



WHY
WE FEEL
LONELY



LONELINESS
AWARENESS
WEEK **AUS**



A longitudinal study
using the data from the
State of the Nation
Report 2023



**A DEEP
DIVE**

into how different life
circumstances contribute
to persistent loneliness
and social isolation

01

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A longitudinal study using the data from the State of the Nation Report 2023

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ABOUT **ENDING LONELINESS TOGETHER**

Ending Loneliness Together was founded in 2016 by a collaboration of established leaders and experts in the field of loneliness, with a vision to create an Australia where everyone feels a sense of connection and belonging.

Now a national organisation underpinned by lived experience, research, community, government and health expertise, Ending Loneliness Together generates research and translates evidence into practical resources and solutions to effectively address social isolation and loneliness.

www.endingloneliness.com.au



ACKNOWLEDGEMENT

Ending Loneliness Together acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to lands, waters, and communities.

We pay our respect to Aboriginal and Torres Strait Islander cultures, and to Elders past and present.

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MESSAGE FROM OUR CEO AND SCIENTIFIC CHAIR



We are delighted to present this year's report, which is titled *Why we feel lonely. A deep dive into how different life circumstances contribute to persistent loneliness and social isolation.*

This study is a follow-up of our 2023 State of the Nation Report on Social Connection in Australia, which revealed that 1 in 3 Australians feel lonely at any given time.

Loneliness is a normal signal for us to connect with others, but some of us stay lonely for longer because of life circumstances and the barriers we face. To identify who stays lonely and what life circumstances one may be experiencing, we tracked the social experiences of over 4000 Australians across a period of 4 months.

We found that 1 in 4 Australians experience persistent loneliness – that is their experiences were not resolved within 8 weeks when we surveyed them again. For these individuals, it is likely that they face more barriers to seeking and developing healthy social connection, including limited accessibility to others, financial hardship and poor health.

While commonly experienced, loneliness can be difficult to tackle because a whole-of-system approach is required to significantly address the wide range of contributory factors. But we can start by building an enhanced culture

of connection – a society which helps us to start, maintain and strengthen meaningful healthy social connections. Individuals can act by strengthening their relationships with family, friends, colleagues and neighbours. Workplaces and schools can create activities and policies that not just bring people together, but that also allow them to build high quality connections. We can choose to build common spaces that are safe, accessible and free, so that communities can more easily and readily come together. Everyone has a responsibility to help address loneliness, and these are choices that we can make.

We are striving to create a stronger culture of connection which can fuel wider and deeper bonds and thereby help to tackle loneliness. A better-connected society is a more resilient society – better equipped to collectively face and embrace the changes, crises and challenges of the 21st century.

**Associate Professor
Michelle H Lim**
CEO and Scientific Chair
Ending Loneliness Together



Loneliness is being repositioned as a serious global public health threat. We need to stop thinking of loneliness as a 'soft' issue. We are living in an ever-changing world. The speed and size of those changes can, for many, make it harder to develop and maintain healthy social relationships.

But opportunities for greater social connection can be built and strengthened. From this enhanced social connection, as well as through other complementary measures, loneliness can be tackled. Indeed, Australia has the capacity to accelerate and widely implement effective evidence-based action to address this multi-sectoral issue.

Australia can be global leaders in tackling loneliness, to bring about a more connected world."



The Hon Andrew Giles MP
Minister for Skills and Training
Federal Member Scullin

The Hon Andrew Giles MP was first elected to the Australian Parliament as the Member for Scullin in 2013, and serves as the Minister for Skills and Training.

A member of the Australian Labor Party, Minister Giles served as the Minister for Immigration, Citizenship, and Multicultural Affairs from June 2022 to July 2024. Minister Giles has been a long-time valued supporter of Ending Loneliness Together and has held the position of co-chair of the Parliamentary Friends of Ending Loneliness since its inception.

“We now know that loneliness can persist if we don’t learn to prevent it. We need to equip ourselves better in identifying, assessing, and assisting people who are at risk of loneliness so that we can prevent more enduring states of loneliness.”

Our workforce needs to be equipped and trained accordingly and to put social care front and centre in our organisations and their employees.”

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**MESSAGE FROM
CO-CHAIRS OF THE
PARLIAMENTARY
FRIENDS OF ENDING
LONELINESS**



Mrs Bridget Archer MP
Federal Member Bass

Mrs Bridget Archer MP has been a member of the House of Representatives since the 2019 Federal election. She is a member of the Australian Liberal Party and represents the Division of Bass in Tasmania. Mrs Archer is the Deputy Chair of the Standing Committee on Communications and the Arts.

Born and raised in Northern Tasmania, Bridget held the position of Mayor of George Town Council from 2014-2019. A passionate advocate for community connection, Mrs Archer became the co-chair of the Parliamentary Friends of Ending Loneliness in 2022.

“Australians who have poor health, be it physical or mental ill health, are at higher risk of experiencing more enduring forms of loneliness.”

This means that health professionals need to improve their awareness and understanding of loneliness and social isolation and assist individuals at risk. We can do a lot more to fuel healthy social connection among Australians.”



Chido Mpemba
Co-Chair Commissioner of the World Health Organization Commission on Social Connection

Chido Mpemba is an alumni of the Emerging Security Sector Leaders Program from the Africa Center of Strategic Studies at the U.S National Defense University and an alumni of President Obama's Young African Leaders Initiative as a former Mandela Washington Fellow. A former corporate banker, she has developed as a public policy expert with a focus on public health, climate change, education, democratic governance and digital literacy.

As the current African Union Special Envoy on Youth, Chido is the youngest diplomat in the African Union Chairperson's Cabinet and champions the interests of over 870 million young people across Africa. Chido is also a commissioner under the Climate Governance Commission, a Leadership Council Member for Africa Reach and the Global Leadership Council Member of Generation Unlimited.

Social isolation and loneliness know no borders, and across African countries, just like Australia, social connection is a challenge affecting citizens throughout the life course. The teenager connected to social media but feeling disconnected from society. The young mother struggling to find her place amongst her peers. The worker with disability inhibited by inaccessibility. The grandfather feeling alone after the death of his partner. Social isolation and loneliness can affect anyone and anywhere.

