

Loneliness & Social Isolation

AUSTRALIAN COALITION TO END LONELINESS

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Ending Loneliness

The Australian Coalition to End Loneliness is a collaboration of organisations and community groups working together to build an evidence-based approach to ending loneliness in Australia.

[Learn More](#)

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Outline

- Defining social isolation and loneliness
- Loneliness, biology, and physical health impact
- A model of loneliness
- Loneliness and mental health
- Australian Loneliness Report
- Solutions: targeted, effective, existing
- Considerations and directions
- Example lived experience video

Social Isolation

Reduced social networks (Victor & Yang, 2012)

Degree of social integration

e.g., amount of contact, living alone, socially excluded

Distressing state for most

- Solitary confinement as torture

Solitude

- Non distressing aloneness
- Self-discovery, happiness, rest, relaxation



Social isolation & loneliness

Social isolation increases the risk of loneliness

The relationship is weaker in the older population ($r_s = .20$ to $.30s$) and stronger in the young population ($r_s = .50$).

Younger people value quantity of relationships over quality (Carmichael et al., 2015)

Example to differentiate

HUNGER → Look for food

Someone may give you access to food or you may find it yourself



Does the food meets your nutritional needs?
Do you know what kind of food is good for you?
How much food do you need to feel full?



Everyone has varying nutritional needs

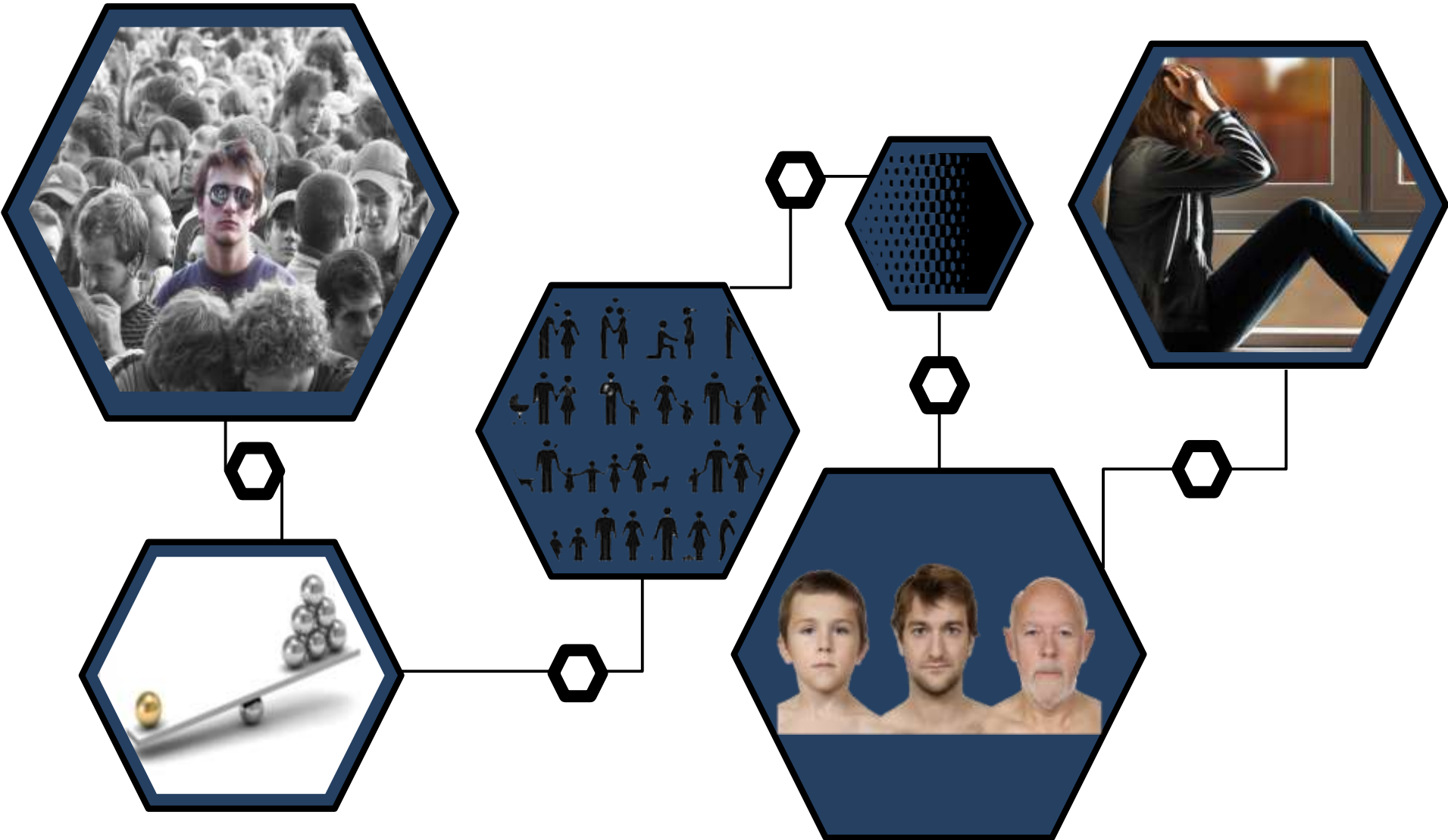
Just because you have access to food, doesn't mean you will feel satisfied or become healthier

