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Ending loneliness together:
Combatting the new challenge of our times

Presentation by
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Video and audio versions of this speech, where available, can be found at www.communitiesincontrol.com.au

About the presentation

Before the pandemic, loneliness was already an increasing problem within Australia, but now it's one of the leading problems we face. Loneliness is a social issue that is becoming a huge burden on our health system and our economy. The community sector has the knowledge, tools and people at its disposal to help end loneliness – we just need to know how to harness our potential. In this keynote, Dr Michelle Lim shares the latest on how loneliness is affecting our society, and offers insights on what you can do to help.

Introduction from Our Community executive director Kathy Richardson

We've got a massive afternoon in store. And to begin the afternoon, I'd like to introduce you all to our next guest speaker, Dr Michelle Lim.

Dr Lim is the CEO of Ending Loneliness Together, a national Australian network made up of universities and industry partners, and the director of the social health and wellbeing group at the University of Sydney's School of Public Health.

Her work informs the Australian government and many of those working in the not-for-profit sector. She was the chief investigator of the Australian Loneliness Report (2018) and the Young Australian Loneliness Survey (2019). Her findings noted that one in four Australians aged 12 to 89 report problematic levels of loneliness. Let that sink in for a minute. One in four.

Moving from data to action, in 2020, Dr Lim co-founded and became the inaugural co-director of the Global Initiative on Loneliness and Connection, a coalition of organisations from 12 countries committed to ending the global problem of loneliness and social isolation.

We're honoured that Dr Lim is here with us today to speak on an increasingly important subject.

Please make her feel welcome.

Dr Michelle H Lim, CEO, Ending Loneliness Together

Thank you for having me here, it's a real privilege. It's actually my first time at this conference, so I'm very excited.

Before I start, I would just like to acknowledge that I'm on the lands of the Wurundjeri people of the Kulin Nation and pay respects to the traditional owners.

My name is Dr Michelle Lim. I am the chair and scientific chair of Ending Loneliness Together, and also the incoming research lead at the Social Health and Wellbeing Group at the Prevention Research Collaboration School of Public Health at the University of Sydney.

I'm just going to get used to the slides. So, in today's half an hour talk, and I think there's a bit of a discussion which I'm really looking forward to, I'll just briefly introduce Ending Loneliness Together. So, some of you may or may not know who we are. I will also really start defining what the problem is, because without really defining and having some sort of consensus definitions, it will really affect the way we think and actually deal with the issue. I will also draw a little bit of a landscape within Australia about who might be the most vulnerable, and why should we even care about it. As many of you would know,

loneliness is something we've all felt, but why should we even bother trying to address it?

And really finally, kind of to wrap things up, this is really kind of more of a high level what we can do, I would really be interested to hear and be led by you in terms of the discussion about what we can also do in our communities.

So, about Loneliness Together. It's actually a national organisation that's leading the way in terms of combatting what we call chronic loneliness and social isolation in Australia. And this is in Australians across the lifespan, so it's not any kind of specific group. We really do so by developing the evidence base. We want to build resources and tools, and also influence government and raise public awareness about this issue, which is why I'm here today.

So, these are actually some of our supporters. I've only put a few of our very close supporters in terms of who has been helping us along the way. Our journey started in 2016, and we are really only here because of these wonderful partners who have actually contributed a lot of the resources and in-kind expertise, and to really grow this organisation. And without these supporters, we wouldn't be here today.

But we also have 39 organisations under our banner, all the way from corporates, not-for-profits, that really focus on really understanding the issue of how loneliness impacts their community and their organisation.

In terms of the evidence, we have actually two white papers. The first really is a big ground-breaking paper in 2020, where we draw the evidence about what's going on with loneliness in our communities. So, we go from young people and children, all the way up to older adults, and what we should be doing in our communities.

In late last year we also have a white paper that's addressed the impact of covid, on how it's increased our social isolation, but also increased our rates of loneliness. And for those of you who are in practice at the moment, if you ever want to measure loneliness as an outcome of your programs, we actually have the loneliness outcomes framework. So, this is actually based on a measurement invariant, what we call a psychometrically validated tool. So, what that means is that it doesn't matter if you're 18 or you're 75, you are going to respond to the

questions the same way. And this is really important, because then we know that we are actually measuring the same thing. So, it's only four items, so you can go ahead and, if you are interested, it's actually all on our website.

One of the things that's really critical for us and really speaks to how we came about, is that it actually, the lived experience of people who are lonely is really guiding a lot of our work. So, people who live in living experience guide our work along the way. And this is really critical, because loneliness is very subjective. And I'll talk a little bit more about that before. So, what might work for me might not work for you, and it's really important we can kind of get perspectives. This is just one face of loneliness, but loneliness has many faces.

