

Strengthening Social Connection to Accelerate Social Recovery





Imagine if we can live in a world where everyone feels a sense of connection and belonging.

Foreword



Loneliness and social isolation are issues that have been brought to the fore since the onset of the COVID-19 pandemic in March 2020. These issues are now recognised as a public health priority and a growing concern for many countries around the world. People who have never felt the anguish of loneliness have experienced distressing loneliness for the first time in their lives due to the implementation of public health recommendations and restrictions to curb the spread of the SARS-CoV-2 virus.

The current public health crisis touched every aspect of life – affecting every person regardless of their living situation, employment status, across cultural and socioeconomic divide. However, some groups were disproportionately affected. Children, adolescents, and young people missed out on social developmental milestones, and older people experienced a lack of social engagement, care, and support when they were at their most vulnerable. Our workforce was not spared – remote working practices meant that we missed out on the minute social interactions and comradery that follows when colleagues spend time with each other. In the wake of the pandemic mental ill health also became a concern globally including Australia where there was significant investment in mental health services.

Bringing Australians together now is more important now than ever before. Reducing loneliness and strengthening meaningful social connection will lead to clear benefits for every Australian. But effective action requires us to

understand these social issues the same way and to work together across industry, government, and academia, and unite disparate voices to make a real impact.

Ending Loneliness Together is committed to evidence-based action to reduce loneliness and to encourage meaningful social connection for all Australians across the lifespan and across our cultural landscape. We hold both international and national authority in addressing loneliness and social isolation and harnessing the power of social connection.

I invite you to join the national movement and to support the shared value agenda of combatting chronic loneliness and advocate a national response to ending loneliness in Australia.

There has never been a more suitable time to come together to address loneliness as we try to recover from the social consequences of this ongoing pandemic.

Dr Michelle H Lim
Chairperson & Scientific Chair
Ending Loneliness Together

Foreword



The pandemic has affected the lives of all Australians. So many of us were separated from people we care about – many were unable to connect with those they loved – both across state and international borders. There is increasingly more division and fragmentation within our society. Relationships were put under continuous strain and often fractured. Many Australians were living with more distress and had to rely on reduced support and disrupted social routines.

For many of us, this time came with a realisation of how critical relationships are to our wellbeing. We endured the pain of being away from those we love and care about. For many Australians, not being able to maintain our relationships with our wider community was equally painful. The inability to see our friends, neighbours, and colleagues, all added to the stressors of living through this pandemic.

Despite the adversity we all faced, there was kindness, there were attempts to connect and reconnect, and we saw communities come together and show support to each other, even when faced with adversity. This public health crisis is not yet over and there will be leftover effects from which we will need to recover.

Loneliness is finally recognised as the next global public health emergency we must address.

Too many Australians have suffered in silence because of the stigma of loneliness. Without addressing this stigma, it will prevent us from taking effective action. All of us have a responsibility to combat chronic and distressing loneliness – and as a society, we can start to shift the way we speak about it and the way we can

help others and manage our own loneliness.

It is clear there is a need to unite and find meaningful social connection regardless of who we are. But this is no easy task. Ending Loneliness Together is here to unite all voices on this matter, calling for four proposed actions in a national strategy to address loneliness and social isolation. This is only the tip of the iceberg of what we can do as a country.

This White Paper continues to capture the health, social and economic cost of loneliness and demonstrates the importance of this issue globally. Ending Loneliness cements itself as a leading authority in the area of loneliness, not only nationally, but also internationally.

I look forward to working constructively with all parties, and together with my co-chair of the Parliamentary Friends of Ending Loneliness Together, Bridget Archer MP, hope to advance this critical agenda. We are committed to working together to combat loneliness.

Hon Andrew Giles MP
Co-Chair of Parliamentary Friends of Ending Loneliness

Contents

Remarks by United States Surgeon General Dr. Vivek Murthy	6
Remarks by the World Health Organization on Loneliness and Social Isolation	8
Lonely and Isolated: Recovering from the COVID-19 Pandemic	10
Three Key Recommendations	12
Four Key Calls to Action	13
Understanding Social Connection, Loneliness, and Social Isolation for Effective Action	14
Understanding that One Size Does Not Fit All	16
Preventing and Intervening in Loneliness and Social Isolation	19
Taking Action through a National Strategy to Address Loneliness and Social Isolation	22
Action 1: Develop a Strategic Framework for Social Connection	24
Action 2: Strengthen Workforce Capacity across all Sectors	26
Action 3: Empower our Communities to Help Each Other	28
Action 4: Invest in Australian-based Scientific Research	29
Conclusion	30
References	32
About Ending Loneliness Together	34



Remarks by United States Surgeon General Dr. Vivek Murthy

First, I just want to just appreciate everyone who's here today and who's taking an interest in addressing the issue of loneliness. Loneliness is one of the fundamental public health issues of our time. One that has a massive impact on our mental health, our physical health, on our education, on our productivity, and our overall happiness and well-being in society.

There are moments in history where some people see critical public health issues ahead of the broader population. There was a small group of thoughtful individuals in government, in the scientific world, and in the community and the advocacy world who recognized that these were going to be much bigger issues than people understood at the time.

We have an opportunity now to address the issue of loneliness with clarity, with commitment, and with conviction in a way that will help us ultimately build a community I know we all want to have not just in Australia or the United States, but all over the world. My hope is that we will keep using our voices collectively to highlight the struggle that many people have with loneliness.

We have to stay anchored in the stories of the people we are seeking to serve. We also need to tap into our own experience and share that because when we share our own stories, our own struggles with loneliness, it makes a powerful difference in helping to strip away the terrible stigma and shame that so surround loneliness.

We have to recognize that when we are talking or working with people who care about mental health, heart disease, dementia, healthcare costs, workplace productivity, or the education of our children, all of those individuals have a stake in ending loneliness and isolation. So by framing loneliness broadly and helping people see the broad connections that loneliness has to other outcomes we care about, we can create a broad

coalition. That is exactly what leaders like all of you can help do.

There are a lot of people who are trying to address loneliness right now who are quietly helping. These include nurses, social workers, and doctors and others who are out there quietly in their own way helping to make people feel more connected, helping them recognize that they still belong. This part of their work is often undervalued. We don't provide promotions to health workers based on the empathy that they provide often enough or how well they make a patient feel more connected and like they belong. These services really do matter.

Let's just also just remember that as much as policy and research are important and invaluable, that fundamentally we have to change culture if we want to build a more committed and connected community. Culture change is ultimately what makes policy change both possible and sustainable, but it's also what has the most direct impact on people's lived experience. That's when people who are feeling lonely know that they can share more honestly and openly, and know that they can get help.

These are a few important things to consider as we seek to address the challenge of loneliness and build a more connected community and, hopefully, just a less lonely world.

