LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON EDUCATION AND COMMUNITY INCLUSION
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Submission Cover Sheet

Inquiry into Loneliness and Social Isolation in the ACT

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Mental Health
Community Coalition ACT

Inquiry into Loneliness and Social Isolation in the ACT

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Acknowledgements

Acknowledgement of country

Mental Health Community Coalition ACT is located on Ngunnawal Country. We acknowledge the Traditional Custodians of the land. We pay our respects to their Elders, past and present. We further acknowledge all Aboriginal and Torres Strait Islander Traditional Custodians and Country and recognise their continuing connection to land, sea, culture and community.

Acknowledgement of mental health lived experience

We also acknowledge the individual and collective expertise of those with a living or lived experience of mental health. We recognise their vital contribution at all levels and value the courage of those who share this unique perspective for the purpose of learning and growing together to achieve better outcomes for all.

About MHCC ACT

The Mental Health Community Coalition of the ACT (MHCC ACT) is a membership-based organisation which was established in 2004 as a peak agency. It provides vital advocacy, representational and capacity building roles for the Not for Profit (NFP) community-managed mental health sector in the ACT. This sector covers the range of non-government organisations (NGO) that offer mental health recovery, early intervention, prevention, health promotion and community support services.

Our members make up two-thirds of Canberra's mental health system and comprise Canberra's soup kitchens, childcare centres, domestic violence shelters, health services for marginalised groups, and more.

We advocate for a mental health system that offers people support and belonging within their community.

Summary

Loneliness and social isolation are critical public health issues yet to be addressed by Australian governments. Loneliness and social isolation are implicated in physical, mental, and cognitive health conditions that heighten risk of premature death to a similar level as heavy smoking. Despite the overwhelming health risks associated with loneliness and the impact on public health expenditure arising, it has not been prioritised in government planning. Further, the general public is largely unaware of loneliness as a health issue. Individuals are not offered targeted loneliness support. The existing evidence suggests that loneliness is highly stigmatised, creating further barriers to building connection.

Not only is the problem largely unaddressed, but it is also very widespread. The loneliness epidemic coincides with heightened levels of disconnection, including here in the ACT. Over time, survey data shows that we are less likely to be involved in our communities and that we report having fewer and fewer trusted friends.

Our submission posits that interventions to redress the causes of this disconnection – such as individual psychological factors, multiple forms of marginalisation, and trends in industrial relations, urban planning and technology use – provide ways forward for stemming the loneliness crisis.

The actions described here require new data collection, so we can more effectively monitor the impact of desired changes and assess the extent to which our community enjoys enhanced feelings of belonging, connectedness, solidarity, and companionship.

MHCC and its members would be delighted to further participate in the Inquiry into Loneliness and Social Isolation in the ACT through involvement at public hearings. In addition, we would be delighted to respond to any questions of the Standing Committee on Education and Community Inclusion. For further information, you can contact Dr Erin Stewart, MHCC Advocacy, Policy, & Media Manager via erin.stewart@mhccact.org.au.

List of recommendations

Recommendation 1: In light of the pronounced public health risks associated with loneliness, institute a new Ministry in the ACT responsible for tackling loneliness as a public health issue in the ACT.

Recommendation 2: Pilot a program to screen and monitor individual levels of isolation and loneliness in primary care settings.

Recommendation 3: Fund a campaign to increase awareness of loneliness as a public health issue, with a view to encouraging community connectivity. This campaign would occur during Loneliness Awareness Week and could be run similarly to Mental Health Month.

Recommendation 4: Collect and report data on loneliness levels of people with other potential vulnerabilities, including number of people in household, education levels, number of chronic illnesses, relationship and family status, First Nations status, and income levels.

Recommendation 5: Conduct further analysis of available loneliness data with a view to determining the impact of multiple marginalisation on loneliness rates and other related health and social issues in the ACT.

Recommendation 6: Draw on ACT-specific data to make a more robust calculation of the economic costs of loneliness in the ACT.

Recommendation 7: A public awareness campaign around loneliness should prioritise de-stigmatisation.

Recommendation 8: Fund programming delivered by mental health organisations present in schools to tell stories to destigmatise loneliness.

Recommendation 9: Scope and fund a loneliness-specific, evidence-based, community-managed therapeutic group program targeting loneliness. This could be seen as a key 'foundational support' for many people experiencing more complex or severe mental illness.

Recommendation 10: Improve the existing service navigation tool for community activities and services that address loneliness for the ACT.

Recommendation 11: Strengthen social inclusion through significant consultation with people from a range of marginalised groups.

Recommendation 12: Scope, pilot, and fund grassroots projects to tackle loneliness such as befriending initiatives, community cafes, opportunities for engagement in physical and social activities and innovative ideas that come from Canberrans themselves.

Recommendation 13: Increase funding across the community-managed mental health sector to design and deliver grassroots social inclusion projects, and to increase its peer support and advocacy functions.

Recommendation 14: Pilot a voluntary social prescribing program, allowing people to partake in activities in the community inexpensively or for free to measure its impact on loneliness.

Recommendation 15: Undertake the 4-day work week trial in the ACT public service and extend the opportunity to the community sector and measure its impact on loneliness, social isolation, and social participation.

Recommendation 16: Increase funding to the community sector to deliver and undertake training to encourage a greater sense of belonging at work.

Recommendation 17: Work with communities through a tactical urbanist approach to build tailored third spaces for existing neighbourhoods to flourish.

Recommendation 18: Improve walkability in all ACT suburbs, particularly with a view to increasing tree canopy, footpaths, lighting, and accessibility to all members of the community.

Recommendation 19: Develop the ACT's bus network and services to increase the accessibility of public transport for people who don't live in population centres, and who cannot drive.

Recommendation 20: Undertake measures to build sociability such as greater protections for renters who own pets, reducing sensory overload, and decreasing preventable transience through improving housing access and affordability.

Recommendation 21: Investigate medium-density housing as a means of balancing accessibility of community with socially manageable numbers of neighbours.

Recommendation 22: Investigate why ACT suburbs do not reflect the principles of liveability and accessibility as laid out in the Planning Strategy and enact structural improvements that centres wellbeing in future land release, planning, zoning, and development.

Recommendation 23: Fund afterschool community programs and subsidise recreational activities to enable social connections beyond social media.

Recommendation 24: Provide education on healthy technology use that fosters safe connections.

Mapping the Issues of Loneliness and Social Isolation

Defining Loneliness

Many of us enjoy the restorative benefits of solitude. However, most would also agree that the quality of their life depends on their relationships and connections with others. When the quality or quantity of our social connections feels wanting, loneliness is the natural result. Defining loneliness as the difference in the social connection we *have* and the social connection we *want* is known as the "cognitive discrepancy model".(1) The usefulness in understanding loneliness in terms of this gap is that it acknowledges that being alone can be a pleasant, desirable experience too.

Understanding loneliness through the cognitive discrepancy model also allows us to consider the experience of loneliness in a room full of friends. Externally, there would seem to be no reason to feel lonely when you have so many people around you – people you like, and people in turn, who like you. Nonetheless, it is still possible in this situation to feel the gap between what you have and what you want. The feeling of "being lonely in a crowd" is a common experience.(2)

As such, the opposite of loneliness is not necessarily social contact. Rather, it's feelings of belonging, connectedness, solidarity, and companionship.(3) These feelings will be enhanced for people who feel they play a valuable role for others, feel they are understood by others, and who have others they can depend on in times of need.

