

A black and white photograph of a person from behind, walking away on a dirt path through a dense forest. The person is wearing a backpack and a long-sleeved shirt. The path is flanked by tall, textured trees, and the overall atmosphere is solitary and contemplative. A vertical black line runs down the center of the image, passing through the person's back.

# Loneliness AN EPIDEMIC

REPORT COMMISSIONED OCTOBER 2020



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# Executive Summary

**The two core aims of this report are to raise awareness about the prevalence of loneliness in Victoria, as well as the health outcomes and associated costs; and to make several specific recommendations that could be implemented by the Victorian Government, based on policy options and evidence-based solutions that have been implemented in other jurisdictions.**

This report discusses the level of loneliness in Australia, as well as the mental and physical health outcomes experienced by individuals suffering from loneliness, such as depression, anxiety, dementia and mortality. The substantial costs associated with loneliness are examined, including the significant costs to society as a whole because of increased use of the healthcare system, as well as costs to employers associated with decreased productivity and employee wellbeing.

The current policy framework in Victoria is analysed, concluding that the Victorian Government has not implemented any long-term initiatives to address and reduce loneliness.

Finally, several recommendations are made. The recommendations that the Victorian Government should implement to address loneliness are:

## RECOMMENDATIONS

**Create a ministerial portfolio for loneliness.**

**Fund and promote social prescribing.**

**Implement social health training in schools.**

**Develop and fund educational programs in workplaces to reduce loneliness and to prepare employees for retirement socially.**

**Produce large-scale public awareness campaigns to raise awareness about the prevalence and impacts of loneliness in Victoria.**

**Promote and assist social/community café schemes.**

# 1. Introduction

Loneliness has emerged as one of the most serious public health challenges currently being faced around the world, with research indicating that it is a mental and physical health problem for young people as much as the elderly,<sup>1</sup> and that loneliness is a better predictor of premature death than physical inactivity, obesity or smoking 15 cigarettes a day.<sup>2</sup>

This has led to many nations around the world suggesting we are now facing a 'loneliness epidemic'.<sup>3</sup> Loneliness, as an issue, has been "misunderstood, neglected, ignored, or underexamined", and the severe impact that loneliness has on individuals and society as a whole, has so far, been under recognised.<sup>4</sup>

There is substantial evidence that loneliness is detrimental to health, and that the costs associated with loneliness are significant. The level of loneliness has been further exacerbated by COVID-19, and this will be discussed later in this report.

While loneliness has been identified by many studies as an emerging public health problem, it is an issue that can be addressed, and the long-term impacts can be turned around with adequate financial and institutional support.<sup>5</sup>

The aim of this report is to raise awareness of the impact that loneliness is having on the mental and physical health of Victorians, as well as the costs that are associated with these impacts. Several specific recommendations that could be implemented by the Victorian Government will be made, based on policy options and evidence-based solutions that have been implemented in other jurisdictions.

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1 VicHealth, *Loneliness: A New Public Health Challenge Emerges*, (2019) <<https://www.vichealth.vic.gov.au/search/vh-letter-47-loneliness>>.

2 Julianne Holt-Lunstad, Timothy Smith and Bradley Layton, 'Social Relationships and Mortality Risk: A Meta-analytic Review', *PLoS Medicine*, 7/7 (2010); Tegan Cruwys and Genevieve Dingle, 'Why Do Lonely People Visit the GP More Often?', *Relationships Australia* [website] (2018) <<https://www.relationships.org.au/news/blog/why-do-lonely-people-visit-the-gp-more-often>>.

3 VicHealth, *Loneliness: A New Public Health Challenge Emerges*.

4 Michelle H Lim, Robert Eres and Shradha Vasan, 'Understanding Loneliness in the Twenty-First Century: An Update on Correlate, Risk factors, and Potential Solutions', *Social Psychiatry and Psychiatric Epidemiology*, 55 (2020) 793.

5 Angelica R Sutin et al., 'Loneliness and Risk of Dementia', *Journals of Gerontology: Psychological Sciences*, 75/2 (2020), 1420.

## 2. Background

### 2.1. WHAT IS LONELINESS?

As defined by the *Australian Loneliness Report 2018*, loneliness refers to “a feeling of distress people experience when their social relations are not the way they would like”.<sup>6</sup> It is a personal feeling of social isolation and may indicate that an individual’s relationships with others such as friends, relatives and neighbours, are not meaningful or do not meet their expectations or needs.

Loneliness refers to the quality of relationships, rather than the quantity. Research shows that an individual may be surrounded by others such as friends and family and have relatively frequent social interactions, but still experience loneliness.<sup>7</sup> While others may be socially isolated and not surrounded by others, and not have feelings of loneliness.

Therefore, loneliness refers to the subjective state of negative feelings regarding the quality of social relationships, compared to social isolation which is the objective act of having minimal physical contact with other people.<sup>8</sup>

Being socially isolated is often considered to be a situation which is either voluntary or involuntary, compared to the state of loneliness which is almost always involuntary and unwelcome.<sup>9</sup>

While loneliness and social isolation overlap, and social isolation can contribute to loneliness, it is essential to differentiate between the two, and understand that loneliness is its own distinct concept and has independent associations with health outcomes.<sup>10</sup>

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6 Australian Psychological Society and Swinburne University Research Bank, *Australian Loneliness Report* (2018) <<https://psychweek.org.au/wp/wp-content/uploads/2018/11/Psychology-Week-2018-Australian-Loneliness-Report.pdf>>.

7 Cathrine Mihalopoulos et al., ‘The Economic Costs of Loneliness: A Review of Cost-of-illness and Economic Evaluation Studies’, *Social Psychiatry and Psychiatric Epidemiology*, 55 (2020), 823.

8 Ibid

9 Gerard Mansour, ‘Ageing is Everyone’s Business: A Report on Isolation and Loneliness Among Older Victorian’s’, *Commissioner for Senior Victorian’s*, (2016) <<https://www.seniorsonline.vic.gov.au/services-information/commissioner-for-senior-victorians/ageing-is-everyones-business>>.

10 Sutin et al., ‘Loneliness and Risk of Dementia’, 1414.

## 2.2. PREVALENCE OF LONELINESS

The problem of loneliness is of growing global concern, with many studies showing that loneliness is affecting a substantial number of people all over the world.<sup>11</sup>

### Australia

Australian studies have clearly shown overwhelming evidence that loneliness is having a detrimental effect on the population. In regard to the level of loneliness, the *Australian Loneliness Report 2018*, which surveyed a total of 1673 Australians, found that:<sup>12</sup>

- One in four Australian adults are lonely
- One in two Australians feel lonely for at least one day a week, while one in four feel lonely for three or more days
- One in four Australians experience high levels of social interaction anxiety
- Nearly 30% of Australian adults rarely or never feel part of a group of friends and 22% rarely or never feel like they have someone to talk to.

Other Australian reports have found that:

- One in ten Australians aged 15 and over report lacking social support.<sup>13</sup>
- The average number of close friends is decreasing, going from 6.4 in 2005 to 3.9 in 2018.<sup>14</sup>

The level of loneliness was recognised by the Australian Government in a 2019 brief, which acknowledged that one in four Australians are currently experiencing an episode of loneliness, one in two Australians feel lonely at least one day a week, and one in ten Australians say they lack social support.<sup>15</sup>

While the level of loneliness is distressingly high in Australia, research has suggested that loneliness is likely to be under-reported due to associated stigma, and possibly a lack of understanding that loneliness is an issue of which help can be sought, meaning the prevalence rate may be even higher.<sup>16</sup>

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11 Mihalopoulos et al., 'The Economic Costs of Loneliness', 823.