Globally, we know social isolation and loneliness are significant issues. We know they have serious health implications, but as a community, what we don't know is how best to address these issues and what really works. The WHO Commission on Social Connection, established in November 2023, seeks to answer that question and to identify effective policies and measures for enhancing social connection. The Commission is striving to marshal these policies and measures through, along with the accompanying funding that delivery at scale requires.

Co-chaired by myself and the US Surgeon General Vivek Murthy, with nine fellow commissioners spanning from Japan to Morocco to Chile, the WHO Commission on Social Connection represents a three-year global effort to mobilise awareness, action, and much-needed support for identifying

the solutions to tackle social isolation and loneliness. I'm very optimistic and excited about what the Commission can achieve. In the coming year, it aims to deliver some major milestones.

First a groundbreaking report will outline a compelling call-to-action and present a decade-long agenda for such action. Second, I understand the powerful group of member state champions are likely to propose an unprecedented World Health Assembly resolution on social connection. This will mark the first ever resolution on the issue in the WHO's 75-year history and set a marker for prioritising social health alongside physical and mental health.

I am hopeful that the government of Australia will be centred to that effort, reflecting your leadership on the agenda. Beyond these two near-term milestones, the Commission will also focus on a number of priorities from measurements, with the development of an inaugural global index of social connection, to mobilisation, with the exploration of new methods that can raise public awareness and engagement.

Ultimately, reducing social isolation and loneliness is the responsibility of us all.

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WORLD HEALTH ORGANIZATION COMMISSION ON SOCIAL CONNECTION



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WHY FOCUS ON PERSISTENT LONELINESS AND SOCIAL ISOLATION?



Last year, in our State of the Nation report on Social Connection in Australia, we found that 1 in 3 Australians report loneliness at any given time, and 1 in 6 Australians report severe levels of loneliness.¹ Worryingly, the levels of misconceptions, community stigma and shame about loneliness were high in our community. This stops people from getting the connection and support they need early.

This year, we focused on identifying who remains lonely for a longer period of time. This allows us to understand who in our community requires more ongoing attention and support.

Measuring loneliness one time provides us with an understanding of what occurs in one particular moment. But measuring loneliness multiple times allows us to study it over a period of time.

Persistent loneliness can be experienced in a low grade but enduring form. Current scientific evidence indicates that longer experiences of loneliness (as opposed to shorter episodic or transient experiences) can lead to poorer health outcomes² and earlier mortality.³

As of right now, enduring forms of loneliness and social isolation remain neglected and poorly targeted within current practice and policy.⁴ Understanding who is at risk of persistent loneliness is the first step to providing more support to vulnerable individuals.



Persistent social isolation is defined as having infrequent social contact for at least 8 weeks.

Social isolation is having objectively few social relationships, social roles, group memberships, and infrequent social interaction.⁵

Persistent loneliness is defined as feeling lonely for at least 8 weeks.

Loneliness is a subjective unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or more satisfying, social relationships.⁵



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ABOUT THE STUDY

The aims of this study are to understand the distribution of social connection across the Australian population and to examine the relationships between persistent loneliness, persistent social isolation risk and all other variables of interest including demographic factors.

Methodology

This study commenced in June 2023 and was completed in December 2023.

The study design is longitudinal, meaning that snapshots of the same participant were taken across three time points. This occurred over a four-month period. Measuring loneliness and social isolation over multiple time points allowed us to better understand how loneliness and social isolation influence health and wellbeing over time. This differs from the previous State of the Nation report which shows how loneliness and social isolation affect health and wellbeing at one time point.

The sample comprised a nationally representative sample of 4026 Australians aged 18 years to 92 years old at the first time point. Of this first sample, 2063 Australians participated in the second survey, and out of the second sample, 1489 Australians participated in the third and final survey.

Data Analytic Procedure

We used the University of California Loneliness Scale 4 items (UCLA-LS-4) to measure loneliness and used the established cut-off score of higher than 10 to classify people as lonely. We used the Lubben Social Network Scale to measure social isolation and a cut-off score of lower than 12 was used to classify people as socially isolated.

Persistent loneliness or persistent social isolation was defined as meeting these criteria across at least 2 consecutive time points. This means that people met the criteria for being classified as lonely or social isolated over a period of at least 8 weeks and up to 16 weeks.

Following the completion of these surveys, the data was weighted by age, gender and region to reflect the latest Australian Bureau Statistics (ABS) population estimates.

We calculated the weighted prevalence of loneliness and social isolation by all other variables of interest including demographic factors. We then used adjusted logistic regression models to examine the associations between demographic factors and all variables of interest and persistent loneliness and social isolation. Results of the models are expressed as odds ratios with 95% confidence intervals. Odds ratios can be interpreted as the odds that persistent loneliness or social isolation occurs given the existence of a particular variable, while accounting for all other variables of interest. All analyses were conducted in Statistical Analysis System (SAS) version 9.4.

Ethics Approval

This study was approved by the University of Sydney Human Research Ethics Committee (HREC Approval (2023/367 V2: 13.06.2023).