There are other ways of understanding and defining loneliness. One is through an evolutionary lens. We have evolved to live in social groups. Our ability to survive has often depended on our ability to maintain social connections and share resources. Failure to be integrated with those groups – the threat of exile – in our evolutionary history has had calamitous repercussions. Loneliness can be seen as an internal warning to a threat to survival.(4) Additionally, psychological research posits that all of us have inherent social needs such as attachment to our caregiver(s), social integration, nurturing, validation of our worth as individuals, a sense of solidarity with others, and a sense we have people we can go to for advice.(5) These needs might fluctuate over our lifespans, but **failure to meet our social needs will lead to loneliness, the same way that a failure to eat will lead to hunger**.(6)

Defining Social Isolation

A key means to reduce loneliness is through addressing social isolation. Social isolation occurs when we have objectively few social relationships or limited contact with others. Social isolation is measurable through assessing the size of someone's social network and time spent among one's social network.(7) Evidence shows that social isolation and loneliness are weakly-to-moderately correlated with each other.(8) As such, socially isolated people are not necessarily lonely, and lonely people are not necessarily socially isolated.

Nonetheless, policy research into loneliness and social isolation tends to support the view that both should be addressed in tandem,(9) as per the Terms of Reference in this Inquiry. While the two concepts and experiences are distinct, they share associated health risks (articulated below) albeit at different magnitudes, and they further share potential positive policy responses.

MHCC ACT commends the Inquiry's approach to holistically examining community vulnerability in relation to interpersonal connectivity in general.

Loneliness and social isolation as a public health issue

Loneliness and social isolation are critical public health issues. Two reviews of epidemiological research on the health impacts of loneliness and social isolation,(6, 10) are summarised in Table 1, below.

Table 1: Health impacts of loneliness and social isolation

Mortality Risks	Loneliness is associated with a 26% greater risk of premature death, while social isolation is associated with a 29% greater risk of premature death. People who report "often" feeling lonely are at significantly increased risk of cardiovascular mortality.
Physical Health Risks	Poor social relationships (in both quantity and quality) are associated with a 29% greater risk of coronary heart disease and a 32% increase in risk of stroke. There is a higher incidence of breast and colorectal cancer among those experiencing loneliness. Those experiencing loneliness and social isolation are more likely to have elevated blood pressure and cholesterol levels, impaired cardiac function, and reduced immune system function. Those experiencing loneliness are more likely to report non-restorative sleep and daytime fatigue.
Mental Health Risks	**Those experiencing loneliness are 17 times more likely to have made a suicide attempt in the last 12 months.** Loneliness is a predictor of depression, social anxiety, paranoia, phobias, and obsessive-compulsive disorder.
Cognitive Risks	Loneliness is associated with increased risk of Alzheimer's Disease and deficits in executive function. Loneliness in older age is associated with cognitive decline and lower performance on cognitive testing.
Health Behaviours	Those experiencing loneliness may find it more difficult to self-regulate, leading to observed reductions in physical activity. Loneliness also appears to be a risk factor for alcohol abuse and obesity.

Both loneliness and social isolation lead to exacerbated health risks independently, although some research suggests that social isolation is more likely to lead to increased physical health, cognitive, and mortality risks; while loneliness is associated with increased psychological risks.(11) The heightened physical and cognitive risks associated with social isolation may be caused by the fact that when people do not routinely interact with others, they may experience delays in realising they need medical attention and may be less likely to engage in preventative care.(11)

Even when controlled for confounding effects such as socio-economic status, gender, geographic location, presence of existing mental health diagnoses, membership of a cultural and linguistically diverse (CALD) community, and other demographic traits, loneliness and social isolation have significant, cumulative health effects. In addition, it is unlikely that the health risks associated with

loneliness and social isolation result from reverse causality. For example, while loneliness is predictive of depression, depression is not predictive of loneliness.(6) An experiment to induce feelings of loneliness in people who were not otherwise feeling lonely showed a causal deterioration in subjects' optimism and self-esteem, as well as increased depressive symptoms, stress, anxiety, and anger, compared with baseline levels.(12)

A seminal meta-analysis of loneliness research found that "the influence of social relationships on risk for mortality is comparable with well-established risk factors for mortality" – it increases the likelihood of death more than the effects of poor diet, obesity, alcohol consumption, and alcohol abuse.(13) In fact, **loneliness poses the same level of mortality risk as smoking 15 cigarettes per day.**

Despite their ability to predict potential health risks, loneliness and social isolation are not routinely assessed as part of medical treatment, such as during General Practitioner (GP) visits. In addition, the health risks posed by loneliness are not widely acknowledged. Research shows that people are likely to severely underestimate the impact of social connectedness on health, ranking it below other, better-known risks (such as lack of exercise).(14) This finding indicates that there are opportunities for education around the risk of loneliness, which would complement ongoing work in the ACT to track and improve levels of loneliness.

Noting the public health risks associated with loneliness, several countries – such as the UK and Japan – have instituted loneliness ministers who are responsible for overseeing efforts to reduce loneliness. MHCC ACT endorses this strategy, firstly to build governmental expertise and accountability in addressing the public health crisis we face. Secondly, we predict that providing visible leadership on this issue will itself lead to much-needed public education on loneliness.

It is already promising to see that loneliness and social isolation are both assessed as key indicators in the ACT government's Wellbeing Framework. This is a valuable step towards addressing loneliness and social isolation as a public health issue, and an achievement we can further build upon.

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The prevalence of loneliness and isolation in the ACT community

Rates of loneliness are high in Australia. Data from a 2023, nationally representative survey of over 4000 Australians show that around one in three Australians feel lonely.(15)

Although loneliness is often framed as an issue primarily affecting older people, an appropriate public health response should take a whole-of-lifespan approach.(16) Indeed, rates of loneliness are highest among the 18-24 age group, with 22% of individuals surveyed saying they "often/always" feel lonely.(15)

Across the country, rates of loneliness are highest in the ACT, with 40% of survey respondents reporting that they feel lonely.(15) These results do not substantially differ from the loneliness data collected as part of the ACT's Wellbeing Framework monitoring efforts, which found that around 36% of us feel lonely either "sometimes" or "often",(17) although variations in figures may reflect differences in data collection methodology.

ACT-specific loneliness data shows that women are more likely to "often" feel lonely than men (9% vs 7.4%). Other at-risk groups include those born overseas in a non-English speaking country (11.3% "often" feel lonely); members of the LGBTIQ+ community (18.7%), carers (12.5%), people with disability (15.1%, and higher for those experiencing physical, cognitive, and/or mental health-related restriction). According with national data, those aged 18-29 are most likely to report "often" feeling lonely (13.6%).(17)

Other at-risk demographics identified in international literature include people who live alone,(18) people with lower levels of education, people living with chronic illness, people who are not married, people with lower incomes,(19) parents, First Nations peoples, and older people.(20) Risks associated with loneliness also have intersectional influence. That is, the more marginalised groups a person is a member of, the higher their risk of loneliness and the resulting negative health impacts.(21) Loneliness also appears to compound in transitional periods of an individual's life – during adolescence, in the perinatal period, in response to illness and bereavement, and at retirement.(22)

In addition, we know that loneliness is a ubiquitous experience for those with mental health conditions, particularly those with severe and/or complex chronic conditions. A SANE survey of 500 people with complex or long-term mental ill health found that 32% of respondents report feeling lonely *all* of the time.(23) The national Survey of High Impact Psychosis found that 22.4% of participants surveyed felt socially isolated, and 13.3% reported having no friends at all.(24) Interviewers found 63.2% of participants as having obvious or severe deficits in social skills, a factor highly correlated with loneliness and associated with higher rates of psychiatric inpatient admissions, involuntary admissions, and emergency presentations.(25)

Recommendation 4: Collect and report data on loneliness levels of people with other potential vulnerabilities, including number of people in household, education levels, number of chronic illnesses, relationship and family status, First Nations status, and income levels.

Recommendation 5: Conduct further analysis of available loneliness data with a view to determining the impact of multiple marginalisation on loneliness rates and other related health and social issues in the ACT.