12 Australian Psychological Society and Swinburne University Research Bank, *Australian Loneliness Report*.

13 Relationships Australia, *Is Australia Experiencing an Epidemic of Loneliness?* (2018) <<https://www.relationships.org.au/what-we-do/research/an-epidemic-of-loneliness-2001-2017>>.

14 Frank Robson, 'Why Do So Many Friendships Dissolve as We Age?', *Sydney Morning Herald*, (2018) <<https://www.smh.com.au/lifestyle/life-and-relationships/why-do-so-many-friendships-dissolve-as-we-age-20180807-p4zvxm.html>>.

15 Australian Institute of Health and Wellbeing, *Australia's Welfare in Brief*, (2019), <<https://www.aihw.gov.au/getmedia>>, 49.

16 Gerard Mansour, 'Ageing is Everyone's Business', 12.

## 2.3. RISK FACTORS

### Living Alone

A 2019 report by the Australian Institute of Health and Welfare found that loneliness is more common among people who live alone (one in four Australian households are made up of one person living on their own).<sup>17</sup> Indicating that while loneliness is distinct and independent from social isolation, there is a connection between social isolation and loneliness.

The Australian Loneliness Survey 2018 found that Australians who are single, separated or divorced are more lonely than Australians who are married or in a de facto relationship.<sup>18</sup> While people living alone are more likely to experience loneliness, there is still a substantial number of individuals who live with others and suffer from loneliness.

### Triggers/Life Transitions

Triggers refer to "either a significant life event or life transition which precedes and initiates the development of problematic loneliness in an individual".<sup>19</sup> Triggers that may contribute to loneliness, either occurring over time or with a sudden onset, include (and are not limited to):<sup>20</sup>

- Moving away from home
- Entering the workforce, changing jobs or going to university
- Divorce
- Illness
- Becoming a parent
- Retirement
- Death of a spouse, friend or family member.

### Health

Loneliness has a detrimental impact on the mental and physical health of individuals. However, this also occurs the other way round, with people living with mental health problems or physical illness also being more likely to experience loneliness.<sup>21</sup>

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17 Australian Institute of Health and Wellbeing, *Australia's Welfare in Brief*, 49.

18 Australian Psychological Society and Swinburne University Research Bank, *Australian Loneliness Report* (2018).

19 Lim, Eres and Vasan, 'Understanding Loneliness in the Twenty-First Century', 794.

20 Ibid.

21 Australian Psychological Society and Swinburne University Research Bank, *Australian Loneliness Report*.



## 2.4. DEMOGRAPHICS

### Age

While loneliness can be experienced by individuals at all life stages, there are some groups who are at higher risk.<sup>22</sup> Prevalence rates have been found to be higher amongst young adults aged 18-25, and older adults aged 65 and over, particularly 75 and over.<sup>23</sup>

### Older Adults

For older adults aged over 65, loneliness may be related to triggers such as retirement, transitioning to reside in aged care facilities, increased financial difficulties, or deaths of partners, family members or friends.<sup>24</sup>

In 2011, it was estimated that the number of older Victorians experiencing loneliness was 107,508, with the number anticipated to increase to 185,962 in 2031.<sup>25</sup>

Victorian population aged 60+	2011 (actual)			2031 (projected)		
	Number	% of total population	Number of lonely people estimated	Number	% of total population	Number of lonely people estimated
Males	499,261	9.01	49,926	871,003	11.3	87,100
Females	575,822	10.4	57,582	988,618	12.8	98,862
Total	1,075,083	19.4	107,508	1,859,621	24.1	185,962

*Source: Ageing is Everyone's Business.<sup>26</sup>*

Research has identified that older people at particular risk of social isolation and loneliness include (and are not limited to) those:<sup>27</sup>

- On low incomes
- Living with a disability
- Living in rural areas or with housing stress
- Who are single, childless or living alone
- With low levels of literacy or communication technology skills.

<sup>22</sup> Mihalopoulos et al., 'The Economic Costs of Loneliness', 823.

<sup>23</sup> Lim, Eres and Vasan, 'Understanding Loneliness in the Twenty-First Century', 796.

<sup>24</sup> Ibid. 797.

<sup>25</sup> Ibid.

<sup>26</sup> Gerard Mansour, 'Ageing is Everyone's Business', 29.

<sup>27</sup> Ibid. 16.

## Young People

The 2019 Young Australian Loneliness Survey found that loneliness is particularly common among young people. The online survey of more than 1500 young Australians (aged 12-25) in June and July 2019 found that:<sup>28</sup>

- More than half of young Australians said they felt lonely sometimes or always, and more than a quarter were lonely three or more times a week
- One in three young adults (aged 18-25) and one in six young adolescents (aged 12-17) reported problematic levels of loneliness
- 57% of young people said they lack companionship sometimes or always.



**One in two young Victorians  
reported feeling alone either  
sometimes or always.**

*Source: VicHealth.<sup>29</sup>*

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28 Michelle H Lim, Robert Eres and Claire Peck, *The Young Australian Loneliness Survey*, (2019), <<https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Social-connection/The-young-Australian-loneliness-survey-Report.pdf>>.

29 VicHealth, *The Young Australians Loneliness Survey* [website], (2019) <<https://www.vichealth.vic.gov.au/media-and-resources/publications/young-australian-loneliness-survey>>.

While adolescents often have strong social structures such as family, friends, school, and sport groups, the reason that young people (particularly those aged 18-25) are suffering from loneliness is likely to be related to critical life transitions such as leaving high school and/or home, starting university, or entering the workforce.<sup>30</sup> These events may compromise the connections and supports that young people grew up having, and trigger loneliness.

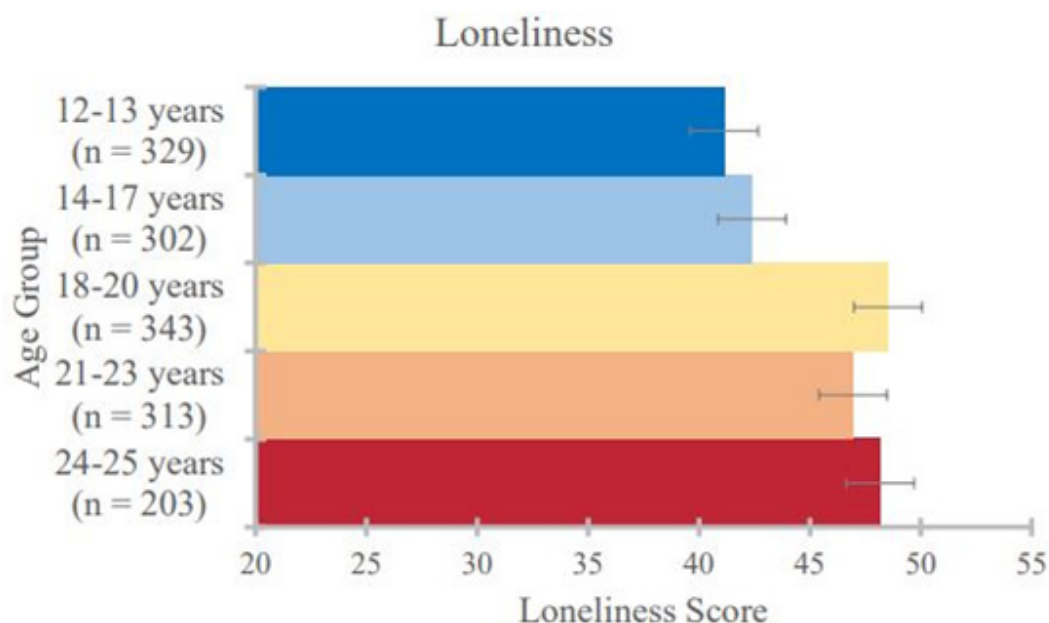


Figure 5. Mean loneliness scores across the five age groups. Higher scores indicate more severe loneliness. Error bars represent standard error.