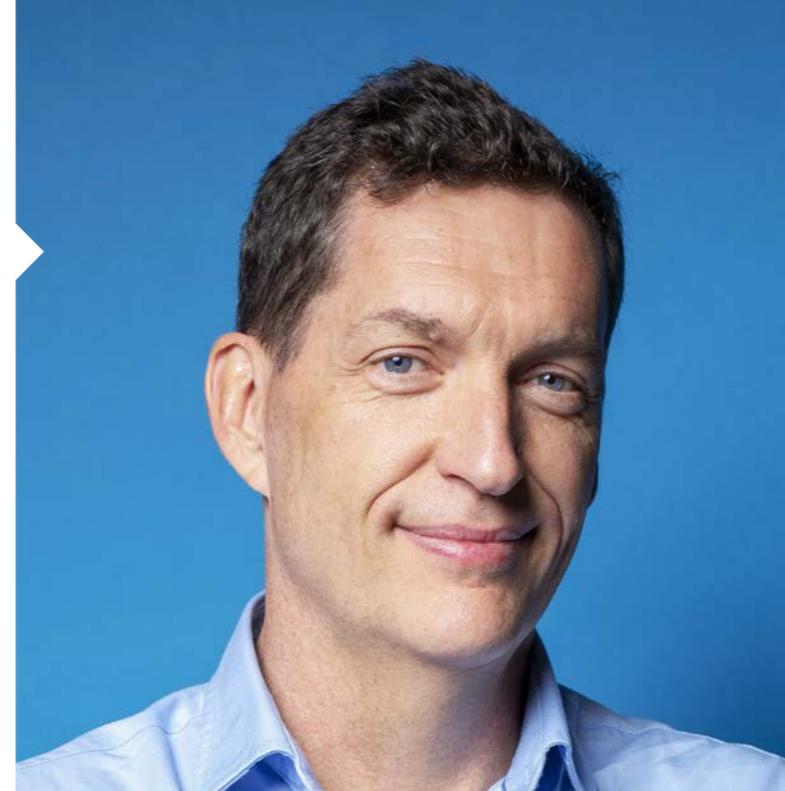


RESEARCHERS

The study was developed and led by:

Professor Ben Smith

Professor of Public Health, Social Health and Wellbeing Group, Prevention Research Collaboration, Charles Perkins Centre, University of Sydney.



Associate Professor Michelle H Lim

Scientific Chair and Chairperson, Ending Loneliness Together; Co-Vice Chair of the International Scientific Board, Global Initiative on Loneliness and Connection; Principal Research Fellow and Clinical Psychologist, Social Health and Wellbeing Group, Prevention Research Collaboration, Sydney School of Public Health, University of Sydney, Iverson Health Research Institute, Swinburne University of Technology.



Professor Pamela Qualter

Professor of Psychology for Education, Manchester Institute of Education, University of Manchester.

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Dr Katherine Owen

Postdoctoral Research Fellow from the Social Health and Wellbeing Group, Prevention Research Collaboration, Charles Perkins Centre, University of Sydney.

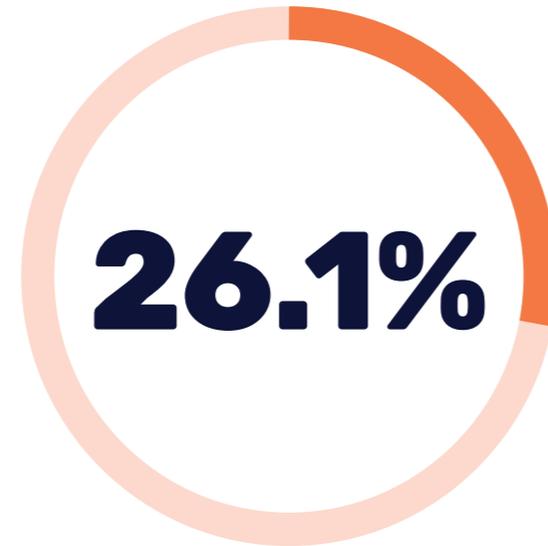
08

PERSISTENT LONELINESS

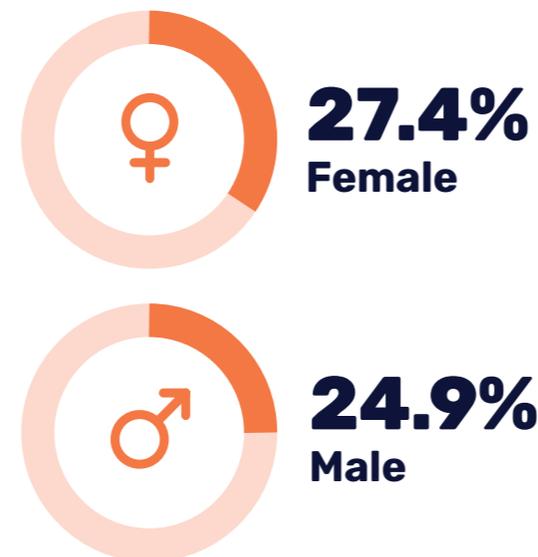
Defined as those who met the criteria to be classified as lonely, across at least two consecutive time points.

This means that participants who met the criteria for a minimum of 8 weeks will be considered persistently lonely.

