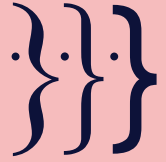


LONELINESS
AWARENESS
WEEK AUS



STATE OF THE NATION REPORT

Social Connection in
Australia 2023

**A Deep-Dive into Loneliness
and Social Isolation**

lonelinessawarenessweek.com.au



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About Ending Loneliness Together

Ending Loneliness Together (ELT) is Australia's national organisation working to raise awareness and reduce the negative effects of chronic loneliness and social isolation in our communities through evidence-based interventions and advocacy.

Inspired by the work of the UK Campaign to End Loneliness and the growing research evidence of the role of social connection in the prevention of poor health and wellbeing, Ending Loneliness Together draws together knowledge from national and international researchers, along with service delivery expertise from community groups, professional organisations, government agencies, and skilled volunteers, to effectively address loneliness in Australia.

www.endingloneliness.com.au

Acknowledgement

Ending Loneliness Together acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to lands, waters, and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present.

1

Message from our Chair and Scientific Chair



“Loneliness should not be seen as a sign of weakness or fault. Feeling lonely is an innate signal for us to acknowledge and address our basic human need for connection. Understanding this is the first step to creating a more connected Australia.”

Loneliness is a critical issue of our time and has been recognised as a public health priority for many countries around the world. While the detrimental health, economic and social impacts of loneliness are well established, community awareness and action remain low.

Looking within Australia in 2023, we can take a deeper dive into whether Australians are feeling lonely and socially isolated. What are our perceptions of loneliness? What’s stopping us from creating meaningful connections? How is it impacting our wellbeing? These are all questions Ending Loneliness Together set out to answer to pave a way forward for addressing problematic levels of loneliness in our community.

We are privileged to present Australia’s first State of the Nation Report on Social Connection to coincide with Australia’s inaugural Loneliness

Awareness Week in 2023. Insights from over 4,000 people provide a snapshot of Australia’s understanding and experiences of loneliness and social isolation.

The national survey found that despite nearly 1 in 3 Australians feeling lonely, community misconceptions and stigma are preventing people from talking about it – and in turn seeking the connections and support they need.

The first examination of the stigma concerning loneliness in Australia was the [Telstra Talking Loneliness](#) study conducted in 2021. In this State of the Nation Report, we take it further, to understand the level of knowledge, concealment, community stigma, and shame towards loneliness in Australian society. Additionally, we explore how loneliness relates to chronic disease, everyday discrimination, and workplace productivity.

An important distinction to make in this report is the difference between social isolation and loneliness. While many Australians believe they are one and the same, there is a significant difference. Loneliness is a distressing feeling we get when we feel disconnected from other people, and desire more (or more satisfying) social relationships. Social isolation (or being alone) is a physical state where you have fewer interactions with others.

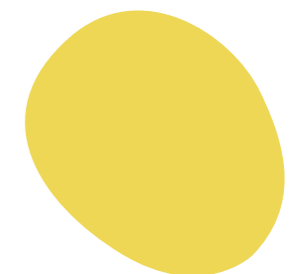
The findings of this State of the Nation Report reflect one time point, however our team will be tracking these trends and outcomes over time in order to fill scientific gaps that can lead to population wide and community-focused strategies and solutions.

Our hope is that by increasing understanding of loneliness, feeling lonely will become a normal sign for us to meaningfully connect with others, rather than something we are ashamed about.

I want to acknowledge the scientific leadership of my scientific colleagues, including Professor Ben Smith, Dr Katherine Owen, and Mr Daniel Surkalim, from The University of Sydney, Dr Lidia Engel from Monash University, and Professor Pamela Qualter from The University of Manchester.

I also want to acknowledge the Ending Loneliness Together team and advisory partners for their work on the inaugural Australian Loneliness Awareness Week in which this report is being launched.

Dr Michelle H Lim
Chair and Scientific Chair
Ending Loneliness Together



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Message from our Parliamentary Co-Chairs of Ending Loneliness

The Parliamentary Friends of Ending Loneliness has provided a non-partisan forum for members of parliament to meet and discuss the issues of loneliness as a health and social issue since its launched in May 2021. We are grateful to have received support from the Hon Andrew Giles MP and Mrs Bridget Archer MP.

The Hon Minister Andrew Giles MP



Co-Chair | Parliamentary Friends of Ending Loneliness (May 2021 – Present)

The Hon Minister Andrew Giles was first elected to the Australian Parliament as Member for Scullin in 2013. A member of the Australian Labor Party Andrew was re-elected in 2016, 2019, and 2022. Minister Giles is the Minister for Immigration, Citizenship, and Multicultural Affairs. Previous ministerial roles include Shadow Minister for Cities and Urban Infrastructure, Shadow Minister for Multicultural Affairs, Shadow Minister for Immigration and Citizenship, and Shadow Assistant Minister for Schools. Minister Giles has been a long-time valued supporter of Ending Loneliness Together and has held the position of co-chair of Parliamentary Friends of Ending Loneliness since its inception.

“We need to build a society that promotes social connection and belonging in Australia. Addressing loneliness and social isolation is no easy task. Everyone has a role to play, and it requires every sector of our society working together to understand what it is and how to help. As we increase our awareness of this issue, feeling lonely can become a normal sign for us to meaningfully connect with others, rather than something we are ashamed about.”

Mrs Bridget Archer MP



Co-Chair | Parliamentary Friends of Ending Loneliness (August 2022 – Present)

Mrs Bridget Archer MP has been a member of the House of Representatives since the 2019 Federal election. She is a member of the Australian Liberal party and represents the Division of Bass in Tasmania. Mrs Archer is the Deputy chair of the Standing Committee on Communications and the Arts. Born and raised in Northern Tasmania Bridget held the position of Mayor of George Town Council from 2014-2019. A passionate advocate for community connection, Mrs Archer became the co-chair of Parliamentary Friends of Ending Loneliness in 2022.

“We need to start talking about loneliness in a way that engenders hope and empowers people to seek the connection they need. For that to happen, we have to address the stigma of loneliness and to give people reasons to reach out and connect with others in a non-judgemental and meaningful way.”

3

About the Research

Aim

The aim of this study is to understand the distribution of social health across the Australian population and examine the relationships between loneliness and social isolation and community knowledge, stigma, physical and mental health, health service utilisation, quality of life, and work productivity.

Methodology

This study was launched on 26 June 2023. The sample comprised a nationally representative sample of 4,026 Australians aged 18 years to 92 years old. Following the completion of the survey, the data was weighted by age, gender, and region to reflect the latest Australian Bureau Statistics (ABS) population estimates.

While the study is longitudinal - meaning snapshots will be taken across two further time points - this report only reflects on the first time point. Measuring loneliness over multiple time points will allow us to better understand how loneliness influences health and wellbeing over time.

The study was developed and led by Dr Michelle H Lim, Scientific Chair & Chairperson, Ending Loneliness Together, Co-Vice Chair of the International Scientific Board, Global Initiative on Loneliness and Connection, Senior Research Fellow & Clinical Psychologist, Social Health and Wellbeing Group, Prevention Research Collaboration, University of Sydney, Iverson Health Innovation

Research Institute, Swinburne University of Technology and Professor Ben Smith, Professor of Public Health, Social Health and Wellbeing Group, Prevention Research Collaboration, Charles Perkins Centre, University of Sydney.

Quality of life and economic components, including productivity impacts of the study were developed Dr Lidia Engel, Senior Research Fellow, School of Public Health and Preventive Medicine Epidemiology and Preventive Medicine Alfred Hospital, Monash University. Stigma components of the study were developed by Professor Pamela Qualter, Professor of Psychology for Education, Manchester Institute of Education, University of Manchester.

Further support was provided by Dr Katherine Owen (Biostatistician) and Daniel Surkalim (Research Officer) from the Social Health and Wellbeing Group, Prevention Research Collaboration, Charles Perkins Centre, University of Sydney

Statistical Data Analyses

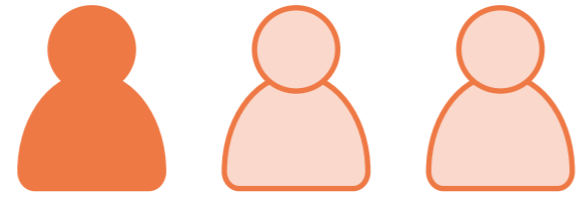
We calculated weighted prevalence of loneliness by demographic factors and all variables of interest. All odds ratio calculations account for age, gender, and sociodemographic factors. Established cut off scores for psychometrically validated scales were used to calculate odds ratios. To define either loneliness or moderate loneliness (depending on the variable examined), the UCLA-LS-4 cut off score equal or more than 11. To define severe loneliness, the UCLA-LS-4 cut off score is equal or more than 12 (which is also equivalent to 1 standard deviation above the mean).

Ethics Approval

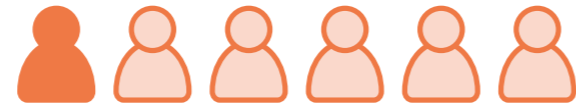
This study was approved by the University of Sydney Human Research Ethics Committee (HREC Approval 2023/367 V2: 13.06.2023).



LONELINESS AFFECTS EVERYONE

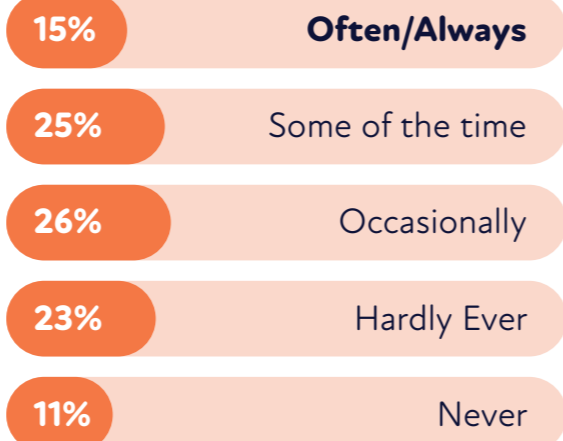


ALMOST 1 IN 3 AUSTRALIANS FEEL LONELY



1 IN 6 AUSTRALIANS ARE EXPERIENCING SEVERE LONELINESS

How often do people feel lonely?