Source: Young Australian's Survey.<sup>31</sup>

<sup>30</sup> Ibid.

<sup>31</sup> Lim, Eres and Peck, *The Young Australian Loneliness Survey*, 17.

# 3. Effects and Impacts of Loneliness

There is a significant amount of evidence that has contributed to a substantial list of both the physical and mental health impacts that loneliness has on individuals.

The *Australian Loneliness Report 2018* found that:<sup>32</sup>

- Lonely Australians have a significantly worse health status (both physical and mental) than Australians who do not experience loneliness
- Lonely Australians are 15.2% more likely to be depressed and 13.1% more likely to be anxious about social interactions than those who are not lonely
- Higher levels of loneliness are associated with higher levels of social interaction anxiety, less social interaction, poorer psychological wellbeing and poorer quality of life.

These results are consistent with younger Australians, with the Young Australians Loneliness Survey finding that for people aged 12-25:

- Loneliness is associated with poorer physical and mental health outcomes
- Young people experiencing loneliness are more likely to experience social anxiety and depressive symptoms than those who are less lonely.

## 3.1. MENTAL HEALTH

### Depression and Anxiety

There have been findings that indicate that loneliness is associated with poorer mental health outcomes such as depression, social anxiety, and paranoia.<sup>33</sup> It has been found that loneliness is a risk factor for depression, meaning that addressing loneliness could have a significant impact on preventing individuals from becoming depressed.<sup>34</sup>

While loneliness increases the likelihood of experiencing mental health outcomes, being depressed and socially anxious can also increase the likelihood of suffering from loneliness.

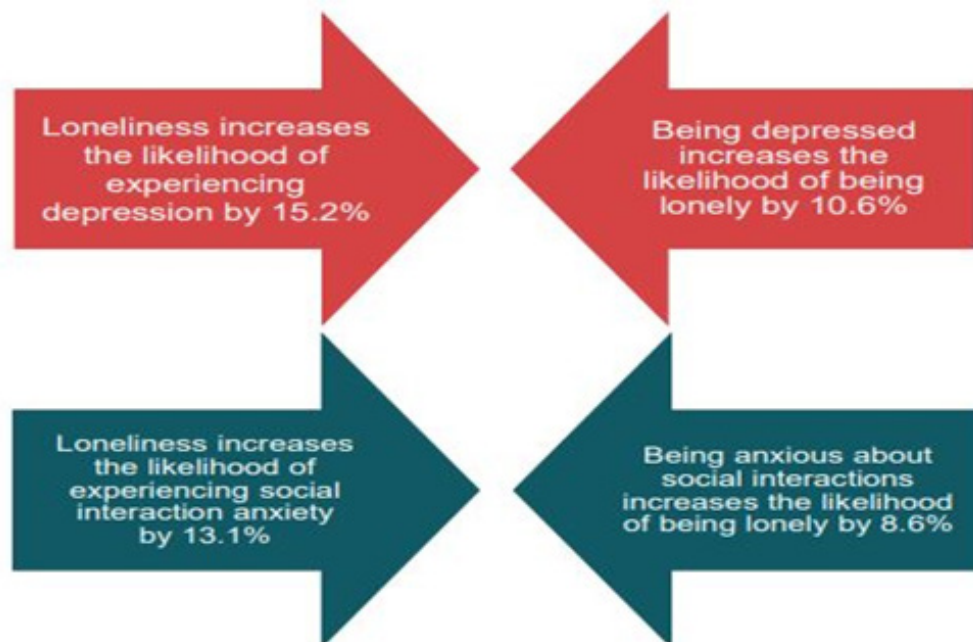
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<sup>32</sup> Australian Psychological Society and Swinburne University Research Bank, *Australian Loneliness Report*.

<sup>33</sup> Lim, Eres and Vasan, 'Understanding Loneliness in the Twenty-First Century', 797.

<sup>34</sup> Ibid 796.





Source: Australian Loneliness Report.<sup>35</sup>

## 3.2. PHYSICAL HEALTH

### Premature Death/Mortality

Loneliness is a better predictor of premature death than physical inactivity, obesity or smoking 15 cigarettes a day.<sup>36</sup>

One US study found that greater social connection conferred a 50% reduced risk of early death,<sup>37</sup> while an extensive study which analysed data from 70 studies and 3,407,134 participants across Europe, North America and Asia, found that there is a 26% increased likelihood of earlier mortality associated with loneliness.<sup>38</sup>

### Dementia

Present research indicates that loneliness is directly associated with an increased risk of dementia.<sup>39</sup> Individuals who report higher levels of loneliness are 64% more likely to develop dementia than individuals who are less lonely.<sup>40</sup>

<sup>35</sup> Australian Psychological Society and Swinburne University Research Bank, *Australian Loneliness Report*.

<sup>36</sup> Holt-Lunstad, Smith and Layton, 'Social Relationships and Mortality Risk'; Cruwys and Dingle, 'Why Do Lonely People Visit the GP More Often?'.

<sup>37</sup> Julianne Hold-Lunstad, Theodore F Robles and David A Sbarra, 'Advancing Social Connection as a Public Health Priority in the United States', *American Psychologist*, 72/6 (2017) 519.

<sup>38</sup> Holt-Lunstad, Smith and Layton, 'Social Relationships and Mortality'.

<sup>39</sup> Sutin et al., 'Loneliness and Risk of Dementia', 1418.

<sup>40</sup> TJ Holwerda et al., 'Feelings of Loneliness, But Not Social Isolation, Predict Dementia Onset: Results from the Amsterdam Study of the Elderly (AMSTEL)', *Journal of Neurology, Neurosurgery & Psychiatry*, 85 (2014).

One study also found that loneliness was associated with increased risk of Alzheimer's disease, with participants with high levels of loneliness being twice as likely to develop Alzheimer's disease than those who were less lonely.<sup>41</sup>

Loneliness is detrimental to cognitive health, with research indicating that loneliness is associated with greater cognitive impairment and is a risk factor for accelerated cognitive decline.<sup>42</sup>

## Further Health Issues

Individuals who experience loneliness are also more likely to be associated with health-risk behaviours, including being:

- More likely to smoke.<sup>43</sup>
- Less likely to exercise.<sup>44</sup>
- More likely to have a poor diet.<sup>45</sup>
- More likely to consume heavy amounts of alcohol.<sup>46</sup>

## 3.3. COSTS

While it has been identified that there are substantial and significant health implications of loneliness, there has been relatively little attention given to the economic implications.<sup>47</sup>

Reports from countries such as the UK have shown the substantial costs associated with loneliness to employers, the health and justice systems, families, and society as a whole.

## Healthcare and Social Services

With evidence growing that loneliness is a substantial contributor to ill health, it is clear that loneliness results in a significant cost to the health system, and that loneliness is likely to be associated with excess health costs.

