THE MALE

UNDERSTANDING

MEN'S HEALTH
WEEK 2023

LONELINESS

HEALTHY MALE

Generations of healthy Australian men

Contents

Welcome

Unchecked, loneliness has the potential to be one of the critical health issues of our time, and it appears we all (scientists, health professionals, governments and the public in general) are only just realising how big a deal it really is.

The fight against loneliness is reminiscent of the significant health battles of previous generations — several decades ago, scientists were able to once-and-for-all prove the impact cigarettes had on one's health; the obesity crisis in many countries is a similar lesson. In both cases they are still battles that are being fought today.

It feels like we're following a similar trajectory with loneliness.

While data in this area is still relatively new, especially in Australia, some of the established stats are extremely concerning: in terms of the risk of dying early, loneliness has the same rate of impact as smoking up to 15 cigarettes a day, and it increases the likelihood of early death by 26%, which is greater than the risk for obesity.

While few people were really thinking about loneliness as a health concern 20 or even 10 years ago, thankfully there's much more awareness nowadays and in many ways the COVID-19 pandemic, in which many Australians were forced to isolate and were restricted in their movements, brought it to greater prominence.

We've since learnt that loneliness can affect anyone at any stage of their life. A lot of people think it is an affliction that gets worse when you get older, but the data doesn't support that; in fact it appears younger people are just as susceptible to experiencing it as older age groups.

So, how should this critical issue be tackled?

At an individual level, there are plenty of tips and tricks you can use to avoid, or overcome, loneliness — you can read about some of them later in this issue of The Male.

Much like any health issue, being aware of it is the first step. Do a self-audit on how you're doing in terms of your meaningful connections and how fulfilled you are with your relationships. Do you need to step up and be there for someone, or do you perhaps need to be proactive in searching for better/more fulfilling connections?

Importantly, don't wait until you feel lonely to do this — to already have things in place helps you lean into the connections you have straight away.

If you do realise you might be experiencing loneliness, there are some steps you can take. Start engaging in some activities — you might feel out of your comfort zone, especially if you're a bit uncomfortable talking to people, but any connection is better than none. Join a group to do with something that you're interested in. There are clubs and groups for everything from bonsai to budgies! Or you could volunteer at your kid's sporting club — even if talking to people doesn't come naturally to you, all of a sudden you have something in common with other people there and you're not wondering about how to start a conversation. And build from there.

There are now so many places where men can go to get connected, whether it's Men's Sheds, sporting clubs, community centres, hobby groups, groups for dads, groups for guys that may want to read books recommended by other guys. There's also some fantastic clubs and groups available for LBGTIQ+, migrant and Indigenous communities.

At a broader level, there's plenty of work to be done. We support the push for an Australian National Strategy for loneliness — other countries are leading the way, such as the UK and Japan installing Ministers for Loneliness in 2018 and 2021, respectively. Australia needs to tackle this problem with the same holistic, all-encompassing approach because it's not just about what individuals can do, we need to find a way to fight this at a national level. At a community level, anything that can be established or grown that encourages people to engage with each other is also crucial.

Health professionals must also play their part. By now, most GPs, for example, should be aware that loneliness is a legitimate health concern; they should try to identify any of the signs in their patients.

Loneliness is difficult to diagnose but with a conversation you could find out it is an issue, because without it being rectified, it will only impede a patient's ability to get well. We encourage any health professionals who want to upskill in this area to check out our loneliness webinar during Men's Health Week (14 June, 8pm AEST), or catch up on demand any time afterwards.

Humans are innately social animals, and if the COVID-19 pandemic has taught us anything, it's the value of personal connection. Being open to new and different interactions with new and different people can play a part. It might not only help you, but the people you're engaging with. So once you finish reading this issue of The Male, it might be worthwhile sharing it with a mate, family member or colleague — you may not realise who might need to know more about loneliness.

Simon von Saldern
Healthy Male CEO

What is loneliness, and why is it a problem?

Many Australians are getting better about being aware of their health — eating well, exercising, staying on top of their mental health — but what about loneliness?

The health impact of loneliness is confronting. It can have a negative effect on physical health, like heart disease and stroke, and mental health, like dementia, stress, depression and anxiety, as well as health behaviours, such as eating habits, sleep quality and physical activity levels.

When it comes to the risk of dying early, loneliness can have the same impact as smoking up to 15 cigarettes a day; it increases the likelihood of early death by 26%, which is greater than the risk for obesity. Let that sink in.

As well as the crushing health impact loneliness can have on individuals, it's also a growing financial concern in Australia. A 2021 report from Curtin University estimated the financial cost of loneliness in the country to be up to $2.7 billion each year.

Loneliness is a critical health issue of our time and appears to be getting worse.

In fact, one in four Australians (about five million people) experience problematic levels of loneliness at any given time. And it appears to be particularly bad for men, with 43% of 1,282 Australian men who participated in Healthy Male's 'What's in the Way?' survey categorised as lonely.

Worryingly, data collected during the COVID-19 pandemic points to an increase in the number of people identifying as lonely, according to Ending Loneliness Together, a national network of organisations that have come together to address the growing problem of loneliness in people living in Australia.

In many ways, the pandemic shone a brighter light on an existing problem, according to Dr Michelle Lim, Chairperson and Scientific Chair of Ending Loneliness Together.

"Loneliness was always an issue, but after the onset of the pandemic, it brought the possibility for many people who have never felt distressing levels of loneliness before to realise that it could happen to them," she says.

"With increased social isolation, which was caused by social restrictions, for many people (it) led to increased loneliness. Many people probably never felt distressing levels of loneliness before, because they might have been in a very strong, robust, social environment.

"So the conversation went from the background to the foreground."

This all sounds terribly concerning but before we go further, it's

probably best to define what loneliness actually is.

Loneliness — what it is, and what it isn't

In layman's terms, loneliness tells us our needs for connection aren't being met — just as hunger tells us we need food, loneliness tells us a different fundamental need is not being met.

But definitions of loneliness can vary slightly from person to person and organisation to organisation, and it is important to be aware of the difference between loneliness and social isolation (a related condition, which we will touch on at times throughout this edition of The Male).

Healthy Male defines loneliness as a feeling of sadness or distress (emotional suffering) you get when your relationships with others aren't meeting your need for personal connection. If you feel lonely, it's a sign you need to make a meaningful connection with one or more people.

Loneliness is more about the quality of your relationships with others than it is about the number of friends you have.

Loneliness is a personal feeling of social isolation.

What about social isolation?

Social isolation, meanwhile, is when you have minimal contact with others.

You can be socially isolated but not feel lonely, and you can feel lonely but not be socially isolated.

For instance:

"I can be in a room full of people and still feel lonely" or "I don't always feel lonely when I'm alone".