15% OF AUSTRALIANS OFTEN/ALWAYS FEEL LONELY

37% OF CARERS FEEL LONELY



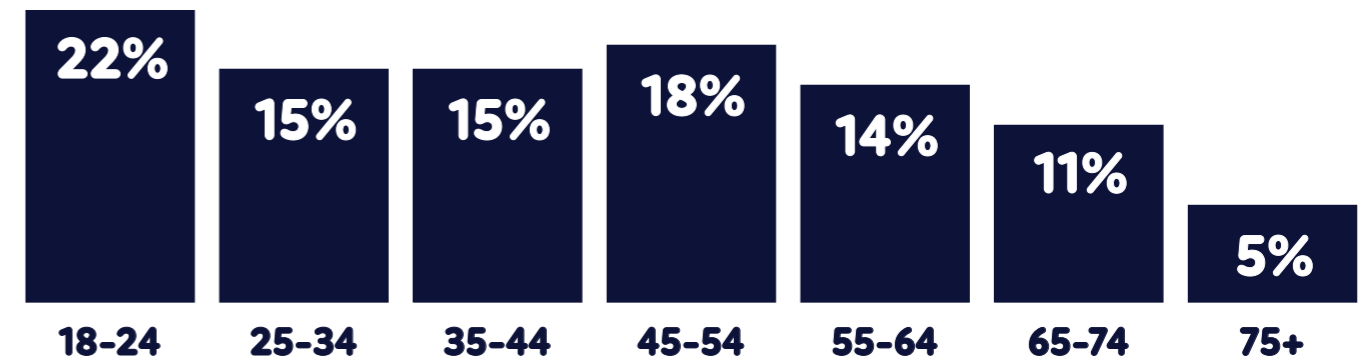
32% 3 IN 10 WOMEN ARE LONELY



31% 3 IN 10 MEN ARE LONELY

! FACT MEN AND WOMEN ARE EQUALLY LONELY

Percentage of Australians who often/always feel lonely (by age group):

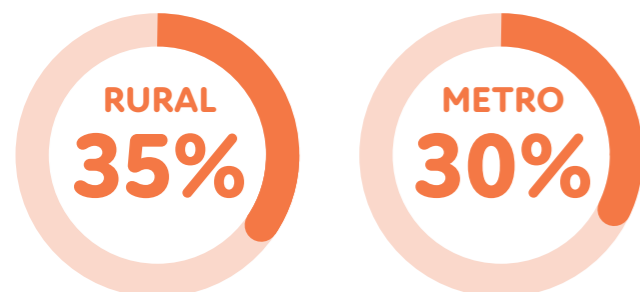


! FACT YOUNG PEOPLE AND MIDDLE-AGED PEOPLE REPORT THE HIGHEST LEVELS OF LONELINESS



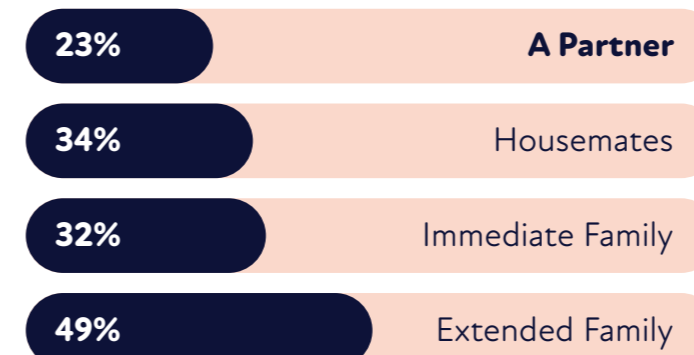
All states experience similar levels of loneliness.

There are more lonely Australians living in rural areas than metropolitan areas



SPOTLIGHT ON LIVING ALONE VS LIVING WITH OTHERS

Australians living alone and Australians living with others both experience loneliness:



People living alone and people living with others both experience loneliness.



THE IMPACTS OF LONELINESS

Australians who feel lonely are:



Less engaged in Physical activity



More likely to have Social media addiction



Less productive At work

2x

More likely to have Chronic disease

4.6x

More likely to have Depression

4.1x

More likely to have Social anxiety

5.2x

More likely to have Poorer wellbeing

LONELINESS IS A RISK FACTOR FOR POOR HEALTH, WELLBEING AND LOWER WORKPLACE PRODUCTIVITY

! FACT

PERCEPTIONS (AND MISCONCEPTIONS) OF LONELINESS

47%

Nearly 1 in 2 Australians believe people would feel less lonely if they just knew more people

42%

2 in 5 Australians believe loneliness only affects people 65 years or older

27%

More than 1 in 4 Australians think making new friends should always be easy

46%

Nearly 1 in 2 Australians describe people who are lonely as having negative traits

25%

1 in 4 Australians think that people who are lonely are less worthy than others

12%

More than 1 in 10 Australians believe there is "something wrong" with people who are lonely

29%

More than 1 in 4 Australians think their community believes being lonely is a sign of weakness

TALKING ABOUT LONELINESS

THE STIGMA ASSOCIATED WITH LONELINESS IS PREVENTING PEOPLE FROM TALKING ABOUT IT AND SEEKING THE CONNECTIONS THEY WANT.

! FACT

31%

Nearly 1 in 3 Australians say they are ashamed when they feel lonely

49%

Nearly 1 in 2 Australians say they would conceal their loneliness

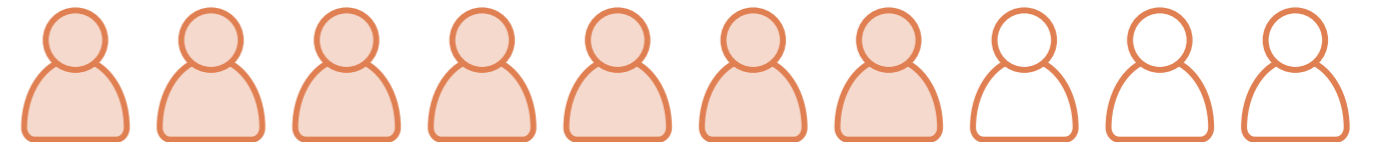
46%

Nearly 1 in 2 Australians who feel lonely are too embarrassed to admit it to others

58%

More than 1 in 2 Australians who feel lonely don't talk to others about it

TACKLING LONELINESS



69% of Australians recognise loneliness is a serious issue for our community



30% of Australians say they're knowledgeable in helping other people who are feeling lonely

Who do we believe should help someone feeling lonely?

Family and friends 75%

Health care providers 60%

Person feeling lonely 51%

Colleagues 46%

Community 40%

TACKLING LONELINESS IS EVERYONE'S RESPONSIBILITY

Stigma and shame are preventing us from talking about feeling lonely. In turn, this reduces opportunities for people feeling lonely to find connection and seek/ receive the support they need.

It also places Australians at a greater risk of persistent loneliness.

5

Loneliness and social isolation in Australia

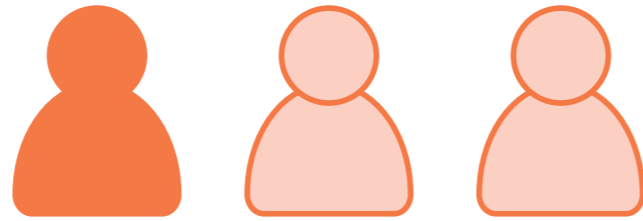


“ I didn't expect to feel lonely at a young age. I think when people talk about loneliness, they think it's just something that happens to someone that's over 50 or over 60. ”

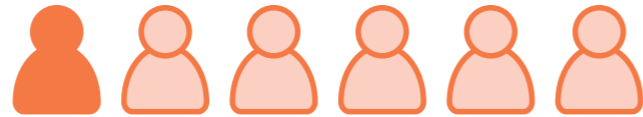


Kylie Mum to a son with disabilities. First experienced loneliness at 36 yrs

Who feels lonely?

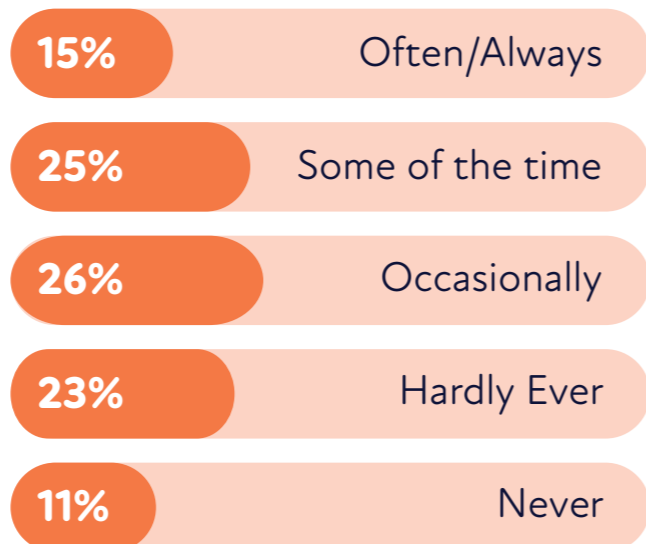


Almost 1 in 3 people report moderate loneliness (32%)



More than 1 in 6 people report severe loneliness (17.5%)