Costs of Loneliness

Cost estimates of loneliness in Australia indicate that loneliness leads to an average healthcare cost of $2.7 billion ($1565 per person who becomes lonely per year).(20) An approximate calculation of the cost of loneliness in the ACT, assuming a population of 431,215 from the 2021 Census (which is likely an underestimate of the number of people using the ACT health system given that the ACT serves as a regional centre for many forms of public healthcare), and a 40% rate of loneliness, we would conservatively estimate that **loneliness costs the ACT $270 million per year in healthcare expenditure alone.**

International studies have found an additional cost burden associated with loneliness to employers related to health issues of employees and those they care for, and its impacts on employee wellbeing, productivity, and ultimately staff turnover.(26)

Fortunately, investments in loneliness prevention and mitigation have good returns on investment of between $2.14 and $2.87 for every dollar spent.(20)

Recommendation 6: Draw on ACT-specific data to make a more robust calculation of the economic costs of loneliness in the ACT.

Stigma

Although we conceptualise loneliness as an unmet social need, stigmatising attitudes that treat loneliness and social isolation as personal or moral failings persist within the community. Ending Loneliness Together has published revealing statistics on stigma pertaining to loneliness in Australia, which shows widely held misconceptions about loneliness,(27) including that:

- 47% of Australians believe people would feel less lonely if they just knew more people
- 42% believe loneliness only affects people 65 years or older
- 27% think that making friends should always be easy
- 46% describe people who are lonely as having negative traits
- 25% think that people who are lonely are less worthy than others
- 12% believe there is "something wrong" with people who are lonely
- 29% think their community believes being lonely is a sign of weakness
- 31% say they are ashamed when they feel lonely
- 46% say they are too embarrassed to admit to others that they feel loneliness
- 49% say that they would conceal their feelings of loneliness
- 58% of those who feel lonely don't talk to others about it.

Stigmatising attitudes – directed both at lonely people in general as well as oneself for being lonely – can lead to a vicious cycle surrounding loneliness. **Having a feeling that you cannot speak to others about, or that is widely seen as a weakness, will further degrade a sense of connection**.(10)

A method of reducing stigma around loneliness involves undertaking a campaign with messaging to normalise the experience. Messages such as "it is natural to feel lonely sometimes", and "loneliness is like hunger, a sign of an unmet need" may give people a sense of safety in talking about their experiences. Such a campaign should also feature stories of people candidly talking about their experiences of loneliness and how they overcame shame, and this education could be taken to schools, in a similar vein to mental health education programming in schools.

Recommendation 7: A public awareness campaign around loneliness should prioritise de-stigmatisation.

Recommendation 8: Fund programming delivered by mental health organisations present in schools to tell stories to destigmatise loneliness.

Disconnection

Disconnection, like loneliness, is epidemic in Australian society. Recent Australian survey data reveals that 38% of us do not know our neighbours' name(s).(28) Andrew Leigh and Nick Terrell have highlighted a huge shift as well in how Australians relate to one another over time, usually in ways that are indicative of social trends towards disconnection. We are less likely to be active members of

community organisations, political parties, unions, churches, and sporting clubs (although we are more likely to take part in solitary gym-going or yoga classes).(29) We see significant declines in rates of volunteering over the last decades.(29)

We also report having fewer close friends than in prior decades. In 1984, Australians could name, on average, 9 trusted friends. By 2005 that number fell down to 7, and by 2018 it fell to 5.(29)

As discussed above, loneliness is not necessarily a function of numbers of friends. However, these wider indicators of disconnection show that **Australians are finding it more difficult to be casually embedded in the lives of others than in previous decades.** This social trend reduces the opportunity for finding meaningful social roles in our communities that would be anathema to loneliness. To address loneliness, we need to consider possible challenges to connection, and potential ways of overcoming those challenges.

The second part of this submission will discuss a number of these underlying causes, as well as workable solutions, including relevant case studies of what works to redress loneliness and social isolation.

Causes of and Solutions for Loneliness and Social Isolation

The underlying causes of loneliness and social isolation themselves hint at potential solutions. A summary of causes and solutions discussed in this submission section is provided in Table 2, below.

Table 2: Underlying causes of loneliness and social isolation and potential solutions

Causes	Solutions
Individual factors These may include psychological conditions (e.g. social anxiety), cognitive distortions (e.g. the belief that "no one understands me"), or personality facets (such as suspiciousness).	• Group therapies (particularly Cognitive Behavioural Therapy (CBT)). • Service navigation. • Other community mental health interventions.
Marginalisation(s) Experiences of discrimination, exclusion, restriction, and unwanted isolation can lead to feelings of loneliness, particularly for vulnerable groups.	• Identifying and addressing the causes of discrimination and other manifestations of marginalisation. • Strengths-based interventions that harness the resourcefulness, collective identities, cultural practices, and solidarity that marginalised people may share with one another. • Community-based opportunities such as the provision of skills, resources, peer support. • Prescribed social activities including social sports, hobby and interest groups, volunteering, and adult education programs.
Industrial relations Long work hours and high rates of burn out can lead people to feel isolated from others in their lives and lacking the energy to take care of their existing relationships and form new ones.	• Improvements in industrial relations to preserve leisure time and quality of life.
Lonelygenic environments Some urban and suburban environments have been identified as "lonelygenic" (i.e. causing loneliness) because they fail to facilitate opportunities for local connections.	• Improvements to walkability of suburbs, quality and quantity of green spaces, increased tree canopy, availability of local amenities, and other casual places to congregate. • Centring belonging in urban planning efforts, such as ease of access to public transport.
Technology Problematic social media use has been linked to loneliness, especially in young women.	• Provide afterschool alternatives to technology use for young people such as free or low-cost leisure activities. • Education and opportunities to use technology in ways that improve social connection.

Individual factors

Propensity towards loneliness may be expressed in our character traits. Relevant traits postulated as increasing vulnerability to loneliness include social anxiety, shyness, suspiciousness, low self-esteem, and pessimism.(30) That said, loneliness may actually amplify these traits, rather than follow from them.(12)

Loneliness is further invoked in the diagnostic criteria of some mental health conditions such as social anxiety (whereby social situations are avoided, causing clinically significant distress)(31) and borderline personality disorder (with characteristic "chronic feelings of emptiness").(32) However, some work supports the theory that loneliness could be an antecedent of even these mental health conditions.(31, 33)

Regardless of the underlying individual causes of loneliness, there is evidence for the efficacy of therapeutic programs tackling some of the cognitive distortions that make it difficult for people experiencing loneliness to socially engage. Beliefs such as "no one understands me", "bad things happen in my social life", or "I'm no one if I have no friends" can lower self-esteem and compound the experience of loneliness.(34)

These distortions can be addressed through relatively low-cost, evidence-based therapeutic programs such as CBT.(35) Notably, evidence as to the efficacy of highly individualised programs treating loneliness are fairly weak,(36) making group delivery more desirable. Some groups may be able to be delivered online, although it is important to note a large heterogeneity in ease of connecting online – many people find it disconnecting, particularly if they are not already used to managing their social lives online.(37) Many people most at risk of loneliness may not have access to a stable internet connection or previous experience with technology, creating an access barrier. Whether in-person, online, or through hybrid delivery formats however, these group programs can be delivered at scale, at low or no cost for participants.

Ideally, interventions should be designed that are specifically tailored to loneliness so that the material is directly relevant and actionable to participants.(35) Group programs would have additional benefits in increasing individual exposure to others, addressing some of the fears underlying loneliness (e.g. the fear of rejection), and giving people the opportunity to make friends with others who understand the issues they are going through. Producing a rough estimate, for the cost of $300,000, a community mental health group program could be delivered to hundreds of people across a year because of the low intensity nature of CBT. Groups could be facilitated by a skilled counsellor or peer worker who receives clinical supervision, enabling appropriate identification of risk and referral opportunities. A group could comprise of 5-10 people, over 6-10 group sessions. Such a program would likely bring ongoing cost savings to the health system over time.

At the end of the program, participants could swap contact details with each other, forming self-led groups that maintained social connections in an ongoing, group-determined manner. Our member organisation, the Perinatal Wellbeing Centre, has noted that connections made in a support group setting can meaningfully continue as significant relationships in participants' lives.