Some people also don't need a lot of food to feel satisfied

A person who is socially isolated may not feel lonely

A person who is socially connected can still feel lonely

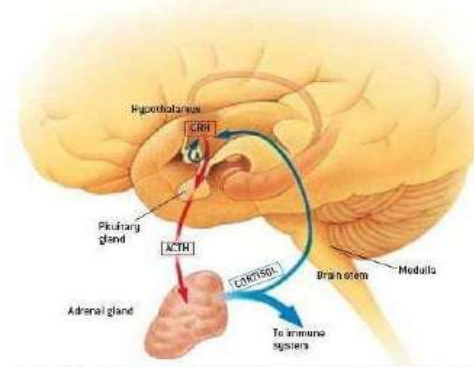
Loneliness is...



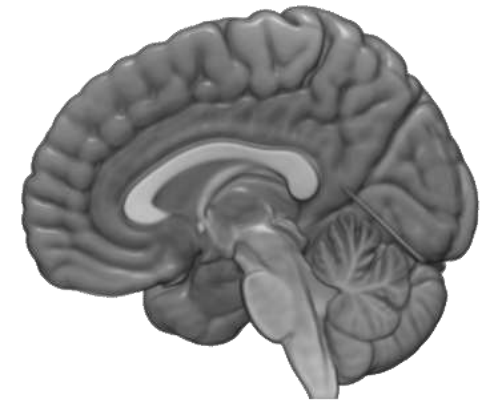
Loneliness & biology

Hypothalamo-Pituitary-Adrenocortical (HPA) Axis: Cortisol Levels

STRESS RESPONSE SYSTEM



Candidate Genes



Reduced white matter structures

Seeman (2000); Caspi, Harrington, Moffitt, Milne, & Poulton (2006); Hawkley, Thisted, Masi & Cacioppo (2010); Hawkley & Cacioppo (2010); Cacioppo, Capitanio, & Cacioppo (2014)