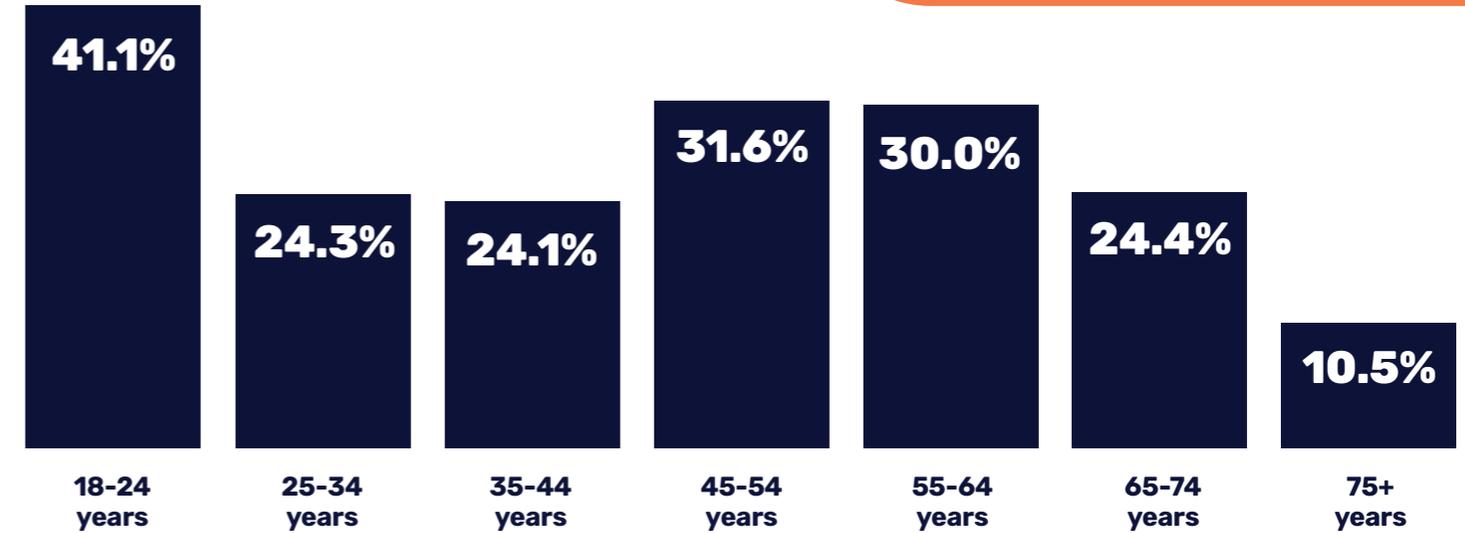
All people



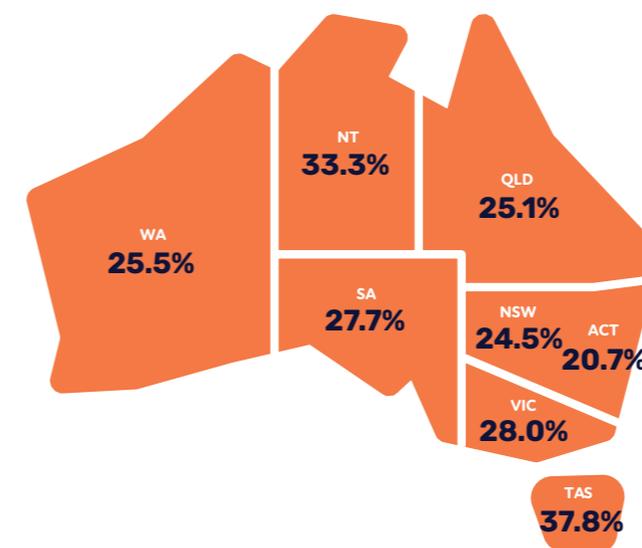
Gender



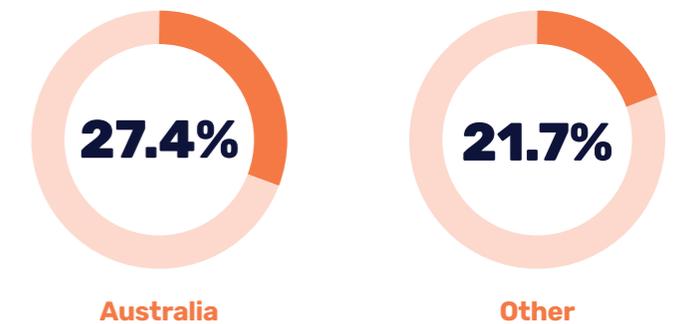
Age



State



Country of birth



Young people aged 18-24 years old are at risk of persistent loneliness.



PERSISTENT LONELINESS

Education

19.9%



Postgraduate degree

24.1%



Undergraduate degree

28.7%



High school

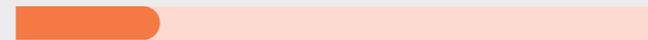
30.2%



Other

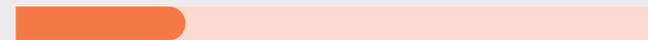
Employment

23.8%



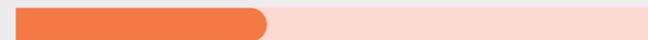
Working full-time

28.0%



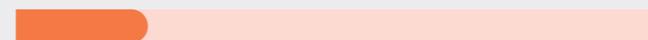
Working part-time

39.9%



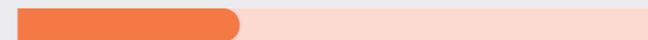
Not working or unemployed

21.3%



Retired

36.3%



Other

Around 1 in 4 workers report persistent loneliness.

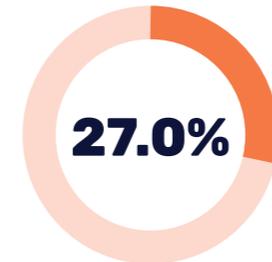


Cultural and Linguistically Diverse (CALD) Status



25.9%

Non-CALD

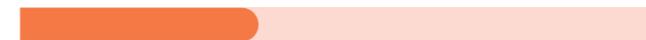


27.0%

CALD

Relationship status

39.8%



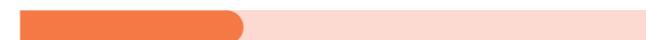
Single/Never Married

19.1%



In a relationship/married

35.5%



Separated/Divorced

28.0%



Other

Household structure

35.5%



Living alone

31.7%



Other

25.9%



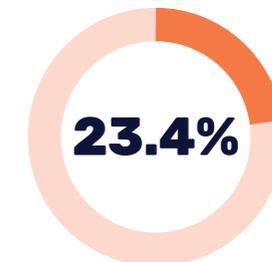
Living at home with immediate family

18.6%



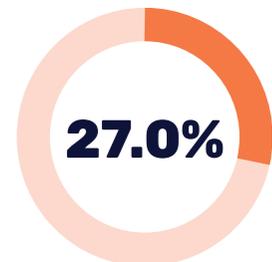
Living with partner

Religion



23.4%

Belongs to a religious group



27.0%

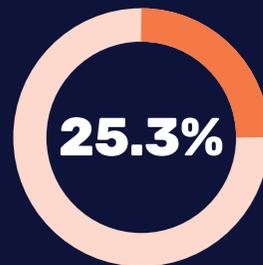
Does not belong to a religious group

PERSISTENT LONELINESS

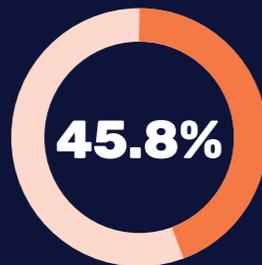


People who have a disability, developmental or health condition are more at risk of experiencing persistent loneliness.