MHCC ACT advocates for the community-managed sector in delivering such psychological and social support interventions. This sector can deliver interventions in comfortable, destigmatising settings that are proximate to home environments. Our members note that distrust in government services resulting from previous traumatic experiences is a major barrier to getting mental health support, particularly in the communities identified as at risk of loneliness such as First Nations peoples, refugees, and LGBTIQ+ people.

The community-managed sector also maintains a robust peer workforce, ably providing group facilitation by someone who "gets" loneliness and can draw on their lived experience in service of a therapeutic benefit.

Other low intensity interventions may also be useful for those experiencing loneliness. International research has found a positive return on investment for service and community group navigation supports delivered to people who identify as lonely of $2-$3 for every dollar invested.(38) Helpfully, there is no need to reinvent the wheel on connecting people with opportunities. Volunteering ACT's Community Directory serves an important function in connecting people with "interest groups, sporting clubs and cultural communities to support groups, health services and welfare providers."(39) In accord with ACTCOSS's submission to this Inquiry, we believe this existing infrastructure could be better promoted and enhanced for the purpose of cost-effectively reducing rates of loneliness.

Following the NDIS Review, low intensity service programming constitute valuable "foundational supports" outside of the NDIS. Foundational supports such as these have been identified as a significant gap for Australia and the ACT's mental health system.(40)

Relatively few people with mental ill-health are serviced by the mental health system. While around half of us will experience mental ill-health at some point in our lives, around half of people with mental health conditions fall in the "missing middle" – "too severe" for straightforward treatment managed by a GP and through ten Medicare subsidised psychology sessions, and "not severe enough" for crisis care or ongoing, intensive supports through the NDIS. The NDIS Review notes that there are "too few clinicians and significant waitlists in some areas, and a shortage of community mental health services for people who need more intensive support than general practice services, but less than specialised state and territory mental health services," and recommended more investment in accessible mainstream services.(40) Loneliness interventions would form a valuable addition to community programming to address Canberrans' mental health needs.

Recommendation 9: Scope and fund a loneliness-specific, evidence-based, community-managed therapeutic group program targeting loneliness. This could be seen as a key 'foundational support' for many people experiencing more complex or severe mental illness.

Recommendation 10: Improve the existing service navigation tool for community activities and services that address loneliness for the ACT.

Case Study: Walk with Me

Every Sunday morning at around 9am, a group of up to 100 people walk along Lake Burley Griffin in the centre of Canberra.

The walking group, organised by Zak Pino, aims to provide an avenue for people, especially men, to find social connections and combat loneliness. It kicked off in January 2021 following the first Covid pandemic lockdowns.

“I experienced lots of people letting me know that they felt quite lonely in 2020,” Pino says. “I met up with a lot of people I wouldn’t usually catch up with or talk to. They were actually reaching out and asking to talk to anyone about anything.”

For the first few months, it was just Pino walking around the lake himself. But word began to spread, and he was gradually joined by more people on the walks. The text message group organising the walks swelled to nearly 60 people by the end of 2021, and there are regularly more than 50 people walking on a given Sunday morning.

Walking has provided a non-judgemental and less stressful way for people to connect and talk about serious issues. “You end up talking about things you wouldn’t end up talking about over coffee or a meal - it’s quite organic,” Pino says. “Walking is non-comparative. If you go to the gym or go for a run, if you’re the slowest or weakest, you tend to sit and ponder. With this, no-one is doing that. When you’re walking, you want to hold a conversation, no-one is fastest or slowest.”

The group was originally focused on men, and provided a social option that didn’t involve alcohol. “I wanted to get young guys out of the house,” Pino says. “These are guys who would drink on Saturday nights - but now they have to walk on Sunday mornings. I wanted to change their habits in an indirect way rather than pushing it.”

The group is now open to people of all genders, and is going from strength to strength. The youngest member is 16 years old, and the oldest walker is 72. The structured routine of having a social walk every Sunday morning is hugely beneficial to people who may be feeling lonely. “It’s really important with mental health - it gives you a sense of purpose,” Pino says. “Now more than ever we need each other.”

Marginalisation(s)

The data discussed above shows that loneliness is unevenly distributed through our population. Marginalised communities, including but not limited to CALD communities, LGBTIQ+ individuals, people with disability, and those from lower socioeconomic backgrounds, experience higher rates of loneliness. This is attributed to factors such as discrimination, exclusion, limited access to resources, and systemic barriers that hinder meaningful social connections.(21) The inequitable nature of loneliness has likely increased since the start of the COVID-19 pandemic, and these effects may persist in the long term.(37)

While marginalisation is associated with vulnerability, there are also many opportunities to find strengths. Belonging to a specific cultural group, for example, can build a sense of connectedness. Cultural practices and gatherings can confer a sense of being part of a tradition, having a role to play, and a strong sense of meaning. Being understood and sharing similar experiences within an identity group can also bring about a sense of connection. Disability advocates, for example, use the concept of "access intimacy" to refer to the comfortable feeling – usually in the presence of others with a disability – of not having to explain or justify your disability or access requirements, but to simply have your needs met.(41) Following from research that associates political engagement with reductions in loneliness, fighting for collective rights, and advocating on behalf of others, may also lend a sense of purpose and connection to members of marginalised groups.(42)

The fact that solidarity and understanding can redress loneliness leads to a key insight in combatting loneliness: **we feel less lonely in spaces where we can fully be ourselves**. In a 2023 episode of SBS's *Insight*, "Alone", a participant, Canberra-based "Lonely Diplomat" Phil McAuliffe, reflected on how, as a person surrounded with loving friends and family, he felt ashamed of feeling lonely. It wasn't until he was able to recognise that he was gay, and speak about it with others, that he was able to address his loneliness:(43)

> By me connecting as me, and not being ashamed of who I was, and fronting up and going, "Hi, this is me, take me or leave me"... the connection that I then received actually was the connection that was me without a mask.

Meaningfully addressing loneliness at a policy-level involves identifying and addressing the causes of discrimination, exclusion, and other manifestations of marginalisation. It involves creating a society where everyone feels safe to be themselves, and where one's needs can be met in public life. This complex, difficult work should be undertaken with significant consultation with people from groups most at risk of loneliness.

In addition, strengths-based interventions that harness the resourcefulness, collective identities, cultural practices, and solidarity that marginalised people may share with one another will capitalise on the existing opportunities for connection identified above. Such interventions should be endogenous, identifying and resourcing existing community efforts, and encouraging further innovation.

There are multiple evidence-based interventions that can address loneliness among marginalised individuals. Befriending initiatives targeted towards people experiencing marginalisation(s) appear to be overall efficient interventions with positive returns on investments. A local example is Meridian's Aged Care Volunteer Visitors Scheme which matches volunteer visitors with an older person for fortnightly visits. There is further promising evidence regarding the efficacy of peer work in reducing loneliness. Where lonely individuals are matched with a worker who shares demographic

similarities, participants report "strong feelings of kinship, motivations to reach out in other areas of life, and improved mood" over the course of a year.(44)

Another intervention with a positive return on investment – up to $8 per dollar spent – are community cafes targeted towards those experiencing loneliness and social isolation.(38) Existing spaces such as commercial cafes, community halls, and libraries can host gatherings. An example of such an intervention is the Craft Café, which ran three days a week in Scotland, and invited older people to chat with each other and gain art skills, facilitated by a professional artist. As well as reducing loneliness and renewing social connections, the program also increased participants' confidence, independence, and engagement in their lives generally.(45)

One of MHCC's members, Capital Region Community Services (CRCS), successfully ran an analogous group art therapy program for 20 years until 2016, when funding changes resulting from the integration of the NDIS made this program no longer financially viable.(46) CRCS has asked for funding to re-start this programming in their 2024-25 pre-Budget submission, a request we support. This service is a strong, evidence-based example of the valuable grassroots work that has – and could in the future – be resourced in the ACT.