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41 TJ Holwerda et al., 'Increased Risk of Mortality Associated with Social Isolation in Older Men: Only When Feeling Lonely? Results from the Amsterdam Study of the Elderly (AMSTEL)', *Psychological Medicine*, 42/4 (2012).

42 Lim, Eres and Vasan, 'Understanding Loneliness in the Twenty-First Century', 798.

43 S R Dyal and T W Valente, 'A Systematic Review of Loneliness and Smoking: Small Effects, Big Implications', *Substance Use & Misuse*, 50 (2015).

44 L C Hawkey, R A Thisted, and J T Cacioppo, 'Loneliness Predicts Reduced Physical Activity: Cross-sectional & Longitudinal Analyses', 28 (2009).

45 Aline Richard et al., 'Loneliness is Adversely Associated with Physical and Mental Health and Lifestyle Factors', *PLoS ONE*, 12/7 (2017).

46 Gerard Mansour, 'Ageing is Everyone's Business', 20.

47 Mihalopoulos et al., 'The Economic Costs of Loneliness', 824.

A 2017 UK report by the Centre of Economics and Business Research estimated the total costs of loneliness to the health and justice systems at £32 billion.<sup>48</sup> In the US, it was estimated in 2017 that the costs associated with loneliness amongst older Americans alone to the health system was US\$6.7 billion.<sup>49</sup>

Another UK study conservatively estimated that the potential costs of loneliness to health and social services for people over 65 could be £1700 per person over a ten year period, and in excess of £6000 over the same period for individuals with the most severe loneliness.<sup>50</sup>

It was found that these costs could possibly be avoided by a solution such as using GP consultations to direct people to appropriate services and supports rather than just returning to the GP. 'Social prescribing' will be recommended as a possible policy option later in this report.

Research has indicated that there is a direct link between loneliness and health care utilization,<sup>51</sup> with individuals experiencing loneliness being more likely to seek medical attention in order to "satisfy their need for interaction".<sup>52</sup> For lonely people who are struggling with ways of socially connecting with others, speaking with their GP may be a way to meet their unmet social needs.<sup>53</sup>

One UK survey of GPs found that respondents estimated that between one and five patients a day visited their practices for social issues relating to loneliness, rather than for medical reasons.<sup>54</sup> This is consistent with a four year study in the US, which found that loneliness was positively associated with a higher number of physician visits among older adults.<sup>55</sup>

## Costs to Employers

A 2017 report by the New Economics Foundation, which recognised a conservative estimate of the amount of workers experiencing loneliness in the UK being over 1 million, valued the cost of loneliness to UK employers at £2.5 billion annually.<sup>56</sup> These costs are attributed to the impact that loneliness has on the health of employees and people who they care for, as well as the impact loneliness has on employee wellbeing, productivity, and staff turnover.

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48 Centre for Economics and Business Research, *The Cost of Disconnected Communities* (2017) <<https://www.edenprojectcommunities.com/the-cost-of-disconnected-communities>>.

49 Lynda Flowers et al., 'Medicare Spends More on Socially Isolated Older Adults', *AARP Public Policy Institute*, 125 (2017), 1.

50 David McDaid, Annette Bauer and A-La Park, *Making the economic case for investing actions to prevent and/or tackle loneliness: a system review* (London School of Economics and Political Science 2017), 6.

51 Mihalopoulos et al., 'The Economic Costs of Loneliness', 824.

52 Ibid.

53 Cruwys and Dingle, 'Why Do Lonely People Visit the GP More Often?'

54 Nicholas Pimlott, 'The Ministry of Loneliness', *Canadian Family Physician*, 64 (2018) 166.

55 Kerstin Gerst-Emerson and Jayani Jayawardhana, 'Loneliness as a Public Health Issue: The Impact of Loneliness on Health Care Utilization Among Older Adults', *American Journal of Public Health*, 105/5 (2015).

56 Juliet Michaelson, Karen Jeffrey and Saamah Abdallah, 'The cost of loneliness to UK employers', *New Economics Foundation* [website] (2017) <<https://neweconomics.org/2017/02/cost-loneliness-uk-employers>>.

The report estimated that the impact of loneliness on:

- Employee health outcomes and associated sickness absence costs employers £20 million a year
- The health of those who are cared for by friends or relatives in work, and the costs to employers of the associated caring activities by employees is £220 million a year
- Employee wellbeing in relation to productivity costs employers £665 million a year
- Employee wellbeing in regard to voluntary staff turnover costs employers £1.62 billion a year.

Loneliness can also be detrimental to the productivity of an individual because it is associated with poorer sleep quality and reduced ability to function or concentrate.<sup>57</sup> Employees who experience high levels of loneliness are also more likely than employees with lower levels of loneliness to have poorer job performance, lower commitment to their organisations, and lower levels of creativity.<sup>58</sup>

## Costs can be avoided

A key finding from several of the studies researching the costs of loneliness (predominantly from the UK) indicate that some of the costs are potentially avoidable if effective measures to reduce loneliness are implemented.<sup>59</sup> The London School of Economics found that every £1 spent on a successful intervention delivered a £2-3 savings in costs for the community.<sup>60</sup>

One Finnish study found that the costs of delivering interventions aimed at increasing participation for lonely people in a range of group activities were less than the costs avoided.<sup>61</sup> Showing that not only are the costs avoidable, but that costs can be saved by implementing appropriate solutions to reduce loneliness.

As all of this research on costs has been performed in regard to other countries, a similar economic study would need to be performed in Victoria to fully understand the costs associated with loneliness in the state. However, the evidence from the UK and other jurisdictions which have similar levels of loneliness to Australia, suggest the costs would be substantial to Victoria as well.

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57 Lim, Eres and Vasan, 'Understanding Loneliness in the Twenty-First Century', 797.

58 Ibid. 800.

59 McDaid, Bauer and Park, *Making the economic case for investing actions to prevent and/or tackle loneliness*.

60 'New Research into the Cost-Effectiveness of Loneliness Interventions', *London School of Economics*, (2017) < <https://www.campaigntoendloneliness.org/uncategorized/new-research-cost-effectiveness-loneliness-interventions/> >.