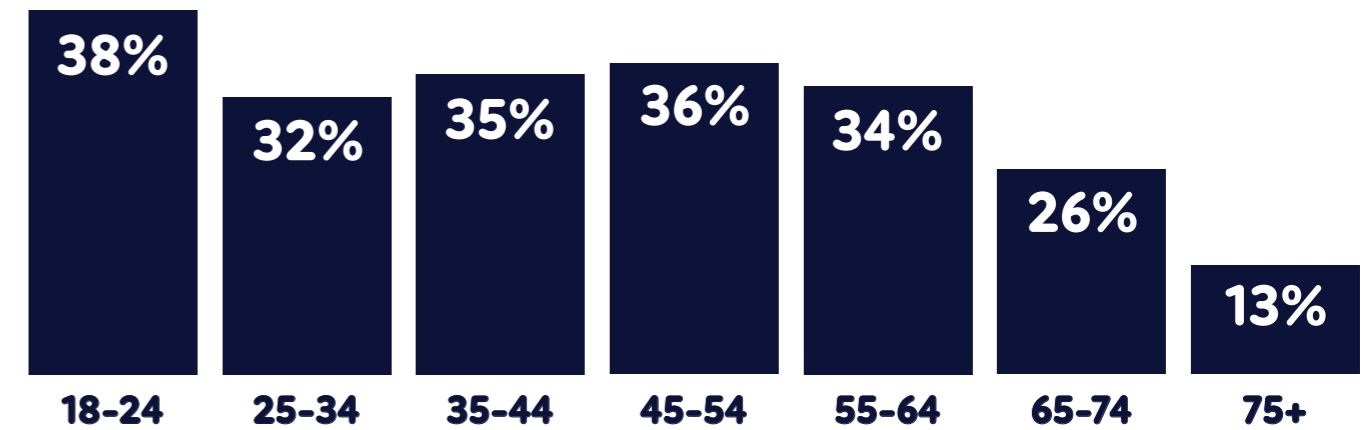
How often do Australians feel lonely?



Age and Loneliness

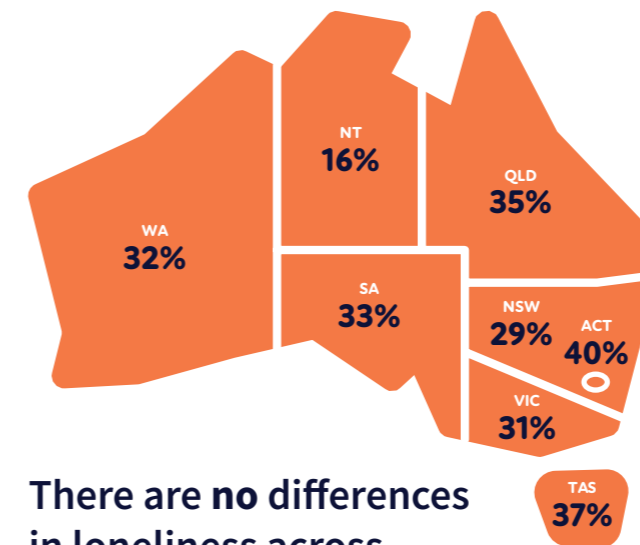
Loneliness differed significantly across age groups.

*Total score using the UCLA-LS-4



Using the ONS 1 item Loneliness scale, the percentage of Australians who often/always feel lonely also differed significantly across the aged groups, with those aged 18-24 (22%) and 45-54 (18%) noting they often/ always feel lonely, followed by those aged 25-34 (15%), aged 35-44 (15%), aged 55-64 (14%), aged 65-74 (11%) and aged 75+ (5%).

Loneliness across Australia

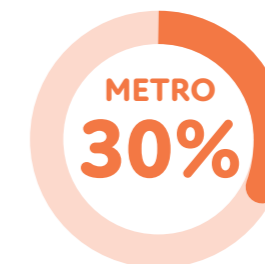


There are no differences in loneliness across states.

Remoteness and Loneliness

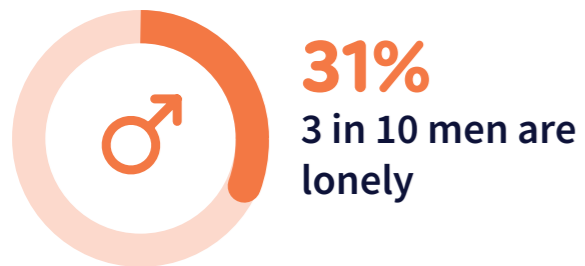
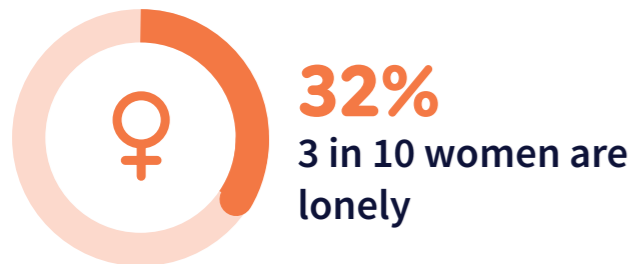


of people who live in rural areas are lonely



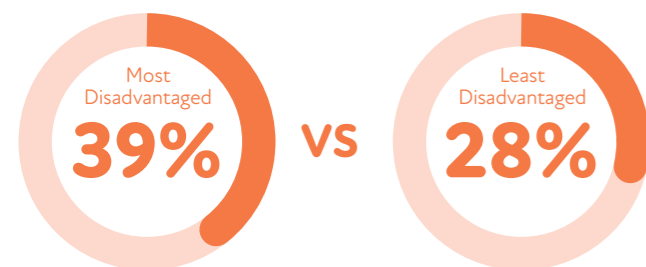
people who lonely live in metropolitan areas are lonely

Gender and Loneliness



Men and women report similar levels of loneliness.

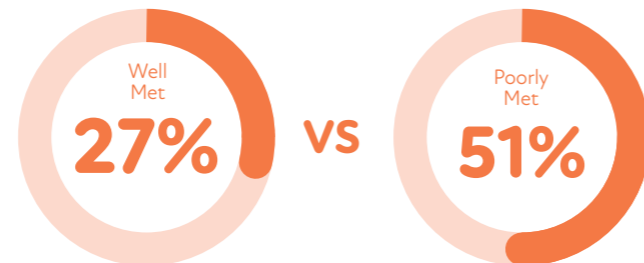
Neighbourhood Advantage and Loneliness



39% of people living in the most disadvantaged neighbourhoods are lonely compared with 28% of people living in the least disadvantaged neighbourhoods

There are more people that are lonely living in more disadvantaged neighbourhoods compared with least disadvantaged neighbourhoods.

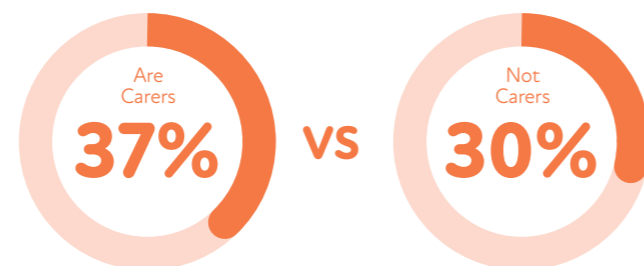
Financial Wellbeing and Loneliness



27% of people who reported well met financial needs are lonely compared with 51% of people who reported poorly met financial needs.

2.8x People with poorly met financial needs are 2.8x more likely to be lonely.

Carers and Loneliness



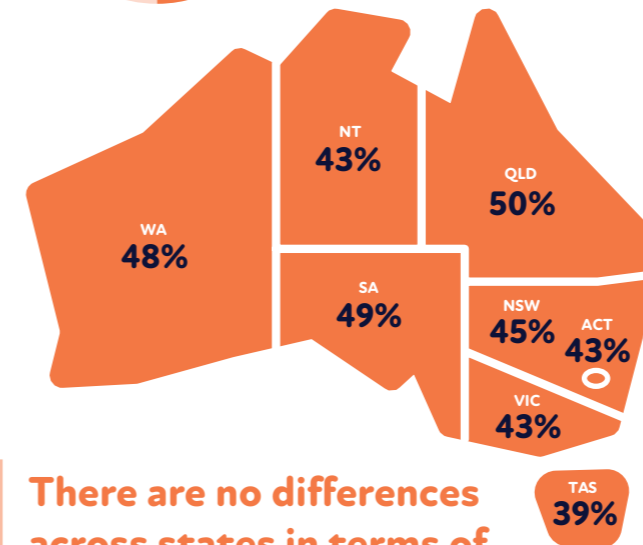
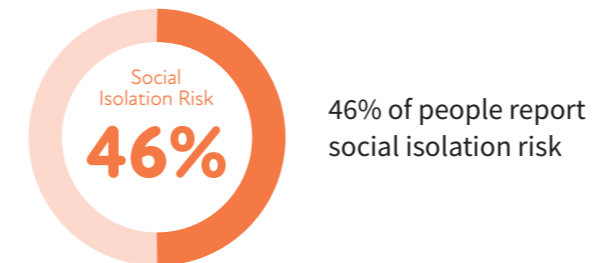
37% of carers are lonely compared to 30% of those who are not carers.

“ I grew up in a really close-knit country community. I moved to Melbourne when I was 18 for university and I was living in college. Despite there being so many people around me all the time, sharing meals together every day, I still felt really lonely. I felt like I didn’t really fit in with those people, my values and my upbringing were very different. ”



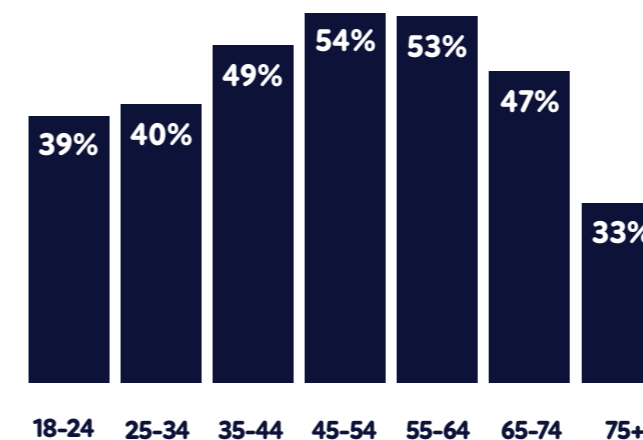
Lily, Age 27
University Student

Social Isolation Risk across Australia



There are no differences across states in terms of social isolation risk.