Exercise has also been clearly established as a means of improving wellbeing for those experiencing varying levels of severity of clinical depression by a recent study in *BMJ*.(47) It has further been recommended for people experiencing psychotic illness as a means of redressing high levels of loneliness as part of an integrated approach to recovery.(24) Interestingly, given our focus on loneliness, the *BMJ* study found the highest clinically important benefit was found for dancing – an inherently social form of exercise – over more solitary exercises such as walking, jogging, yoga, or cycling (which were all still beneficial to mental health).(47) All of these activities were found to be more efficacious than medication alone.(47) These findings suggest that group exercise programs – including dance – could constitute efficacious, cost-effective mental health interventions.

Programs such as social prescribing could also be used to ensure that people can affordably pursue group leisure activities such as social sports, hobby and interest groups, volunteering, and adult education programs.(48) Social prescribing allows health workers such as GPs to prescribe non-medical, community-based activities that have the effect of increasing wellbeing. Although social prescribing programs have not been evaluated to a level necessary to recommend their widescale implementation,(48) a pilot program enabling providers to prescribe community participation for free or low cost to patients would allow us to gain insights into its potential benefits for improving overall rates of loneliness. The pilot should target patients in communities where the cost of pursuing one's interests would otherwise be barrier to participation.

Spotlight on: perinatal mental health

One of MHCC's advocacy pillars in 2024 is perinatal mental health, which has vital links with loneliness as well as gendered patterns of marginalisation and an under-acknowledgement of the struggles associated with care work. This spotlight offers an insight into the costs of loneliness – both socially and economically – and what helps to mitigate these costs.

Journalist, Lucy Jones, depicts the experience of loneliness arising from marginalisation distinctly in her descriptions of new parenthood.(22) The logistics of taking public transportation, such as a bus, when you have a pram, can be difficult. While specific space is afforded to bicycles, it can be difficult to get babies up bus stairs or to navigate the gaps between roads and gutters. Even spaces dedicated to families, such as playgrounds, often require parents to sit in the sun to observe their children. They lack change table facilities. These circumstances give rise to the feeling of exclusion,

isolation, and loneliness. Indeed, survey data suggests that up to 90% of new mothers experience loneliness as they navigate significant hours of solitude, exhausting care work, barriers leaving the house, and a lack of recognition of these difficulties.(22) Research further suggests that the risk of loneliness is even higher for refugee and migrant families (especially if displaced from their communities), young parents (aged 24 or younger), and for trans and non-binary parents.(22)

Another study, conducted for 2023 Perinatal Mental Health Week by the Perinatal Wellbeing Centre, Gidget Foundation Australia, and Peach Tree Perinatal Wellbeing found that 70% of expectant and new parents in Australia do not have a support network of other parents. One in three struggle to connect with other parents, leading them to loneliness and isolation at a critical time in their family's life.(49)

Numerous researchers have articulated the significant link between loneliness, isolation and the development of perinatal depression. We know that the experience of loneliness contributes to the incidence of depression, and the depressive symptoms that follow can lead to a heightened sense of loneliness – a vicious circle of negative reinforcement. A recent meta-synthesis of 27 qualitative studies found that postnatal depression is characterised by loneliness.(50) There is a tendency for parents, particularly women, to isolate from others; to "mask" their difficult feelings; and to emotionally disconnect from others, their babies, and from themselves.(50)

The meta-synthesis further revealed that the contexts of women's lives also played a role in developing feelings of loneliness and depression. Women who did not receive as much social support as expected; who experienced relationship conflict; who were disconnected from their cultural heritage; and/or who had invalidating interactions with health care providers, partners, friends, and family members, were at greater risk of symptoms.(50) Peer support, however, was identified as an important opportunity to ease some of these experiences.(50)

PricewaterhouseCoopers (PwC) estimated in 2019 that one in five mothers and one in ten fathers and partners experience perinatal depression and anxiety.(51) Given population mental health trends following from the 2019-20 bushfire season, the COVID-19 pandemic, and the current cost-of-living crisis, these figures would be significantly higher if recalculated today. Nonetheless, PwC reported that for each annual cohort of births this costs the Australian economy $877 million in the first year of those babies' lives, and $7.3 billion in total costs over the child's lifetime.(51) With loneliness playing such an integral part in women's experience of early motherhood, it is essential that we grow our investment in programs that specifically seek to reduce loneliness and isolation.

Community-based services, such as those provided by the Perinatal Wellbeing Centre, form an important resource for members of marginalised groups (here, new parents, and new mothers in particular), including people who are multiply marginalised, to gain the important experience of connection. The Perinatal Wellbeing Centre offers telephone counselling, group programs, information sessions for partners, workshops, and playgroups to foster community growth and reductions of isolation, with demonstrative efficacy in improving participants' mental health and social connectivity.

Recommendation 11: Strengthen social inclusion through significant consultation with people from a range of marginalised groups.

Recommendation 12: Scope, pilot, and fund grassroots projects to tackle loneliness such as befriending initiatives, community cafes, opportunities for engagement in physical and social activities, and innovative ideas that come from Canberrans themselves.

Recommendation 13: Increase funding across the community-managed mental health sector to design and deliver grassroots social inclusion projects, and to increase its peer support and advocacy functions.

Recommendation 14: Pilot a voluntary social prescribing program, allowing people to partake in activities in the community inexpensively or for free to measure its impact on loneliness.

Case Study: Rebus Theatre

Rebus Theatre is a health promotion charity using theatre and other arts to create social change. A main focus throughout the company's decade long history has been running theatre-based programs for people with a disability or mental health challenges. Its programs range from a two-hour rehearsal once or twice a week culminating with a performance for friends and family, to a more professional rehearsal process leading to a performance in a theatre with an audience.

While the programs are not directly targeted at addressing loneliness, Rebus Theatre creative producer Ben Drysdale says they are often assisting people who experience social isolation. "These programs are providing social connection, creative expression and in some cases are getting people out of the house when they wouldn't be otherwise," Drysdale says.

The shows put on by Rebus Theatre are usually based on the lived experiences of the participants, whether directly or through metaphors. This provides a way for people to express themselves and connect with others on difficult topics, through a different medium. "When you're working with people in a theatre setting, there's a necessity of vulnerability and shared experience that doesn't happen in a lot of other settings," Drysdale says. "That can create close friendships that go well beyond the project."

Many people who have participated in a Rebus Theatre show are still in contact today. "We're seeing people coming out of their shells and developing new skills and confidence, and new social networks," he says. "In a number of cases, people who did a play with us are still catching up with each other regularly and hanging out."

Case Study: Hearing Voices Network(52)

First established in the UK, the Hearing Voices Network is very vibrant and active in the UK in 31 different countries, including Australia. The Hearing Voices Network is a volunteer-run, peer initiative that provides non-clinical, group support group to people who hear voices, see visions, and have similar experiences. The idea is to demystify and destigmatise these experiences, learn a wide range of psychological coping techniques (not limited to just medication), learning to "live with" symptoms as well as potentially reducing them.

The Hearing Voices Network has robust, positive evaluations around reducing distress, increasing hope, increasing employment rates, and feeling more equipped for coping with voice hearing and other potentially distressing experiences. It also serves to improve social connectedness among people who are often marginalised.

Industrial Relations

The workplace can be a setting for social interaction and belonging among peers. People can gain a sense of respect, efficacy, and agency as they develop their skills, knowledge, and networks. Work is a known protective factor for mental health.(53)

To maximise the impact of work on social inclusion, the right to a safe and healthy working environment needs to be paramount.(53) Moreover, a right to leisure time – a life outside of work – is also necessary to minimise the experience of loneliness in the ACT.