61 McDaid, Bauer and Park, *Making the economic case for investing actions to prevent and/or tackle loneliness*, 11.

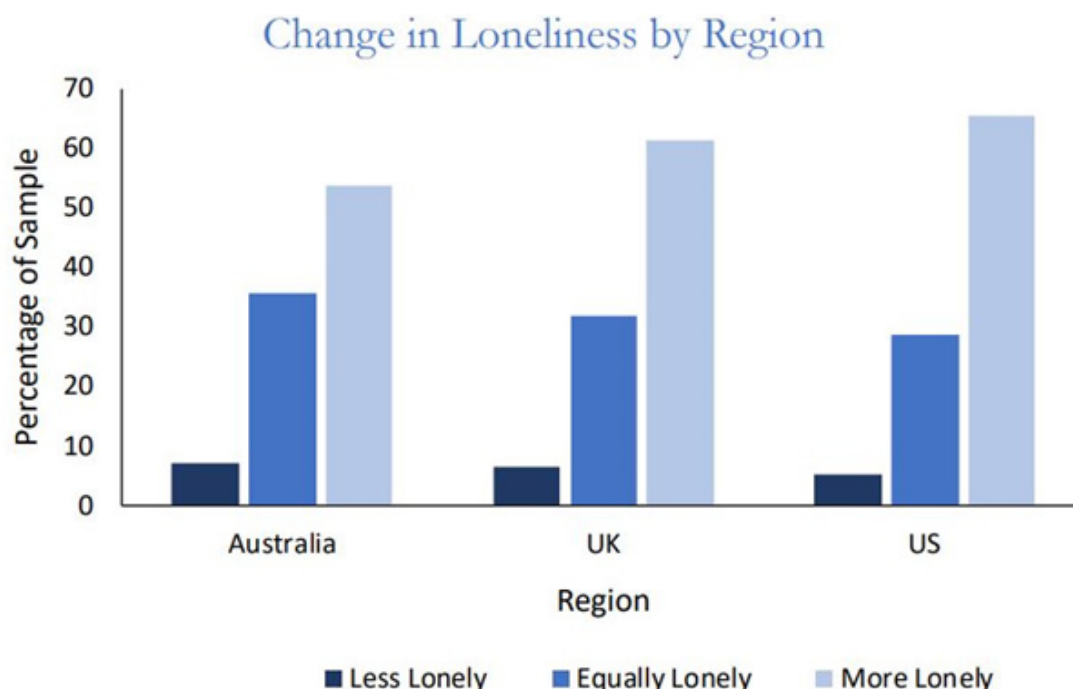


### 3.4. COVID-19

While loneliness was a growing health challenge before COVID-19, research has shown that the pandemic and greater social distancing due to government restrictions has had a dramatic impact on the mental health of Australians.<sup>62</sup>

Public health measures aimed at saving lives and decreasing the amount of cases in Australia are likely to increase loneliness, social isolation, poor mental health, and lower quality of life.<sup>63</sup>

The Survey of Health and Wellbeing – Monitoring the Impact of COVID-19 found that 1 in 2 Australian residents reported feeling lonelier since COVID-19, with those who reported feeling more lonely also reporting more depression and higher social anxiety.<sup>64</sup> It also found similar results in the US and UK.



Source: *Survey of Health and Wellbeing – Monitoring the Impact of COVID-19*.<sup>65</sup>

Beyond Blue, Lifeline and other telephone help services have reported “dramatic increases in calls from people experiencing anxiety and loneliness” since the COVID-19 restrictions were implemented.<sup>66</sup>

62 Ben J Smith and Michelle H Lim, 'How the COVID-19 Pandemic is Focusing Attention on Loneliness and Social Isolation', *Public Health Research and Practice*, 30/2 (2020), 1.

63 Swinburne University Research Bank and Ending Loneliness Together, *Survey of Health and Wellbeing – Monitoring the Impact of COVID-19*, (2020) <<https://www.swinburne.edu.au/media/swinburne.edu.au/research-institute/iverson-health/Loneliness-in-COVID-19-15-07-20-final.PDF>>

64 Ibid.

65 Ibid.

66 Smith and Lim, 'How the COVID-19 Pandemic is Focusing Attention on Loneliness and Social Isolation', 2.

A survey of more than 1000 Australians performed by the Australian Bureau of Statistics found that loneliness was the most commonly reported COVID-related personal stress, in front of rent, mortgage, financial, and relationship difficulties.<sup>67</sup>

While it is critical to recognise the impact that COVID-19 has had on social isolation and loneliness, and that it has created greater awareness about these issues, it must be stressed that loneliness was a growing health challenge for years prior and will endure long after the pandemic.

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67 Brook Turner, "'The World's Greatest Psychological Experiment': When the Loneliness Epidemic Met the Coronavirus Pandemic', *The Age*, 4 Sep. 2020.

## 4. Current Policy Framework

### 4.1. VICTORIAN GOVERNMENT

#### Older Australians

In response to the 2016 report by the Commissioner for Seniors, Ageing is Everyone's Business, which estimated that approximately 185,000 older people in Victoria will experience loneliness by 2031, the Victorian Government launched the Seniors Participation Grants program in 2018.<sup>68</sup>

The initiative provided \$700,000 of grants to reduce factors such as social and loneliness.

However, more than \$6 million in grant applications was received.<sup>69</sup> This clearly shows the issue is not receiving the amount of funding that is needed.

#### Royal Commission into Victoria's Mental Health System

The 2019 Interim Report for the Royal Commission into Victoria's Mental Health System does not address the seriousness of loneliness in Victoria. Loneliness as a mental health issue is only properly addressed on one page of the 680 page interim report, and is grouped with social isolation, rather than being discussed as a separate, distinct issue.<sup>70</sup>

#### Response to COVID-19

The Victorian Government has taken several steps to address loneliness and social isolation in response to COVID-19.

In July 2020, the Victorian Government launched, as part of the \$59.4 million mental health and wellbeing package, the Community Activation and Social Isolation initiative.<sup>71</sup> With more than

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68 'All the Lonely People – Isolation and Loneliness in Victoria', *COTA Victoria* [website] (2019) <<https://djpr.vic.gov.au/what-we-do/precincts-suburbs-and-regions/lets-stay-connected>>.

69 Ibid.

70 Armytage, Penny et al., *Royal Commission into Victoria's Mental Health System*, 'Interim Report', [online document], (Nov. 2019, Parliament of Victoria) <<https://rcvmhs.vic.gov.au/interim-report>>, 294.

71 Luke Donnellan (Minister for Child Protection, Minister for Disability, Ageing and Carers), *Keeping Local Communities Connected During Coronavirus* [Media Release], 10 July 2020, Victoria State Government, <<https://www.premier.vic.gov.au/keeping-local-communities-connected-during-coronavirus/>>.

\$6 million over six months, the initiative has expanded the Victorian coronavirus hotline by partnering with the Australian Red Cross, whose volunteers provide support for people who are experiencing loneliness and social isolation due to COVID-19.

The Victorian Government has also launched the Let's Stay Connected Fund, which provides grants between \$5000 and \$200,000 to support community-led initiatives which can be implemented quickly and that build connection and reduce feelings of loneliness and social isolation during COVID-19.<sup>72</sup>

While these are important initiatives, they are short-term and in response to COVID-19, and do not address the long-term health challenge of loneliness.

## 4.2. ENDING LONELINESS TOGETHER

Ending Loneliness Together is a not-for-profit organisation established to coordinate evidence-based initiatives to address loneliness in Australia.<sup>73</sup> By bringing together government, nongovernment organisations, and scientists; Ending Loneliness Together aims to raise awareness of the lack of evidence and research regarding loneliness in Australia, as well as advocate for effective approaches to ending loneliness among Australians.

It is essential that any action taken by the Victorian Government is done in partnership with Ending Loneliness Together.

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72 Department of Jobs, Precincts and Regions, *Let's Stay Connected Fund*, (2020), <<https://djpr.vic.gov.au/what-we-do/precincts-suburbs-and-regions/lets-stay-connected>>.

73 Smith and Lim, 'How the COVID-19 Pandemic is Focusing Attention on Loneliness and Social Isolation', 3.



# 5. Other Jurisdictions

## 5.1. UNITED KINGDOM – MINISTER FOR LONELINESS

In 2018, the UK Government appointed Tracey Crouch as the country's first Minister for Loneliness, and published the world's first government loneliness strategy.<sup>74</sup> Some of the strategies outlined include:<sup>75</sup>

- Developing a cross-government strategy to bring together government, local government, public services, businesses, and the voluntary and community sector to identify opportunities to address loneliness
- Developing evidence-based strategies to reduce loneliness
- Improving national statistics of loneliness so the prevalence can be better understood
- Establishing a dedicated fund to work with charities that implement initiatives to reduce loneliness.