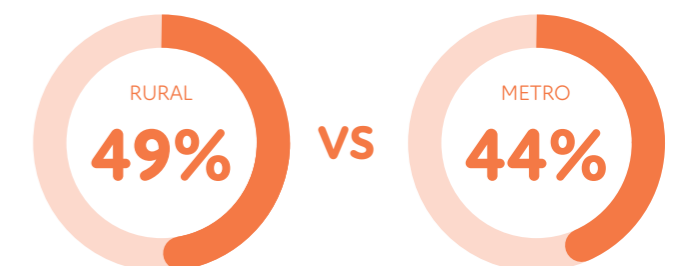
Age and Social Isolation



Gender and Social Isolation

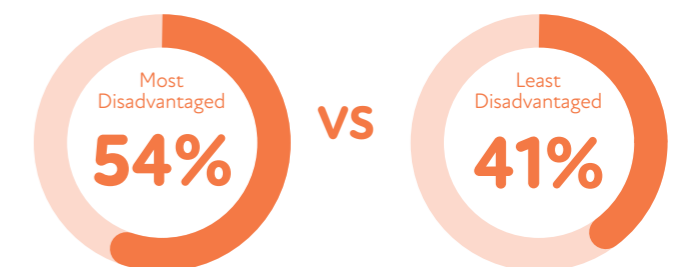
There was no difference in gender for social isolation risk.

Remoteness and Social Isolation



Those living in more regional and remote areas (49%) were more likely to be socially isolated than those living in metropolitan cities (44%).

Neighbourhood Advantage and Social Isolation



Those living in most disadvantaged neighbourhoods (54%) were more likely to be socially isolated compared to those living in less disadvantaged neighbourhoods (41%).

How are Australians socially connected with their family, friends, and neighbours?

Family 19.3

Friends 18.1

Neighbours 11.8

Means of the Lubben Social Network Scale - 18 subscales

Australians are most socially connected to their family, followed by their friends, and least to their neighbours.

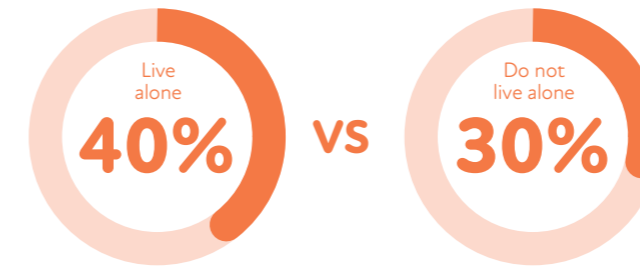
Loneliness is associated with higher social isolation risk.

“ I think that’s one of the things about marriage. If you’ve got a fairly good one, you’ve got a support network in your husband or wife that can be very uplifting. But when you’re alone, you’ve got nobody. Even though you might have friends, they’re busy with their lives. ”



Janene, Age 63
Widow

Living Alone and Loneliness



40% of people who live alone are lonely vs. 30% of people who do not live alone.

People who live with others are less lonely than people who live alone.

49%

of people living with **extended family** are lonely

34%

of people living with **housemates** are lonely

32%

of people living with **immediate family** are lonely

23%

of people living with a **partner** are lonely

Even if you live with others, you can feel lonely. Almost half of people who live with extended family are lonely, around a third of people who live with immediate family and housemates are lonely, and almost a quarter of people who live their partner.

“ In intimate relationships throughout my twenties, I experienced a misalignment of values, so even when we were together, I didn’t feel truly seen, heard, loved or accepted. Because of that, I often felt lonely. Today, I have a wonderful partner, a loving family, many great friends and fulfilling work, and yet there are still times when I feel lonely or misunderstood. Fortunately, I feel much less alone and much more connected than I used to feel. ”

Nicholas, Age 32
Mental Health First Aid Trainer



6

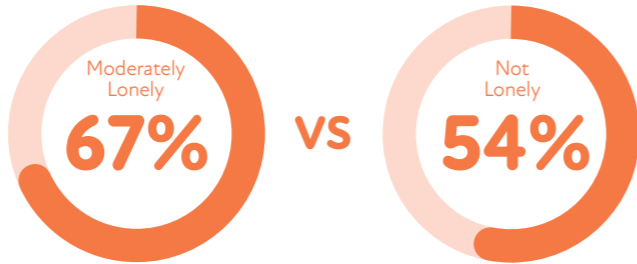
Loneliness, health, and wellbeing

In this section the distinction between moderate and severe loneliness is made to allow us to understand the increased health needs of people with more severe levels of loneliness.

Moderate loneliness is defined as people meeting a cut off score of more than 10 on the established University of California Loneliness Scale 4 (UCLA-LS-4).

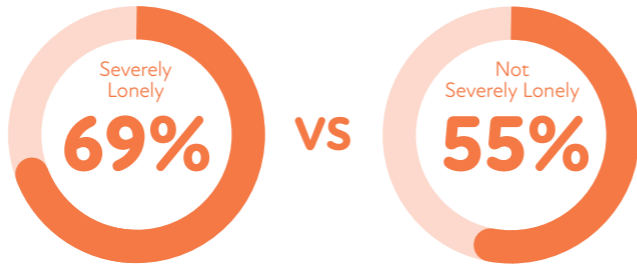
Severe loneliness is defined as people meeting a cut off score of equal to and more than 12 on the established University of California Loneliness Scale 4 (UCLA-LS-4).

Chronic Disease and Moderate Loneliness



2x People who are moderately lonely are 2x more likely to have chronic disease than people who are not lonely.

Chronic Disease and Severe Loneliness



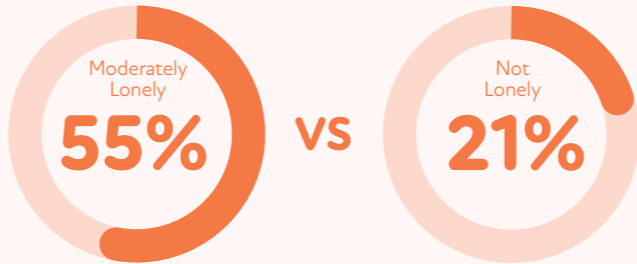
2.2x People who are severely lonely are 2.2x more likely to have chronic disease than people who are not severely lonely.

“ I’m autistic, disabled, and I also have a weak immune system. Loneliness for me is really tied to ableism. Feeling and being lonely is really a defining part of the pandemic for me. On a train, no one else in the carriage is wearing a mask and that might seem insignificant to those people, but to me that really is significant and that is isolating. That makes me feel misunderstood. And that makes me feel that my life is less valued. All of those things are lonely experiences ”

Grace, Aged 27

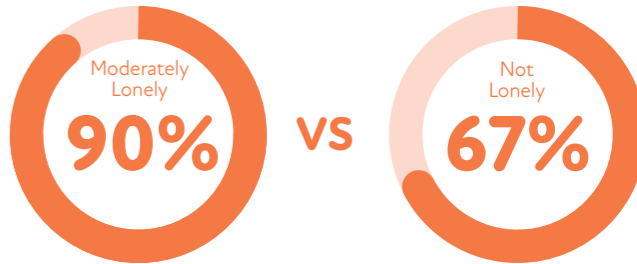
Loneliness is associated with an increased likelihood of having clinical depression and social anxiety.

Depression and Moderate Loneliness



4.6x People who are moderately lonely are 4.6x more likely to have depression than people who are not lonely.

Social Anxiety and Moderate Loneliness



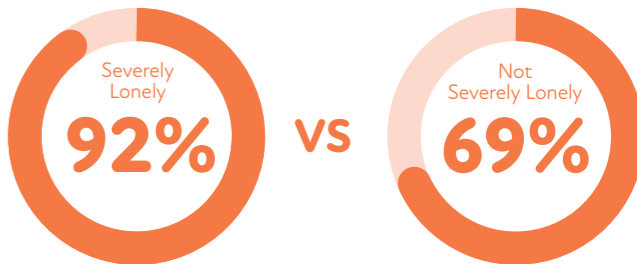
4.1x People who are moderately lonely are 4.1x more likely to have social anxiety than people who are not lonely.

Depression and Severe Loneliness



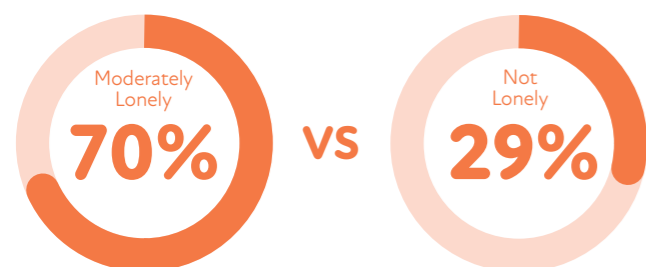
4.8x People who are severely lonely are 4.8x more likely to have depression than people who are not severely lonely.

Social Anxiety and Severe Loneliness



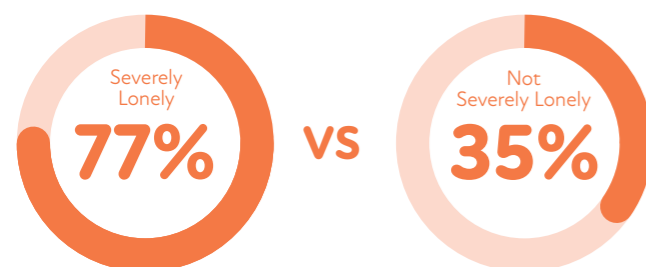
4.5x People who are severely lonely are 4.5x more likely to have social anxiety than people who are not severely lonely.

Wellbeing and Moderate Loneliness



5.2x People who are moderately lonely are 5.2 times more likely to have poorer wellbeing than people who are not lonely.