Ending Loneliness Together's leadership extends beyond the borders of Australia, and I look forward to continuing this discussion about loneliness and social connection with you, the World Health Organization, and other global partners.

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Dr Vivek Murthy
19th and 21st US Surgeon General
Address to National Leaders Roundtable -
Parliamentary Friends of Ending Loneliness 15
February 2022 National Press Club

Remarks by the World Health Organization on Loneliness and Social Isolation

It's time for the WHO to step up and prevent and respond to social isolation in a more direct manner, and inclusive of all age groups that are affected. Government and civil society are already responding to these challenges in some corners of the world. For instance, the UK and Japan have appointed ministers to address the issue.

We welcome these developments and it is clear that the issue is rising up the public health agenda. What WHO can contribute is a global perspective and response on social isolation and loneliness. The evidence clearly indicates that social isolation and loneliness occur at broadly similar rates around the world, in China, in India, across Africa, and Latin America, and have the same serious impact on mortality and health in all these corners of the world.

As a director of the Department of Social Determinants of Health, I have a particular interest in social connection. We are consulting with colleagues, experts, governments, and partners, to decide on the best strategy to address social isolation and loneliness as a global public health issue.

One option is the establishment of a high-level commission on social connection. This would be a coordinated effort to generate greater visibility for the problem at global level and make a persuasive case for addressing it, mobilize political support and funding, and accelerate the development and scaling up of cost-effective interventions.

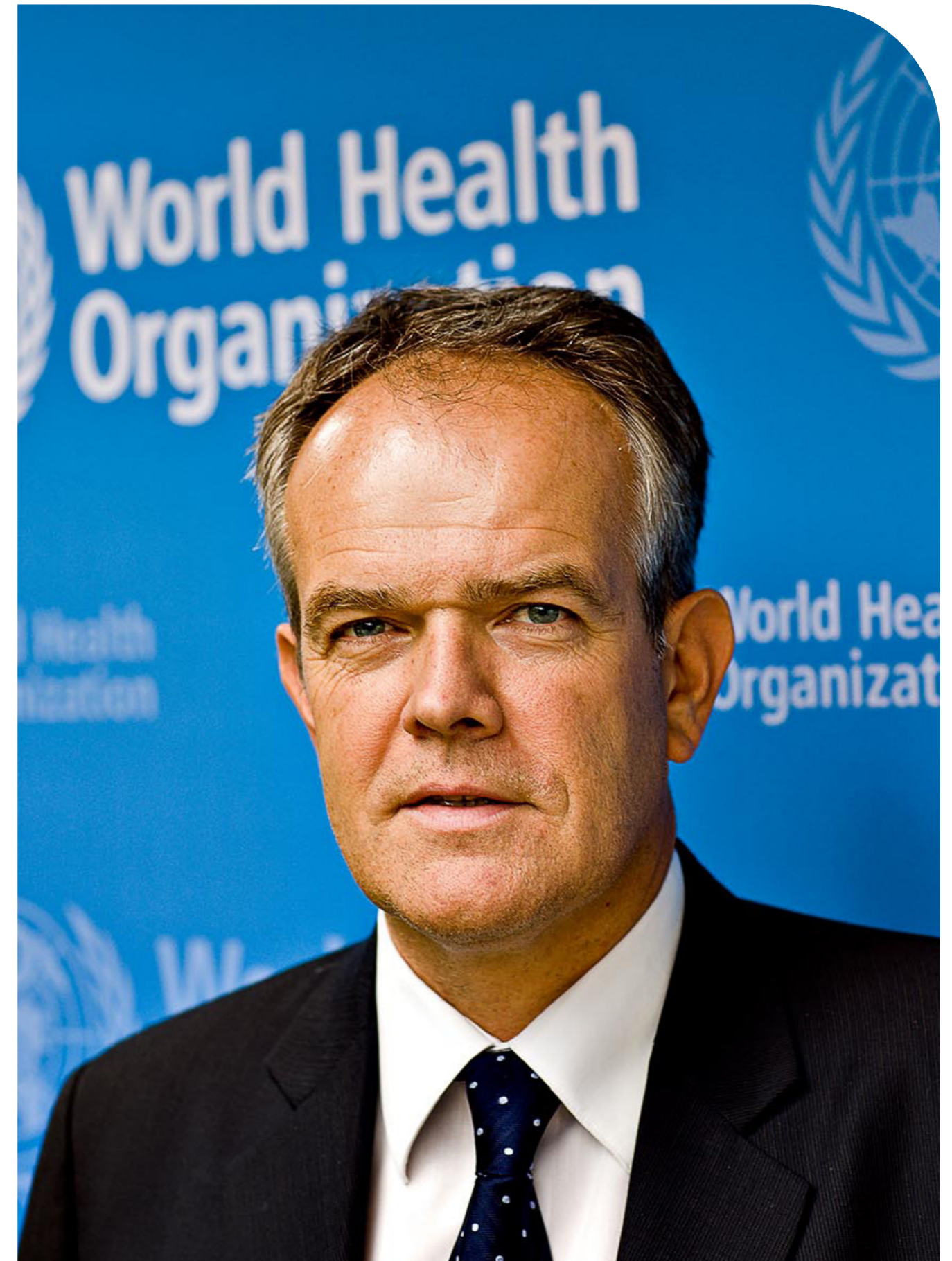
Such an endeavour would face challenges. Framing social connection, isolation, and loneliness as a truly global issue and not primarily as a high-income country issue, overcoming the perception that they are soft issues and deserve less priority in spite of their dramatic consequences for health and well-being.

We hope that within 5 to 10 years, we'll have a global coalition of governments and international and civil society organizations, donors, and media, who will drive up the issue on the political agenda. A suite of cost-effective solutions, interventions, and policies that can be scaled, and an increasing number of countries that have fully funded national strategies that include cost-effective solutions.

We don't have to wait. We can act now. We know far more than we did decades ago, we must better understand risk and protective factors, engage in intervention and implementation research, and reduce the stigma associated with loneliness and social isolation.

I look forward to hearing more about how Australia will shape its response to loneliness and social isolation, and how we can collaborate in the months and years to come.

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Dr Etienne Krug
Director, Social Determinants of Health
World Health Organization



Lonely and Isolated

Recovering from the COVID-19 Pandemic

Photo by Marcin Jozwiak on Unsplash

Loneliness and social isolation can affect anyone at any age and the COVID-19 pandemic has brought the need for social connection to the centre of our attention.¹ The impacts of social disconnection are evidenced in significant risks to health, social, and economic outcomes within our communities,² and present ongoing challenges for disaster preparedness, response, and recovery. In 2020, the Productivity Commission Mental Health report highlighted the impact of loneliness and social isolation upon increasing mental illness and suicide.³ Two years into the pandemic, many Australians have remained resilient, but for a substantial minority their mental health has become worse. This is likely due to a complex interplay of risk factors ranging from lack of social support, financial distress, and employment insecurity to pre-existing mental and physical ill-health. Not surprisingly, the pathway to recovery is likely to be equally complex, requiring policy and practice attention to reduce the pandemic's long-lasting effects.^{4,5}

A National Strategy to Address Loneliness and Social Isolation is needed now to accelerate our recovery and rebuild a more socially connected, cohesive and thriving society.

