

Loneliness and Social Isolation in Australia

It is now well established that loneliness is related to many poor health outcomes for people in the community. There have been various small studies into loneliness in Australia and all of them show that whenever we research this problem we find people suffering from loneliness. Prevention of loneliness, as well as supporting chronically lonely people out of loneliness, will therefore lead to better mental health for individuals and will have economic benefits for Australia's health system.

Research has shown that if people subjectively judge that they do not have enough meaningful social connections and are lonely this can be directly related to a whole range of health issues. "A perceived sense of social connectedness serves as a scaffold for the self – damage the scaffold and the rest of the self begins to crumble" (Hawley & Cacioppo, 2010, pg.3). These health outcomes can include depression, anxiety, heart disease, early onset of dementia and in some cases premature death. Quality of life is greatly affected, we see more visits to hospital emergency departments and to GP's.

The cost to the Australian health system is unknown. It has been estimated that in the US a lack of social connection among older adults costs the government approximately \$6.7 billion dollars per annum (Flowers et.al, 2017). Therefore, in Australia we can assume that the cost to our health system is very significant. Yet, we do not have a national strategy to tackle loneliness. Friends for Good calls on the Australian Government to urgently develop one.

The prevalence of loneliness in Australia is not only difficult to judge given it is a subjective measure, but there is a dearth of longitudinal research into this problem. From the small studies that have been carried out loneliness has been shown to be a significant problem. Friends for Good has conducted a recent on-line survey, Time we Talked. This survey of 1745 Australians represents a snapshot of this problem in the community. As part of its distribution it was sent to seniors by the Victorian Government. Acknowledging that there were limitations in reaching older seniors as it was an on-line survey, it none-the-less provided an insight into the mental health of people in the community, particularly as there was collection of qualitative responses. It paints an extremely sad picture with the majority of people describing lonely lives, devoid of enough quality connections with others. The following are some examples provided about the loneliness experienced by respondents: the loss of partners and family leaving them isolated, stating that they had suffered from loneliness for their whole lives, speaking about mental and physical health problems that stop them from participating in the community and for some, saying that the only way out of loneliness is to die.

Effectiveness & cost of current programs and supports

Friends for Good has established Friend Line, a free telephone service for anyone who would like to call and have a chat with a friendly volunteer. Currently operation hours are three evenings a week from 6-8 pm. Ideally, with sufficient resources, this urgently needs to be greatly extended. The service targets people who are socially isolated or lonely, or those who would like to prevent themselves from becoming so. It also offers referrals to other community services and social groups to assist callers to become more socially connected.

If ever we were unsure about whether loneliness exists or if it is causing distress to people, Friend Line has dispelled all myths. In every session we hear from people who speak of the anguish of being lonely. Examples of their circumstances include: the 92 year old grandfather that family has forgotten, the man that has been housebound for 11 months due to serious physical injuries and reads the bible for company, the person that locks themselves in their house for days at a time, the

caller who does not have a meaningful conversation with anyone else. There are hundreds more profiles too numerous to list here.

Friend Line receives calls from people from all walks of life, socio-economic backgrounds and ages. Some of the callers have comorbidities. They have a broad range of mental health problems and mental illnesses including social anxiety, depression, Asperger's, hoarding, addiction to drugs, alcohol and gambling, psychosis and schizophrenia. Some callers identify as receiving income support through the Federal Government and often we hear about concerns and issues due to being on the waiting list for an NDIS assessment, or having inadequate funding through the scheme. Having inadequate income and support to improve their social connectedness are then very real barriers for many lonely people. Friend Line is one element of working with those experiencing loneliness and social isolation to support them, or as the Commission's Issues Paper describes, wrapping services around people.

Friend Line is a service staffed by volunteers. In effect people being prepared to form a connection with others in the community who reach out for support. Friends for Good has received hundreds of applications from people who would like to volunteer as call takers on Friend Line. Many of these people identify as being lonely and would like to volunteer as a way of being more socially connected. Volunteering with Friend Line is therefore intrinsically related to the issue of loneliness and is a way of both providing a service and a pathway out of loneliness for community members on either end of the phone. Friends for Good strongly advocates for additional services, particularly in the preventative space, that can be developed and delivered by volunteers with appropriate training and support to help address the issue of loneliness.

Many callers to Friend Line report that they feel a sense of human connection with the call takers because they are not health workers, counsellors and psychologists. They describe that never getting to know a 'worker' as a person is de-humanising. Acknowledging the important ethical considerations in the provision of professional service and boundaries that must be drawn, it is also important to acknowledge that different types of service provision, such as Friend Line that is informal, friendly and neighbourly has a critical role to play. We need both and we need to work together.

Friend Line provides a multitude of referrals to community organisations, social groups and clubs. We see this linking as an important part of our role – a way of helping callers to build social connections and reduce their social isolation and loneliness. We receive referrals from 1800 Respect, Mensline and some local governments. Although an unfunded service we are making all attempts to advertise Friend Line and work with other services. To that end we are one of the founding members of the Friendship Alliance, a national group working to share information about the supports available to community members, conduct community based research and advocate for the needs of people who are socially isolated and lonely. The network includes members from large and small charities as well as peak bodies and a PHN. This group is unfunded and will be limited in its remit without resources to support its work.