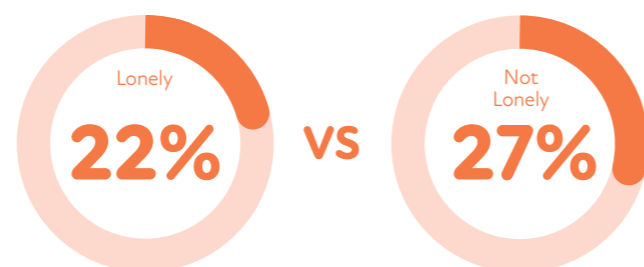
Wellbeing and Severe Loneliness



5.9x People who are severely lonely are 5.9 times more likely to have poorer wellbeing than people who are not severely lonely.

Loneliness is associated with an increased likelihood of having poor wellbeing.

Physical Activity and Loneliness



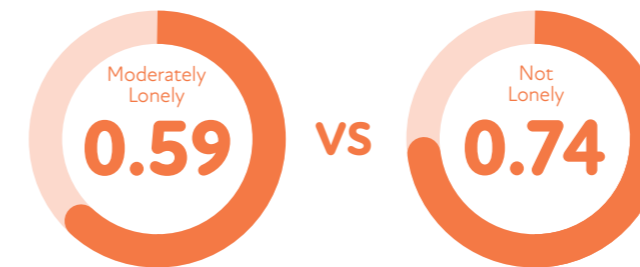
Only 22% of people who are lonely **met the guidelines of physical activity** compared with 27% of people who are not lonely.



Only 2% of people who are lonely **participate in sport at least once a week** compared with 4% of people who are not lonely.

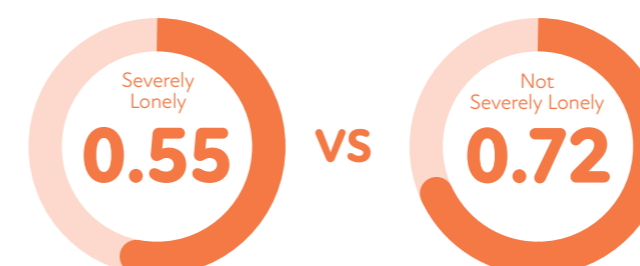
Loneliness is associated with lower physical activity but not sport participation.

Quality of Life and Moderate Loneliness



People who are moderately lonely have a significantly lower quality of life than people who are not lonely.

Quality of Life and Severe Loneliness



People who are severely lonely also reported a significantly lower quality of life than people who are not severely lonely.

Loneliness is significantly associated with lower quality of life across a range of quality of life domains.

Loneliness is more related to psychosocial quality of life and less related to physical quality of life.

Based on a quality-of-life scale that ranges from 0-1, where 1 means full health and 0 means death

“Loneliness has impacted my mental health in the biggest way possible. I didn’t have my military family group right there, I wasn’t living with them and I wasn’t connecting with them as much. I’ve been diagnosed with Complex PTSD, addictions, depression, panic attacks and anxiety. I made attempts on my own life.”



Chris, Age 42
Veteran

7

Loneliness knowledge in our community

“ One thing I want Australians to know about loneliness is that loneliness can happen to anyone at any time. Just because someone looks like they have everything going for them - they are in good physical health, good job, great friends, a supportive partner - they can still be lonely. ”



Lily, Age 27
University Student

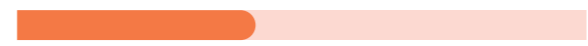
Knowledge about Loneliness

69%



of people believe that **loneliness is a serious issue for our community**

42%



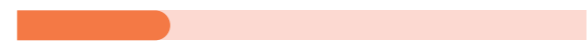
of people believe that **loneliness mainly affects older adults** (65 and older)

12%



of people believe that **there is “something wrong” with people who are lonely**

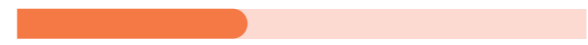
27%



of people think that **making new friends should always be easy**

Knowledge in Helping Others

40%



of people **know how to explain what loneliness is**

23%



of people **know how get access to services to address loneliness**

84%



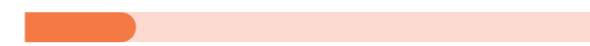
of people believe that **loneliness is a serious issue for a person’s health**

47%



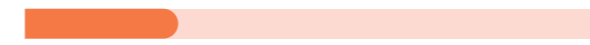
of people believe that **people experiencing loneliness would feel less lonely if they just knew more people**

17%



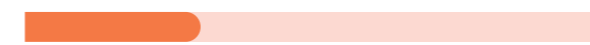
of people think that **they will never feel lonely**

27%



of people **know where to find information and resources about loneliness**

30%



of people **know how to help other people who are lonely**

How we think Loneliness affects us

Most Australians understand that **loneliness negatively affects our mental health (68%), followed by physical health (61%), schools (60%), community (58%), workplaces (55%) and last the economy (49%).**

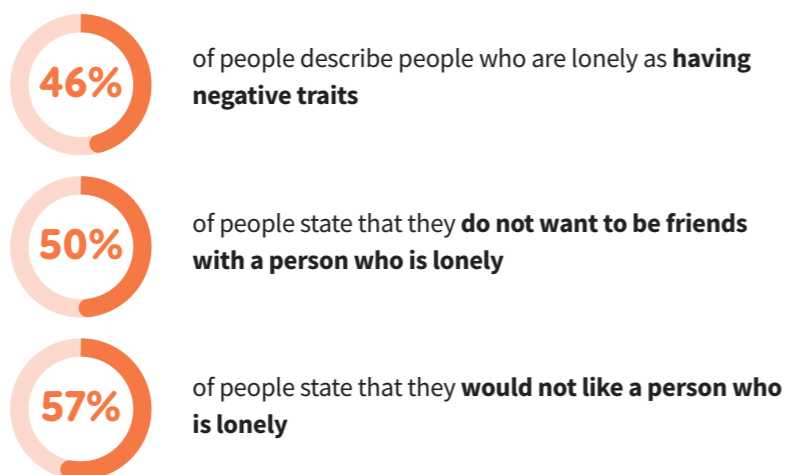
However, Australians who are lonely believed that **loneliness negatively affected our mental health, schools, community, physical health, workplaces, and the economy, significantly more than Australians who are not lonely.**

People who are lonely are equally knowledgeable in explaining what loneliness is compared with people who are not lonely.

However, people who are lonely are less likely to have knowledge about finding loneliness related information and resources, how to access services to address loneliness, and how to help other people who are lonely, compared with people who are not lonely.

Loneliness perceptions, stigma, and discrimination

Perceptions of People who feel lonely

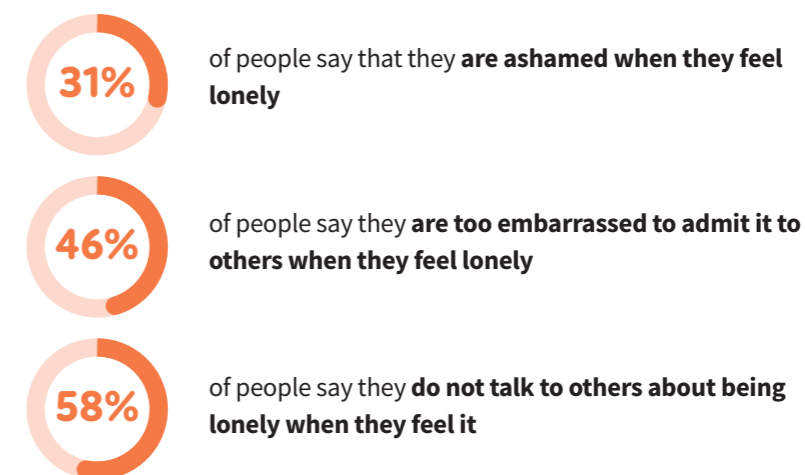


Community Stigma

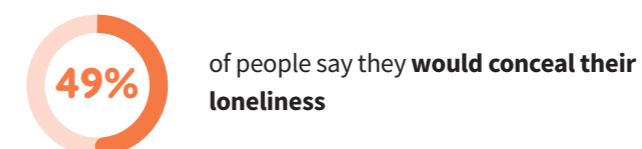


Loneliness is highly stigmatised. 1 in 4 people think that people who are lonely are less worthy and only 2 in 5 people think that their community respects people who feel lonely.

Feeling Shame



Concealing Loneliness



When people feel lonely, almost 1 in 3 people are ashamed, 1 in 2 are embarrassed to admit this to others and would conceal their loneliness, and nearly 3 in 5 do not talk to others about feeling lonely.

Overall, loneliness is significantly associated with community stigma, shame, and concealment.

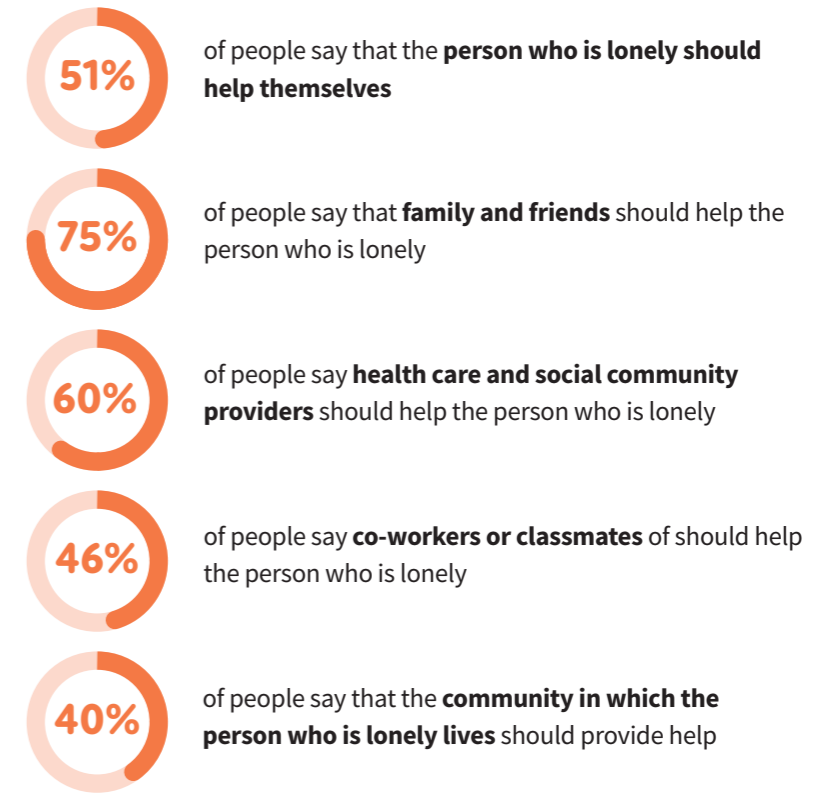
“ You don’t have to be ashamed of your situation. It’s normal to feel lonely, it doesn’t mean that you’re weak or you’re shy or you’re not active enough to make friends. It happens to everyone, even for those who are very extroverted. They can also be lonely. ”