Loneliness & health

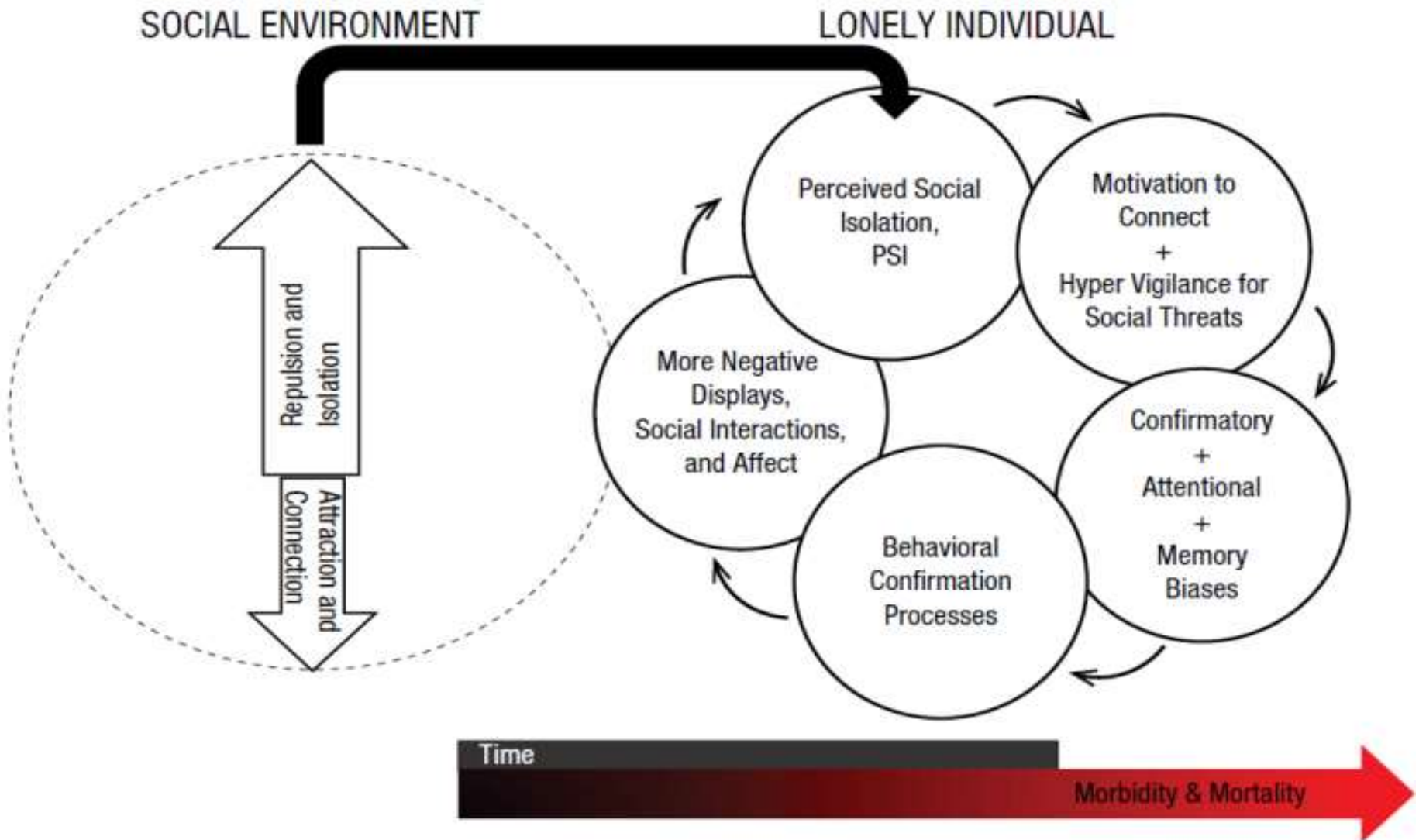
- **26% increased likelihood**

Mortality

Morbidity

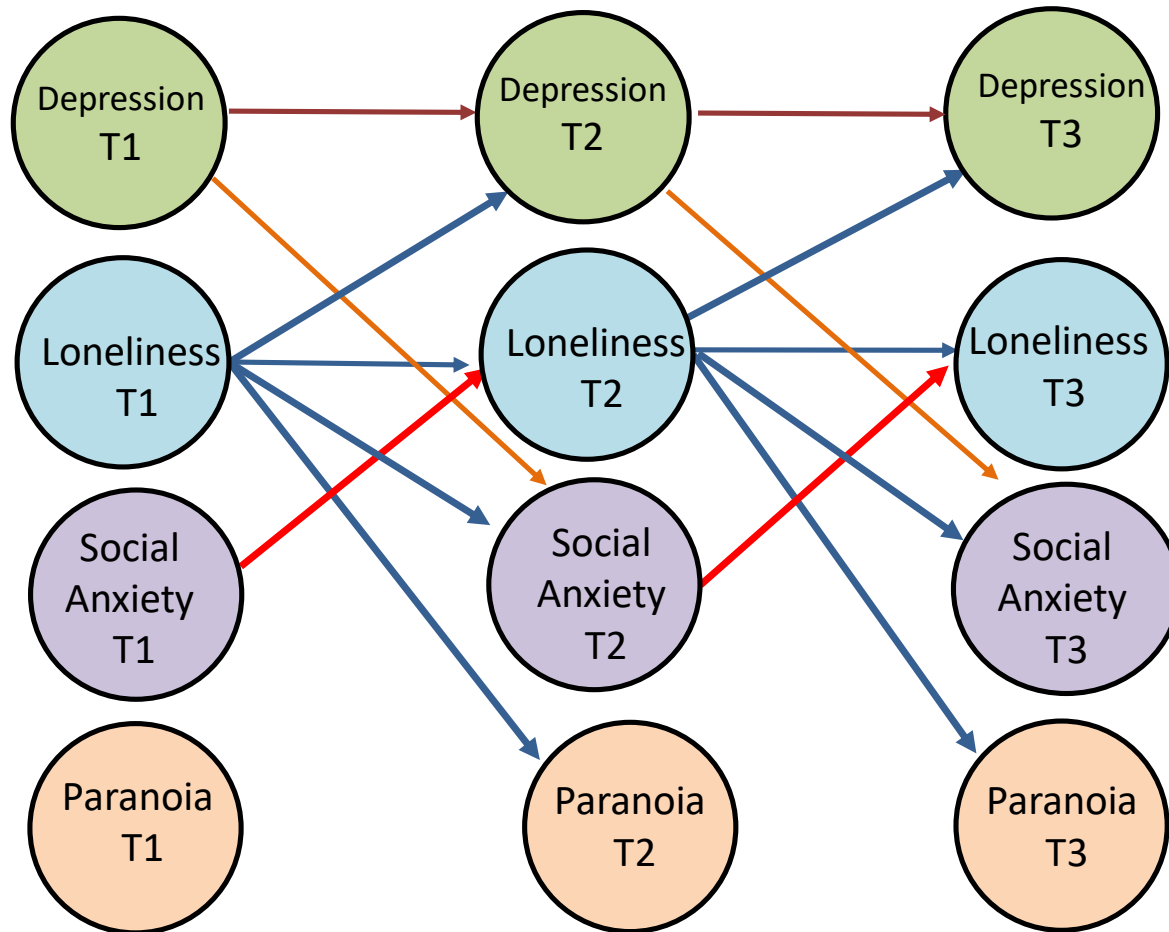
- Poorer cardiovascular health
- Reduced immunity responses
- Reduced physical activity
- Higher risk of developing Alzheimer's Disease
- Poorer sleep quality

A model of loneliness



The effects of loneliness on social cognition - Cacioppo et al. (2015)

Loneliness & mental health

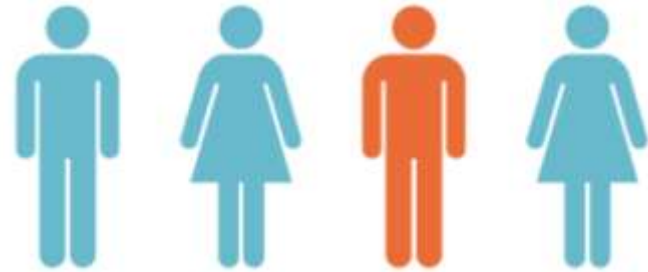


Note. SL refers to state loneliness; SSA refers to state social anxiety; SDEP refers to state depression and SPA refers to state paranoia. Specific time points are indicated by numbers after SL, SSA, SDEP and SPA; 1 = Time 1, 2 = Time 2, 3 = Time 3. Adapted and modified from “Loneliness Over Time” by M.H. Lim, T.L.R. Rodebaugh, M.J. Zyphur, & J.F.M. Gleeson, *Journal of Abnormal Psychology*, 125, 2016, 620-630.