AUTISM AND LEARNING DISABILITY

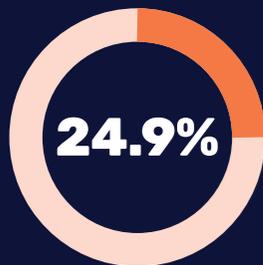


No

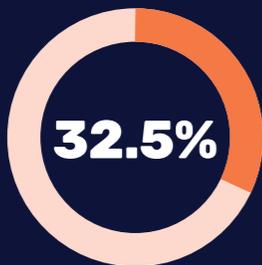


Yes

PHYSICAL DISABILITY

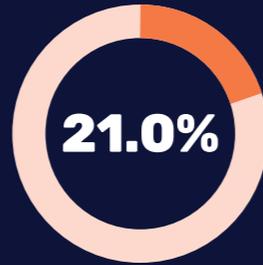


No

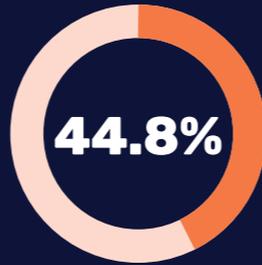


Yes

MENTAL HEALTH CONDITION

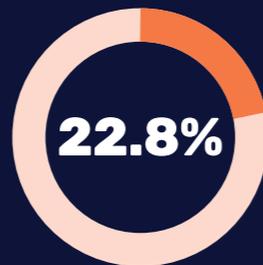


No

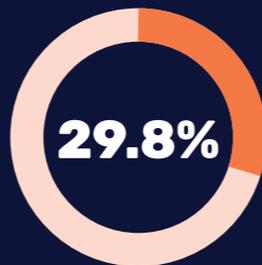


Yes

CHRONIC HEALTH CONDITION

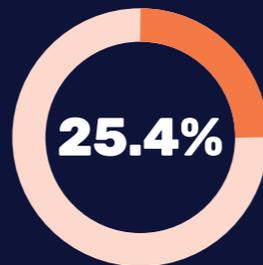


No

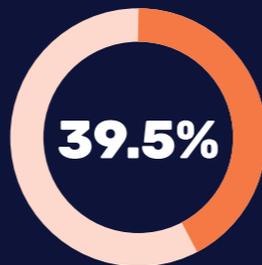


Yes

NEUROLOGICAL CONDITION



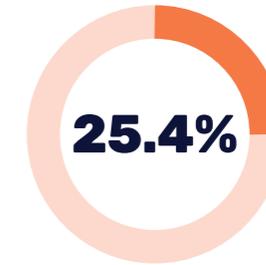
No



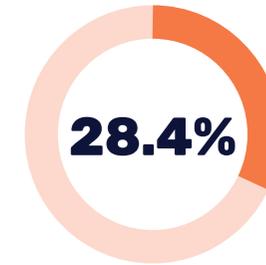
Yes



Carer status

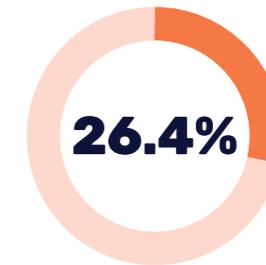


No



Yes

Parent status



No

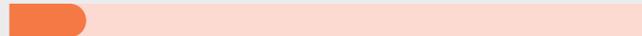


Yes

PERSISTENT LONELINESS

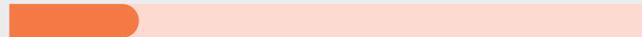
Financial needs being met

11.7%



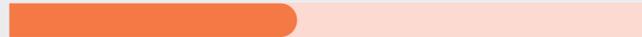
Very well

22.4%



Fairly well

45.8%



Poorly

Neighbourhood advantage

30.8%



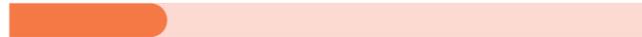
1st (most disadvantaged)

25.8%



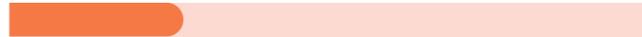
2nd

25.7%



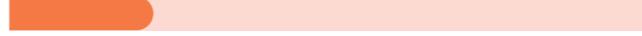
3rd

26.4%



4th

23.0%



5th (least disadvantaged)



Remoteness

25.6%



Major cities

25.9%



Inner regional

32.6%



Outer regional and remote

Financial hardship, neighbourhood advantage and where you live may make a difference to whether you stay lonely.



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PERSISTENT SOCIAL ISOLATION

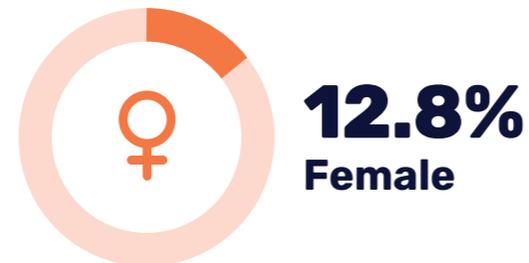
Defined as those who met the criteria to be classified as lonely, across at least two consecutive time points.

This means that participants who met the criteria for a minimum of 8 weeks will be considered to be persistently socially isolated.