Evan, Age 26
Migrated to Australia from Hong Kong

“ I really didn’t talk about my loneliness with anyone initially because I have always been helping and supporting others. I thought I would be a burden for somebody else if I shared that. I have since learned that talking about loneliness is extremely important to get out of it. ”

Om
Sought refuge in Australia from Bhutan

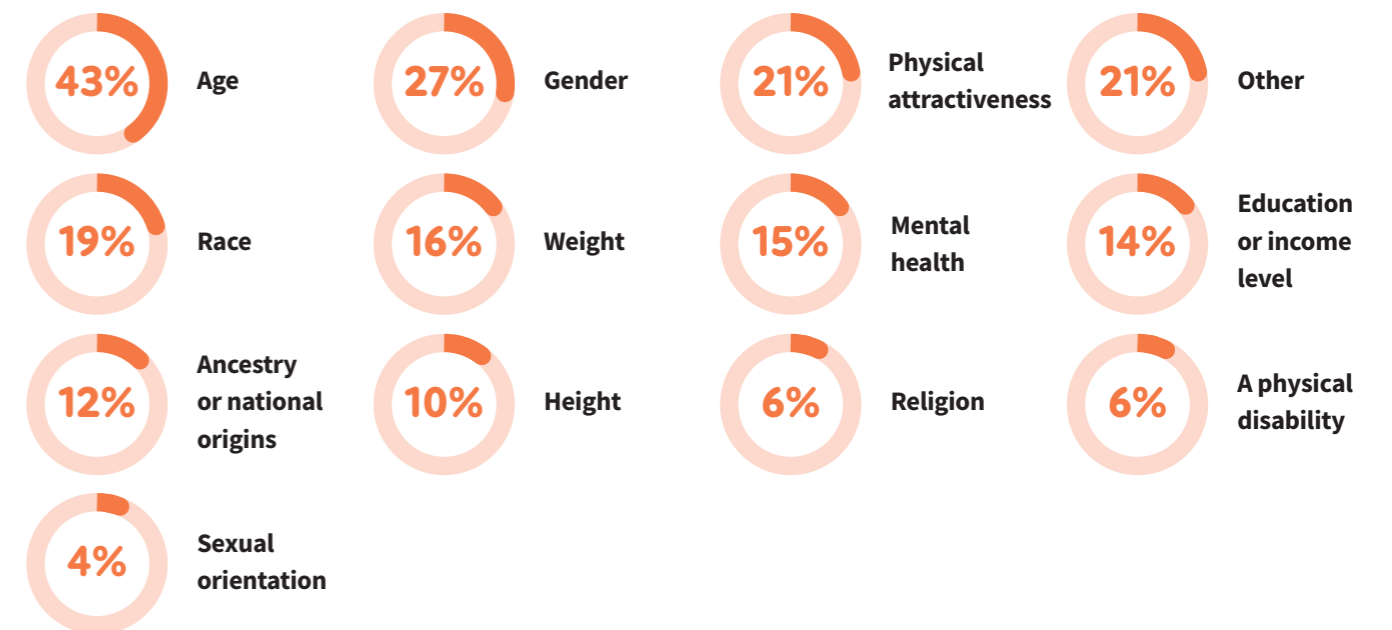
Who we think should help someone who feels lonely?



Everyday Discrimination

People who are lonely (9%) report more everyday discrimination compared with people who are not lonely (5%). Discrimination is higher in younger people, males, and those living in most disadvantaged neighbourhoods.

Reasons for discrimination in order of frequency.



Social Capital

66%

of people believe that people are willing to help their neighbours

40%

of people state that they could borrow \$30 in an emergency from a neighbour

68%

of people state that people in their neighbourhood can be trusted

33%

of people think that people in their neighbourhood do not share the same values

45%

of people think that a tight knit neighbourhood is one where people generally know each other

23%

of people state that people in their neighbourhood don't get along with each other

48%

of people state that if they were sick they could count on their neighbours to shop for groceries

Loneliness is associated with lower social capital within neighbourhoods

Cultural Engagement

7%

of people regularly attend a museum, art gallery, or exhibition

10%

of people regularly attend a theater, concert or opera

Loneliness is related to lower social capital in the neighbourhood but not to attending cultural and community engagement activities.

Community Engagement

5%

regularly attend meetings related to a common interest such as a political party, trade union, or environmental group

5%

regularly attend tenants' groups, resident groups, or neighborhood watch

15%

regularly attend church or other religious groups

7%

regularly attend charitable associations

9%

regularly attend education classes, arts or music groups

12%

regularly attend a social club

16%

regularly attend another type of organisation, club, or society



9

Loneliness and community

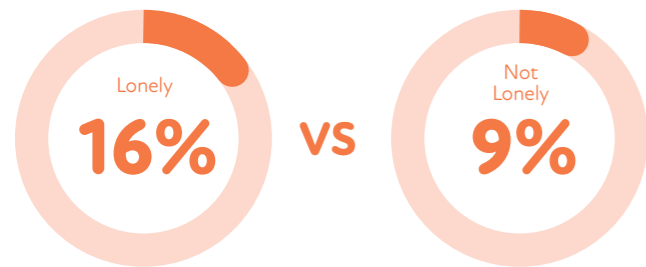
Loneliness and social media



Social Media Use Frequency

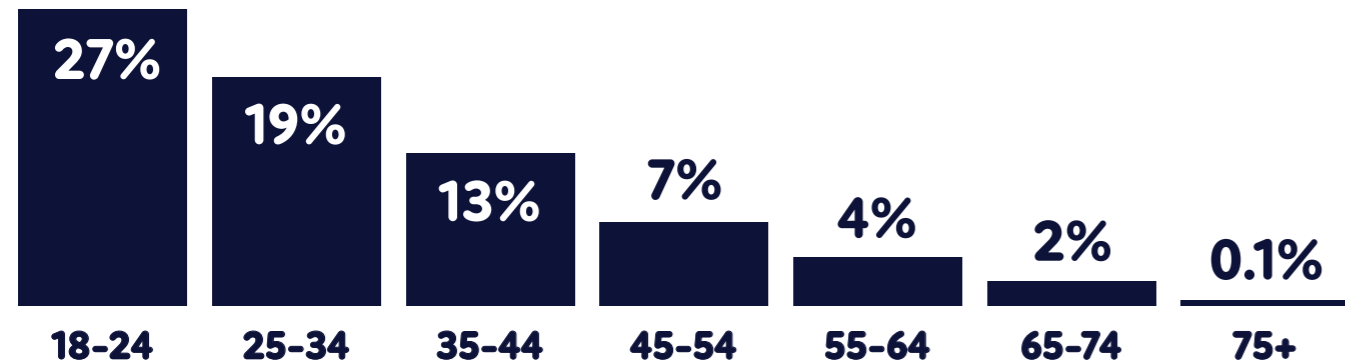
Loneliness is not related to social media frequency

Social Media Addiction



Overall, 16% of people who are lonely report social media addiction compared with 9% people who are not lonely.

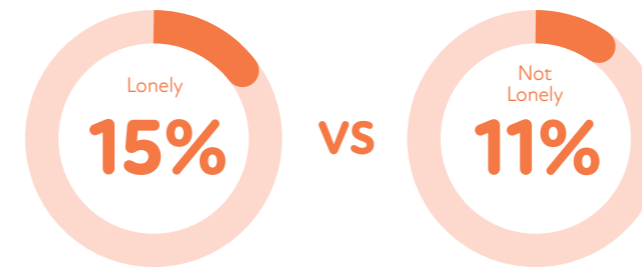
Social Media Addiction and Age



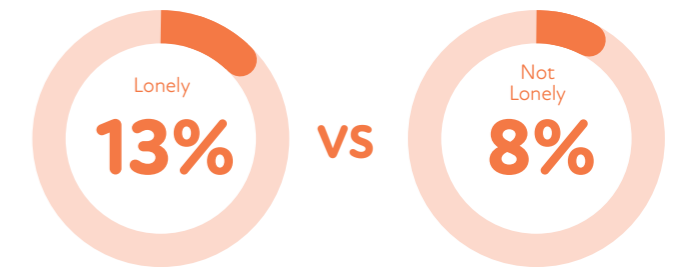
Loneliness is related to social media addiction.

Younger people are more likely to report social media addiction and this decreased as people aged.

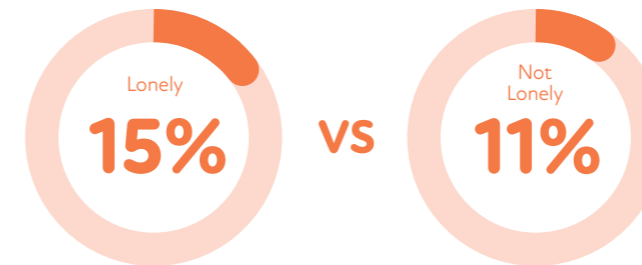
How Loneliness affects Social Media Addiction Behaviours



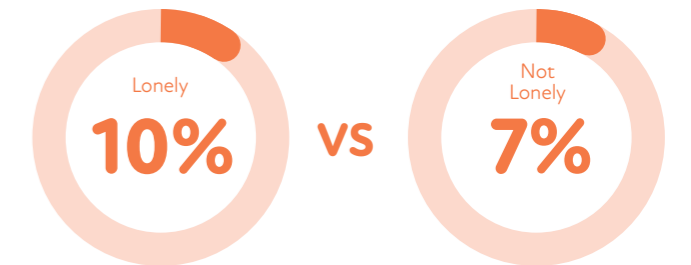
15% of people who are lonely spend a lot of time thinking about social media or planning how to use it compared with 11% of people who are not lonely.