In January 2020, the Department for Digital, Culture, Media and Sport released the first Loneliness Annual Report. The report outlined the progress of the delivery on the 60 commitments made in 2018, including:<sup>76</sup>

- Helping frontline workers across the public sector to recognise and act on loneliness
- Expanding social prescribing by supporting the recruitment of 1000 additional social prescribing link workers by April 2021
- Conducting several pilots to better understand how to support people experiencing loneliness.

Appointing a Minister for Loneliness followed research indicating that more than 9 million people in the UK always or often feel lonely, and around 10% of adults aged over 65 experience loneliness. Research shows that the prevalence of loneliness is similar, if not higher, in Australia.

Therefore, it will be recommended that Victoria follows the lead of the UK and creates a ministerial portfolio for loneliness.

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74 Department for Digital, Culture, Media and Sport, *A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change* (2018), < [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/750909/6.4882\\_DCMS\\_Loneliness\\_Strategy\\_web\\_Update.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf)>.

75 May, Theresa (Prime Minister), *PM commits to government-wide drive to tackle loneliness* [Media Release], 17 Jan. 2018, Prime Minister's Office, < <https://www.gov.uk/government/news/pm-commits-to-government-wide-drive-to-tackle-loneliness>>.

76 Department for Digital, Culture, Media and Sport, *Loneliness Annual Report: The First Year* (2020), <[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/858909/Loneliness\\_Annual\\_Report\\_-\\_The\\_First\\_Year.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/858909/Loneliness_Annual_Report_-_The_First_Year.pdf)>.

## 6. Recommendations

As loneliness is a complex issue that may be the consequence of multiple factors, for solutions to be effective, they must be relevant to the unique experience of the person.<sup>77</sup> The recommendations provided in this report aim to provide a range of different solutions to address loneliness, as well as recognise that individuals may need multiple interventions to successfully reduce their feelings of loneliness.

It has been emphasised by experts that it is essential that any interventions and solutions to address loneliness must be evidence-based, and strategies developed to reduce loneliness should be guided by economic evidence.<sup>78</sup> The importance of possible solutions being cost-effective cannot be understated, as it is essential to determine which measures best represent value for money compared to other ways in which loneliness could be addressed.<sup>79</sup>

It must also be stressed that many experts have stated that there is little evidence to guide strategies to prevent or reduce loneliness, meaning more and continuous research is essential to understand how to effectively tackle the issue.<sup>80</sup>

### RECOMMENDATION 1: CREATE A MINISTERIAL PORTFOLIO FOR LONELINESS

The Victorian Government creating a portfolio for loneliness is essential to ensure that solutions to tackle loneliness are evidence-based and cost-effective, as well as ensuring that solutions to try and end loneliness are funded and implemented long after the COVID-19 restrictions are lifted. Currently, James Merlino MP is the Minister for Mental Health. This would be an appropriate ministry for a portfolio for loneliness to be added into.

There has been inadequate attention given to the public health challenge of loneliness in Victoria, as well as insufficient investment in research of the causes of loneliness and strategies to reduce the impacts of loneliness.<sup>81</sup> A Minister with a portfolio for loneliness could ensure that sufficient resources and funds are invested into addressing loneliness effectively.

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77 Lim, Eres and Vasan, 'Understanding Loneliness in the Twenty-First Century', 801.

78 Mihalopoulos et al., 'The Economic Costs of Loneliness', 824.

79 McDaid, Bauer and Park, *Making the economic case for investing actions to prevent and/or tackle loneliness*, 7.

80 Smith and Lim, 'How the COVID-19 Pandemic is Focusing Attention on Loneliness and Social Isolation', 3.

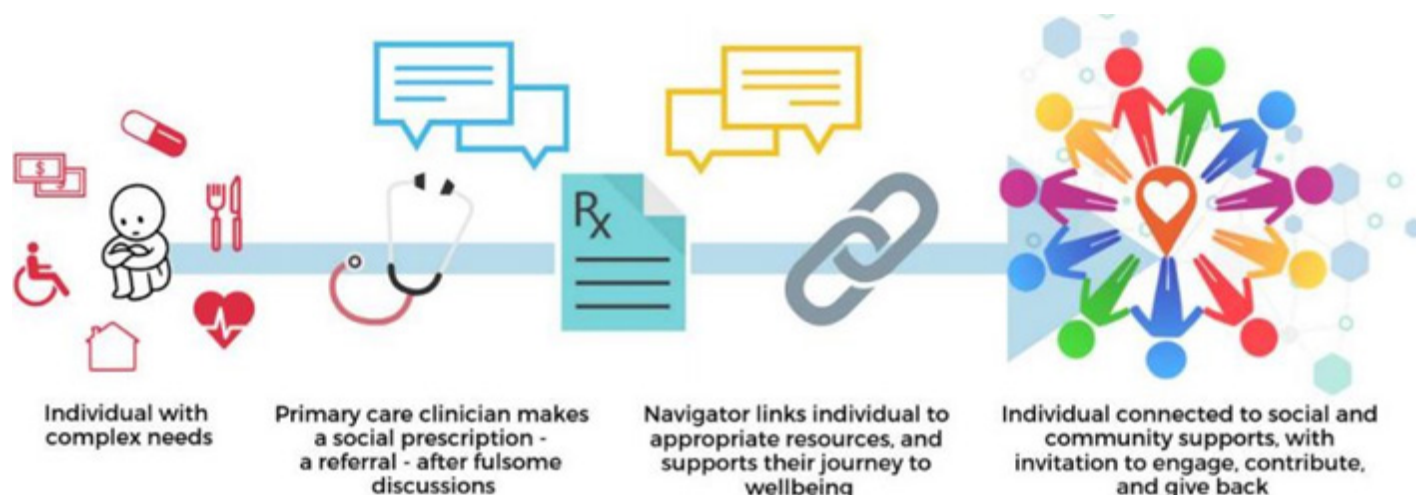
81 Ibid.

Similar to the UK, a ministerial portfolio for loneliness in Victoria could:

- Develop and fund strategies to reduce loneliness by working with the community, charities, businesses, and the different levels of government
- Fund research to develop evidence-based strategies to reduce loneliness
- Improve statistics to better understand the prevalence rates of loneliness in Victoria
- Fund research to better understand the costs associated with loneliness in Victoria
- Develop and fund initiatives such as social prescribing, social skills training in schools, workplace initiatives, and large-scale public awareness campaigns.

## RECOMMENDATION 2: SOCIAL PRESCRIBING

Social prescribing is a process “where a healthcare worker refers a patient to a link worker who assesses their needs and provides a non-medical prescription to improve their health and wellbeing”.<sup>82</sup> Examples could be a prescription to social activities, sporting teams, community groups, volunteering, befriending programs, or to information or learning new skills.



Source: 'Social Prescribing Pathway', *Social Prescribing in Ontario: Progress Report*<sup>83</sup>.

As loneliness is a complex issue that affects many people in many different ways, social prescribing is appropriate because it is driven through an understanding of individual needs. Prescriptions are specific to the individual, meaning the most beneficial and appropriate way of addressing an individual's loneliness can be recommended.

82 'Social prescribing is coming to Australia', *Larter* [website] (2019) <<https://larter.com.au/social-prescribing>>.

83 Alliance for Healthier Communities, *Social Prescribing in Ontario: Progress Report*, 9.

Social prescribing has the potential to improve the health of individuals by reducing loneliness, as well as the potential to dramatically reduce the burden on the health care system and reduce costs.<sup>84</sup> Proven benefits from international experiences with social prescribing include:<sup>85</sup>

- Reduced emergency department usage
- Reduced inpatient admissions
- Reduced GP over-attendance
- Reduced GP workload.

