual Binning” approach in the statistical software used, which groups people into even sized groups based on their score on a continuous variable. Loneliness prevalence was based on those in the high level of loneliness category (score on UCLA-LS of 52 or more).

**Group comparisons:** Analyses were run for the total sample across all key demographic variables and where sub-sample sizes permitted. When comparing groups one-way Analyses of Variance were used in conjunction with Tukey’s post-hoc tests to look at differences in sub-groups and Bonferroni adjustments to  $p$ -values.

**Findings:** The results presented in this report have been selected based on issues or trends currently of interest in relation to loneliness, and any findings that were deemed noteworthy. All significance testing has been conducted at the 5% significance level. Where no significant findings were uncovered for given groups or demographic variables, results were omitted from this report.



## Demographics of survey sample

		Percentage of respondents
AGE	18 - 25	13.2%
	26 - 35	21.1%
	36 - 45	17.8%
	46-55	17.6%
	56-65	16.9%
	Over 65	13.4%
GENDER	Male	27.4%
	Female	72.4%
	Other (please specify)	0.4%
STATE	Australian Capital Territory	2.6%
	New South Wales	23.0%
	Northern Territory	0.7%
	Queensland	18.5%
	South Australia	7.7%
	Tasmania	2.2%
	Victoria	35.9%
	Western Australia	9.0%
RELATIONSHIP STATUS	Single/never married	20.5%
	In a relationship	22.4%
	Married	43.1%
	Separated	3.3%
	Divorced	8.3%
	Widowed	2.4%
WORK STATUS	Part-time employment	22.3%
	Full-time employment	34.6%
	Casual employment	11.4%
	Not working	31.6%
	<b>Total respondents</b>	<b>1673</b>

## Demographics of survey sample

		Percentage of respondents
HOUSEHOLD STATUS	Living alone	17.4%
	Living with housemates	7.5%
	Living at home with family/partner	70%
	Living with relatives/extended family	4.6%
	Living in college	0.4%
SEXUAL ORIENTATION	Heterosexual	84.6%
	Homosexual	4.9%
	Bisexual	5.1%
RELIGIOUS AFFILIATION	Roman Catholicism	13.6%
	Protestant	14.0%
	Nonreligious/secular	33.6%
	Judaism	1.1%
	Islam	1.3%
	Buddhism	2.4%
	Agnostic	5.9%
	Atheist	13.8%
	Hinduism	1.1%
	Not listed	13.2%
ETHNICITY	Aboriginal or Torres Strait Islander	1.2%
	Asian Australian or Asian (including Indian)	8.1%
	African Australian	0.7%
	Hispanic	0.4%
	Multiracial, biracial	2.4%
	White (including Caucasian, European Australian)	84.2%
	Pacific Islander	0.3%
	Total respondents	1673

# Associations between loneliness and other factors

High levels of loneliness were associated with:	Pearson's R correlation <sup>1</sup>
Less enjoyment of relationships	-0.81
Poorer overall quality of life	-0.73
Lower levels of contentment, happiness, enthusiasm and pleasure	-0.69
Poorer psychological health	-0.66
Fewer and poorer quality relationships	-0.64
More likelihood of feeling a burden, worthless and less confident	-0.64
Higher level of anxiety around social interactions	0.63
More mental health problems	-0.63
Lower energy levels and feeling less able to cope with problems	-0.60
More depression symptoms	0.58
Less social interaction with friends, greater risk of social isolation	-0.51
Fewer positive emotions	-0.51
More negative emotions	0.48
Less social interaction with family and greater risk of social isolation	-0.43
Greater tendency to suppress emotions	0.42
Poorer overall physical health	-0.41
Poorer sleep	-0.40
Lower sense of achieving personal goals and more bored with one's life	-0.37
Less likely to try to think differently about a difficult situation	-0.35
Greater difficulty with household and self-care tasks	-0.35
Greater difficulty with vision, hearing and communication	-0.35
More headaches	-0.33
More stomach problems	-0.31
Worse experience of physical pain	-0.27
Less social interaction with neighbours and greater risk of social isolation	-0.27
Less autonomy and greater concern about others' evaluations	-0.23
Not working or working less regularly	0.08

1. All associations/correlations were significant at the  $p < .01$  level..

# RESOURCES

## Psychology Week 2018

11-17 NOVEMBER

The power of human connection



## Tips to connect with others

#psychweek   

Social relationships support good mental and physical health. These tips will help you to enjoy better interactions with the people you encounter, so you can feel the benefits of positive connection.

### 1 Think positive

Worries about social situations can make you overthink your interactions. Don't dwell on worries about how you are perceived – shift your focus to the other person or the topic of conversation.