Australian Loneliness Report

1678 Australians aged 18 to 85

One in four Australians



Poorer health, sleep, more headaches, stomach problems, more physical pain, poorer quality of life

Less enjoyment of relationships, poorer quality relationships, more negative affect and less positive affect

Australian Loneliness Report

- Poorer psychological health
- More depression and social interaction anxiety
- Increases the risk of developing depression by 15.2%
- Increases the risk of developing social anxiety by 13.1%

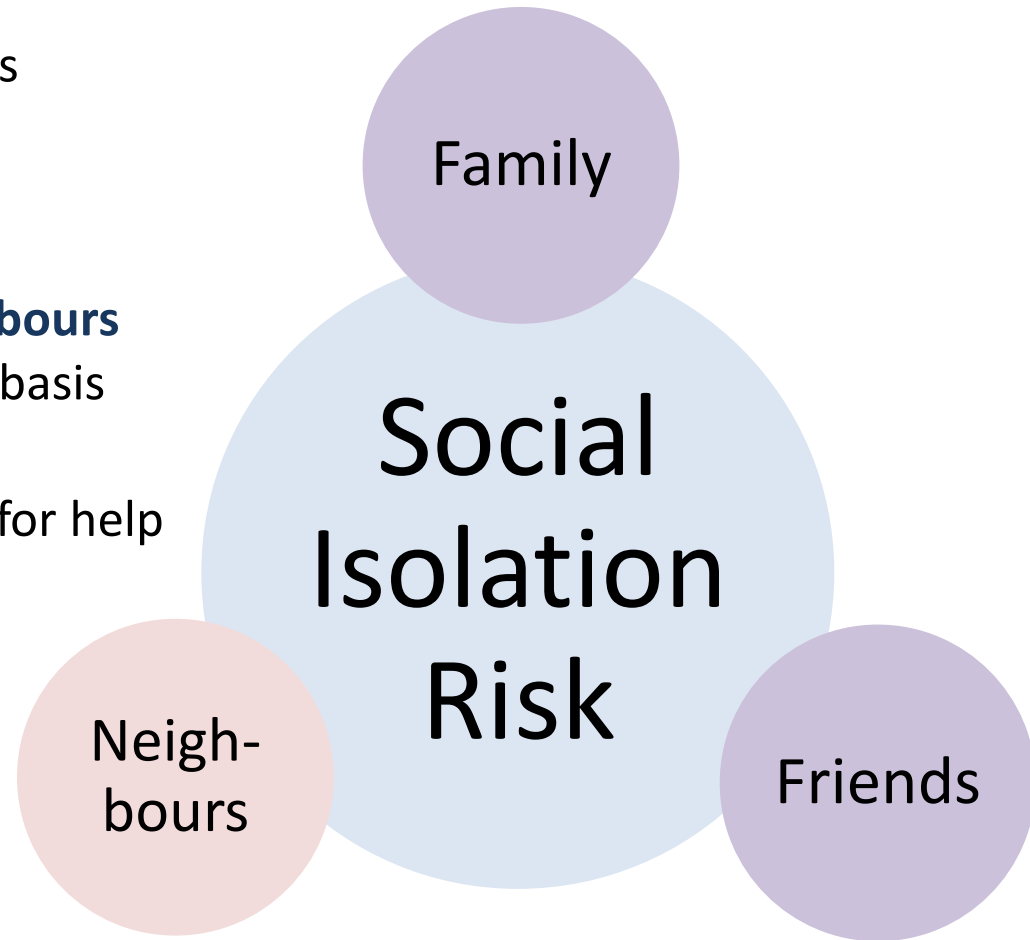
Australian Loneliness Report

Australians regularly speak to friends

Australians regularly speak to family

A third of Australians have **no neighbours** they see or hear from on a monthly basis

47% no neighbours they can call on for help



Loneliness is a threat...