Internationally, loneliness and social isolation are clearly recognised as significant threats to public health, as important targets for prevention of mental and physical ill-health, and as major contributors to health system costs. Addressing loneliness and social isolation requires a whole-of-government and whole-of-society response. The World Health Organization's Advocacy Brief on Social Isolation and Loneliness in Older People⁶ highlights the need for increased political priority of social isolation and loneliness commensurate with the severity of the problem.

The international prevalence of loneliness indicates that this issue is present across all countries and not just constrained to developed nations.⁷ A recent meta-analysis examining the prevalence of loneliness during the COVID-19 pandemic shows small but robust increases in loneliness across gender and age groups,⁸ though emerging studies have noted that those younger in age and those who are of lower socioeconomic status are more disadvantaged.^{9,10}

In response to the scale of the problem across the lifespan and across international borders, the World Health Organization will commence a commission to address loneliness, social isolation, and social connection.



I felt more lonely during the COVID-19 lockdown. As an international student who lives far away from my family back in Vietnam, I sometimes felt lonely at home before the pandemic. When the social restrictions were introduced, I was unable to meet new people face-to-face. I also could not see my colleagues and friends. This hurt my sense of connection to others. As someone who prefers to interact in person, I felt my well-being was challenged during the pandemic.

Phuong, 23 years
Lived Experienced Advisory Panel Member

Three Key Recommendations

- 1 } Understand social connection, loneliness, and social isolation for effective action**

We need to accurately identify and understand the social outcome we are addressing. This will ensure effective design, evaluation, and implementation of both formal and informal solutions.
- 2 } Understanding that one size does not fit all**

We have diverse and complex social needs and these change over our life. Effective and sustainable action also involves holistic approaches, engaging responses across all levels of society. We need to use a standardised approach to measuring, evaluating, and reporting of outcomes related to loneliness, social isolation, and social connection.
- 3 } Loneliness and social isolation as preventative and intervention targets for better health, social, and economic outcomes**

We can address loneliness and social isolation in communities and clinical settings as this may prevent or delay, the onset of poorer health and social outcomes. We can also address loneliness and social isolation during interventions, which can facilitate our recovery.

Four Key Calls to Action

- 1 } Develop a Strategic Framework for Social Connection**

We can develop a co-designed evidence-based framework that will deliver more effective high quality social care.
- 2 } Strengthen Workforce Capacity Across All Sectors**

We can strengthen the capacity of the Australian workforce to manage rising rates of loneliness by delivering evidence-based education, training, resources, and practical solutions.
- 3 } Empower our Communities to Help Each Other**

We can develop and launch a co-designed evidence-based national community awareness campaign to ensure all Australians feel able to seek the help they need and to empower them to help others.
- 4 } Invest in Australian-based Scientific Research**

We can fuel Australian-based scientific research to specifically target loneliness and to rapidly translate the evidence into current practice and policy

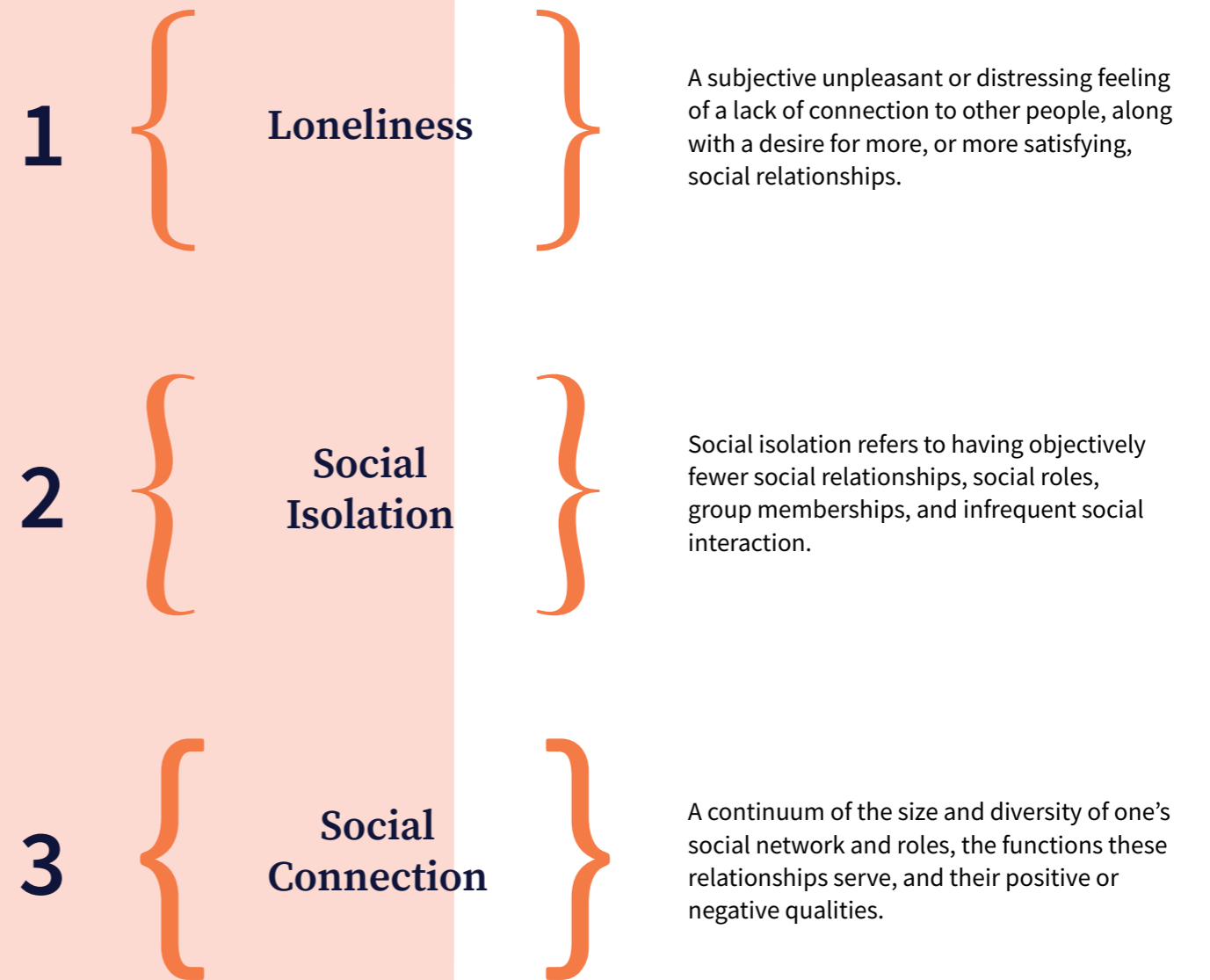
Understanding Social Connection, Loneliness, and Social Isolation for Effective Action



Photo by Philippe Leone on Unsplash

Loneliness, social isolation, and social connection (or social disconnection) are all terms that are commonly used but easily confused. The Global Initiative on Loneliness and Connection (GILC), a non-profit organization, co-founded by Ending Loneliness Together recently released consensus definitions to mitigate ongoing misconceptions and misuse of these terms.¹¹ These consensus definitions will be adopted by our organisation, the GILC and the World Health Organization.