Gaps in current programs and supports

There are significant gaps in current programs and supports for people who are socially isolated and lonely. Friends for Good acknowledges and applauds the work of community organisations, governments and individuals in the community who provide a range of programs and supports that prevent many people from becoming lonely. However, given the consistent and growing demand for Friend Line services and testimony from the callers themselves, it is obvious that people are falling

through the cracks. It is clear that we need new and/or different ways to reach people, additional resources for existing services, as many are over-subscribed and a better understanding of what supports are most successful, according to the community members themselves.

In particular, Friends for Good has identified that there are insufficient services that are effective in preventing loneliness and social isolation. Callers to Friend Line often remark that they have frequently called crisis lines in the past and found them to be inadequate because they do not have sufficient time to speak with people who are feeling lonely. Often callers also say that if only someone would talk to them they would not be suicidal.

In addition, the vast majority of callers are adamant that loneliness should not by default always be considered a mental illness. When they hear media stories about loneliness they are referred to crisis lines or services helping people with depression. Yet they may not be or identify as having a mental illness or being depressed. As a community we therefore need to improve our messaging. If people are feeling lonely or socially isolated, we need to refer them to services designed to prevent them becoming chronically lonely and potentially developing a mental illness. At the same time some people may need more intensive support already. We therefore need to have a broader scope of services included when we provide information about these issues.

This links directly to the need for community education about loneliness and isolation, the serious health consequences that can result if they are not overcome and the need to seek out more connections. Given the stigma that surrounds loneliness there is an urgent need for a public awareness campaign that seeks to break down the barriers surrounding loneliness. Considerable resources have been directed to community education about depression and anxiety and Friends for Good applauds this critical work. Loneliness, on the other hand, has been neglected to the detriment of a large portion of the population, the community at large and the Australian health system. Friends for Good would welcome the opportunity to participate in discussions about how this critical work may be progressed.

Likely effectiveness of alternative programs and supports

Many callers to Friend Line are now telling us that this service is invaluable to them and that they feel like they have a sense of belonging, feel safer and more connected to the outside world. Their responses are similar to those found by Cattan and others in relation to telephone befriending services (Cattan, Kime and Bagnall, 2011). Although Friend Line is somewhat different in its model of delivery, given that the caller initiates the connection, it still provides regular contact with volunteers that callers become friendly with. It is also similar in that callers are now requesting to have face to face activities as the aforementioned research found. This is a natural progression as it allows people who are socially anxious, fearful of rejection due to past experiences, or a range of other reasons, to build up confidence that they are valued and liked by the service. This can then become a stepping stone to other social connection and referrals to place based services.

Some callers have expressed that they don't know where they would be without the service, that they have had suicidal thoughts in the past and still struggle with them now. It is too early to tell whether Friend Line is definitely playing a role in suicide prevention, as it has only been operating for one year and an evaluation of its impact has not been carried out. However, there are many indications that this is highly likely to be the case. Friends for Good intends to carry out an evaluation of the Friend Line service commencing in May 2019. If this does prove to be a successful suicide prevention strategy it will add weight to community based solutions proving to be effective strategies.

Young people frequently contact us via social media and request the opportunity to have an on-line chat. We are therefore in the process of introducing a web based service. Although this may not be a way of reducing loneliness and social isolation in and of itself, we hope that it will be an important first step for many people. Once they gain more confidence it may lead to the opportunity to make referrals to and the young people becoming more connected with, other services. This is a further example of a preventative measure that has been designed in response to community need. Many more are required.

Business clearly has a role to play in overcoming loneliness in the community given that it would lead to improved mental wellbeing for staff and increased productivity. Friends for Good have begun an initiative to work with the corporate sector to raise awareness about the impacts of loneliness and how to tackle this in the workplace. The relationship between business and government in relation to loneliness would be greatly strengthened by the development of a national strategy.

As our regular callers to Friend Line have gained confidence many have suggested a range of other strategies and programs that they believe would be effective. Based on this feedback from callers, research into services in other countries and the experience of Friends for Good volunteers (who have worked with people experiencing loneliness in the past), Friends for Good have designed a range of potential new services that could be introduced. Some of these will be trialled over the coming months. Others require a significant investment of funds. Friends for Good would welcome the opportunity to discuss these with the Federal Government and to explore ways of establishing them in partnership with other service providers.

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References

- Cattan, M., Kime, N., Bagnall, A. (2011). The use of telephone befriending in low level support for socially isolated older people – an evaluation. *Health and Social Care in the community*, 19(2), 198-206.
- Elmer, E. M. (2018). *Social Isolation and Loneliness Among Seniors in Vancouver: Strategies for Reduction and Prevention. A Report to the City of Vancouver and Vancouver Coastal Health.*
- Flood, M. (2005). Mapping Loneliness in Australia. *The Australia Institute. Discussion Paper No. 76.*
- Flowers, L., Houser, A., Noel-Miller, C., Shaw, J., Bhattacharya, J., Schoemaker, L., Farid, M. (2017). Medicare Spends More on Socially Isolated Older Adults. *AARP Public Policy Institute. Insight on the Issues 125. November 2017.*
- Hawkley, L. C. & Cacioppo, J. T. (2010). Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms. *Ann Behav Med. 40 (2), 1-11.*
- Lowthian, J.A., Lennox, A., Wilson, G., Rosewarne, C., Smit, D. V., O'Brien, D....Dale, J. (2018). Hospitals and patients WoRking in Unity (HOW R U?): telephone peer support to improve older patients' quality of life after emergency department discharge in Melbourne, Australia – a multicentre prospective feasibility study. *BMJ Open, 8, 1-6.*
- Weir, K. (2012). The pain of social rejection. *America Psychological Association, 43 (4), 1-4.*