One UK study on multiple social prescribing programs found an average drop of 28% of GP appointments and an average reduction of 24% in Accident and Emergency admissions.<sup>86</sup>

Another study, which focused on an initiative where frequent GP attenders were supported to join a social group, found that after three months, 41 per cent of the participants visited their GP less.<sup>87</sup> People who felt less lonely after joining a social group were the group of participants who experienced the biggest drop in GP attendance. This research, which also included two other studies and a total of almost 1900 people, concluded that "there would be benefit to screening for loneliness in primary care and referring those who need it to a social group program that interests them".<sup>88</sup>

There is a growing amount of evidence to support social prescribing, and it has been promoted in the UK by the Minister for Loneliness and the Department of Health, which has called for social prescribing in every locality, with a aim of getting over 900,000 people to access social prescribing schemes.<sup>89</sup> The UK Government is aiming to support all local health and care systems to implement social prescribing schemes by 2023, and has committed a substantial amount of funding to expand existing schemes or introduce new ones, as well as to expand organisations that individuals can be linked to.<sup>90</sup>

For social prescribing to be implemented effectively, there must be a range of community-based organisations that individuals experiencing loneliness can be linked to join. These could include (and are not limited to) sporting clubs, community groups, and senior citizens clubs.

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84 Cruwys and Dingle, 'Why Do Lonely People Visit the GP More Often?'

85 'Social prescribing is coming to Australia', *Larter*.

86 Alliance for Healthier Communities, *Social Prescribing in Ontario: Progress Report* (2019) < <https://www.allianceon.org/sites/default/files/documents/Rx-Community-Progress-Report-EN-June2019-web.pdf>>, 6.

87 Cruwys and Dingle, 'Why Do Lonely People Visit the GP More Often?'

88 Ibid.

89 Eleanor Holding et al., 'Connecting communities: A qualitative investigation of the challenges in delivering a national social prescribing service to reduce loneliness', *Health and Social Care Community*, 28 (2020) 1536.

90 Department for Digital, Culture, Media and Sport, *A Connected Society*.



Neighbourhood Houses Victoria, an organisation which has over 40 years of experience connecting people and creating and maintaining social connection is seeking to build the incidence of social prescribing in Victoria. There are 377 Victorian Neighbourhood Houses, which in 2017 reported over 190,000 visits each week and provided over 480,000 opportunities for people from a range of diverse and disadvantaged backgrounds to participate in community-based social, physical, recreational and volunteering opportunities.<sup>91</sup> A survey of over 47,000 Neighbourhood House participants found that 57 per cent reported benefits that relate directly to forming and/or maintaining social connections.<sup>92</sup> Neighbourhood House type activities (among others) have been recommended for individuals experiencing loneliness by organisations such as the Black Dog Institute and Beyond Blue.<sup>93</sup> Increased government funding would likely be necessary for Neighbourhood Houses to be able to effectively handle an increase in visitors.

It is essential to recognise that for social prescribing to positively address loneliness, the availability of resources must be considered, with policy decisions to implement social prescribing schemes in other jurisdictions "often failing to recognise the lack of capacity and limited resources within the community and voluntary sector".<sup>94</sup> Therefore, if social prescribing is implemented on a large scale in Victoria, it is vital that a significant amount of funding is invested in community organisations that individuals could be linked to, and that loneliness is specifically measured as one of the main outcomes.

It is important to also recognise that while social prescribing may contribute substantially to reducing healthcare related costs, it is more of a solution to reduce social isolation rather than loneliness, as there is currently no substantial evidence to suggest it helps to improve the quality of relationships. More research will be needed to monitor the impacts that social prescribing has on loneliness.

### RECOMMENDATION 3: SOCIAL HEALTH EDUCATION IN SCHOOLS

As loneliness is most prevalent in young people, it is essential to focus interventions on adolescents, as it could have the largest impact on loneliness in the long term.<sup>95</sup> One possible solution to address this is social health education in schools.

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91 David Perry, 'Social isolation and loneliness – a neighbourhood house perspective', *Neighbourhood Houses Victoria*, (2020) < <https://www.nhvic.org.au/FAQs/loneliness-social-isolation-and-neighbourhood-houses> >, 9.

92 Ibid.

93 Ibid. 10.

94 Holding et al., 'Connecting communities', 1541.

95 Lim et al., 'A Pilot Digital Intervention Targeting Loneliness in Young Mental Health', 2.

It has been found that young people around the age of 20 favour the quantity of relationships over the quality.<sup>96</sup> One of the main strategies to reduce loneliness is to “maximise the experience of social connection within existing relationships by helping the lonely individual to show more prosocial behaviours towards others”.<sup>97</sup> This means that loneliness could be reduced and also prevented if individuals have a better understanding about how to communicate with one and other, and how to develop and maintain meaningful social relationships.<sup>98</sup>

It is recommended that the Victorian Government implement education policies to deliver programs in schools that teach these skills, so that adolescents can learn how to maintain meaningful relationships. Programs could also prepare adolescents for the life transitions they are about to experience after leaving school. Increased understanding of the challenges that they could face socially when going to university or entering the workforce could mean that less young people in the future experience loneliness or experience it as severely. Programs in schools that encourage and promote good social health may also protect young people from loneliness.<sup>99</sup>

While there is a lack of evidence and more research is needed regarding the effectiveness of programs that aim to reduce loneliness for young people, programs that “enable young people to better signal an openness to connect with others, enhance their ability to regulate emotions and manage social relationships, and those that can provide safe social opportunities, hold promise”.<sup>100</sup>

Educational policies that are successful in assisting young people in having high-quality relationships and improving their ability to adjust to new social environments, could mean that loneliness is not as prevalent in young Victorians in the future.

## **RECOMMENDATION 4: WORKPLACE INITIATIVES TO ADDRESS LONELINESS AND PREPARE EMPLOYEES FOR RETIREMENT SOCIALLY**

### **Workplace Initiatives**

A 2017 report from the New Economics Foundation in the UK stated that due to the substantial costs related to the impact that loneliness has on employees, it is in the direct interest of all

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96 Lim, Eres and Peck, *The Young Australian Loneliness Survey*.

97 Lim et al., 'A Pilot Digital Intervention Targeting Loneliness in Young Mental Health', 2.

98 Lim, Eres and Vasan, 'Understanding Loneliness in the Twenty-First Century', 802.

99 Lim, Eres and Peck, *The Young Australian Loneliness Survey*.

100 Ibid.

employers (government, private and public sector) to “take both reactive and preventative approaches to minimise the loneliness of their employees”.<sup>101</sup>

For this to be effective in Victoria, it is essential that the Victorian Government raises awareness so that employers understand the costs associated with loneliness and the benefits that can come from addressing loneliness in a business sense.

It is recommended that the Victorian Government set up educational and supportive programs to help employers address loneliness as an issue which may be currently affecting employees.

Social health programs should be implemented in workplaces, as well as the promotion of social activities and healthy behaviour. If initiatives are successful in reducing loneliness in employees, it could result in many positive outcomes, such as increases in productivity, employee wellbeing, and job satisfaction.

## **Preparing Employees for Retirement Socially**

Preparing employees for retirement socially is an important preventative measure to reduce the number of older adults who experience loneliness in the future, with the number of older Victorians experiencing loneliness predicted to rise to 185,962 in 2031.