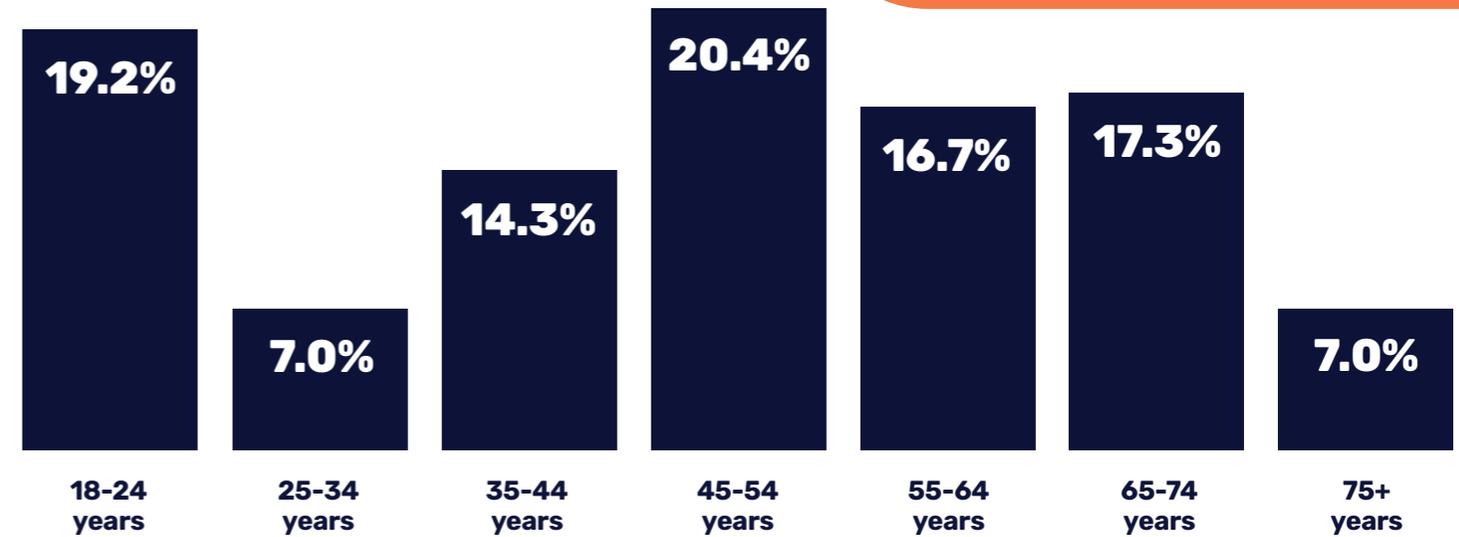
All people



Gender



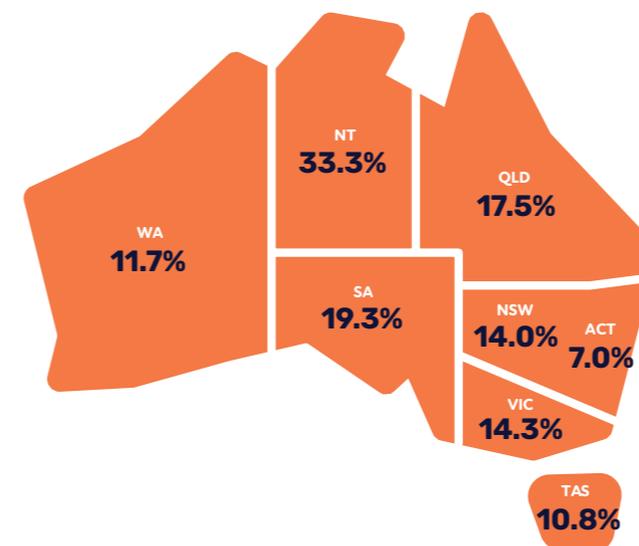
Age



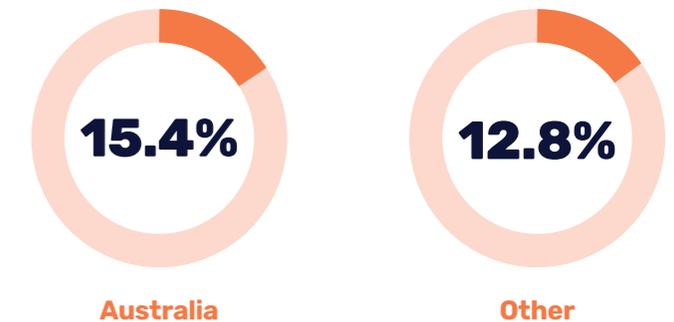
People aged 45-54 years old are at risk of having reduced social contact with others.



State



Country of birth



PERSISTENT SOCIAL ISOLATION

Education

12.8%

Postgraduate degree

10.6%

Undergraduate degree

19.3%

High school

13.0%

Other

Employment

12.4%

Working full-time

15.0%

Working part-time

25.0%

Not working or unemployed

14.6%

Retired

13.7%

Other

People who are not working or unemployed have reduced social contact with others, which increases their risk of persistent social isolation.



Cultural and Linguistically Diverse (CALD) Status



Non-CALD



CALD

Relationship status

20.7%

Single/Never Married

12.8%

In a relationship/married

16.7%

Separated/Divorced

8.8%

Other

Household structure

19.3%

Living alone

14.8%

Other

14.1%

Living at home with immediate family

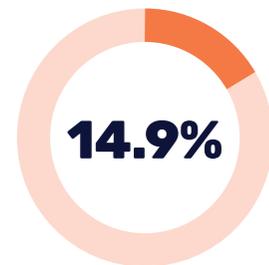
12.6%

Living with partner

Religion



Belongs to a religious group



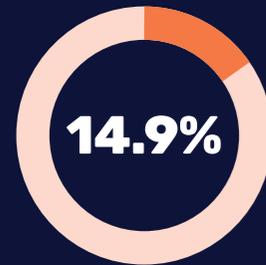
Does not belong to a religious group

PERSISTENT SOCIAL ISOLATION



People who have a disability, developmental or health condition are not necessarily experiencing persistent social isolation.