And I will just talk a little bit about the energy I think, not just within Australia, but outside Australia as well. In terms of our international impact, so I co-founded the Global Initiative on Loneliness and Connection. So, this is actually a non-profit that's registered in Washington DC, and actually has about 12 member countries within it, and actually works in partnerships with the following people. So, it works in partnership with the World Health Organisation that's starting the Commission to Loneliness and Social Isolation this year. The EU Joint Research Centre, but also the US Surgeon General, Dr Vivek Murthy.

And really just paring that back, I think what's really important is actually understanding why we are here. And I will tell you a little bit about why I'm here, so that you can actually understand why I'm passionate about this area. Around, I would say 20 years ago, I started my clinical career in public mental health as a psychologist. And I saw the most unwell people in our community, who were incredibly vulnerable, to the point that they are often not independent. So, they are living in group homes, they are living often with elderly parents. And we would see them as a service, as a health service I would say sometimes three times a day, seven days a week. That's a lot. That is a high needs group.

And whilst I enjoyed my work, I think what I found was no matter what we did as a service, we could never cater to the social needs of the people we saw. In fact, our ability to see them, and actually reduce their social isolation, actually did nothing to their loneliness. And in the Australian National Survey of People with Psychosis, it actually says, they actually reported that loneliness was actually a top challenge for this group. In addition to employment, in addition to

financial concerns, loneliness was an issue. But we couldn't do anything as a service.

So that really got me very intrigued and interested in actually understanding what else we can do. If I can't provide the social needs of the people I'm trying to help, what is it that's really lacking in our community? What is it lacking in what we are actually doing? And what can we do better?

And it really just goes back to what the definition is. Because as I mentioned, I would see people sometimes three times a day, we are talking about medication and compliance, the nurses would come in, supervise medication. We would see them seven days a week, but loneliness was still an issue. So, I really want to focus on why that is. And many of you already know, perhaps, loneliness is sometimes something that's a little bit hard to get your head around. We can kind of be very much lonely in silence. It can be really difficult for people to recognise that they might be lonely, let alone actually seek the help they need.

And the main point here really is that loneliness is subjective. It's subjective, it's unpleasant, it's distressing. And these feelings come about because you feel a lack of connection to other people, but also you desire more satisfying relationships with other people. It's very hard to know if someone is lonely if you are not that person or if you don't ask them. So, it's what we call an unobservable factor.

This is very different to social isolation. As I mentioned, we will see people two, three times a day. Sometimes we will involve them in groups, we will try to get them employment. But if those relationships are not meaningful to them, they will still report loneliness. And so social isolation for me is a much more obvious construct, a much more obvious thing for us to detect. As the third person, it's easier for us to know how many times did this person attend a group or how many people do they know? Do they live in an urban area? Are they employed? How many roles do they have? We can count that on our fingers, and we don't necessarily always have to ask people to get that information. And in fact, social isolation sometimes, in many big epidemiological studies, is coded as living alone status, because it's obvious – it's much more obvious, and easy to code.

And what this actually means is that while they are both social constructs, they're what we call weakly and moderately correlated, so they're only related somewhat. They are not entirely the same, in kind of psychometric terms they're a little bit related. I want to put it in a layman's term. So, you can be socially isolated but not lonely. But you can also be lonely but not socially isolated.

And you do have the term social connection. And what we actually mean is actually, it's an umbrella term that covers both. So, to be more socially connected is to be less lonely and socially isolated.

The best quote I often use, I think, is from the late Robin Williams. He says, "I used to think that the worst thing in life was to end up all alone. It's not. The worst thing in life is to end up with people who make you feel alone."

So, when you know someone is lonely, when they might say things like, "No one understands me, no one has my back, I don't really have anyone to turn to or talk to," despite being with other people, besides being married, besides being in big families, they will say these things to you. And why do we actually need to know the difference? It's because what we actually do is quite different. So, we have to make the distinction to understand which we are targeting.

So, when it comes to loneliness it's really about the quality of your relationships. So, this quality focus of, yes I might introduce people to this person's network, but do they feel meaningfully connected to them?

One example I often bring up is I often ask my colleagues, myself, "Do you know your neighbours? Because I do know all my neighbours very well." And he says, "No, I hate my neighbour." Which always kind of tickles me because I didn't expect him to say that. It was quite a strong statement. But he knows his neighbour, but he hates his neighbour. So that's not a meaningful relationship for him, though he actually does, they have these very terse kind of interactions. Which is a bit of a shame, because I often think that's really nice to know your neighbours.