The stigma of loneliness

The issue of loneliness could actually be worse than current research estimates — it can be difficult to objectively measure, while there is still a stigma attached to it.

"The stigma of loneliness means many more people are uncomfortable talking about their feelings. This means there are countless Australians living with persistent loneliness who do not access the help that is available in their community," Ending Loneliness Together states in its 2020 whitepaper.

"Equally, the stigma of loneliness makes it difficult for service providers to identify, engage with and support people experiencing, or at risk of, loneliness."

Where does this stigma come from? It's a very difficult question to answer — it could be people fearing how they will be judged if they admit to experiencing loneliness, or it could come from how lonely individuals judge themselves.

One thing is for certain — lifting the stigma of loneliness needs to be a part of the solution.

Who is at risk?

No one is immune from experiencing loneliness but recent research shows that in Australia, one in four people report problematic levels of loneliness, while one in six are very lonely.

Lim says loneliness can affect all walks of life.

"I think people believe loneliness only happens to older people sitting in aged care homes, looking out the window," she says. "But in reality, loneliness has many different faces. We will all feel lonely at some point in our lives, but many of us stay lonely because we don't seek help.

"It exists everywhere — if you're lonely, it's a normal, adaptive human response; it's actually there to make sure that we keep on seeking the social connections that we need to thrive. What's not normal is if we stay lonely."

Lim says loneliness can also come in many forms — it may come out of nowhere and hit you like a tonne of bricks before alleviating, or it could be a less intense, but longer-term problem.

"There are people who go through transitions or very intense bouts of loneliness, versus people who might experience what we call more enduring, but low-grade loneliness for a period of time, even across years sometimes," she says. "What we do know is that both states are bad for you. What we don't know is which is worse."

What makes us more likely to experience loneliness?

Things like your age, lifestyle, relationship status, socio-economic situation and even ethnic background can impact whether you may experience loneliness.

Griefline, a national not-for-profit, states: "risk factors for loneliness are diverse, spanning social, psychological and cultural contexts. Social risk factors include:

- Bereavement and widowhood
- Recent divorce or separation
- Living with psychiatric disorders
- Poor or declining physical health
- Children moving out of home
- Retirement
- Providing care to others
- Living with a disability
- Socioeconomic disadvantage
- Single parenting

- Moving out of home/starting tertiary education
- Living alone
- Having a culturally and linguistically diverse background
- Enforced isolation (e.g. due to pandemic).

Psychological risk factors also play a part, according to Griefline: "Some of us are more likely to link our loneliness to our inner self. We may be more prone to self-blame or have low self-esteem and therefore lack coping skills when it comes to loneliness. Those who lack self-belief can lack the confidence to make friends. And if we have a fixed outlook on life, we're far less likely to try to improve the situation because we consider our loneliness unchangeable.

"And the way we interpret social experiences makes a difference. We're much more likely to suffer from loneliness if we're sensitive to social rejection; inclined to feel like a burden; or are distrustful of others."

Cultural and socioeconomic factors also impact, says Lim.

"When people stay lonely, it is often because of bigger, larger systemic factors," says Lim. "For example, if they don't have enough money to go out and enjoy social activities, perhaps they live really far away and don't have access to transport. Perhaps they're in poor health.

"So sometimes, the people who stay lonely are very much the people who are much more disadvantaged by large, contextual factors that they have no control over."

Thankfully, there are ways to help yourself, and others, deal with loneliness.

REFERENCES
To view the full article with references online, please scan this QR code.

The myths[1]

1 LONELINESS ONLY AFFECTS OLDER PEOPLE

The truth: Loneliness does not affect one particular age group. Surprisingly, young people aged 18- 25 have high rates of loneliness, despite being a group that appears to be well-connected through school and technology.

2 MAKING FRIENDS SHOULD BE EASY

The truth: Many of us forged friendships early on within structured social environments (e.g. school). In settings like this we interact with the same group of people most days and strong friendships are forged through these repeated interactions.

3 PEOPLE WHO ARE LONELY ARE A BURDEN

The truth: It doesn't take much effort to help people who are lonely. By taking small, regular steps over time to connect, we can help others to feel included, accepted and a sense of belonging. This leads to positive mental health and wellbeing outcomes for the whole community.

4 'SOMETHING IS WRONG WITH ME'

The truth: We commonly assume loneliness only happens to people who are weak or socially inept. But we all encounter people who are lonely in our day-to-day routines. This is because loneliness is an innate signal to connect, similar to a signal to eat when you feel hungry. Humans are a social species that thrives and flourishes through strong, meaningful connections with others.

5 'I NEED TO KNOW MORE PEOPLE'

The truth: Our social needs are complex — many people who live alone do not feel lonely, and many who live with others report feeling lonely. Loneliness is more related to the *quality*, rather than *quantity*, of our social relations. The term 'Loneliness Paradox' has been used to describe how, in modern life, we are more connected than ever, and yet continue to feel disconnected from others. This is an example of how the number of people you know does not necessarily relate to feelings of loneliness.

LONELINESS
in Australia

1 IN 4 Australians report problematic levels of loneliness[1]
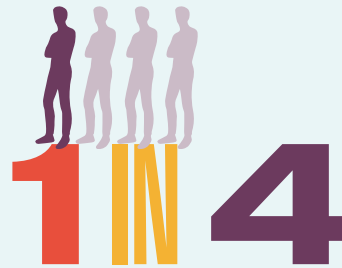
1 IN 4 men aged 35-49 are *very* lonely[3]

1 IN 6 Australian men report being *very* lonely[3]

1 IN 2 Australians reported feeling more lonely since the COVID-19 pandemic began, according to a 2020 Australia-wide study[2]

MEN WHO ARE LONELY ARE:

3.9 TIMES more likely to have high stress

1.5 TIMES more likely to have high work-life imbalance

1.7 TIMES more likely to have poor physical health

8.5 TIMES more likely to have poor mental health[3].

IN OLDER ADULTS, social isolation and loneliness are strongly associated with a greater incidence of major psychological, cognitive, and physical morbidities and lower perceived wellbeing or quality of life[3].

IN YOUNG ADULTS, loneliness is associated with increased odds of asthma, migraine, osteoarthritis, rheumatoid arthritis, hypertension, slipped disc/back pain, tinnitus, long-term mental illness, depressive symptomatology, anxiety symptomatology and alcohol problems[4].

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4   Christiansen et al., 2021. Associations of loneliness and social isolation with physical and mental health among adolescents and young adults. Royal Society for Public Health. (Available at https://journals.sagepub.com/doi/epdf/10.1177/17579139211016077)

The costly impact of loneliness

Loneliness isn't something we can afford to ignore, from the top levels of government all the way down to a personal level.

Loneliness is, according to Andrew Giles MP, Co-Chair of the Parliamentary Friends of Ending Loneliness, "the next global public health emergency we must address."