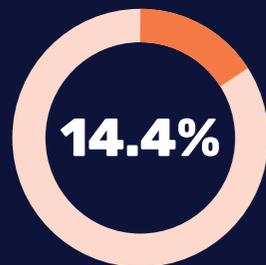
AUTISM AND LEARNING DISABILITY



No

Yes

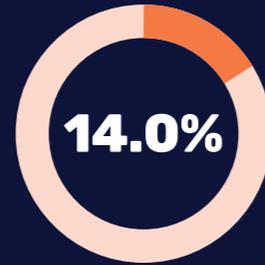
PHYSICAL DISABILITY



No

Yes

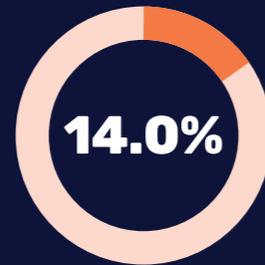
MENTAL HEALTH CONDITION



No

Yes

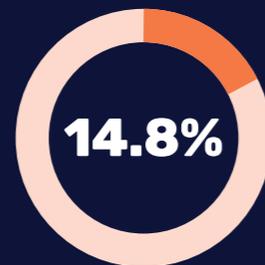
CHRONIC HEALTH CONDITION



No

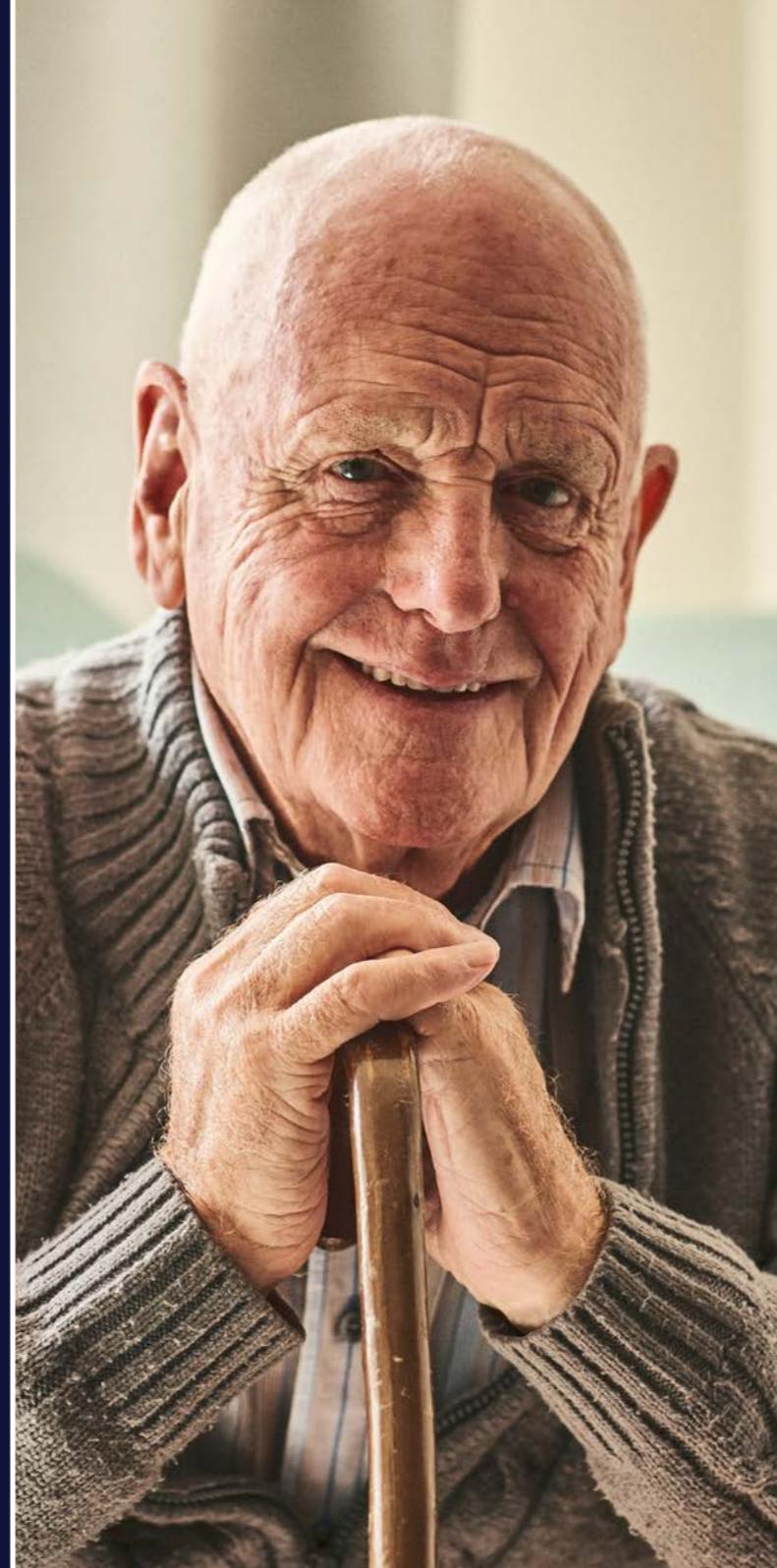
Yes

NEUROLOGICAL CONDITION



No

Yes



Carer status



No

Yes

Parent status



No

Yes

PERSISTENT SOCIAL ISOLATION

Financial needs being met



Very well

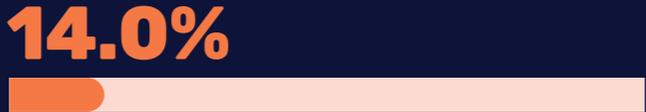


Fairly well

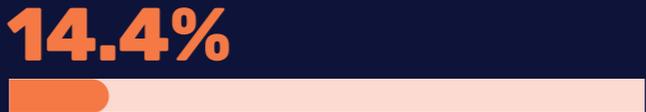


Poorly

Neighbourhood advantage



1st (most disadvantaged)



2nd



3rd



4th



5th (least disadvantaged)



Remoteness



Major cities



Inner regional



Outer regional and remote

 People who are experiencing financial hardship are more at risk of persistent social isolation.

10

WHO IS MOST AT RISK OF PERSISTENT LONELINESS OR PERSISTENT SOCIAL ISOLATION?

Results show adjusted odds ratio, that is the odds that persistent loneliness or social isolation occurs given the existence of a particular variable, while accounting for all other variables of interest.

Age

When compared with people aged 35–44 years old, 18–24-year-olds are **2.4 times** more likely to report persistent loneliness, but no more likely to experience persistent social isolation.

Using people aged 35–44 years old as a comparison group, those aged 25–34 years old are 50% less likely to be persistently socially isolated.



If people didn't want to hang out with you, it means you are not good enough, or you are not worthy of them for people to hang out with you. I'm not a priority and it can spiral a lot. That's for me what loneliness can feel like. ”

Will



Young people aged 18-24 years old are at the highest risk of persistent loneliness.

People aged 35-44 years old are at the highest risk of persistent social isolation.

Gender

Men are 1.5 times more likely to experience persistent social isolation than women.

Men and women are equally at risk of persistent loneliness, but men are more likely to experience persistent social isolation.

CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

People who identify as culturally and linguistically diverse (CALD) are 1.5 times more likely to experience persistent loneliness, when compared with people who are not from CALD backgrounds.

People who identify as culturally and linguistically diverse are also more likely to experience persistent loneliness.

“

I was working 9-5 on one job and then moving to another job to keep on top financially. I started to feel lonely and realised I needed work life balance ”

Chai



FINANCIAL WELLBEING

Our financial wellbeing can contribute to persistent loneliness and social isolation. When compared with people whose financial needs are very well met, people whose financial needs are poorly met are nearly **7 times** more likely to be persistently lonely.

When compared with people whose financial needs are very well met, people whose financial needs are poorly met are nearly **5 times** more likely to be persistently socially isolated.

People who face financial hardship are more likely to experience persistent loneliness and persistent social isolation.