While social isolation is really about knowing more people. Again, you might know many people, but you might not feel like you have that meaningful social connection. And always again, one of those things is very obvious. And I would say in terms of the research, both actually lead to poor outcomes. But when you

have them working synergistically together, it's actually incredibly worse for your outcomes in terms of your health and your mortality and morbidity. So not saying that one is not more important than the other. I think what's really important for us to know is that one is just much more obvious than the other.

So often people say, you know, "Yeah, my program actually reduces loneliness." But how do they know if they don't ask? Because we don't actually know unless you ask. It's very obvious that it does reduce social isolation, but is it obvious, does it actually reduce loneliness? It's often something that we just take a guess, assume, but it's really important that we also ask. Because again, it could be the case that you introduce more people, but actually they hate the people they actually know.

Another little question here is really who are the lonely people? I do want you to raise your hand if you have been lonely before. Well, a small portion of you are liars. Because we are talking about a construct here that's very similar to feeling hungry or feeling thirsty. So, when I actually say who are the lonely people, actually all of us.

I'm just going to show you data that's just taken at the one time point, so what we call a snapshot. And this actually shows vulnerability in terms of your ages. I would say that this data in Australia, it mirrors some of the international data, but I'm really more interested in the data from the Western countries. So, we don't really know very much about different countries other than the non-Western type countries. And perhaps might not mirror the lower-middle-income countries.

What really surprised me is, I've always thought that the 12- to 17-year-olds were actually the most lonely, but actually in fact they have some protective factors, in that most of them actually still live at home and actually in the safety of the parental home. But once they leave that safety net, once they embark on social challenges, go to university, employment, they actually have to make new relationships with what we call non-same-age peers, people who are much older than them. They're trying to manage their high school relationships yet trying to make new ones; that's actually an incredibly stressful social transition time.

So many of you who might have teenagers going into young adulthood, it's actually incredibly challenging for young people. And it's kind of consistent

with developmental milestones. They really, really, really, really, really want more friends, really want more friends. And that's not often the case that they can get those friends that they want, when they are doing that transition.

Another vulnerable group, again, which surprised me a little bit, is the 56 to 65, right before retirement. And we don't really know why that might be the case, but there's some hypothesis going on about kids moving out of home, transitions again with employment, any kind of periods of transitions may actually increase a vulnerability.

Now, the 36 to 45, the one right in the middle, what we are noticing in big epidemiological data including the HILDA study, for example, is that that group's incredibly vulnerable as well. So, if you fall into that age group, you might have embarked at the peak of your career, you don't actually have that much time to invest in relationships, and that could actually leave you to feel quite lonely.

So, these are all hypotheses, but these are what we call age vulnerabilities. But I have to tell you that it's not just age that actually puts us in a vulnerable position. It's other factors like low income, if you live in the poor neighbourhood, if you have chronic disease, and if you have mental ill health, that actually puts you at a higher risk.

So, if loneliness was something that we all have felt and it's innate, why should we care? So, we know that this is an issue before covid, but in the last 20 years or so, there's an increasing amount of what we call robust scientific evidence to actually say that loneliness actually decreases our – well, it increases our likelihood of an earlier death, so it increases mortality. So, we are about 26% more likely to die earlier. That's actually not very different to if you lived alone or if you are socially isolated, they're all equivalent. So, we know that if you are feeling lonely or if you are at risk of loneliness which is not addressed, you are actually more likely to die earlier. And this is kind of really stemming from more the social neuroscience literature around that when you feel you don't have those meaningful social connections, you are actually more physiologically stressed.

Again, we know actually this is really, really interesting, this is not something that most people know: actually, loneliness is also associated with poor physical

health. And in big, what we call longitudinal, studies in terms of prediction, it actually has a relationship with cardiovascular disease and type-2 diabetes in particular. This is what we call quite consistently that we see. We don't really know why it affects the heart, but it puts a different spin to lonely hearts.

And of course, with our poor mental health, what we do know is that it's acting as an antecedent to poor mental health in people who don't have a diagnosis. So, if I'm lonely at one time point, I am more likely to be depressed, socially anxious, or paranoid six months down the line. So, it's acting almost like a precursor to poorer mental ill health. It is also associated with particular mental health disorders, but worryingly, increased suicidality. So, there's a lot of research now that looks at how it increases suicidal ideation and behaviours, and people who are lonely are about 17 times more likely to have made a suicide attempt in the past year. So, that's huge. And it's basically telling us this is an opportunity for us to actually think of loneliness as a feasible target.