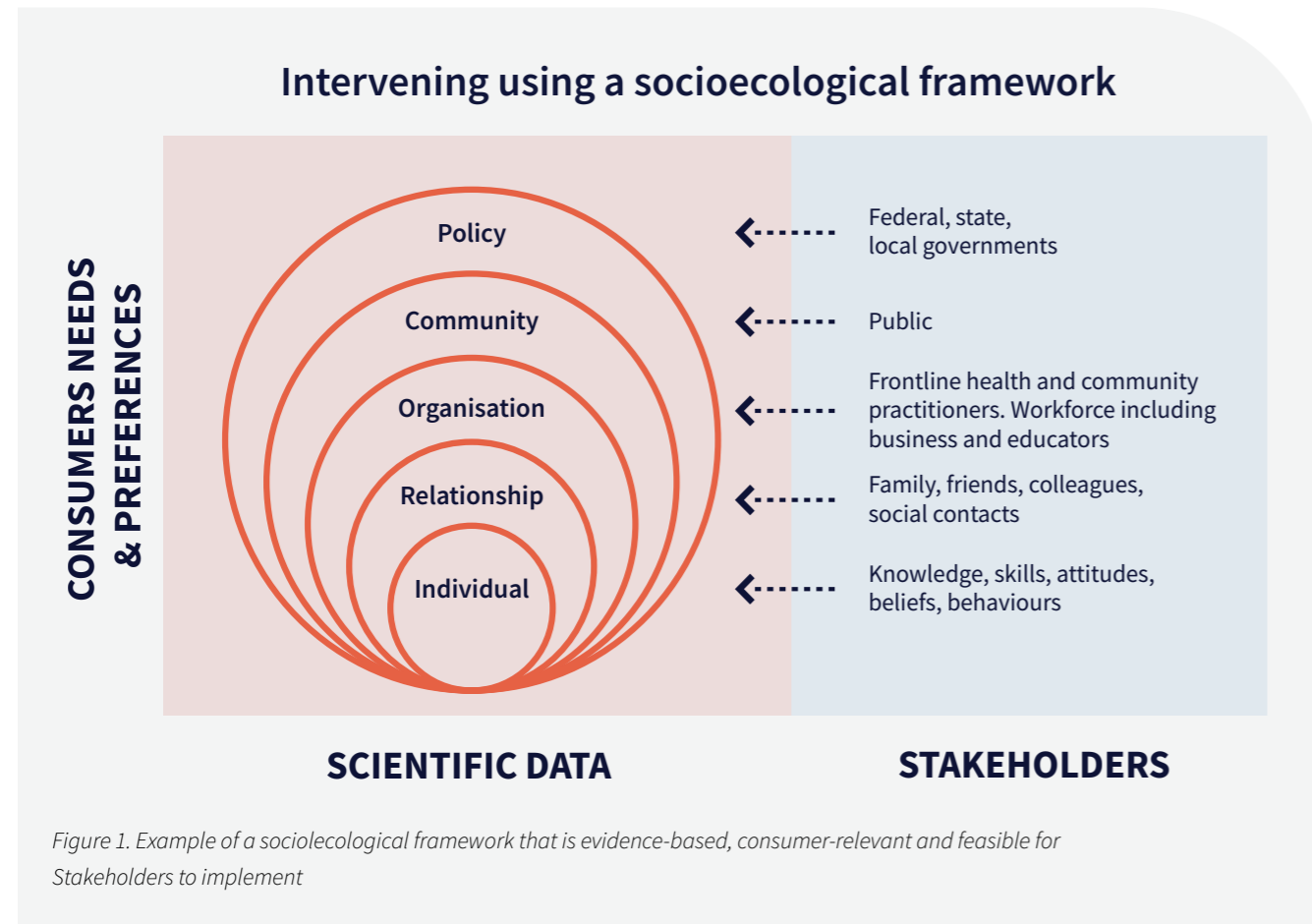
It is critical to understand the differences between these terms because it will allow us to design, target, and implement effective solutions. Critically, we can target approaches that reduce social isolation without targeting loneliness (e.g., by focusing on increasing the number of relationships or social ties), and one can target interventions to alleviate loneliness without reducing social isolation (e.g., by focusing on improving the quality of relationships).



Recommendation

We need to accurately identify and understand the social outcome we are addressing. This will ensure effective design, evaluation, and implementation of both formal and informal solutions.

Understanding that One Size Does Not Fit All



Social needs are diverse and complex and change over the life course. Risk factors for loneliness and social isolation also vary across people’s life stages. Therefore, solutions such as increasing social contact may provide relief for some, but not others. Similarly, some people want to manage their own social recovery, whilst others prefer or need support from others.

Effective and sustainable action often involves holistic approaches, engaging responses across all levels of society. Solutions can be delivered with-

in a socioecological framework^{12,13} and should be informed by evidence, consumer needs and preferences, and stakeholder involvement. Such steps are needed for feasibility, uptake, and retention.

Effective action on loneliness and social isolation requires a comprehensive framework that is evidence-based, consumer relevant, and feasible to implement

Emerging approaches with challenges to overcome

Investment in new solutions for reducing loneliness and social isolation has accelerated in recent times across the world. For example, social prescribing is an approach where healthcare providers, such as GPs, have resources and systems to link the patients they care for to local community services or social groups and activities to improve their health and well-being.¹⁴ Clinicians refer to a ‘link worker’ who works with individuals to find out what matters to them; and together they work out goals and a plan to achieve those goals through linking with non-medical social services and activities.¹⁵ As the focus is on what matters to the person and their strengths, the positive impact of social prescribing activities has been documented on a range of outcomes related to health and wellbeing.¹⁶ There is significant optimism and engagement by the non-government and voluntary sector to implement social prescribing in Australia, especially to increase social connection for better health outcomes.¹⁵

However, rigorous evaluation of the effectiveness and cost-effectiveness of social prescribing initiatives, is still in its infancy.¹⁷ Consequently, much still needs to be learned about the effective ingredients in social prescribing approaches, so that a clearer understanding is available of what works (and what doesn’t), who is most likely to benefit, and who is missing out.