The damage loneliness can cause is significant and scary. Its impact on individuals' risk of premature death is similar to the impacts of obesity, substance use, poor mental health, insufficient physical activity, or limited access to healthcare.

Bryan Petheram, a counselor for Griefline — a national organisation that provides free grief support and resources — says loneliness "has multiple impacts on mental and physical wellbeing including an increased risk of the following:

• mental health problems such as depression and social anxiety

• insomnia

• low self-esteem and confidence

• high levels of stress

• low motivation to engage in exercise or other health behaviours

• higher-than-normal risk of dementia and Alzheimer's disease

• poor cardiovascular health

• poor immune function

• obesity

• stroke

• cognitive decline

• premature death."

While we understand the worrying levels of loneliness in our society, and the impact it has on our health, there's still more work to be done to understand how it impacts different groups in our society. What is known, is that loneliness can affect anyone at any time, and in fact most people will have to deal with it at certain stages of their lives.

The financial side of loneliness

As well as the health impact loneliness can have on individuals, it's also a growing financial concern in Australia. **A 2021 report from Curtin University stated the financial cost of loneliness in the country tallies up to $2.7 billion each year.** That is an equivalent annual cost of $1,565 for each person who becomes lonely.

These costs may arise from a range of factors, including higher healthcare spending due to the health effects of loneliness, increased use of social services by lonely people, and lower productivity in the workplace.

Workplaces are highlighted by Ending Loneliness Together — a national network of organisations that have come together to address the growing problem of loneliness in people living in Australia — which estimates 37% of Australian workers feel lonely, although that number is likely to be greater now due to more people working remotely after the COVID-19 pandemic.

"The rapid changes in the design and structure of Australian workplaces, including increases in remote working, a shift to the 'gig' economy, and greater casualisation in employment, can increase the risk of feeling lonely," Ending Loneliness states in its 2020 White Paper.

"While intended to maintain productivity, emerging evidence suggests that such shifts to the way we work have also created a range of interconnected problems, including loneliness and lack of social connection, lack of creativity and motivation when working at a distance, and decreased employee loyalty."

Loneliness can hurt employers' hip pockets in many ways; if someone is lonely, they are likely to experience poor health and wellbeing. These outcomes can then result in more sick days, more days lost to carers' leave, lower productivity and lower staff retention.

Society as a whole may also incur costs related to loneliness, such as increased demand for social services and higher rates of unemployment and poverty.

The economics of loneliness, therefore, must be strongly considered when it comes to a holistic approach to tackling the issue. In fact, in 2019, the National Mental Health Commission showed that for every $1 invested in programs that address loneliness, the return on investment is between $2.14 to $2.87.

The path forward isn't yet clear, although we at Healthy Male support the push for a national strategy to ensure key leaders at government, community and organisational levels are all working together in the most efficient and impactful way.

As Ending Loneliness Together states in its 2022 White Paper: "Inaction will be costly. Fostering an integrated, systematic approach to addressing loneliness and social isolation will accelerate economic gains well beyond the health sector.

"As a nation, we need to work with leading organisations, community agencies, academic partners, and people with lived experience to develop, evaluate, and share cost-effective solutions for loneliness.

"By uniting all perspectives and approaches, we can mobilise the best available evidence, identify and fill gaps in the knowledge base, maximise systemic approaches, and enable the Australian Government to effectively respond to loneliness."

How to combat loneliness

Stuart Torrance has spent more than 15 years working with lonely men. The Men's Health Project Officer at the Australian Men's Shed Association has seen blokes from all walks of life experience, but also often overcome, loneliness.

One man's story highlights just how important human connection is.

"We had one participant called Reg, who had a form of dementia," Torrance says. "Often, Reg got up in the morning, sat at one end of the lounge, and went to sleep again; he wouldn't communicate, he wouldn't do anything. And the carer that his wife would bring in to look after Reg would sometimes sleep at one end of the lounge and Reg would be asleep on the other. That's loneliness — you're in the company of somebody, but there's no engagement.

"But (after visiting a Men's Shed), Reg said 'when I go to the shed, men welcome me — they say 'g'day Reg' and that means the world to me'."

Reg is just one of the thousands of men the Australian Men's Shed Association has helped since it was founded in 2007 to prevent loneliness and social isolation amongst older Australian males.

The Household Income and Labour Dynamics in Australia (HILDA) survey, which includes over 17,000 people, shows levels of loneliness are highest among those who live alone or are single parents, people born in non-English speaking countries, unemployed people, persons living in areas of most socioeconomic disadvantage, and those with long-term health conditions.

Whether it be nurturing your closest relationships, or looking to form new connections, there are ways for you to prevent, or overcome, loneliness.

Don't be afraid to take baby steps

If you're lonely, then seemingly innocuous interactions can help, says Dr Michelle Lim, Chairperson

Older males certainly aren't the only section of Australian society experiencing loneliness. Our 'What's in the Way?' survey — sampling 1,282 Australian men aged over 18 — found high levels of loneliness in 15.8% of respondents (i.e., more than one in six Australian men). One in four men aged 35-49 had a high level of loneliness, as did almost one in five men aged 18-34, one in eight men aged 50-64 and one in 16 older men. These results are consistent with previous Australian and international studies.

and Scientific Chair of Ending Loneliness Together.

"Different kinds of interactions with different kinds of people can add to people's wellbeing," she says. "Previously (before the COVID-19 pandemic), the organic little chats that you might have with the person who makes your coffee didn't seem all that important. But during lockdowns, for example, they became critical.

"Those minute social interactions actually do add up."

Outside of those small day-to-day opportunities, there are other strategies, says Griefline counsellor Bryan Petheram.

"Loneliness can be a challenging emotion to deal with, but there are several ideas you can try to help conquer it," he says, including:

- **Connect with others:** Reach out to family, friends, or colleagues and plan a social activity, even if it's just a phone or video call. Remind yourself that others might feel lonely and could benefit as you would from reaching out

- **Join groups or clubs:** Look for groups or clubs that align with your interests and hobbies. This can be a great way to meet new people and engage in activities you enjoy

- **Volunteer:** Volunteering for a cause you care about can be a great way to connect with others and feel a sense of purpose

- **Get outside:** Spend time in nature or take a walk in your community. This can help you feel more connected to the world around you

- **Learn something new:** Taking up a new hobby can help you feel more fulfilled and connected to others who share your interests

- **Seek professional help:** If your loneliness is persistent or

overwhelming, consider talking to a mental health professional who can provide additional support and guidance.

Headspace National Clinical Advisor Rupert Saunders says the first step is to acknowledge the issue, and then try to find solutions.

"It can be difficult to acknowledge you are feeling lonely and you need support," he says. "Knowing when to reach out for help is an important first step.