We do know there are other outcomes. I've only put very few ones here, but there's also sleep regulation, and reduced physical activity, poor diets. If you don't feel like you have those meaningful social connections, why bother to be healthy? Why bother to exercise? Why bother to eat well? Why bother to go see the doctor? So, those sorts of things have huge implications, and unfortunately, also economic implications. We know now that, especially in older adults, if you are lonely, you are more likely to go see your GP, you are more likely to access emergency department services. And there are costs to these things. It's not just to our health, it's also to our workplaces. So, we often think about the health implications, but there's a cost to business. There's a lot of emerging research that looks at loneliness reducing cooperation within organisations, reducing creativity, increasing absenteeism, increased leave just from illness.

So, the Curtin University-Bankwest report actually tried to quantify the cost of loneliness, and it's around $2.7 billion a year. And that's $1,565 for every person who becomes lonely. But luckily, we do know that loneliness programs do work, and there's a return on investment from about, for every dollar that we put in is around $2.14 to $2.87. So, it's worthwhile targeting it, it's worthwhile thinking about solutions that can actually focus on loneliness.

So, we need to think about loneliness in terms of how we target. There's many different ways. And unfortunately, if we think about the people that are sitting

here in the room today, all of us have really different social needs, social contexts, social circumstances. The issue about loneliness is because it's subjective, there's also no one-size fits all. What we really need is a huge variety of different types of solutions for different kinds of people. And because of the nature of loneliness, we do have to integrate the lived and living experience. So, actually understanding who we are trying to target, because an 18-year-old might not want to go out to join a writing club, they might want to do something else. So we don't actually know what works for who, and also what works when. But what we do know is that we have to do a bit more than reducing social isolation. So that's only the one part of the picture.

Creating the environment and creating beautiful conditions and environmental conditions for people to come together is excellent, but that's the first step. How do we then foster those meaningful social interactions and meaningful relationships and grow those? That's the second step. And that's the one that's really sometimes a little tricky to do.

Of course, I often kind of advocate that we really need to think about evidence-based cost-effective solutions, but we are not always in the position to assess and monitor and evaluate these programs. And I think really more funding needs to really come in this area for us to understand what works and what doesn't work.

I'm going to go through very quickly some of the contributing factors. And the reason why I've put this up here is because if you are running a program and things are not working out the way you planned, it's also probably because there are multiple risk factors that are going on. Some of them are incredibly silent and unconscious and you might not see them, and they are not observable.

So, they actually go all the way from brain and biology, so all the way from your brain structures, your genetics, and cortisol levels, and your physical and mental health, and cognitive health, all the way down to the relationships that one might be embedded in, to our communities that we live with, but also broad macro factors, all the things that sometimes the person who is lonely has absolutely no control over. So, they might become lonely, but they might *stay* lonely because of all these socioeconomic factors like low income, inability to access services and solutions; discrimination and stigma are huge ones as well.

So, the lonely person can only do so much. The person who is lonely doesn't have all the power to actually resolve their own loneliness right away.

And I often say that loneliness is really the wicked problem of our time. Wicked problems cannot be resolved by simple solutions. So, if we are really going to target loneliness, it really requires that whole of systems, whole of government approach, and this is just one example of the multifaceted layers in which we can actually combat loneliness from the individual, it's only one part of it. To their relationships, but also to the organisations that we work in, to the communities that we live in, and to all the policies that govern the way we live, work and play.

One example with policy is, what are we doing with young kids who are just about to graduate into university and further training? What are we doing to protect them and for them to navigate that social transition better? Are we teaching that level of social resilience to young people, so that they can buffer themselves from the effects of loneliness down the track? That's an example of how policy, or changes in our educational policy, can actually effect change.

So, in terms of what we can do, I think what we've been advocating for more high-level things here is we need to unite our sectors. This is not a community problem, this is not just a health problem, this is not just a business problem, it's our problem. And the problem is that we are working in silos. So, we do need to think about how each sector can really synergise and really work with each other to actually combat loneliness in a much more effective way.

We also need those consensus definitions. Again, as I was saying, if we don't know what we are doing and we don't know how to define it and we don't know how to measure it, we are not going to really make any change, and we don't know if we have made change.

And increasing community awareness of this issue is really, really critical. I actually think our communities are underutilised; they are not optimised. We are not funding enough community programs out there to really make a difference.

And of course, the last, which I always advocate for the care sector I think really is the GP that you see, the social worker that might be in council, what do they know about loneliness? Can they identify loneliness? What are they doing?

Where are they sending people who might be vulnerable to loneliness, so we can actually mitigate the impacts of loneliness down the track?

So those are all the sorts of things I think we can do. And it's really, what I feel at the moment within Australia is we are really still at our infancy. But we can all work together to really make a difference. And I think that hopefully you will be able to take something away from today, so that you can feel energised to actually keep on combating loneliness with us.

ENDS

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