Older adults contribute substantially to the Victorian economy, with participation in the paid workforce, provision of support for others as unpaid carers, and volunteerism in the community.<sup>102</sup>

Research has shown that:

- More than 162,000 carers in Victoria are aged 65 or over.<sup>103</sup>
- The economic value of volunteer support in 2012 provided by people over the age of 65 in Victoria was \$681 million.<sup>104</sup>
- Australian grandparents provide 34 per cent of childcare in 2011.<sup>105</sup>

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101 Michaelson, Jeffrey and Abdallah, 'The cost of loneliness to UK employers'.

102 Gerard Mansour, 'Ageing is Everyone's Business', 28.

103 Department of Health and Human Services, *Recognising and Supporting Victoria's Carers: Victorian Carers Strategy 2018-22* (2018), <<https://www.dhhs.vic.gov.au/publications/victorian-carer-strategy-2018-2022>>.

104 Department of Planning and Community Development, *The Economic Value of Volunteering in Victoria* (2012), <<https://www.volunteer.vic.gov.au/sites/default/files/documents/201808/Economic-Value-of-Volunteering-in-Victoria.pdf>>.

105 National Seniors, *Grandparent Childcare and Labour Market Participation in Australia* (2015) <[https://nationalseniors.com.au/uploads/09151356PAC\\_GrandparentsChildcareLabourForceParticipation\\_Report\\_FINAL\\_Web\\_0.pdf](https://nationalseniors.com.au/uploads/09151356PAC_GrandparentsChildcareLabourForceParticipation_Report_FINAL_Web_0.pdf)>.

Retirement is a key trigger event that may significantly influence loneliness<sup>106</sup>. Therefore, it is essential, as the Victorian Government found in its 2016 report, to “provide information and education for the workforce on the services and activities available in the local community to help reduce social isolation and loneliness after retirement”.<sup>107</sup>

As well as the positive impact that reducing loneliness can have on the economy, it can also help in limiting unnecessary health and welfare costs. In 2016, 48 per cent of public hospital patients were over 60 years old.<sup>108</sup> As the ageing population will increase drastically over the next 10 years, it is vital to address loneliness to keep older people healthy and out of hospital, which would result in reducing the already heavy strain on the Victorian public health system.

As stated in the Victorian Government’s report, Ageing is Everyone’s Business, the Victorian Government “stands to gain by utilising the assets of our ageing population, and better manage health costs if loneliness and isolation among older people is reduced”.<sup>109</sup>

## **RECOMMENDATION 5: LARGE SCALE PUBLIC AWARENESS CAMPAIGNS**

A 2016 report by the Victorian Government stated that there is a need to raise awareness that loneliness is a significant health and wellbeing issue.<sup>110</sup> Large-scale public awareness campaigns have been a popular approach in international jurisdictions. A Victorian Government public awareness campaign could be effective in raising awareness of the significant issue of loneliness, as well as promoting positive social behaviours, and possibly removing some of the stigma that may be associated with loneliness.

As some people may be afraid to speak up about loneliness due to the stigma associated with it, a public awareness campaign which raises awareness about the prevalence of loneliness and the associated health outcomes may encourage others to speak up and seek help. This would also result in a much better understanding of the level of loneliness in Victoria and Australia.

Many people may take initiatives to reduce loneliness more seriously if they are fully aware of the effects and prevalence of loneliness. This report recommends social skills training in schools and programs for workplaces to prepare employees for retirement socially. Initiatives such as social health training in schools and workplaces interventions are likely to be less effective

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106 Gerard Mansour, ‘Ageing is Everyone’s Business’, 51.

107 Ibid.

108 Ibid. 55.

109 Ibid.

110 Gerard Mansour, ‘Ageing is Everyone’s Business’, 23.

if adolescents and adults do not understand the likelihood of experiencing loneliness when going through life transitions such as leaving school or retirement, and the health outcomes associated. Individuals may also be more likely to access social prescribing if they become aware that they themselves, are experiencing loneliness.

## **RECOMMENDATION 6: SOCIAL/COMMUNITY CAFÉ SCHEMES**

Social or community cafes are cafes which set aside tables for customers to go and join in conversation with other strangers who may be experiencing loneliness. One successful initiative that is proven to positively address loneliness is the Chatty Café Scheme, which was set up by Alexandra Hoskyn in the UK in 2016.<sup>111</sup>

In only three years, the scheme expanded to over 1000 cafes, including cafes in local libraries and hospitals, and has also won several awards. Cafes taking part in the scheme pay £10 a year, and café owners have told Ms Hoskyn that the scheme is good for business as it attracts new customers.<sup>112</sup> The Chatty Café Scheme is cost-effective, with UK research estimating that a similar community café scheme that provided a safe and social environment for people experiencing loneliness generated a return of £8 for every £1 invested.<sup>113</sup>

The Chatty Café Scheme has recently been introduced in Australia. This report recommends the Victorian Government promote and assist this scheme to help raise awareness around the issue of loneliness, as well as work with cafes to provide a safe environment for people experiencing loneliness to increase their social connectedness.

It is important to recognise that this scheme may not help individuals experiencing social anxiety. However, linking volunteers who could accompany people who are experiencing social anxiety to their first few visits to such a program could be beneficial.

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111 Lindsay Cook, 'Combatting the 'Loneliness Epidemic' with Coffee and Chat', Financial Times, 1 Mar. 2019.

112 Ibid.

113 McDaid, Bauer and Park, Making the economic case for investing actions to prevent and/or tackle loneliness, 10.

# 7. Conclusion

While the COVID-19 restrictions have made it possible to more deeply appreciate the health consequences of loneliness, it is essential to recognise that experts have argued that the issue has been under-recognised for a number of years, and the public health challenge of loneliness will endure for a long time after the pandemic.<sup>114</sup> It is crucial to address this issue now. With the level of loneliness reaching “epidemic proportions” and prevalence rates being predicted to increase in the next couple of decades, loneliness is proving to be among the most challenging social and health issues of the 21st century.<sup>115</sup>

Mental health problems are costing Australia up to \$180 billion a year.<sup>116</sup> This report has outlined the substantial costs that are associated with loneliness on individuals, and society as a whole. While this report has shown that more research is needed, it is clear that the long-term public health impacts of loneliness “can be turned around by the collaborative efforts of practitioners and researchers from multiple disciplines to generate evidence-based policy and programs”.<sup>117</sup>

To reduce and prevent loneliness, it is recommended that the Victorian Government:

- Create a ministerial portfolio for loneliness to implement the recommendations in this report, as well as fund research to develop evidence-based strategies to reduce loneliness
- Implement social health training in schools to prevent young people from experiencing loneliness
- Develop and fund educational programs in workplaces to reduce loneliness and to prepare employees for retirement socially
- Fund and promote social prescribing to help individuals experiencing loneliness access social support through community-based organisations
- Produce large-scale public awareness campaigns to raise awareness about the prevalence and impacts of loneliness in Victoria
- Promote and assist social/community café schemes to provide a safe environment for people experiencing loneliness to interact with others.

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114 Smith and Lim, ‘How the COVID-19 Pandemic is Focusing Attention on Loneliness and Social Isolation’, 1.

115 Jorien Laermans et al., ‘PROTOCOL: Friendly Visiting by a Volunteer for Reducing Loneliness and Social Isolation in Older Adults, *Campbell Systematic Reviews*, 16/2 (2020), 1-2.

116 Turner, “The World’s Greatest Psychological Experiment”.

117 Ibid. 3.



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