More generally, interventions that reduce social isolation, or increase social connection may be useful for a range of outcomes but they may not always be effective in reducing loneliness. A sound understanding of how these social outcomes relate and differ is critical as it will influence the effectiveness of programs.¹⁸ The impact on loneliness is difficult to ascertain because it is a subjective experience, so not directly observable to a third party. The only way to know if an intervention has had positive benefit on reducing subjective feelings of social isolation, is to measure and evaluate the impact of the intervention on loneliness.



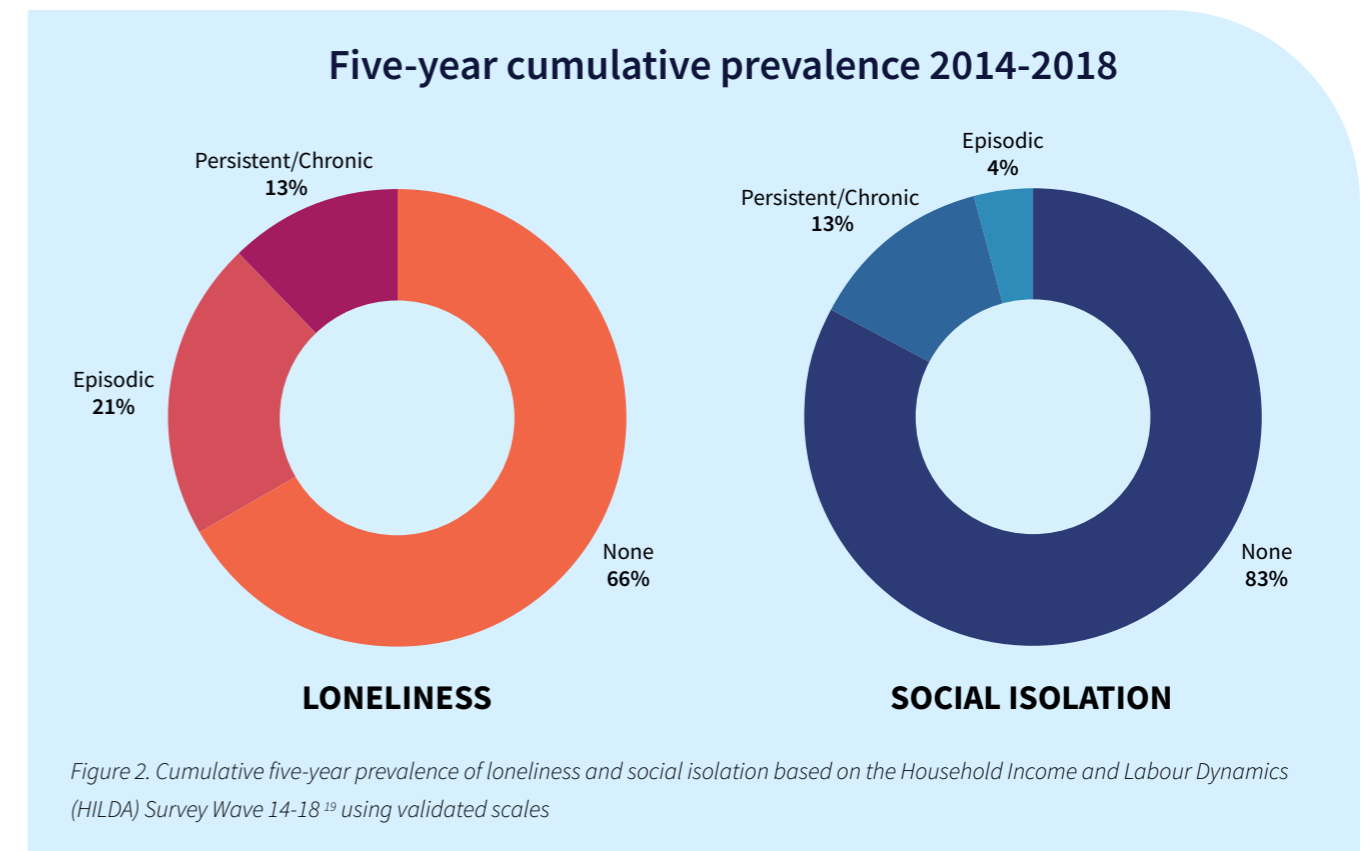
Recommendation

We need to use a standardised approach to measuring, evaluating, and reporting of outcomes related to these social outcomes. This is especially critical for loneliness as it is a subjective aspect of social health.

Photo by Lars Bo Nielsen on Unsplash



Preventing and Intervening in Loneliness and Social Isolation



Loneliness and social Isolation have independent pathways to poor outcomes,²¹ but both can work synergistically, leading to poorer outcomes such as increased mortality.²² Emerging research indicates that it is not just loneliness that is experienced at one time point (i.e., episodic or short duration) that can be detrimental to poor outcomes.

In fact, more persistent/chronic experiences, commonly referred to as chronic experiences of loneliness are equally if not more worrying.²³ In older adults aged 50 and older, for example, chronic loneliness is associated with an 80% greater risk of death, compared with those who report loneliness experienced within a situational context, at 56%.²⁴

Addressing loneliness and social isolation early and effectively can prevent the onset of more persistent, chronic experiences.

In the Household Income and Labour Dynamics Survey (HILDA), which uses psychometrically validated criteria to classify loneliness and social isolation,¹⁶ episodic experiences were differentiated from chronic experiences. Episodic loneliness and social isolation were defined as being experienced for up to one year, and chronic loneliness and social isolation were defined as being experienced for at least two consecutive years.

Episodic loneliness is defined as loneliness experienced in a shorter duration and be present for up to one year. This is sometimes referred to as transient or situational loneliness.

Episodic loneliness may be triggered in a situational context, is more transient but can still be highly distressing to the individual.

Persistent loneliness is defined as loneliness experienced for an enduring or prolonged duration and be present for at least two consecutive years. This is sometimes referred to as chronic loneliness.

Persistent loneliness may be more difficult to resolve because the individual may be faced with more complex issues or barriers to start and maintain meaningful social connection.

At least 34% of Australians reported either episodic or chronic loneliness from 2014 to 2018. Within this large sample, 21% experienced an episode of loneliness and 13% experienced persistent/chronic loneliness. The prevalence of social isolation was half that of loneliness, with 13% who reported episodic social isolation, and 4% who reported persistent/chronic social isolation.¹⁵

Loneliness and social isolation are not distributed evenly across Australia, which means solutions need to be prioritized and targeted appropriately. But the most robust link pertains to Australians

with a long-term health condition. Specifically, Australians who reported a long-term health condition showed a 24% higher risk of episodic loneliness and double the risk of chronic loneliness. In addition, those with a long-term health condition reported an increased risk of both episodic (by 34%) and persistent/chronic (by 87%) social isolation.

Addressing loneliness and social isolation early and effectively can prevent the onset of more persistent, chronic experiences.