As MHCC ACT CEO, Melanie Poole, wrote in an op-ed for *The Canberra Times*, our work lives can play a large role in our ability to engage with our communities during our leisure time:(54)

> According to research from Harvard Business School, around 80 per cent of working adults in affluent countries feel time poor. At the same time, we see that participation rates in group sports, volunteering, Rotary, and Scouts has dropped off completely. Many of us would like to do more of these activities and connect with others in our downtime, but what downtime do we have?
>
> We have seen amazing results arise from four-day work week trials across the world. Less work leads to significant hikes in efficiency and health. I would expect to likewise see a drop in loneliness as people have more time to pursue life in the community, beyond work.

MHCC ACT supports the idea of a 4-day work week trial for ACT public servants. For the sake of equity, and to lessen the impact of existing compensation and working condition disparities between public sector and community sector employment, we would also like to see community services offered the opportunity to opt-in to the trial. We further recommend evaluating how the trial impacts loneliness and social involvement such as volunteering. We predict that reducing work hours may relieve loneliness by offering more time to pursue community activities and recuperate from the demands of work. Exploring one's identity and serving the community outside of employment may enhance a sense of wellbeing that is resilient against setbacks such as work stress and redundancy.

Further to reducing hours of work, consideration must be made for working conditions that could give rise to loneliness. Workplace culture – such as lack of agency, a prevailing ethos of combativeness or competitiveness, difficult workplace dynamics, stressful job tasks, and workplace bullying – can cause or heighten feelings of loneliness.(55) Workplace structures involving long commutes or lack of colleague interaction are also potential risk factors.(55) Specific workplace training to avoid psychosocial hazards and create a workforce where everyone belongs – as delivered by the community sector – could play a valuable role in mitigating these risks.

Recommendation 15: Undertake the 4-day work week trial in the ACT public service and extend the opportunity to the community sector and measure its impact on loneliness, social isolation, and social participation.

Recommendation 16: Increase funding to the community sector to deliver and undertake training to encourage a greater sense of belonging at work.

Countering Lonelygenic Environments

Innovative research into loneliness highlights the powerful influence our urban and suburban environments has on our feelings of connections. Feng and Astell-Burt write:(56)

> Loneliness is not an illness, but a feature of urban planning and societal systems that have not prioritised people's health and social needs. Without disrupting the conditions that entrench loneliness, to which some groups of people are likely to be more vulnerable than others, we are setting up investments in person-focused remedies for failure.

While individual interventions (as highlighted above) will likely provide relief and helpful assistance to particularly vulnerable people experiencing loneliness, it will not address the "epidemic" levels of loneliness we are seeing in the ACT. Further, while awareness campaigns to highlight the significance of loneliness as a health issue (which we also recommend implementing) may lead to behavioural shifts, we also need to build our environment to make those behavioural shifts easier.

Feng and Astell-Burt coin the term "lonelygenic environments" to describe how urban planning that does not take into account social cohesion could *cause* loneliness.(56) **To foster a more cohesive, connected society, we need to build supportive environments. We need to address the barriers that many of us experience against building connection.** In urban and suburban environments characteristic of the ACT, some lonelygenic elements identified in the literature(36, 56, 57) are summarised in Table 3 below.

Table 3: Elements of Lonelygenic Environments

Lonelygenic Element	Explanation
Lack of amenities within walking distance of people's homes.	When there are local shops and other amenities available to people within walking distance, they are able to have far more serendipitous, casual interactions with their neighbours. Over time, they are more likely to recognise and chat to others.
Car dependency and inaccessibility of public transport	Car transportation is inherently disconnecting as people tend to drive alone or with few others. It eliminates chance encounters that naturally happen when we are present in communal spaces. Lack of public transport options makes transit to events, to see friends, etc. inaccessible for people who cannot drive. It further increases barriers to social events due to lack of certainty about how to get home (e.g. if alcohol is likely to be consumed), and prohibitive costs (e.g. high taxi fares).
Lack of tree canopy, lighting, and footpaths in neighbourhoods	Lack of safe, shaded footpaths lead to heat island effects (where surfaces like concrete absorb and retain heat) and can make our suburbs feel hostile for walking and using public space. It is especially difficult to navigate for people with prams and people with disabilities. Dark streets at also make it difficult to safely navigate neighbourhood space at night.
Lack of nearby green spaces such as parks, or blue space such as accessible waterways	Exposure to nature, whether through a view from a window or on a hike, induces a calming parasympathetic nervous system response. There are a range of mental health benefits to green space, which are particularly pronounced for children, women, people from migrant backgrounds, and those with existing mental health conditions.

	Green spaces rich in biodiversity and that are accessible within 300 metres from home is also linked with a sense of belonging, likely because such environments are more likely to facilitate spending more time outside, increasing opportunities to build connection. Green spaces facilitate free social interaction where neighbours can casually interact with one another. Further, green spaces encourage exercise, which can relieve feelings of anxiety that may make it difficult to participate socially. Green spaces further act as "affective sanctuaries" whereby people can pursue restorative experiences in the natural world. For many of us, time spent in the environment can relieve feelings of loneliness because we find the sense of connection we crave within nature itself. Blue spaces (such as lakes and other waterways) boast similar benefits to green space.
Sensory overload	High levels of noise, "wind tunnel" effects, pollutants, and other hostile ambient conditions can exacerbate distrust and paranoia (particularly among people who experience psychosis), reduce sleep quality, and can discourage community engagement. Unpleasant environmental conditions can lead to stigma and shame associated with living in a particular area, which discourages a sense of belonging. Lack of wayfinding information can also induce distress and the feeling of being lost in your own backyard.
Transience	A challenge for Canberra in particular is that high turnover of residents can lead to increased loneliness. The structure of Canberra's workforce is such that many people come to the city for work purposes and don't have strong kin networks in the ACT and surrounds. Other forms of transience are more addressable, such as maintaining housing affordability so that people are not forced to move, and reducing housing insecurity and homelessness.
Inability to keep pets e.g. in private rental accommodation	Evidence shows that pets can have a positive impact on wellbeing and reductions in loneliness. Pets provide camaraderie and a sense of purpose associated with looking after a living being. People with dogs in particular are also five times more likely than non-pet owners to engage in casual social interactions as they walk and play with their dogs in public spaces. Half of dog owners report receiving social support as a result of these casual interactions. Although renters in the ACT have entitlements to pet ownership, real estate agents and landlords still routinely ask about pet ownership on rental applications and, with this knowledge, may still reject a pet owner's rental application.
Very high- or low-density housing	Remote living can increase loneliness as it decreases the convenience of access to services, facilities, transport, jobs, education, and investment in shared amenities. However, high density living is not always socially

	manageable. High rises, for example, are associated with lower rates of friendly social interactions, less familiarity with other individuals (as there are too many to keep track of), and higher levels of safety concern (e.g. dark stairwells). Medium density housing can enhance the benefits of living around others (such as increased access to amenities and shared social space) without having an anonymising effect that is characteristic of most high-density living arrangements. Ideally, urban housing is at a density such that life's necessities are within a 30-minute walk of one's home.
Homogeneity	Much urban design has traditionally only considered ethnic-majority, able-bodied, working-age men. Yet, the people who spend most time within most neighbourhoods are people with different needs and preferences for use of space. Universal design, an approach that assumes a diversity of users and needs, benefits everyone. The inclusion of people from diverse backgrounds in planning efforts and within neighbourhood demographics leads to better health outcomes for all. Mixed-income, mixed-age, and ethnically diverse neighbourhoods can redress exclusion and discrimination as people forge authentic relationships with others different to them.

Innovating "Third Spaces"

To improve loneliness at scale, we need to invest in "third spaces" – spaces aside from our home and our workplace where we can be with others. Third spaces can be adeptly facilitated in the urban design of neighbourhoods to decrease hostility and improve accessibility, green space, and local amenity offerings (particularly in newer suburbs). Everywhere that is not privately-owned land is a candidate for a welcoming third space.