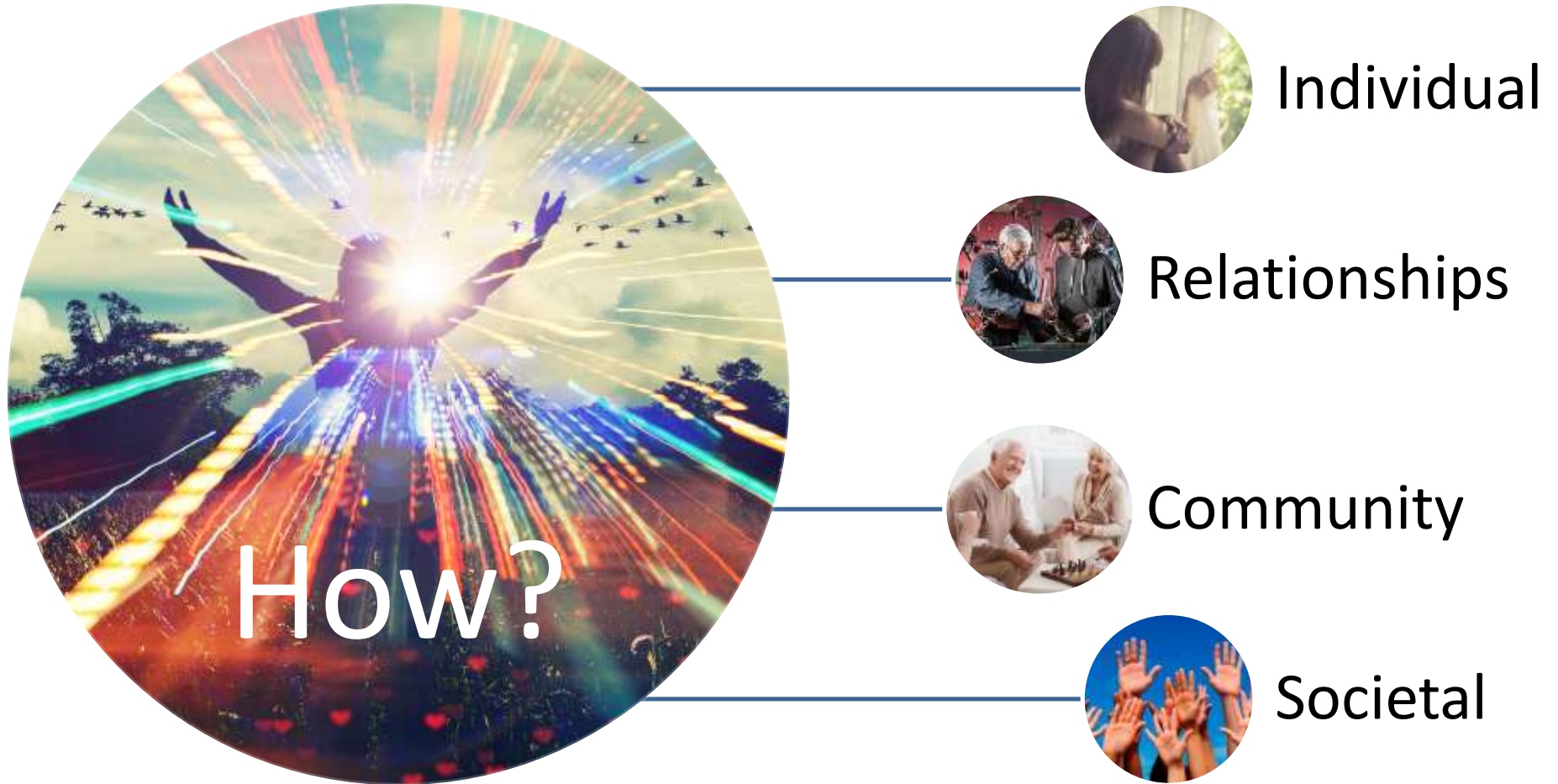
Physical Health

Psychological Health

Community Well-Being



Targeted solutions



What is effective?

- Cognitive-behavioural approach + safe social opportunities
 - Changing how one views the world
 - Addressing negative beliefs formed about others

- Strengths-based approach
 - Hope, agency, sense of personal control, human capacity
 - Focus on interpersonal relationships
 - Gratitude, building intimacy via active constructive responses
 - Signal openness to connect via eliciting positive affect and positive body language
 - Kindness as a way to start conversations

Coping with loneliness



A conceptual diagram featuring a hand holding the word "loneliness". The hand is positioned in the center, with fingers spread, holding the word "loneliness" in a large, bold, black font. Surrounding the hand are several light green oval shapes, each containing a different aspect of loneliness. The background is white.

