Loneliness and mental health

Lived Experience AUSTRALIA

The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Loneliness and perceived social isolation refer to the person's subjective perception of their social world and connection to it; they are interlinked but not the same. Loneliness is an issue that has become more evident with the onset of COVID-19; however, the experience of loneliness is not new. Loneliness is understood to be both a cause and consequence of becoming disconnected. While some individuals may feel lonely due to physical or social isolation, others can feel intense loneliness even when surrounded by carers, families and whānau. Peoples' experience of loneliness is unique and the effects of loneliness on individuals varies greatly.

As humans, we tend to drive away lonely members of the group in order to preserve the group; hence people who feel socially isolated can lead to them becoming actually isolated. Loneliness reduces the ties that such individuals may have within the broader community network. Stigma, discrimination and marginalisation are embedded in these processes.

Loneliness can have adverse impacts on wellbeing when the person who experiences loneliness withdraws from social activities to avoid feelings of shame and worthlessness. To reduce loneliness, we need to nurture, protect and build social networks using strengths-based approaches that enhance wellbeing and connection.

This project was undertaken by Lived Experience Australia in collaboration with the Royal Australian and New Zealand College of Psychiatrists. We heard from 322 people with lived experience of loneliness and mental ill-health and their carer, family and whānau across Australia and New Zealand.

In Australia: If you or someone you know needs help, contact Lifeline on **13 11 14** or **www.lifeline.org.au** or the Suicide Callback Service on **1300 659 467** or **www.suicidecallbackservice.org.au**.

In Aotearoa New Zealand: If you or someone you know needs help, **1737 is here to help, for free - Mental Health**. You can also contact Lifeline NZ on **0800 543 354** or **www.lifeline.org.nz** or the Suicide Crisis Helpline on **0508 828 865** or **www.lifeline.org.nz/suicide-prevention**.

Summary

The people who responded to this survey shared many thoughts about loneliness and what to do about it. Overall, they emphasised that:

- Loneliness is a deeply personal experience, within the person and how they see themselves, and as they look out to the world around them and view their place within it.
- Loneliness is hard and hidden, yet common. It's a social problem, not an individual one of being alone. It can be harmful and shares space with stigma, discrimination and shame.
- Loneliness can be reduced by striving to build self-care and self-worth, and by nurturing a sense of meaning and purpose. Routinely connecting with other 'humans', nature and pets was emphasised.
- Loneliness, physical health and mental health are very interconnected, more than is realised.
- Loneliness can impact all family members, not just the person experiencing loneliness. Loneliness can lead to family strain, conflict, silencing and withdrawal; family members can become closer or move further apart to cope.
- There are many suggestions for ways that individuals, families, mental healthcare providers and communities can help address loneliness.

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Recommendations

What psychiatrists can do:

- Listen, ask about loneliness, and validate the person's experiences of loneliness. This builds the person's sense of trust and hope and helps them to address self-stigma and low self-worth associated with loneliness.
- Recognise that talking about loneliness may be difficult.
- Help people to develop confidence and practical skills to overcome loneliness.
- Use more humanistic and holistic approaches to care.
- Be compassionate, non-judgmental, and instil hope.
- Consider lived experience peer support options.
- Don't rely on medications alone to fix everything.
- Understand what supports are available and provide tangible support to help people to connect with them.
- Be aware of professional privilege and address power imbalance in interactions and shared environments of care to ensure safety, trust and trauma-informed contact.
- Involve families, carers and whānau where possible and agreed by the person.

What communities can do:

- Build greater acceptance and inclusion in the community.
- Improve understanding and education about loneliness.
- Tackle stigma and discrimination about mental illness.
- Create more community spaces that promote meaningful connections with others.
- Nurture relationships that help people feel safety and trust and membership of the community.

What loneliness means:

Having no-one, being invisible

Feeling like no-one else sees me– cares for me – that I don't matter to anyone or have anyone there I can lean on, catch up with, get support from. Living in a bubble of my own that no-one cares about. Silence with own mind yet no-one to share that with.

Feeling alone in a room full of people

Being amongst others, and feeling like I'm never fully there, or able to be myself. Feeling scared, but not knowing how to express that to anyone... so further isolating.

Having no sense of purpose, contribution, identity and value

Feeling that I do not matter.

Lack of intimacy, understanding, unconditional love and care

Having no-one who really 'gets you', who you can feel safe in knowing that you are loved unconditionally.

Not knowing what it is you are doing wrong or how to fix it...There must be something inherently wrong with you

Sometimes being alone feels safer that being around people, but in the long-term loneliness makes me feel guilty and ashamed. It makes me feel that I haven't worked hard enough on friendships and relationships, that I am not a kind or warm enough person.

Loneliness means that I have lost my tribe

Feeling like I need to hide my authentic self and wear a mask. Feeling rejected, ignored, different, being an outsider (Self-stigma, Stigma and Discrimination).