Ubiquitous third space is a principle could be applied in any number of innovative ways, which could align with the ACT's approach to urban design in Civic, which utilises pedestrian-only spaces, micro parks, public art, and games. Further innovation would ideally consider and fund grassroots ideas and interests. All of us should be asked: **What would make you more likely to spend time in public spaces in your neighbourhood?**

Tactical urbanism provides a grassroots, authentic design approach which could be considered for addressing the challenge of building useable third space. Tactical urbanism involves quickly building prototypes of spaces that serve community needs. Communities then naturally iterate upon and adapt these prototypes for continuous improvement. Examples of tactical urbanist projects around the world include pop-up cafes, community gardens, street libraries, pop-up micro playgrounds where a set of swings might appear on a nature strip, makeshift skateparks, play streets allowing children to use space usually allotted for cars for playtime during specific hours of the day, and anything a group of people can imagine. Tactical urbanism constitutes a departure of the usual approach to government planning, which tends to be top-down, slow to implement, expensive, and difficult to change. The advantage of tactical urbanism is that it capitalises of community needs and resourcefulness. While it may require government endorsement for success (e.g. to close roads), this approach can deliver tangible results within a weekend without government oversight.(58)

It is of key importance to get community engagement right when designing third spaces. Evidence shows that the impact of engagement is highest when participants can meaningfully shape the conception and construction of community space.(57) A simple consultation instead of co-production and co-design corrodes public trust, and has even been shown to negatively affect mental health outcomes.(57)

Case Study: Tactical Urbanism and the iconic Canberra bus shelter(59)

Carlos Mario Sanchez and Yamile Tafur Rios, a couple residing in Red Hill, recently transformed a concrete bus shelter on La Perouse Street into a vibrant mural depicting local flora and fauna.

Inspired by the endangered species in the area, such as the Yellow Box-Blakely's Red Gum and the Button Wrinklewort, the couple aimed to highlight the natural beauty surrounding their community.

They engaged children from Red Hill Primary School as well as their neighbours in the painting process, fostering a sense of community involvement.

The couple, who moved to Canberra six years ago, have previously contributed murals to local cultural centres and continue to promote community engagement through their art. Their latest project has sparked conversations and friendships among residents, showing the way that grassroots design can lead to enhanced community connection.

Encouraged by the positive response, the couple plans to pursue more mural projects in the area, further enriching the neighbourhood's artistic landscape.

Access to Canberra

Further, the ACT government must recognise that although it has made progress with elements of our public transport system, such as the light rail, many parts of the region are completely inaccessible to those who rely on public transport to get around. For example, if you live in Taylor, it will take around 1.5 hours to get to Woden – a centre of many amenities in the ACT, including mental health services – via public transport. This is triple the amount of time it takes to drive from Taylor to Woden. The journey requires you to take two busses and a tram. It will take a Taylor resident one hour to get to Civic (a 24 minute drive), via a bus and a tram. It is vital for decision-makers to consider what the impact of these kinds of travel times have on the feeling of belonging in the Canberra community. These issues are compounded by a lack of services. Taking the example of Taylor again, the bus between Taylor and Gungahlin only runs once every two hours on Saturday afternoons and Sundays. **People who cannot drive and cannot afford to live in Canberra's population centres are structurally excluded from social life beyond their immediate suburb.**

International research has shown that public transport use is correlated with lower levels of loneliness among people who cannot drive, such as older and younger people, and people with some disabilities.(60-62) Improving access would constitute an equitable means of reducing loneliness among these groups – who already experience higher than average levels of loneliness.

Principles for belonging in place

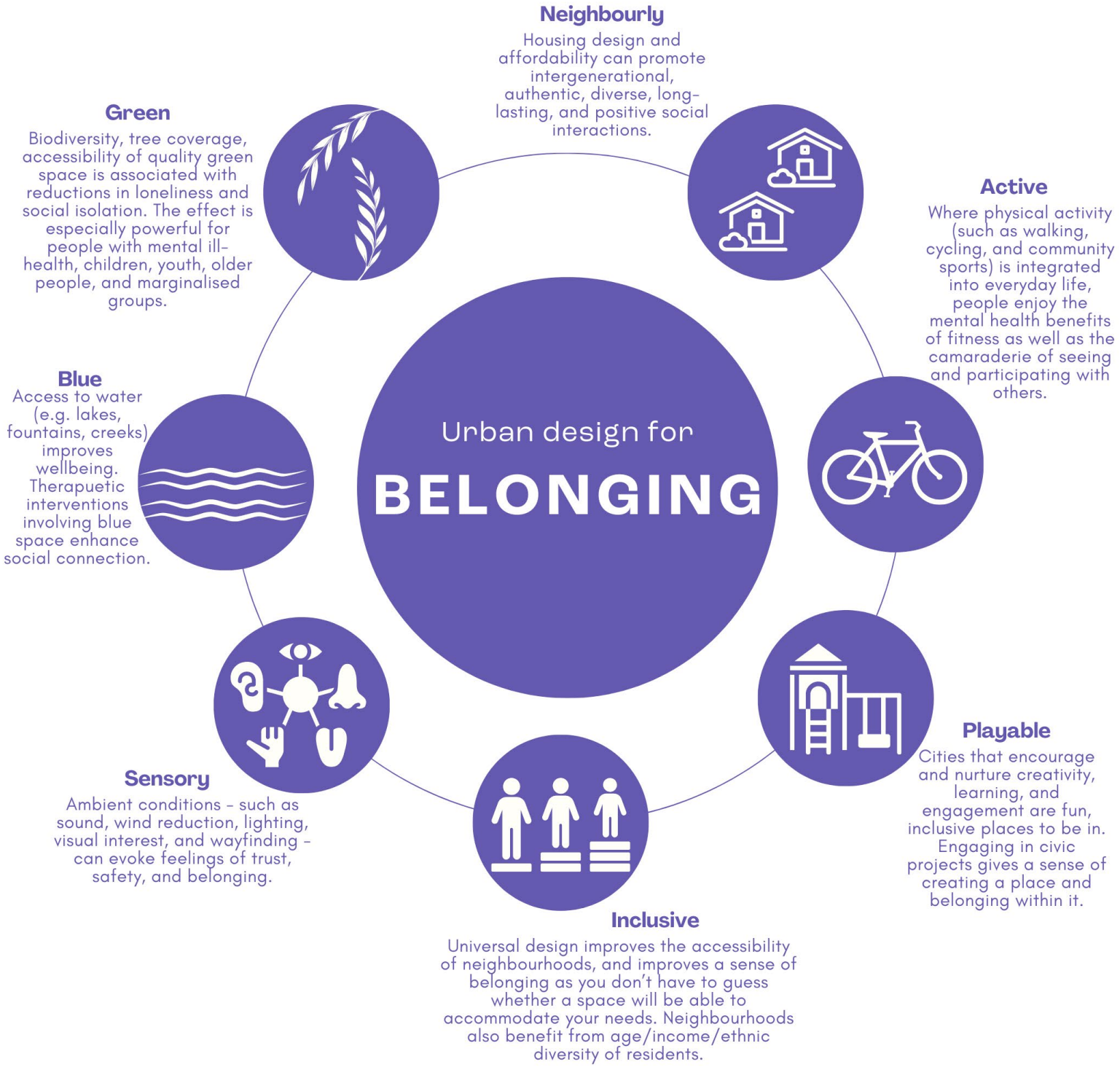
Belonging in place involves building environments where we can regulate our emotions, recover from stress, and feel part of something lively and bigger than ourselves. Investing in environmental belonging does not necessitate a monolithic piece of infrastructure where people consciously gather in order to feel less lonely. Rather, it involves creating episodes of belonging within neighbourhoods. Walking through a bustling market, making small talk with your local barista, looking up from your

book to watch a dog play fetch in the park, these are “the smaller signatures” of belonging in place,(57) and what MHCC ACT recommends pursuing to address epidemic levels of loneliness in our community.

A wealth of evidence has steadily accumulated over time about what makes a city a well-designed place for thriving and restoration, which has been discussed over this section. Figure 1 is adapted from Jenny Roe and Layla McCay’s book, *Restorative Cities*,(57) and summarises these principles (overleaf).