loneliness

**Quality
vs quantity**

**Perception of a
lonely person**

**Consumer
relevant**

**Mental
health**

**Transient vs
chronic**

**Mobility &
communication
impairments**

**Social &
financial
resources**

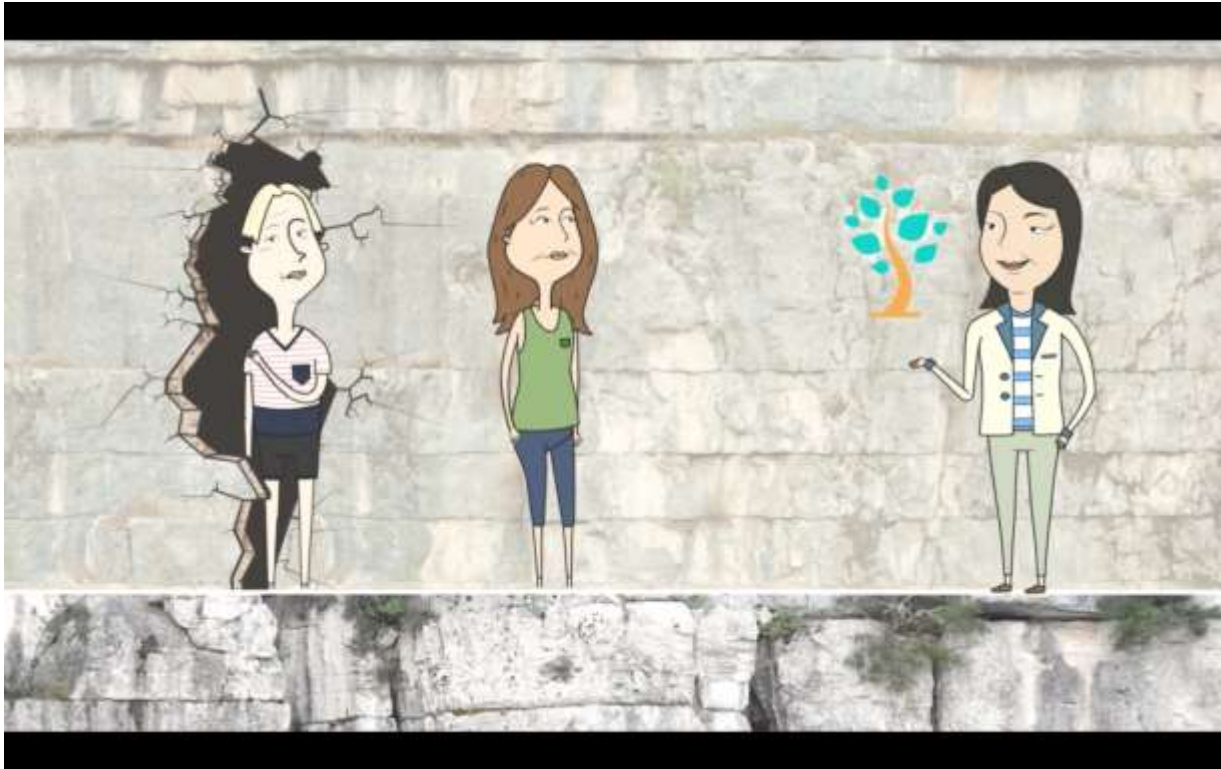
**Safe social
opportunities**

Cultural

Where to from here?

- Health, social, education, workplace policies, urban planning
 - Consensus guidelines on social health
 - Public health campaign with evidence based messaging
- Develop, *evaluate*, and roll out evidence-based solutions
 - Consumer relevant and in line with current service delivery models
- Using technology to *facilitate* not inhibit the development of meaningful social relationships
 - Aging population is increasingly skilled at technology
 - Opportunities to combat mobility issues
 - Can act as a transitional platform to engage

Peer Tree



Approach: Positive Psychology Intervention

Delivery: Smartphone app

Function: Personalisation, mood monitoring, video based materials, moderated chat room, passive capabilities

Program Duration: 10-12 weeks

Target Group: 16 – 25 young people

Peer Tree



Videos Using Actors



Video Using Lived Experience Consumers



Animation Videos Using Experts



Educational Videos

Gratitude

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