HEALTH

Our health status can contribute to persistent loneliness.

People who have chronic health and mental health conditions are more likely to experience persistent loneliness.

People with chronic health conditions (e.g., arthritis, heart disease, cancer) are 1.5 times more likely to experience persistent loneliness when compared with people with no chronic health conditions.

People with mental health conditions (e.g., social anxiety, depression) are 2.9 times more likely to experience persistent loneliness when compared with people with no mental health conditions.

“

Through my experiences with PTSD, I have felt lonely. You feel like what's happened to you has only happened to you and hasn't happened to anyone else. You feel that talking to other people will be a waste of time because no one will understand how you feel, and you feel really out of place.

Tara

“

When I knew I was going to spend some time alone because of an upcoming surgery, I consciously taught myself to enjoy my own company because I wasn't very good at it. When you are lonely and you stop reaching out, you allow that to become your normal and I'm not sure that's a healthy thing.

”

Peter



RELATIONSHIP STATUS

Intimate relationships are an important source of meaningful social connection.

When compared with people who are in a relationship or married:

People who are single are **2.7 times** more likely to experience persistent loneliness.

People who are separated or divorced are **2.1 times** more likely to experience persistent loneliness

People who are single, separated or divorced are more likely to experience persistent loneliness.



WORK STATUS

Work provides an important source of connection. When compared with people who are employed:

People not working, unemployed or retired were **1.8 times** more likely to be persistently socially isolated.

People who are not working, unemployed or retired are more likely to experience persistent social isolation.

LET'S START BY CREATING A CULTURE OF CONNECTION

Loneliness is everyone's business - not just people who feel lonely. Loneliness happens to all of us and it's important that we learn how to recognise it in ourselves and others so we can manage it or help those who are experiencing loneliness.

Our everyday actions and decisions can move us towards a more connected society.

Establishing a culture of connection across the various domains of our lives - from home and family, to workplaces, to friends and broader communities, in education, health, and government - is critical for an effective response to persistent loneliness.

This is underpinned by four pillars - 1) deepening our understanding of loneliness, 2) focusing on quality time with others, 3) using connectors to help gain and maintain meaningful social connection, and 4) creating safe and accessible spaces for people to come together.

When we are more connected, we are better equipped as a society to handle more severe and persistent forms of loneliness and social isolation.

Let's start by creating a stronger culture of connection today.



FOUR PILLARS

underpin and support the culture of connection. These pillars focus on developing knowledge, taking action, facilitating connection and creating safe spaces to make connections meaningful.



Understanding of loneliness
 Knowledge and skills to recognise, prevent, or respond to loneliness that is distressing and, or persistent.

Quality time
 Focused and purposeful time which enables people to feel valued, heard and seen.

Connectors
 Peers or organisations that facilitate and maintain meaningful social connection.

Spaces for connection
 Safe and accessible spaces (infrastructure, activities and initiatives) that bring people together to facilitate social connection.

12 APPENDIX

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5. Badcock, J.C., Holt-Lunstad, J., Garcia, E., Bombaci, P., & Lim, M.H. (2022). Position statement: addressing social isolation and loneliness and the power of human connection. Global Initiative on Loneliness and Connection (GILC). <https://www.gilc.global/general-6>

Cut off Scores on Psychometrically Validated Measures

Loneliness refers to people scoring higher than 10 on the psychometrically validated University of California Loneliness Scale - 4 (UCLA-LS-4).

Social isolation risk is calculated using the Lubben Social Network Scale -6 with a cut off score of lower than 12.

People who met criteria for clinical depression scored above a cut off score of more than 10 on the Patient Health Questionnaire -8 (PHQ-8)

People who met criteria for clinical social anxiety scored above a cut off score of more than 6 the MINI Social Phobia Inventory (MINI-SPIN)

Research Methodology

University of California Loneliness Scale 4 items (UCLA-LS-4) Russell D., Peplau, L.A., Cutrona, C.E. (1980) The revised UCLA Loneliness Scale: Concurrent and discriminant validity evidence. *J Pers Soc Psychol*, 39, 472-80. doi.org/10.1037//0022-3514.39.3.472

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Lubben J.E. (1998). Assessing social networks

among elderly populations. *Fam Com Health*. 11, 42-52. doi.org/10.1097/00003727-198811000-00008

Physical Health Questionnaire (PHQ-8)
Kroenke, K, Strine, T.W., Spitzer, R.L., Williams, J.B.W., Berry, J.T., & Mokdad, A.H. (2009) The PHQ-8 as a measure of current depression in the general population. *J Affect Dis*, 114, 163-73. doi.org/10.1016/j.jad.2008.06.026

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Further information

Australia's Loneliness Awareness Week 2024
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How to cite this report

Ending Loneliness Together (2024). Why we feel lonely. A deep dive into how different life circumstances contribute to persistent loneliness and social isolation. <https://lonelinessawarenessweek.com.au/wp-content/uploads/2024/08/why-we-feel-lonely.pdf>

Acknowledgements

Thank you to Prof Ben Smith, Prof Pamela Qualter, and Dr Katherine Owen for their research leadership.

We are also grateful to people with lived and living experience, Peter, Tara, Chai, Kiki, Chase, Joe, Greg, Sophia, Ana, Denise, Clint Stanaway, Clint Newton and Will who have shared their stories to empower others.



JOIN US

1 in 3 Australian adults are lonely. If you're anything like us, you think it's time for that to change.

www.endingloneliness.com.au



If you're looking for connection:

Search our National Directory to find groups, organisations and services that will help you, or someone you know, connect with others and build meaningful relationships.

endingloneliness.com.au/search/



If you need someone to talk to, call:

Beyond Blue	1300 22 46 36
Griefline	1300 845 745
G'Day Line (for people over 50s)	1300 920 552
Lifeline	13 11 14
Men's Line	1300 789 978
Kids Helpline	1800 551 800
Suicide Call Back Service	1300 659 467

There are many ways you can join us in the movement to address loneliness in Australia, including by becoming a member of Ending Loneliness Together or supporting us as a donor or an organisational partner.

To make an immediate impact, consider donating online. By making a charity donation, you are supporting Ending Loneliness Together to lead a national, coordinated response to tackling loneliness effectively.



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