"Building healthy relationships and connections is an important step towards feeling less lonely … staying connected with other people can boost energy, improve one's sense of belonging, and help people feel supported.

"Building connections can be challenging. It's important to start small."

New fathers often experience loneliness, according to Adam Tardif, National Program Leader at Dads Group.

"Many dads experience loneliness, particularly in the first year after their baby has been born," he says.

"(My advice would be to) get connected with other dads as early as possible, especially in your area. This can be done either by attending new parents' group sessions or joining a local dads' group … there are also digital dads' groups. Or if you're bold enough, next time you're at the park and you see another dad, go up and have a chat."

What is 'social fitness' and how can you improve it?

Lim states that after first acknowledging you may have a problem, a good idea is to build on what she describes as your 'social fitness'.

"When someone starts to feel lonely, (a good first step would be to) reflect, understand that loneliness is normal but also understand that not everything will work for you," she says.

"Take little steps. People who are lonely tend to have low social confidence, sometimes social anxiety. Don't assume you have to make a new best friend to feel less lonely, but having small conversations, saying 'hi' and smiling to someone, small talk, these kinds of things can allow you to gain more confidence. Then you can start to change strangers into acquaintances, acquaintances into friends, friends into meaningful relationships.

"No-one can go from walking around the block to running a marathon — your body will fail. It's really similar to your mind; everyone's (physical) fitness is different and everyone's social fitness is different."

So the good news is, there are many ways to battle this critical issue.

It might be worth checking out the Ending Loneliness Directory (endingloneliness.com.au/search), which is a national database of 1,000+ organisations, groups and services that provide opportunities for connection and support.

As with any health condition, speaking to your GP or a medical expert is also a good option if needed.

REFERENCES

To view the full article with references online, please scan this QR code.

A community's impact on loneliness

There's an old saying that it takes a village to raise a child; in many ways a village can also help people guard against, or conquer, loneliness.

There's no doubting the impact your closest relationships can have, but the wider community can also play a role in fighting this critical issue.

According to Ending Loneliness Together, those who live alone, and those who have less frequent contact with neighbours or interact with fewer people in their communities, are more likely to experience feelings of loneliness.

The Household Income and Labour Dynamics in Australia (HILDA) survey revealed higher levels of interaction with neighbours, friends and family, and expressing feelings of community trust, protects against loneliness.

Stuart Torrance, Men's Health Project Officer at the Australian Men's Shed Association — an organisation that promotes and supports 1200 Men's Sheds across the country — has first-hand experience with many men who have experienced loneliness after retiring.

Instead of enjoying what they'd previously assumed would be a relaxed, fun-filled retirement, many struggled until they found connection in a community.

"A lot of the men have just retired, or had been retired two or three years," he says. "And that dream of playing golf every weekend or going fishing, for example, had sort of diminished. It was like, 'I can't do this forever. What else is there to do?'

"And the comments that came from these members were very frequently (things like) 'if it wasn't for the shed, I don't think I'd be here'. They were talking about taking their own life, talking about going crazy.

"These guys were withdrawing from community. They were actually making themselves lonely. But once they got into a shed, they could participate and engage (with other people) and you could see their life almost go full circle, going back to (living) a proactive life."

The Australian Government's Department of Veterans' Affairs has several programs in place to help returned servicemen and women, including the Men's Health Peer Education program which encourages men to share responsibility for their own health and wellbeing.

Lew MacLeod, one of the program's coordinators, says many returned veterans crave connection.

"Veterans in particular form strong social bonds and connections with their peers through adversity and in combat. When that link is broken, it is very well documented that this breakdown can (increase risks of) social isolation (and) mental, physical and social issues.

"I've found the act of 'being there' at veteran functions and just talking with lonely individuals has had a positive outcome on their life perspective and direction."

How communities can help

So, what can communities do to help?

In short, plenty. Ending Loneliness Together states "local communities have a vital role to play in reducing the emergence and impact of loneliness.

"The possibilities here might include community gardening, land care groups, walking and cycling groups, community choirs, book clubs, adult learning classes, surf lifesaving clubs, volunteering opportunities … the list goes on!"

Griefline sees six key opportunities for communities to help guard against loneliness, according to counsellor Bryan Petheran.

These are:

1. Create opportunities for social connection
Organise events, activities, and clubs that bring people together, particularly those who may be isolated or have difficulty forming connections

2. Promote awareness
Educate the community about the impact of loneliness on mental and physical health and encourage people to reach out to those who may be struggling

3. Provide resources
Offer resources such as support groups, counselling services, or volunteer opportunities that can help individuals build relationships and connect with others

4. Foster inclusivity
Create an inclusive and welcoming environment where everyone feels accepted and valued, regardless of their background or circumstances

5. Reach out
Encourage community members to check in on their neighbours, particularly those who live alone or may be experiencing hardship, to offer support and connection. Think about ways to reduce stigma about loneliness; men can often feel uncomfortable about reaching out and discussing their loneliness with others

6. Support vulnerable populations
Identify vulnerable populations — such as the elderly, people with disabilities, those experiencing homelessness or those who have experienced a major life event like the death of a spouse, or a relationship break-up — and provide resources and services to help them build connections.

There has been some progress at community levels in recent years. The City of Greater Bendigo in Victoria has targeted social connection, the reduction of loneliness, and community participation and belonging, in its five-year healthy living strategy. In Queensland, the state government has encouraged community organisations and not-for-profits to tackle isolation and loneliness in their communities as part of a $4-million grants program.

What about 'digital' communities?

For most of us, socialising in-person should be prioritised over online interactions, but there are other options.

For example, Australian not-for-profit Friends for Good runs Friend Line, a phone service allowing people to have an anonymous chat with a volunteer.

The Country Network — which promotes and fosters networking and friendship among male-identifying members of the LGBTIQ+ community in Australia — hosts Zoom sessions each week for members living in regional or rural areas. It's an important way to help people connect even if physical distance is an issue, says the network's president Jeffrey Sproal.

"Many rural gay men do not have the friendship base living locally that they can turn to in times of need," he says. "Their nearest gay contact may be up to four or five hours away.

"So we have a Zoom session each week and many country folk join in for friendship and a chat. Over the course of time, one gets to meet fellow 'Zoomers' at an Annual General Meeting or a luncheon organised in the area."

So-called 'digital communities' can assist some people, but they can be a double-edged sword, says Lim.

"Technology is here to stay, but it's more about how we use technology to our advantage," she says.

"As consumers of technology, we should (look to use it) to facilitate more meaningful social connections and allow us to build the quality of relationships that we need."

Social media can also pose challenges, especially to younger people. Headspace National Clinical Advisor Rupert Saunders says: "social media can exacerbate feelings of loneliness, as young people may make comparisons between their own life and the life of others based on what they see when scrolling."