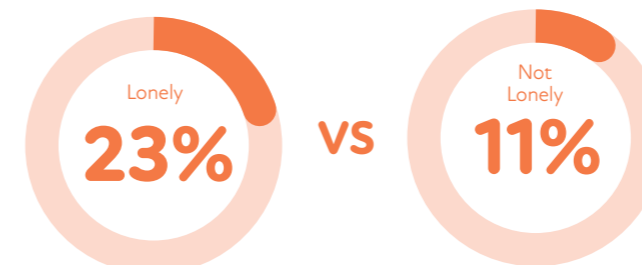
13% of people who are lonely have tried to stop using social media without succeeding compared with 8% of people who are not lonely.*



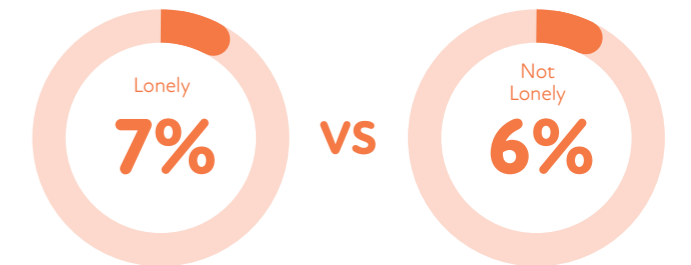
15% of people who are lonely feel the need to continually use more social media compared with 11% of people who are not lonely.*



10% of people who are lonely become anxious or agitated when prohibited from using social media compared with 7% of people who are not lonely.*



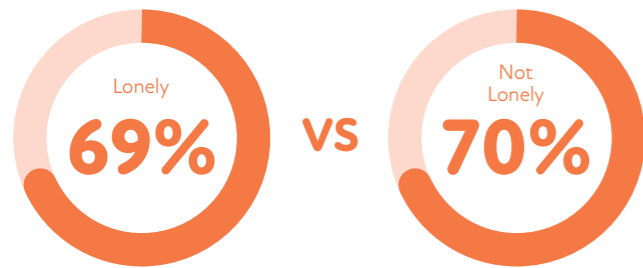
23% of people who are lonely use social media to forget about their personal problems compared with 11% of people who are not lonely.*



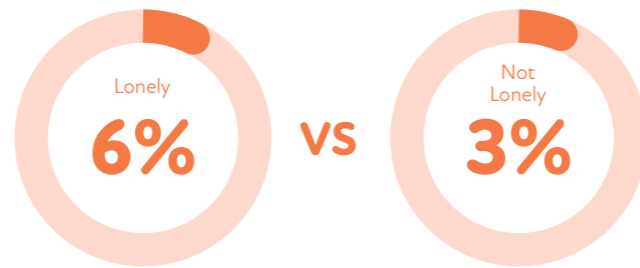
7% of people who are lonely use social media so much that it has a negative impact on work/study/life compared with 6% of people who are not lonely.

*Significant difference between people who are lonely and not lonely.

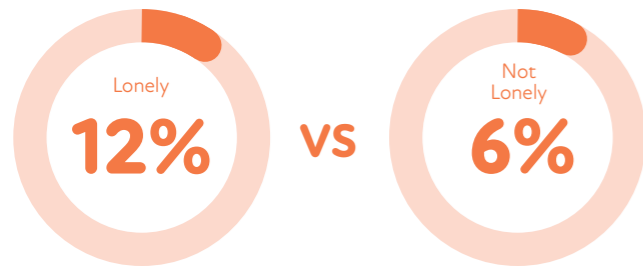
Loneliness and Service Use



69% of people who are lonely **used health services in the past 3 months** compared with 70% of people who are not lonely.



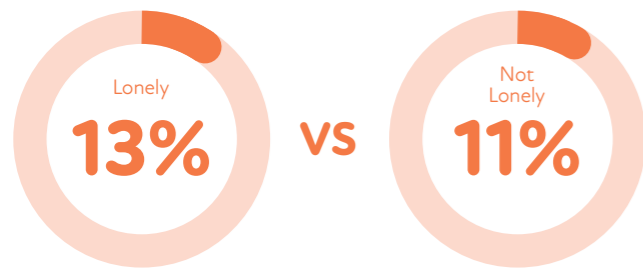
6% of people who are lonely **have seen a psychiatrist in the past 3 months** compared with 3% of people who are not lonely. *



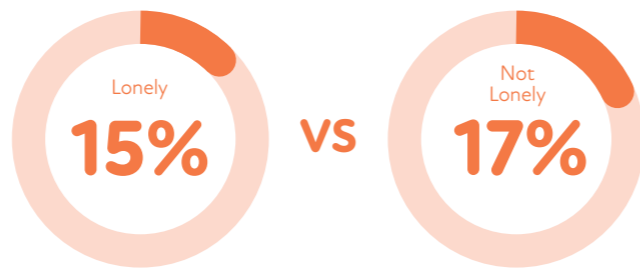
12% of people who are lonely **have seen a psychologist in the past 3 months** compared with 6% of people who are not lonely. *



2% of people who are lonely **have seen a mental health nurse in the past 3 months** compared with 1% of people who are not lonely. *



13% of people who are lonely **have been admitted to hospital in the past 3 months** compared with 11% of people who are not lonely.



15% of people who are lonely **have visited hospital for an outpatient or day clinic appointment in the past 3 months** compared with 17% of people who are not lonely.

*Significant difference between people who are lonely and not lonely.

People who are lonely report increased use of mental health care services (psychiatrists, psychologists, and mental health nurses) compared with people who are not lonely.

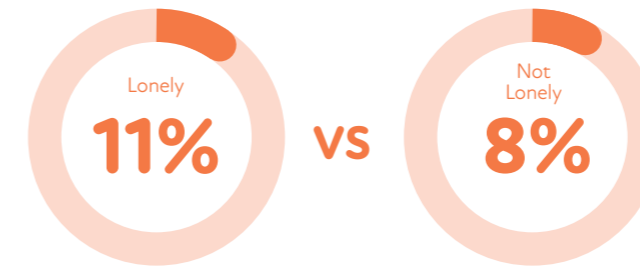
People who are severely lonely were more likely to see psychologists compared with people with no severe loneliness.

There was also a trend where people with severe loneliness were also more likely to visit emergency rooms without being hospitalised.

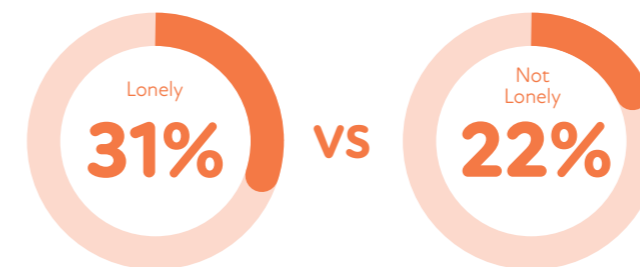


12

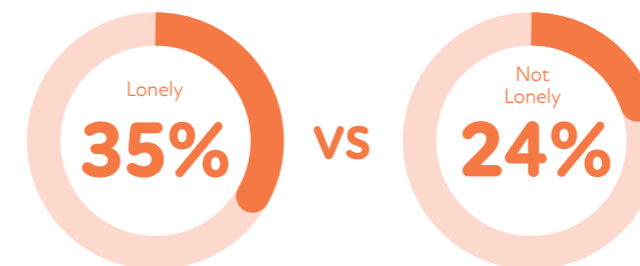
Loneliness and workplace productivity



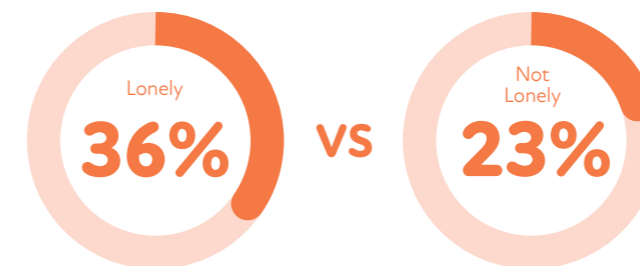
11% of people who are lonely report absenteeism compared with 8% of people who are not lonely. *



31% of people who are lonely report presenteeism compared with 22% of people who are not lonely. *



35% of people who are lonely report overall work impairment compared with 24% of people who are not lonely. *



36% of people who are lonely report impairment in activities outside work compared with 23% of people who are not lonely. *

*Significant difference between people who are lonely and not lonely.

Absenteeism refers to absence from work due to health problems.

Presenteeism refers to the lost productivity due to health problems while working.

Overall work impairment considers if one has worked in the past 7 days, the number of hours worked, and how much health problems affected one's productivity while at work.

People who feel lonely report less work productivity and more activity impairment compared with people who are not lonely.

A Way Forward

At least 1 in 3 of us feel lonely, and 1 in 6 of us feel very lonely at any given time.

Loneliness is an experience that affects all of us but some of us are more vulnerable than others. Young people, carers, people who have poorly met financial needs, those who live in rural areas, live alone, have chronic disease and poor mental health, are particularly vulnerable to loneliness.

The implications of loneliness go beyond the individual and also negatively affect Australia's economically. Loneliness not only leads to increased risk of illness and increased burden on our health services, but also reduced workplace productivity.

While we understand the importance of connection and the detrimental impacts of loneliness, we are not talking about loneliness in a safe and empowering way, nor are we well equipped to help.