Implementing solutions to strengthen social connection in community and clinical setting is complex. Effective approaches for reducing loneliness depend on an interplay of factors that promote or impede implementation in different contexts. These include factors related to: i) the person's needs, preferences, and priorities, ii) workforce training, skills and practices, and iii) organisational culture and capacity.

Preventing loneliness and social isolation, promoting social connection

Loneliness can be difficult to assess accurately due to its subjective nature, stigma, sampling issues, and measurement error. In studies that have used psychometrically robust scales, there is no well-validated cut-off score to help identify who is (or is not) lonely and may benefit from gaining help. However, based on Australian online surveys conducted in 2018 and 2019, it is estimated that at least one in four Australians aged 12 to 89 experience problematic levels of loneliness^{4,5}. The estimated prevalence of problematic levels of loneliness¹ is around 5 million Australians at any given time.

Intervening in loneliness and social isolation

Implementing solutions for loneliness and social isolation in clinical practice and social care settings usually involves professional intervention in the context of other identified needs (e.g., physical or mental illness, disability, dementia). Delivery of such interventions therefore requires advanced training of diverse healthcare providers to upskill their knowledge and competencies. However, successful implementation also depends on social connection being valued as a key measure of health and service planning outcomes, recognition that intervening loneliness and social isolation can lead to positive outcomes, and a routine target for preventative intervention in high-risk groups.

Recommendation

Addressing loneliness and social isolation in communities and clinical settings may prevent or delay, the onset of poorer health and social outcomes, and targeting loneliness and social isolation during interventions or solutions can facilitate recovery.



Taking Action through a National Strategy to Address Loneliness and Social Isolation

The impact of loneliness on health and wellbeing in employees and the cost to employers



Figure 3. Loneliness costs to employers³⁰

Australia needs to respond. Inaction will be costly. A 2021 report from Bankwest Curtin Economics Centre²⁷ estimated the cost of loneliness at \$2.7 billion each year, an equivalent annual cost of \$1,565 for each person who becomes lonely.

In 2019, the National Mental Health Commission showed that for every \$1 invested in programs that address loneliness, the return on investment is between \$2.14 to \$2.87 respectively.^{28,29}

Loneliness is also costly to workplace productivity. The New Economics Foundation Report (UK)³⁰ estimated the cost-impact for non-private and private employers at £2.53 billion and £2.10 billion per year, respectively (see Figure 3).

Fostering an integrated, systematic approach to addressing loneliness and social isolation will accelerate economic gains well beyond the health sector.

A coordinated and integrated response to strengthen social connection will alleviate the burden and cost to our community and enhance economic participation, productivity, and growth.

As a nation, we need to work with leading organisations, community agencies, academic partners, and people with lived experience to develop, evaluate, and share cost-effective solutions for loneliness. By uniting all perspectives and approaches, we can mobilise the best available evidence, identify and fill gaps in the knowledge base, maximise systemic approaches, and enable the Australian government to effectively respond to loneliness.

Australia can readily capitalise and optimise available expertise and resources for public good. We can coordinate an effective response and deliver four actions within a National Strategy to address loneliness and social isolation.

To accelerate our social recovery, four actions were identified by national leaders of mental health and community organisations, as the most critical to take as we recover from the devastating social, health, and economic effects of the COVID-19 pandemic.

Four Actions

Taking these four actions will benefit all Australians and generate economic and social returns





Photo by Priscilla Du Preez on Unsplash

Action 1

Develop a Strategic Framework for Social Connection

Problem

There is a gap between evidence of what works and what is being adopted in policy and delivered in practice. There are disparate and non-evidence-based approaches being applied across all sectors, causing many to address loneliness in ineffective and costly ways. For example, simply increasing social opportunity may not always lead to reducing loneliness, and in some cases may cause more distress or risk to further discrimination and social exclusion.

A comprehensive co-designed evidence-based framework that can both promote social connection, and address loneliness and social isolation is lacking. A framework can assist with prioritizing, planning, and implementing formal or informal solutions, which can range from low to high intensity approaches, depending on the needs of the end-user.

Such frameworks can also be flexible to cater to different stakeholders including those who deliver health and community services, educators, and to those who want to better support their workforce. Additionally, these frameworks should be aligned to Australian industry practices and policies to ensure feasibility and effectiveness for implementation.

Solution

We need to coordinate stakeholders across multiple sectors to co-design and develop an evidence-based framework that will underpin different policies, programs, and practices that cater to the diverse social needs of Australians from all walks of life. The Meaningful Social Connection framework will identify the principles and elements of effective approaches to reduce loneliness and social isolation across all sectors.

Action 2

Strengthen Workforce Capacity across all Sectors

Problem

Within health and community services, there is a lack of targeted quality care. Currently, many people experiencing loneliness and social isolation use primary health services (i.e., GPs, emergency departments, and ambulance services) to manage their social needs, yet these frontline workers are not adequately equipped or resourced to respond. Patients sometimes report that their underlying loneliness is downplayed or ignored by their treatment team, which hampers recovery and diminishes their quality of life.

In addition, social opportunities offered by community organisations to individuals

experiencing or at risk of loneliness are often faced with limited funding and resources. They may not have the expertise, capacity, or resources to keep up to date with the latest scientific evidence and embed these evidence-based approaches into their programs.

Due to a range of implementation factors, social opportunities may not be fully taken up or have high dropout rates. There may also be a lack of genuine engagement with the service or programs offered even with attendance, which may lead to loneliness being unaddressed.

Without training and support in schools, further education and vocational training, loneliness among children, adolescents, and young people, may go undetected or be ignored, or conversely mistaken as depression. Educators are more likely to be more well-versed in detecting mental health symptoms and may misidentify loneliness as depression, and hence redirecting the individual to more biomedical or clinical solutions unnecessarily.

Workplace loneliness is also increasingly an issue with the implementation of remote or hybrid

workspaces. It is estimated that 12% of workers report problematic levels of loneliness³¹ and this has been linked to lower organisational commitment, creativity, and staff retention.³²

Workplace loneliness is the result of insufficient meaningful relationships at work. This means that on a day-to-day basis, lonely employees have no one to turn to during difficult times at work and lack the enjoyment of camaraderie that can come from working with others. Because so much of work relies on interpersonal relationships and social networks, feeling isolated and lonely within an organisation not surprisingly has a negative influence on performance¹.

On the flip side, social connectedness at work is a key driver of physical and psychological well-being and resilience.³³ Organisations that foster social connection help contribute to an individual's sense of community which in turn can improve the health and wellbeing of employees.

One of the difficulties of loneliness is that it is seen as a private matter so recognising it in staff can be tricky. Key indicators of loneliness and social disconnection at work might be increased absenteeism, downward trends in performance, lack of interaction with co-workers, and, in some instances, a tendency toward inappropriate social interactions such as clinginess, monopolising conversations, or behaviour designed to seek attention.³⁴

Solution

We need to strengthen our workforce and can do so in these 3 ways.