How to overcome community barriers

For those living in remote communities, the challenge to create meaningful connections is often more difficult — someone working on a farm 100km away from their neighbour faces greater barriers than someone living in a city.

However, all is not lost, says Torrance. One scenario that often pops up at the Men's Sheds Association is farmers not seeing the need to tinker in someone else's shed when they have countless other tasks at their farm.

"The reply we often get from these blokes is 'I have a big shed on my own — I've got more projects than you can poke a stick at'," Torrance says. "And my reply to them is, 'yeah, but who else is in your shed with you?'

"And they might say 'well, I can't drive an hour into town to go to the shed.' And my reply might be 'but you have a neighbour on the property next door – how about once a week you helped each other out in your sheds?'

"So we try and facilitate a shared experience in their own sheds."

A national approach to loneliness — Australia and overseas

While many people, organisations and governments are aware of the growing problem of loneliness, Australia doesn't currently have an official national strategy to tackle the issue (not many countries, do, yet).

However, that may soon change.

A 2022-2023 Pre-Budget Submission from Ending Loneliness Together — in partnership with R U OK?, The Australian Psychological Society, and Infoxchange — commended the-then Morrison Government's $2.3 billion investment in the National Mental Health and Suicide Prevention Plan, which was the largest Commonwealth mental health investment in Australia's history.

But that wasn't enough, according to the submission, which stated: "while we welcome this significant investment in mental health, loneliness and social isolation, known antecedents of poor health, remained overlooked. **We therefore encourage the Australian Federal Government to develop an evidence-based coordinated plan to tackle loneliness and social isolation across all states and territories.**

"We propose four specific solutions which can be implemented to cover the two identified gaps: 1) a lack of community awareness and skills on how to manage loneliness and social isolation; 2) targeting loneliness and social isolation for better health outcomes. Addressing the two gaps can be delivered within a wider National Strategy to reduce loneliness and social isolation."

The solutions put forward in the Pre-Budget Submission were:

1   **A national community awareness campaign** to improve understanding of loneliness, challenge public misconceptions

and stigma of loneliness, upskill Australians to better manage their loneliness, and empower others to assist

2   **A national social connection portal** to a database of all health and community sector programs, and services tackling loneliness and social isolation across the country to redirect at-risk individuals to the appropriate local solutions.

3   **A national standard for the assessment and evaluation of loneliness** that uses evidence-based frameworks to guide program and service providers to identify, assess, monitor and refer individuals experiencing or at risk of loneliness to existing services and other informal pathways

4   **National training for health practitioners and community workers** including a set of national competencies and training modules to facilitate best practice approaches to assist people who are socially vulnerable, including those with mental ill health.

Those solutions closely align with the World Health Organization's three-point global strategy to reduce social isolation and loneliness, which suggests countries:

• Create a coalition to increase political commitment

• Improve research and evidence for what works

• Scale up effective interventions.

Dr Michelle Lim, Chairperson and Scientific Chair of Ending Loneliness Together, says an overarching national strategy was a crucial step in tackling the problem.

"A national strategy is critical," she says.

"There are some basic things

that we don't have, (such as) a social connection framework, and standards of how services are actually run — for example, providing social care to people who are lonely and socially isolated. There's no minimum standards and training, there's no framework for them to base their work on.

"We really need to set these things. So (in terms of a) national strategy, we really need to think about setting some minimum standards and some guidelines — it's critical to help many of these fantastic organisations to deliver even more effective and better services.

"The other thing that we really need within this strategy is for the government to start investing in Australian-based research."

What are other countries doing?

> **Many countries have realised the growing threat of loneliness as a critical health and wellness issue.**

Some countries have acted quicker than others. Notably, in 2018, the UK Government introduced a national strategy tackling loneliness and then announced the world's first 'Loneliness Minister'.

The Japanese Government followed suit, launching a nationwide campaign to combat loneliness in 2020 and then in 2021 appointing its first Minister for Loneliness.

Lim says the appointments of senior government officials to focus on the issue of loneliness is the gold standard, but several other countries were also showing strong leadership.

"The UK has the most robust model, because they appointed a loneliness minister years ago," she says. "And (initially, their strategy had) a focus on older adults, but then

they've changed tune and actually increased (the scope of their strategy) because they've realised, 'oh, hang on a second, younger adults also need a little bit more (help).'

"Japan also has a minister … their response was really to address the increasing suicidality in in young people during the COVID-19 pandemic. They did a fantastic job and I think the US is also doing some fantastic things, and Denmark as well, (as is) Sweden increasingly."

Then there are the 'outside the box' solutions, like a Dutch supermarket that recently opened up so-called 'chat checkouts' — where lonely shoppers can stop for a chat rather than paying for their items as quickly as possible — as part of the Netherlands' health ministry program to combat loneliness.

Lim says while any initiative — from individuals, businesses or councils or governments — is welcome, Australia needs a collective approach.

"Loneliness and social isolation are the wicked problems of our time, so it's not really one organisation's responsibility to resolve loneliness — it is everyone's," she says.

"So we need a strategy that is intersectoral, a whole-of-systems approach, a whole-of-government approach, to ensure that meaningful social connection is basically baked into the way we live, work and play."