Although cultural and community engagement activities hold great value, we must go beyond attendance towards a focus on nurturing community, where we feel we can rely on others for support and assistance.

To take steps towards an Australia where everyone feels a sense of meaningful social connection and belonging, we must take these four actions.

01

Build our understanding of loneliness through scientific research

Scientific research is needed to understand the diverse experiences of loneliness. We need to use a standardised approach to measuring, evaluating, and reporting on the prevalence and outcomes related to loneliness, social isolation, and social connection. Undertaking Australian-based scientific research including the State of the National report, will enable us to better understand and intervene persistent loneliness and rapidly translate evidence into practice and policy, generating meaningful change.

02

Normalise conversations about loneliness

Loneliness is highly prevalent but widely misunderstood. Providing the appropriate language and space for people to talk about loneliness can dispel misconceptions, reduce community stigma, and encourage people to seek the meaningful connections they need. Launching Australia's first [Loneliness Awareness Week](#) in 2023 is a step towards normalising conversations about loneliness.

03

Empower communities to help each other

It's up to all Australians to address loneliness and encourage meaningful social connections. We can create safe environments in our homes, workplaces, and communities by equipping the community (individuals, workplaces, schools, and neighbourhoods) with the skills to recognise the signs of loneliness and to respond appropriately and safely. This will allow Australians to get the help they need.

04

Establish a peak body

The World Health Organisation has recently declared loneliness and social isolation as global public health priorities. Following in the footsteps of the UK, Japan, USA, Sweden, and Denmark, we need to put loneliness on the national agenda. Establishing a peak body that can provide latest evidence-based expertise to Government on measurement, frameworks, practice, and policy will be critical to ensure we are aligned with global movement.

Appendix

i) Glossary of Key Terms

Loneliness¹ is a subjective unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or more satisfying, social relationships.

Moderate loneliness refers to people scoring higher than 10 on a psychometrically validated University of California Loneliness Scale – 4 (UCLA-LS-4).

Severe loneliness refers to people scoring equal and higher than 12 on a psychometrically validated University of California Loneliness Scale – 4 (UCLA-LS-4).

Persistent loneliness, sometimes refer to as chronic loneliness, is loneliness that persists for a longer duration.

Social isolation¹ is having objectively having few social relationships, social roles, group memberships, and infrequent social interaction. Social Connection 1 refers to a continuum of the size and diversity of one's social network and roles, the functions these relationships serve, and their positive or negative qualities.

Social disconnection¹ is lacking social connection and may result from objective isolation (social isolation), subjective isolation (loneliness), or poor quality social interactions (social negativity).

Social Capital refers to the relationship networks among people who live in a particular group. In this study, it is specific to one's neighbourhood.

Social media addiction refers to when there is a preoccupation and compulsion to excessively engage in social media platforms despite negative consequences.

Stigma refers to a set of negative and unfair beliefs that a society or group of people hold about something.

Psychosocial quality of life which includes the way we manage our close relationships and social roles, mental health, how satisfied we are with life, our self-worth and coping skills.

Physical quality of life which includes independent living (such as getting around and our ability to take care of ourselves), senses (such as our vision, hearing, and ability to communicate), and ability to manage pain.

¹Badcock, J.C., Holt-Lunstad, J., Garcia, E., Bombaci, P., & Lim, M.H. (2022). Position statement: addressing social isolation and loneliness and the power of human connection. Global Initiative on Loneliness and Connection (GILC). <https://www.gilc.global/general-6>

ii) Cut off Scores on Psychometrically-Validated Scales

Social isolation risk is calculated using the Lubben Social Network Scale -6 Cut off Score of less than 12.

People who met criteria for clinical depression scored above a cut off score of more than 10 on the Patient Health Questionnaire -8 (PHQ-8)

People who met criteria for clinical social, anxiety scored above a cut off score of more than 6 the MINI Social Phobia Inventory (MINI-SPIN)

People who met criteria for poor wellbeing scored below 13 on the World Health Organization Well Being Index 5 (WHO-5)

People who meet the guidelines of physical activity do at least 30 minutes of physical activity 5 days a week

People who met criteria for social media addiction scored above 18 on the modified Social Media Addiction scale.

iii) Research Methodology

- University of California Loneliness Scale 4 items (UCLA-LS-4)**
Russell D, Peplau LA, Cutrona CE. The revised UCLA Loneliness Scale: Concurrent and discriminant validity evidence. *Journal of Personality and Social Psychology*. 1980; 39: 472-80.
- ONS Loneliness Item**
Office for National Statistics. Measuring loneliness: guidance for use of the national indicators on surveys. United Kingdom 2018
- Lubben Social Network Scale-18**
Lubben JE. Assessing social networks among elderly populations. *Family & Community Health*. 1988; 11: 42-52.
- Loneliness Knowledge**
Bespoke Loneliness Knowledge University of Sydney
- Loneliness Self-Confidence in Knowledge and skills**
Bespoke Loneliness Knowledge The University of Manchester
- Loneliness Community Stigma, Shame, and Concealment**
Barreto M, van Breen J, Victor C, et al. Exploring the nature and variation of the stigma associated with loneliness. *Journal of Social and Personal Relationships*. 2022; 39: 2658-79.
- Physical Health Questionnaire (PHQ-8)**
Kroenke K, Strine TW, Spitzer RL, Williams JBW, Berry JT, Mokdad AH. The PHQ-8 as a measure of current depression in the general population. *Journal of Affective Disorders*. 2009; 114: 163-73.

- MINI Social Phobia Inventory (MINI-SPIN)**
Connor KM, Kobak KA, Churchill LE, Katzelnick D, Davidson JRT. Mini-SPIN: A brief screening assessment for generalized social anxiety disorder. *Depression and Anxiety*. 2001; 14: 137-40.
- World Health Organisation Wellbeing Index 5 (WHO-5)**
World Health Organization. Regional Office for Europe. Wellbeing measures in primary health care/the DepCare Project: report on a WHO meeting: Stockholm, Sweden, 12-13 February 1998. Copenhagen: World Health Organization. Regional Office for Europe, 1998. Report No.: WHO/EURO:1998-4234-43993-62027.
- Community Engagement Scale (CES)**
Fancourt D, Steptoe A, Cadar D. Community engagement and dementia risk: Time-to-event analyses from a national cohort study. *Journal of Epidemiology and Community Health*. 2020; 74: 71.
- Social Capital Scale (SCS)**
Sampson RJ, Raudenbush SW, Earls F. Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*. 1997; 277: 918-24.
- Everyday discrimination scale (EDS)**
Krieger N, Smith K, Naishadham D, Hartman C, Barbeau EM. Experiences of discrimination: Validity and reliability of a self-report measure for population health research on racism and health. *Social Science & Medicine*. 2005; 61: 1576-96.
- Assessment of Quality of Life-8D (AQOLD-8D)**
Richardson J, Iezzi A, Khan MA, Maxwell A. Validity and reliability of the Assessment of Quality of Life (AQoL)-8D multi-attribute utility instrument. *The Patient: Patient-Centered Outcomes Research*. 2014; 7: 85-96.
- Physical activity**
Milton K, Bull FC, Bauman A. Reliability and validity testing of a single-item physical activity measure. *British Journal of Sports Medicine*. 2011; 45: 203.
- Social Media Questions**
Australian Institute of Family Studies. Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC). 2023. Available from: <https://www.dss.gov.au/about-the-department/longitudinal-studies/growing-up-in-australia-lsac-longitudinal-study-of-australian-children-overview> (accessed May 04 2023).
- Resource Utilisation Questionnaire (RUQ)**
Bespoke Monash University
- Work Productivity and Activity Impairment Questionnaire: General Health V2.0 (WPAI:GH)**
Reilly MC, Zbrozek AS, Dukes EM. The validity and reproducibility of a work productivity and activity impairment instrument. *Pharmacoeconomics*. 1993; 4: 353-65.

iv) Further Information

- Australia's Loneliness Awareness Week 2023
www.lonelinessawarenessweek.com.au
- Ending Loneliness Together (2020). Ending Loneliness Together in Australia Whitepaper. https://endingloneliness.com.au/wp-content/uploads/2020/11/Ending-Loneliness-Together-in-Australia_Nov20.pdf
- Ending Loneliness Together (2022). Strengthening Social Connection to Accelerate Social Recovery: A White Paper. https://endingloneliness.com.au/wp-content/uploads/2022/08/ELT_Whitepaper_July2022-1.pdf
- Badcock, J.C., Holt-Lunstad, J., Garcia, E., Bombaci, P., & Lim, M.H. (2022). Position statement: addressing social isolation and loneliness and the power of human connection. Global Initiative on Loneliness and Connection (GILC). <https://www.gilc.global/general-6>

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Thank you to Prof Ben Smith, Dr Lidia Engel, Prof Pamela Qualter, Dr Katherine Owen, Mr Daniel Surkalim, for their research leadership.

We are also grateful to people with lived and living experience, Lily, Kylie, Grace, Chris, Om, Janene and Nicholas, who have shared their stories to empower others.

16.

Join us

1 in 3 Australian adults are lonely. If you're anything like us, you think it's time for that to change.

There are many ways you can join us in the fight to address loneliness in Australia, including by becoming an individual or organisational member, or supporting us as a donor or an organisational partner.

To make an immediate impact, consider donating online. By making a charity donation, you are supporting Ending Loneliness Together to lead a national, coordinated response to tackling persistent loneliness effectively.

www.endingloneliness.com.au

If you're looking for connection:

Search our National Directory to find groups, organisations and services that will help you, or someone you know, connect with others and build meaningful relationships.

endingloneliness.com.au/search/

If you need someone to talk to, call:

Lifeline on **13 11 14**

Men's Line on **1300 789 978**

Kids Helpline on **1800 551 800**

Beyond Blue on **1300 22 46 36**

Suicide Call Back Service on **1300 659 467**

Contact Details

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www.endingloneliness.com.au

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LONELINESS
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