Ideally, wellbeing should be considered in urban planning from the very beginning of land release efforts and in all stages of planning, zoning, and development. The mental health and wellbeing of future residents should be centred in land use arrangements. These principles already form part of the ACT’s Planning Strategy, but it is difficult to find new suburbs where liveability and accessibility have been adequately enacted. A dearth of footpaths, lighting, and tree canopy, as well as an intense reliance on cars characterises newer suburbs.

Figure 1: Urban design for belonging



Recommendation 17: Work with communities through a tactical urbanist approach to build tailored third spaces for existing neighbourhoods to flourish.

Recommendation 18: Improve walkability in all ACT suburbs, particularly with a view to increasing tree canopy, footpaths, lighting, and accessibility to all members of the community.

Recommendation 19: Develop the ACT's bus network and services to increase the accessibility of public transport for people who don't live in population centres, and who cannot drive.

Recommendation 20: Undertake measures to build sociability such as greater protections for renters who own pets, reducing sensory overload, and decreasing preventable transience through improving housing access and affordability.

Recommendation 21: Investigate medium-density housing as a means of balancing accessibility of community with socially manageable numbers of neighbours.

Recommendation 22: Investigate why ACT suburbs do not reflect the principles of liveability and accessibility as laid out in the Planning Strategy and enact structural improvements that centres wellbeing in future land release, planning, zoning, and development.

Case Study: Land Care ACT

A program run by Land Care ACT is helping people experiencing loneliness connect with themselves and others through nature and conservation.

Land Care ACT has been running wellness programs through a grant from the ACT Department of Health. These include guided walks in nature focused on senses and mindfulness, therapeutic horticulture activities like flower arranging and more hands-on conservation.

Through the programs, the organisations have seen the unique ability of the natural world to assist people experiencing loneliness and mental health conditions such as anxiety. The programs help individuals to meet other people in a casual setting, and being in nature itself has been found to make people less lonely.

"We all live in nature, and nature doesn't judge us, unlike other societal systems and places we might go," Land Care ACT program coordinator Sally Holliday says. "Nature doesn't judge and it's there regardless, not casting aspersions on you. Nature seems to have this comforting aspect of changing but also being quite consistent.

"The tree will still be in the same spot and you can walk the same trail and know what to anticipate. Connecting in nature is different."

The conservation part of the wellness scheme involves participants planting, weeding and propagating, and relating these activities to themselves.

"There's a new beginning aspect to it which is quite cathartic," Holliday says. "When you're seeing something you can look at what you can seed in yourself and the environment you need to flourish. It's about thinking of yourself as that thing and understanding that you too are a natural being that needs the right kinds of nutrients to grow."

Of those participating in the nature wellness programs, 70 percent said they have noticed a substantial change in feeling connected with others, and 90 percent have seen a benefit to their mental health, sense of wellbeing and connection with the local place and environment.

"We've seen that people might not be motivated to come to be social - they might be coming because of environmental values - but they still come and have a great time and meet lots of like-minded people, and that's what keeps them coming back," Holliday says.

"There's that feeling of belonging to a group, a meaning and a purpose that's amplified by being present with others towards a common goal."

Technology

Although online communities can act as sites of connection, research shows that loneliness is associated with problematic levels of social media use, particularly among girls and young women.(20) When it comes to technology, context of use matters. When, why, and how technologies are used can have positive or negative impacts on loneliness.(63) For example, using social media as a creative, expressive tool can lead to benefits in building international networks of like-minded people. Users can build skills and discover sources of inspiration and feedback. Research about the release and uptake of the Pokémon Go app – where users would experience augmented versions of real-world spaces to "find" Pokémon characters – was associated with increased physical activity as well as reductions in loneliness.(64) In contrast, delaying bedtime in order to scroll through distressing content is likely to be detrimental to mental health, and may have follow-on impacts, for example, of not being able to engage at school or work due to tiredness.

MHCC ACT believes that the recent policy to ban the use of mobile phones in public schools will likely help address problematic social media use. Students will be more likely to be able to engage with their classes and peers – their immediate community – rather than become distracted by the volumes of material available online.

Further effort could also be made to provide after-school alternatives to problematic screen time for young people such as free or low-cost leisure activities. An example of an intervention of this kind is YWCA's Clubhouse, which invites students to use their space in the afternoon to work on projects of interest for free in the areas of engineering, technology, music, and art. Further, rebates on and vouchers for after-school sports programs (such as involvement in sporting clubs and learn to swim programs) – which are offered in various states around Australia – should be considered as a cost-effective means of building community while also enjoying the benefits of physical activity.

Finally, education programs around how to harness technology for social connectivity, building skills, learning, creativity, and entertainment should also be considered. Ultimately, while it is important that young people have alternatives to screen use during their leisure time, technology also has opportunities. How to harness those opportunities while managing the potentially destructive effects would be a useful way of mitigating the impact of technology on loneliness.

Recommendation 23: Fund afterschool community programs and subsidise recreational activities to enable social connections beyond social media.

Recommendation 24: Provide education on healthy technology use that fosters safe connections.

Case Study: Fearless Women Mentoring

Fearless Women's mentoring program pairs girls and young women aged 10-25 with a mentor as part of a strengths-based, open-ended development program. One-on-one mentoring sessions are supplemented with small group activities. Through working with a mentor, mentees are better able to develop soft skills, reduce their loneliness and social isolation, and find a sense of agency.

As per Fearless Women's submission to this inquiry, through the Mentoring Program, mentees forge deep connections with their mentors. This bond extends beyond individual relationships, as group activities provide opportunities for participants to strengthen peer connections and engage with their broader community. By immersing themselves in diverse activities facilitated by multisectoral service providers, mentees not only gain valuable knowledge but also expand their support networks. Topics ranging from sexual health to cyber security are explored, enriching their understanding and equipping them with essential skills. The group framework nurtures a profound sense of belonging for both mentees and mentors, positively impacting their mental well-being. As participants navigate this journey together, they not only form meaningful bonds but also contribute to the fabric of a more interconnected and supportive society.

Case Study: Loops(65)

A prototype program called "Loops" was delivered in the UK to create connections between young people and adults working in different industries, who had development opportunities available (e.g. writing film scripts, pet rescue, front of housework experience, making smoothies).

After undertaking a development experience, the young people reviewed what they learned in a support-group setting, tracked their goals and progress, and then undertook their next experience.

The young people build their social support networks through their interactions with each other. Undertaking development opportunities also gave them a sense of connection with their own futures, imagining their career trajectories, and learning how this kind of networking can strengthen their life trajectories.

Case Study: Capital Region Community Services

Capital Region Community Services offers support services to people in Canberra across the entirety of a lifespan, from D&D groups for young people to arts and crafts days for senior citizens.

The organisation has a wealth of tailored programs that are assisting people experiencing loneliness, with a focus on getting people out of their homes and doing activities. This extends to even literally helping people leave their homes, with a transport service to take individuals to medical appointments or social events.

Capital Region Community Services runs social groups for older Canberrans, with a weekly timetable of different events, including going to the movies, out for lunch, arts and craft and even IT and virtual reality classes.

“That’s primarily for people still living in their homes and receiving other support from us to help them live independently - this means they can suffer from social disconnect,” Capital Region Community Services communication manager Angel Hellyer said.

Hellyer says the organisation sees a lot of social isolation amongst the younger people they work with too. To assist with this, the organisation runs activities like D&D groups, game drop-ins and Friday night dinners, along with specific meetups for members of the LGBTIQ+ community.

Hellyer says it’s crucial that those looking to provide services for people experiencing loneliness actually work with the impacted people to design them. “A lot of the time there’s a lack of involvement of the audiences that are being addressed,” they say. “In so many programs they do what they think people will want rather than doing that work to engage, rather than going out to speak to communities and seeing what they want and being responsive to that.”

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