The gendered nature of loneliness
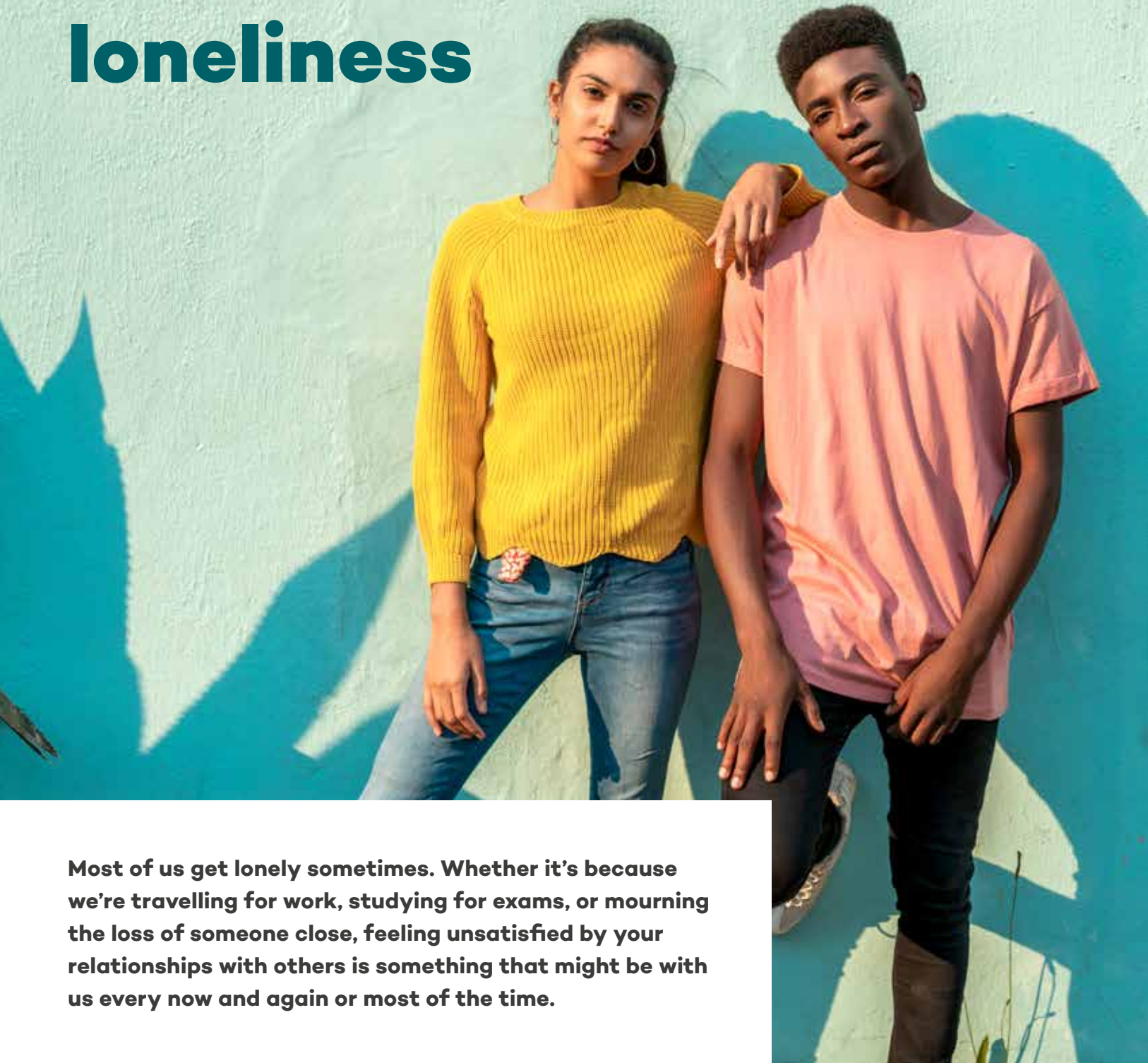
Most of us get lonely sometimes. Whether it's because we're travelling for work, studying for exams, or mourning the loss of someone close, feeling unsatisfied by your relationships with others is something that might be with us every now and again or most of the time.

In the words of John Cacioppppo, the pioneer of social neuroscience and research into loneliness:

"The effects [of loneliness] are not attributable to some peculiarity of the character of a subset of individuals, they are a result of the condition affecting ordinary people".

There's a value to loneliness. It tells us we need meaningful connection; that our innate need for company is not being met by our situation at the time. **Just as hunger signals our need for food, loneliness tells us a fundamental need is not being met.** Without recognition of these fundamental cues, and actions to remedy their threats to wellbeing, illness ensues.

Humans are social animals, relying on social bonds for survival. We evolved in ways that exploit the survival advantage of being part of a group. We developed large brains to foster social bonds through language because it was beneficial to our survival. Our need for meaningful connection with others is a fundamental part of our being.

Given their fundamental importance, it's not surprising that meaningful connections with others are beneficial to our physical and mental health, and that loneliness makes us sick.

The impact of loneliness on individuals' risk of premature death is comparable with the impacts of obesity, substance use, poor mental health, insufficient physical activity, or limited access to healthcare. Morbidity is similarly increased by loneliness.

Loneliness is an affliction arising from contemporary society. The fragmentation of communities and retreat into self-interest has reduced the quality of our interpersonal interactions, which have become increasingly temporary and conditional, in place of truly fulfilling relationships based on commitment, trust and responsibility.

The decline in relationship quality is occurring at the same time as we spend increasing amounts of time alone. More than half of all Australians spend more than two hours a day looking at their phones, according to a nationally representative survey of 1,058 Australians, and Australian Census data show that 25% of Australian households are single-person households, twice as many as two decades ago. Social isolation does not equate with loneliness but it is a substantial risk factor.

We have known for 20 years that Australian males are lonelier than females. Women have more personal support and friendships than men, regardless of whether they live with others or alone. In fact, Australian women aged 25-44 who live alone report the same level of social support as women who live with others, but for men there is a substantial difference. Males living alone, especially those raising children, are the loneliest people in our country.

In contemporary Australian society, women are more likely than men to be the 'managers' of social relationships, which may account for gender differences in social support and loneliness. Hence, loneliness in males is lowest for those living with their partner, either without, or with young, children. Upon separation, women are twice as likely to be lonely, whereas for men the likeliness of loneliness is 13-times higher.

There's not a lot known about gender differences in the effect of loneliness on health. One longitudinal study of elderly German people demonstrated that loneliness is associated with declines in physical and mental health for women (after three years) but only for men's mental health. A meta-analysis of studies examining the relationships between loneliness and social isolation, and cardiovascular disease, did not find an influence of gender.

Our own 'What's in the Way?' survey of a nationally representative sample of 1,282 Australian men aged over 18, found high levels of loneliness in 15.8% of respondents (i.e. more than one in six Australian men). Only slightly more than half of Australian men were not lonely (57%). One in four men aged 35-49 years (24.2%) had a high level of loneliness, as did almost one in five men aged 18-34 (18.9%), one in eight men aged 50-64 (12.1%) and one in 16 older men (6%). These results are consistent with previous Australian and international studies.

We've known about the troubling level of loneliness in our society, and about its deleterious health effects for decades. There's still more work to be done to understand how loneliness affects the health of different groups in our society, but if we recognise individuals' loneliness and intervene effectively, we could solve this public health problem in our lifetime.

REFERENCES

To view the full article with references online, please scan this QR code.

Recognising loneliness

The subjective nature of loneliness, and stigmatisation of those who feel lonely, can make it difficult to identify loneliness in others; be it in social, professional or clinical situations. Knowing the risk factors for loneliness can help to identify those who might be at risk, and asking the right questions is necessary to recognise those who may be in need of help.

A conceptual model of loneliness (depicted on the next page) developed by Dr Michelle Lim and colleagues at Melbourne's Swinburne University helps to explain how life's circumstances might precipitate loneliness in individuals. It identifies four components, the specifics of which will be unique for everyone.

Risk factors

The Campaign to End Loneliness reports risk factors and triggers for loneliness in different demographic groups, which include:

For young people

- Difficulty making friends
- Changing school
- Abuse or bullying
- Bereavement

- Family conflict
- Illness of disability
- Having an eating disorder
- Depression
- Long periods of isolation from family and friends during the COVID-19 pandemic.