1 Extend the current Australian evidence

How to identify and monitor? Valid and reliable measures need to be incorporated as a standard component of electronic health records. Similarly, guidance on measuring loneliness is needed for community organisations. National guidelines and recommendations can be developed for screening and measuring loneliness in children, adolescents, and adults, appropriate to a variety of health and community settings.

2 Direct intervention

Direct intervention: How to help? Building on existing workforce strategies, we can train frontline health practitioners, community and disability support workers, and service managers and leaders to better identify and help individuals a risk of loneliness and social isolation. This could include, for example, workshops for managers and supervisors on how to recognise the importance of loneliness and social connection in the workplace and teaching practical strategies to foster social connectedness in the workplace.

3 A practical solution

Where to go? The Ending Loneliness Together National Service Directory provides an online database of health and community sector programs and services tackling loneliness and social isolation across the country. The directory is built to ensure we assist people who feel lonely to find and choose the solution that best suits them. The current version can be further improved through consumer co-design and evaluation and assertive outreach to under-served regions. The directory can be augmented and widely implemented beyond the traditional avenues of health care and facilitate the increasing number of social prescribing services emerging in Australia. Finally, it offers the community an additional pathway to access meaningful social support, and further augments the traditional government sources such as Head to Health.



My loneliness is often downplayed or overlooked. I often find those that 'mean well' dismiss my feelings and suggest that I 'get out of the house' or they ask 'what was the actual/definitive trigger'. The trigger simply cannot be explained, it cannot be drawn, and it certainly cannot be definitively defined for those that mean well.

Andrew, 52 years
Lived Experienced Advisory Panel
Member



The stigma that I feel coming out as gay has been less than coming out as lonely. We tend to know what to say to someone when they come out as gay or anywhere on the LGBTIQ+ spectrum. We congratulate them for living their life as who they are.

With loneliness, there is pity initially. Then others can take a step back. By admitting I am lonely and that I need more connection to others, I am holding up a mirror that can be quite uncomfortable for others and reflects on how others are experiencing connection.

Phil, 45 years
Lived Experienced Advisory
Panel Member

Action 3

Empower our Communities to Help Each Other

Problem

There is a lack of community awareness and support for people who are experiencing loneliness or people who support others who are experiencing loneliness. There are countless Australians living with persistent loneliness who do not access the appropriate help available in their community due to stigma and shame. Equally, the stigma of loneliness³⁵ makes it difficult for service providers to identify, engage with and support people experiencing or at risk of loneliness. One critical message in a public awareness campaign is to ensure that people understand that loneliness is a common human emotion – but when neglected or ineffectively addressed, becomes detrimental for our health and wellbeing.

Solution

We need to co-design and deliver an evidence-based national community awareness campaign to improve public understanding of loneliness, challenge common misconceptions, and reduce the stigma of loneliness. In a national awareness campaign, we can guide Australians to better manage their loneliness, seek support, and empower others to feel able to assist. In doing so, this can add to the National Stigma Strategy led by the National Mental Health Commission and include lived experience in all facets of the campaign.

Action 4

Invest in Australian-based Scientific Research

Problem

There is a lack of investment in rigorous scientific research on loneliness and social connection in current grant funding schemes in Australia. Allocation of strategic funding to support basic and applied research, along with linked knowledge translation activities – so that research evidence is well used – is missing. Fellowships to support capacity and capability of early-mid and senior career researchers are also lacking. Targeted investment is vital for effective approaches to boost social connection.

Innovative and dedicated funding for research on loneliness is required because loneliness permeates many aspects of society and is does not fit neatly within medical, psychological, or social disciplines. A recent evidence gap map commissioned by the UK Government highlighted what we know and don't know about loneliness across different domains (from mental health to the economic burden) across the world.²⁸ The lack of evidence on the drivers and solutions for loneliness within the Australian context inhibits our ability to deliver effective policy and practice solutions.

Solution

The generation of high-quality evidence will require long-term, multidisciplinary collaborations between researchers investigating measurement, determinants, prevention, and care, at the population level and within diverse cohorts (e.g., young people and older people, people with mental ill health and chronic health disease, LGBTIQ+ people, people from culturally and linguistically diverse communities, people with a disability).

Identified areas that require immediate investment and activation

1 Measurement

Developing relevant Australian-validated psychometric tools that are culturally-sensitive to all Australians across the life course

2 Prevention

Understanding how to prevent the onset of persistent/chronic loneliness

3 Interventions

Delivering and implementing both face-to-face and digital evidence-based solutions on a wider scale

4 Economic burden

Analyses of the economic burden of loneliness in a general population and the evaluation of cost-effectiveness of evidence-informed solutions

5 Knowledge translation & implementation

Translating scientific evidence to accelerate the uptake of effective approaches to practice and policy

Conclusion

The road to social recovery from the COVID-19 pandemic will be long and arduous.

Taking these four actions is just the first step but it will allow Australia to recover more quickly and effectively and ensure economic participation and growth will not be inhibited.

In Australia, Ending Loneliness Together, holds both international and national recognition as an authority in addressing loneliness and social isolation.

We are supported by national organisations in community, academic and health sectors and have access to a skilled and capable team of centrally positioned industry partners and scientific experts in loneliness and social isolation.

We also lead the Global Initiative on Loneliness and Connection and is involved in fuelling global efforts to address loneliness, social isolation, and promote social connection.

Ending Loneliness Together is positioned to unite all voices and sectors to facilitate this critical recovery.