### 2 Forget comparison

Don't be concerned if others appear to have more or better friends than you. Quality and enjoyment matter more than quantity. Savour the moments of connection, wherever you can find them.

### 3 Expect change

Circumstances can leave us vulnerable to a sense of isolation. Relationships shift over time and we may lose touch with friends who were once important. Accepting change as normal can help you adjust.

### 4 Tolerate discomfort

Anxiety may cause you to avoid socialising. Understand that awkwardness does not mean you are doing anything wrong. Reach out to others and your skills will improve with time.

### 5 Listen well

Practice listening. Ask questions and really listen to the answers, rather than just waiting for a turn to talk. Respond warmly to people's experiences through your posture, facial expressions and words.

### 6 Rehearse

Out of practice with chat? Spend some time thinking about questions you can use when conversation stalls. You might ask if the other person has travelled far, visits this museum often, or liked the show.

### 7 Say names

Using someone's name when you know it demonstrates caring. Offer yours. Ask after their loved ones, or pick up a previous conversation topic, such as their pet, to show you have paid attention.

### 8 Go offline

Social media helps many people, but it can also increase disconnection. Ensure you have a healthy offline life. Perhaps invite trusted online friends to an offline meeting to build your relationship.

### 9 Chat to strangers

Unexpected moments of connection greatly improve your mood. Share a smile and eye contact with a stranger, or chat to a fellow commuter. Rise to the challenge of finding common ground with strangers.

### 10 Help

Helping someone gives a feel-good rush. Create a bond with someone by offering help, or asking for it. Something as little as assistance with a bag or holding a lift can help people feel seen and cared for.

### 11 Join in

Embrace opportunities to join, volunteer or participate. This connects you to other people, unites you in a shared activity, and provides an easy way to get to know people better.

### 12 Reconnect

Reach out to friends from your past. Many people welcome such efforts and the feeling that you care. If you plan a catchup, why not revisit a place or experience where you shared happy memories?

### 13 Manage stress

Everybody has some social situations they dread. Practice simple stress management techniques, such as breathing deeply and slowly, to help keep your stress in check through awkward moments.

### 14 Practice, practice, practice

Relationship skills can be learnt. Don't be discouraged. Remember that social connections are good for you. If you feel like you need support to build better connections skills, a psychologist can help.

Psychologists are experts in emotion, wellbeing and behavior. They can help you address relationship issues and learn practical skills and strategies that enhance your interactions with other people and your sense of life satisfaction. To find a psychologist who can work with you to build relationship skills, visit [findapsychologist.org.au](http://findapsychologist.org.au)

Find out more at [psychweek.org.au](http://psychweek.org.au)





# HEALTH IMPACTS of SOCIAL ISOLATION



## General Health

Social isolation and loneliness have an impact on overall physical health



## Premature Death

Increase in premature death and mortality rates in people experiencing social isolation or loneliness



## Physical Inactivity

People who are socially isolated are less active and lead more sedentary lifestyles



## Poor Sleep

People experiencing loneliness or social isolation are at greater risk of poor and decreased sleep



## Poor Mental Health

People who are socially isolated have poorer mental health and can suffer from depression, social anxiety and emotional distress



## Smoking

People who are socially isolated or are experiencing loneliness have an increased rate of smoking



## Socio-economic

Financial pressures can lead people to become socially isolated due to their inability to access or participate in social opportunities



## Aggression

People who are socially isolated or are feeling loneliness are reported to have higher levels of aggressive and/or violent behaviours



## Substance Abuse

People who are socially isolated or are experiencing feelings of loneliness have higher rates of alcoholism and/or substance abuse



## Advanced Aging

Social isolation can increase advanced aging and functional decline

Evidence in  
literature

What  
community  
told us:

# Community Connectivity

The community feel mental health is both a cause of and has an impact on people's social isolation and feelings of loneliness.

## MENTAL HEALTH



The series of previous disaster events have had a compounding impact on people's ability to stay connected and to seek help.

## DISASTER EVENTS



People find access to local and regional opportunities to connect difficult due to the lack of transport available.

## TRANSPORT



The farming community, particularly men on properties, are identified as of highest risk of social isolation.

## FARMING COMMUNITY



## FINANCIAL STRESS



Many in the community reported financial stress as having a significant impact on social connection.

## TRANSITION OUT OF HOSPITAL



People transitioning out of hospital are at high risk of social isolation.

## TECHNOLOGY



Increase in use of technology such as devices are seen as both a solution and a hindrance to community connectivity.

## SERVICES



Knowing what services and how to access them was of high concern. There is great confidence and trust in the local Council as key to connecting communities.