For older people

- Being single, divorced or separated
- Living alone
- Living in aged care
- Poor health
- Low income or poverty
- Bereavement
- Retirement
- Giving up driving

- Lack of public transport or other facilities
- Digital exclusion.

For ethic minorities

- Not feeling valued, included, safe, and able to join in community activities
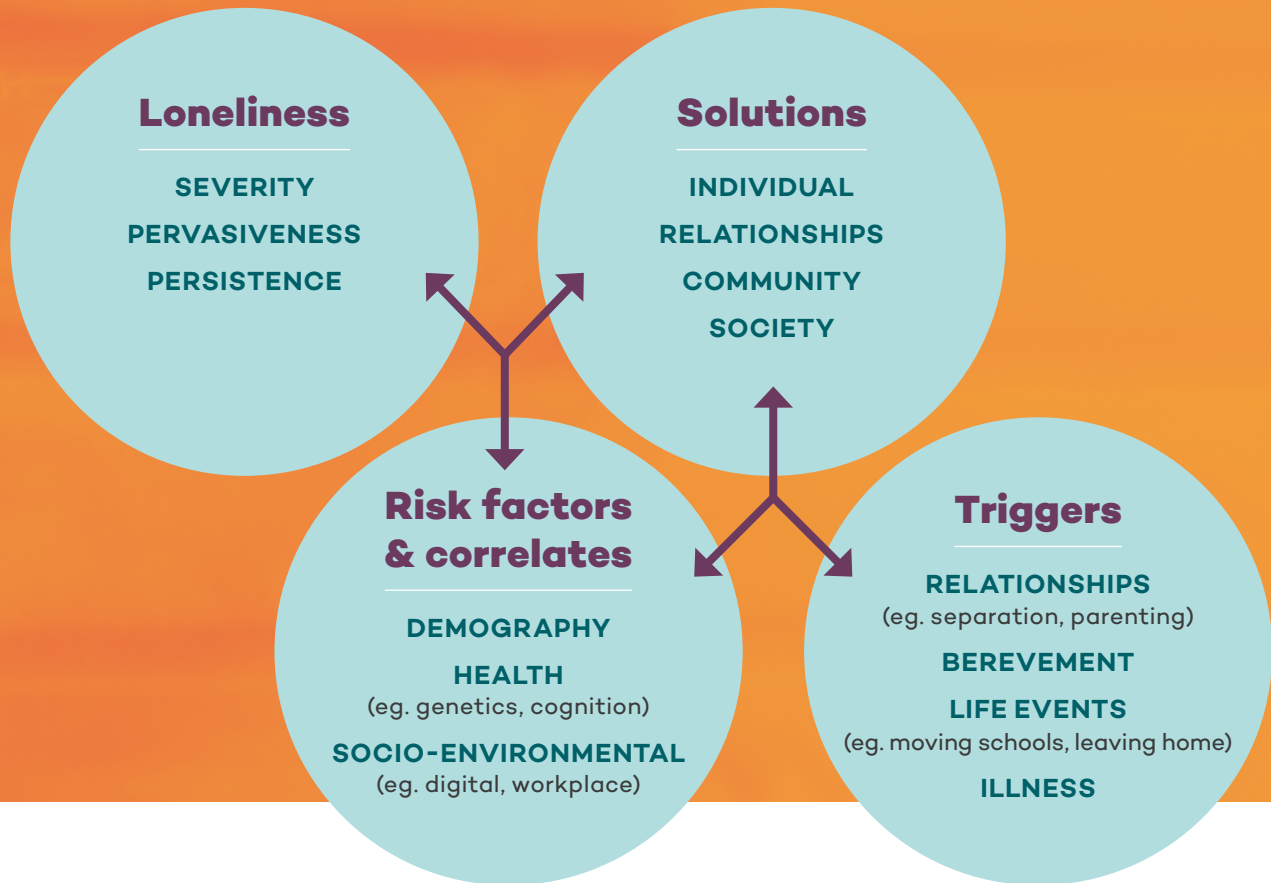- Discrimination and xenophobia.

Detailed information about triggers and risk factors for loneliness in different population groups in Australia is not available.

Asking the right questions

Ending Loneliness Together provides a guide for organisations that wish to measure loneliness, and suggests two ways to measure it:

1 A direct measure of loneliness, consisting of the question *"How often do you feel lonely?"*

A conceptual model of loneliness

Loneliness

SEVERITY
PERVASIVENESS
PERSISTENCE

Solutions

INDIVIDUAL
RELATIONSHIPS
COMMUNITY
SOCIETY

Risk factors & correlates

DEMOGRAPHY

HEALTH
(eg. genetics, cognition)

SOCIO-ENVIRONMENTAL
(eg. digital, workplace)

Triggers

RELATIONSHIPS
(eg. separation, parenting)

BEREVEMENT

LIFE EVENTS
(eg. moving schools, leaving home)

ILLNESS

2 An indirect measure of loneliness – A version of the 'UCLA Loneliness Scale', which consists of four questions

"How often do you feel that you are 'in tune' with the people around you?"

"How often do you feel that no one really knows you well?"

"How often do you feel you can find companionship when you want it?"

"How often do you feel that people are around you but not with you?"

Practical guidance for using these measures, to ensure that responses are valid, is available.

Even though it has been suggested that such measures "can diagnose if a patient has abnormally high levels of loneliness", their validation for different patient populations is not well established, but work is underway. For example, a recent study suggests loneliness can be used to predict one-year mortality in patients with coronary heart disease.

Lonely men are more stigmatised than lonely women, which might be why men are more reluctant to admit to feeling lonely. Hence, indirect measures of loneliness are more likely than direct measures to accurately identify lonely men. The same might be true of different cultural groups, or people of different ages.

Mitigating the adverse effects of loneliness on health requires accurate ways to identify the problem in everyone, but the conceptual model of loneliness (above) suggests we need not wait for ideal evidence to guide practice. Simply asking patients about their social wellbeing creates a connection with them that may improve feelings of isolation and help address this wicked problem.

REFERENCES
To view the full article with references online, please scan this QR code.

How to help patients experiencing loneliness

Solving loneliness is not something that an individual can achieve alone. First and foremost, we need high-quality research to identify strategies that work to alleviate loneliness. This is the conclusion of countless academic reviews and meta-analyses, and a recent <u>Australian Loneliness Thought Leadership Roundtable Report</u>.

Biological factors (e.g. genetics, health status, gender), social factors (e.g. employment, economic systems) and community (e.g. family and friends) all contribute to people's feelings of isolation from others, so solutions are likely to require individualised interventions at all these levels.