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References

1. Smith, B. & Lim, M. H. The COVID-19 pandemic focuses attention on loneliness and social isolation. *Public Health Res Practice*, 30, 3022008, <https://doi.org/10.17061/phrp3022008> (2020).
2. Ending Loneliness Together. Ending Loneliness Together in Australia Whitepaper. Accessed July 1 2020: https://endingloneliness.com.au/wp-content/uploads/2020/11/Ending-Loneliness-Together-in-Australia_Nov20.pdf (2020)
3. Zysberg, L. Loneliness and Emotional Intelligence. *J Psychol* 146, 37-46, <https://doi.org/10.1080/00223980.2011.574746> (2012).
4. Zhao, Y. et al. COVID-19 and mental health in Australia – a scoping review. *BMC Public Health* 22, 1200, <https://doi.org/10.1186/s12889-022-13527-9> (2022).
5. Australian Institute of Health & Welfare. Mental health services in Australia. (AIHW, Canberra, 2022). Accessed July 1 2022: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia>
6. World Health Organization. Social isolation and loneliness among older people: advocacy brief. (Geneva, 2021).
7. Surkalim, D. L. et al. The prevalence of loneliness across 113 countries: systematic review and meta-analysis. *BMJ* 376, e067068, <https://doi.org/10.1136/bmj-2021-067068> (2022).
8. Ernst, M. et al. Loneliness before and during the COVID-19 pandemic: a systematic review with meta-analysis. *American Psychologist*. <https://doi.org/10.1037/amp0001005> (2022).
9. Lim, M. H. et al. A global longitudinal study examining social restrictions severity on loneliness, social anxiety, and depression. *Front Psychiat* 13, <https://doi.org/10.3389/fpsy.2022.818030> (2022).
10. O’Sullivan, R. et al. Impact of the COVID-19 pandemic on loneliness and social isolation: a multi-country study. *Int J Environ Res Public Health* 18, <https://doi.org/10.3390/ijerph18199982> (2021).
11. Badcock, J. C., Holt-Lunstad, J., Garcia, E., Bombaci, P. & Lim, M. H. Position statement: addressing social isolation and loneliness and the power of human connection. (2022). Accessed July 1 2022: <https://www.gilc.global/general-6>
12. Mann, F. et al. A life less lonely: the state of the art in interventions to reduce loneliness in people with mental health problems. *Soc Psychiatry Psychiatric Epidemiol*, 1-12, <https://doi.org/10.1007/s00127-017-1392-y> (2017).
13. Lim, M. H., Eres, R. & Vasan, S. Understanding loneliness in the twenty-first century: an update on correlates, risk factors, and potential solutions. *Soc Psychiatry Psychiatric Epidemiol*, <https://doi.org/10.1007/s00127-020-01889-7> (2020).
14. National Academy for Social Prescribing (2021). Good health and Wellbeing – Social Prescribing: Global Social Prescribing Alliance Playbook. UK: National Academy for Social Prescribing.
15. Morse, D. F. et al. Global developments in social prescribing. *BMJ Global Health* 7, e008524, <https://doi.org/10.1136/bmjgh-2022-008524> (2022).
16. Polley, M. et al. Measuring outcomes for individuals receiving support through social prescribing. Accessed July 1 2022: <https://socialprescribingacademy.org.uk/wp-content/uploads/2022/03/Evidence-summary-outcomes-of-social-prescribing-1.pdf> (National Academy for Social Prescribing, London, 2022).
17. Wakefield, J. R. H. et al. Social prescribing as ‘social cure’: a longitudinal study of the health benefits of social connectedness within a social prescribing pathway. *J Health Psychol* 27, 386-396, <https://doi.org/10.1177/1359105320944991> (2022).
18. Wigfield, A., Turner, R., Alden, S., Green, M. & Karania, V. K. Developing a new conceptual framework of meaningful interaction for understanding social isolation and loneliness. *Soc Policy Soc* 21, 172-193, <https://doi.org/10.1017/S147474642000055X> (2022).
19. Lim, M. H., Manera, K. E., Owen, K. B., Phongsavan, P. & Smith, B. J. Chronic and episodic loneliness and social isolation: prevalence and sociodemographic analyses from a longitudinal Australian survey. *Ci Rep* (preprint). <https://doi.org/10.21203/rs.3.rs-1607036/v1> (2022)
20. Manera, K. E., Smith, B. J., Owen, K. B., Phongsavan, P. & Lim, M. H. Psychometric assessment of scales for measuring loneliness and social isolation: an analysis of the Household, Income and Labour Dynamics in Australia (HILDA) survey. *Health Qual Life Outcomes* 20, 40, <https://doi.org/10.1186/s12955-022-01946-6> (2022).
21. Beller, J. & Wagner, A. Disentangling loneliness: differential effects of subjective loneliness, network quality, network size, and living alone on physical, mental, and cognitive health. *J Aging Health* 30, 521-539, <https://doi.org/10.1177/0898264316685843> (2018).
22. Beller, J. & Wagner, A. Loneliness, social isolation, their synergistic interaction, and mortality. *Health Psychol*, 37, 808-813, <https://doi.org/10.1037/hea0000605> (2018).
23. Martín-María, N. et al. Differential impact of transient and chronic loneliness on health status. A longitudinal study. *Psychol Health* 35, 177-195, <https://doi.org/10.1080/08870446.2019.1632312> (2020).
24. Shiovitz-Ezra, S. & Ayalon, L. Situational versus chronic loneliness as risk factors for all-cause mortality. *Int Psychogeriatrics* 22, 455-462, <https://doi.org/10.1017/S1041610209991426> (2010).
25. Green, L. W., Ottoson, J. M., García, C. & Hiatt, R. A. Diffusion theory and knowledge dissemination, utilization, and integration in public health. *Annu Rev Public Health* 30, 151-174, <https://doi.org/10.1146/annurev.publhealth.031308.100049> (2009).
26. Ellis, J. et al. Examining the optimal factors that promote implementation and sustainability of a network intervention to alleviate loneliness in community contexts. *Health Soc Care Comm*, <https://doi.org/10.1111/hsc.13808> (2022).
27. Duncan, A. et al., ‘Stronger Together: Loneliness and social connectedness in Australia’, Bankwest Curtin Economics Centre Focus on the States Series, #8 (2021).
28. National Mental Health Commission. E-health interventions to reduce older persons’ loneliness. Accessed July 1 2022: <https://www.mentalhealthcommission.gov.au/getmedia/612f76a5-5d32-4710-bf75-c5c1e38c72f6/e-Health-interventions-to-reduce-older-persons'-loneliness.PDF> (2019)
29. National Mental Health Commission. Educational interventions to reduce older persons loneliness. Accessed July 1 2022: <https://www.mentalhealthcommission.gov.au/getmedia/89d311d3-c82c-4db0-b45b-e4c845e20ef4/Educational-interventions-to-reduce-older-persons-loneliness.PDF> (2019)
30. New Economics Foundation. The cost of loneliness to UK employers. Accessed July 1 2022: <https://neweconomics.org/2017/02/cost-loneliness-uk-employers> (2017).
31. Jenkins, R. & van Cohen, S. Connectable: How Leaders Can Move Teams From Isolated to All In. (McGraw Hill, 2022).
32. Ozcelik, H. & Barsade, S. G. No employee island: workplace loneliness and job performance. *Acad Manag J*, <https://doi.org/10.5465/amj.2015.1066> (2018).
33. Heaphy, E. D. & Dutton, J. E. Positive social interactions and the human body at work: linking organizations and physiology. *Acad Manage Rev* 33, 137-162, <https://doi.org/10.2307/20159380> (2008).
34. Cacioppo, J. T. & Patrick, W. Loneliness: Human Nature and the Need for Social Connection. (WW Norton & Company, 2008).
35. Barreto, M. et al. Exploring the nature and variation of the stigma associated with loneliness. *J Soc Pers Relation*, <https://doi.org/10.1177/02654075221087190> (2022).



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About Ending Loneliness Together

Ending Loneliness Together (ELT) is the national Australian organisation working to raise awareness and reduce the negative effects of loneliness and social isolation in our community 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.

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