Lonely people can help themselves

Ending Loneliness Together provides a valuable resource for individuals, to help them feel less lonely. Twelve things individuals can do if they feel lonely are:

1 Shift focus from thoughts of oneself to other people, topics of conversation or activities

2 Avoid comparing oneself to others

3 Accept changes in relationships as natural consequences of personal growth

4 Accept some discomfort in social situations as the cost of making and maintaining friendships

5 Engage meaningfully with others by giving them full attention

6 Don't avoid small talk. Initial trivial conversations can lead to deeper and more fulfilling discussions

7 Use people's names, and offer one's own, to help feel more connected

8 Spend time offline to foster real-world relationships

9 Initiate contact and conversations with others

10 Offer help and support to others to reap the personal benefits of being kind

11 Join in with social opportunities like volunteering, sports clubs, professional societies or community activities

12 Keep in touch with friends, even if it's been a long time since last contact.

The Ending Loneliness Directory (endingloneliness.com.au/search), launched in March 2023, is a searchable national database of more than 1,000 organisations, groups and services who provide opportunities for connection and support for people experiencing loneliness.

Social prescribing

Social determinants of health are responsible for roughly half of health inequity, and loneliness has been attributed to the dissolution of meaningful relationships in contemporary society. This suggests that social prescribing — referral of patients by health professionals to non-clinical, often local, services — may be particularly valuable in addressing loneliness.

The Royal Australian College of General Practitioners and the Australian Consumers Health Forum of Australia have already described what's needed, in a general sense, for implementation of social prescribing in our country.

As far as social prescribing for loneliness is concerned, there is only limited research to guide practice, and none that relates specifically to males.

Effective interventions for loneliness include meditation and mindfulness, social cognitive training, and social support, with those that address maladaptive social cognition seemingly the most effective.

Social prescribing to address loneliness is viewed by individuals and organisations as useful and necessary for addressing the problem. Many people who have participated in social prescribing programs for loneliness report feeling less lonely, and improvements in wellbeing as a consequence; however, some people express disinterest in available opportunities to reduce loneliness. These observations demonstrate the promise of social prescribing to address loneliness, but also the need to tailor interventions to individuals.

Lessons from Men's Sheds

Social isolation might not always be the cause of loneliness, but helping lonely people to increase their social connections seems fundamental to helping them overcome the distress of feeling isolated. Helping lonely people to form meaningful connections with others can distract them from their distress as they increase their social activity, which can help with the establishment of meaningful relationships.

Men's Sheds are effective antidotes for loneliness in men after retirement from the workforce. **By creating a sense of belonging, 'shedders' both provide and receive meaningful personal support.** By building a community that is responsive to individuals' needs, Men's Sheds provide a template for solving the problem of loneliness in men.

Our Health Professionals' Training Needs survey

In October 2022, we surveyed 233 health professionals from all Australian states and territories, from major cities (30%), urban and suburban areas (27%), and regional (25%), rural (12%) and remote (6%) regions.

The majority of respondents were medical practitioners (61%, including 122 general practitioners), nurses (14%) and allied health professionals (12%).

Respondents clearly prefer online continuing professional development (CPD) and flexibility in when they can access CPD, compared to face-to-face and fixed-time learning. Preferred learning modalities are webinars, eLearning and podcasts. Healthy Male already provides webinars and eLearning for health professional CPD and will continue to do so. Planning for podcasts has already commenced.

Many of Healthy Male's CPD opportunities are endorsed by colleges and peak bodies. More than half of medical practitioners, nurses and allied health professionals indicated that such recognition is desirable but not critical, but more than a quarter of each group indicated that CPD endorsement was critical. Healthy Male is pleased the work we do towards endorsement of our training opportunities is valued.

Healthy Male provides health information and education resources across multiple platforms, including YouTube, LinkedIn, Twitter, Facebook, Instagram, our website, email and in print. Our website, patient resources, eLearning, webinars, emailed newsletters, research reviews and other articles are useful resources for more than half of all respondents, but social media channels are not utilised by many health professionals.
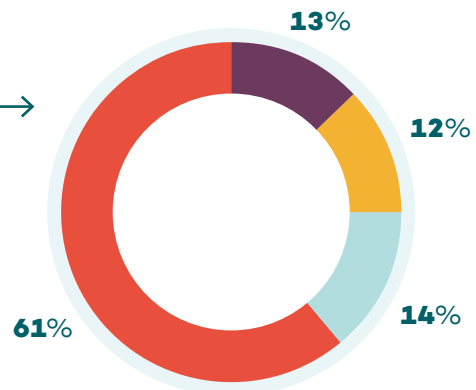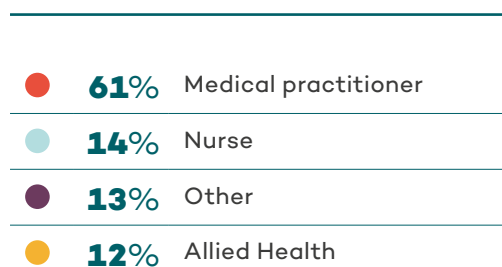
Our health professional survey suggested a variety of topics to be covered by Healthy Male learning resources. All topics were supported by at least one-third of all health professional groups, with the top three being urology, mental health, and social wellbeing. This issue of The Male, focused on loneliness, relates to two of these top three priorities.

Healthy Male looks forward to continuing to provide evidence-based information and education that meets the needs of everyone who contributes to improving the health of Australia's men and boys.

Location of health professionals

- 30% Major cities
- 27% Urban and suburban
- 25% Regional
- 12% Rural
- 6% Remote
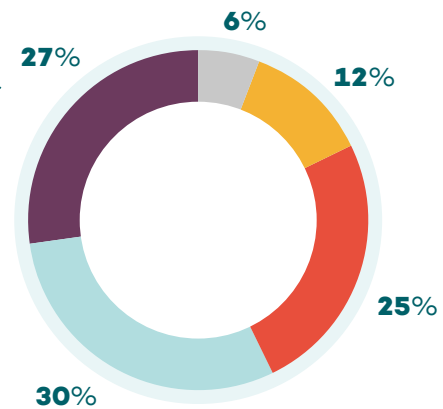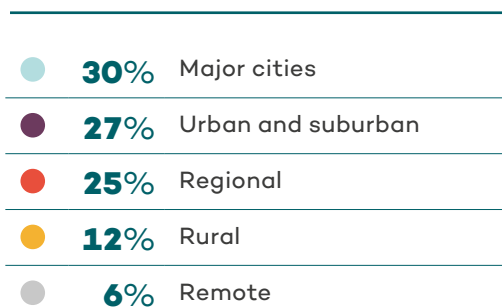
Specialty of health professionals

- 61% Medical practitioner
- 14% Nurse
- 13% Other
- 12% Allied Health

It's important to understand how loneliness can impact your health and wellbeing, and what you can do about it.

Learn more this Men's Health Week (12-18 June 2023) at healthymale.org.au/mens-health-week

UNDERSTANDING LONELINESS

MEN'S HEALTH WEEK 2023