

Have Australians become more lonely and socially isolated?

Findings from the Household, Income, and Labour Dynamics in Australia

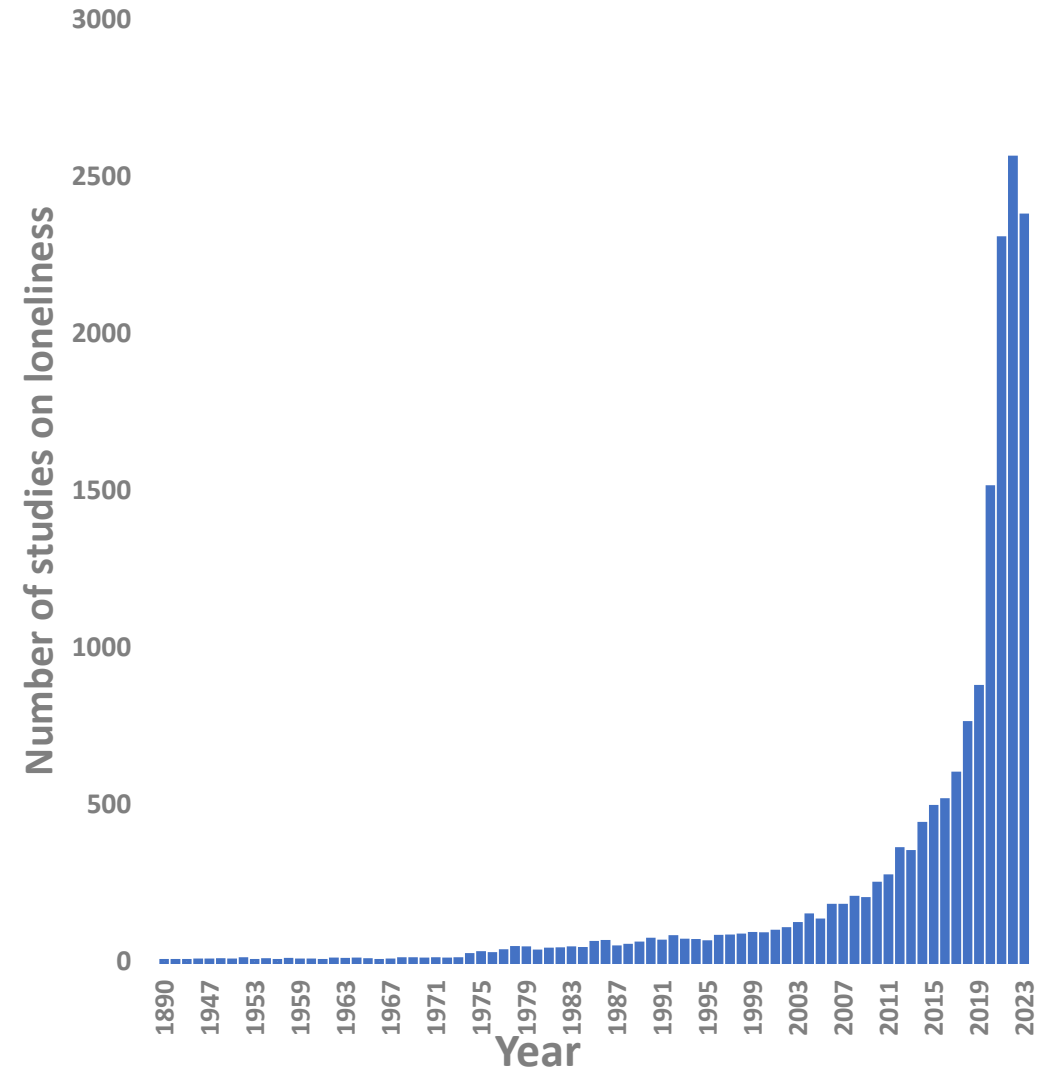
Dr Neta Hagani

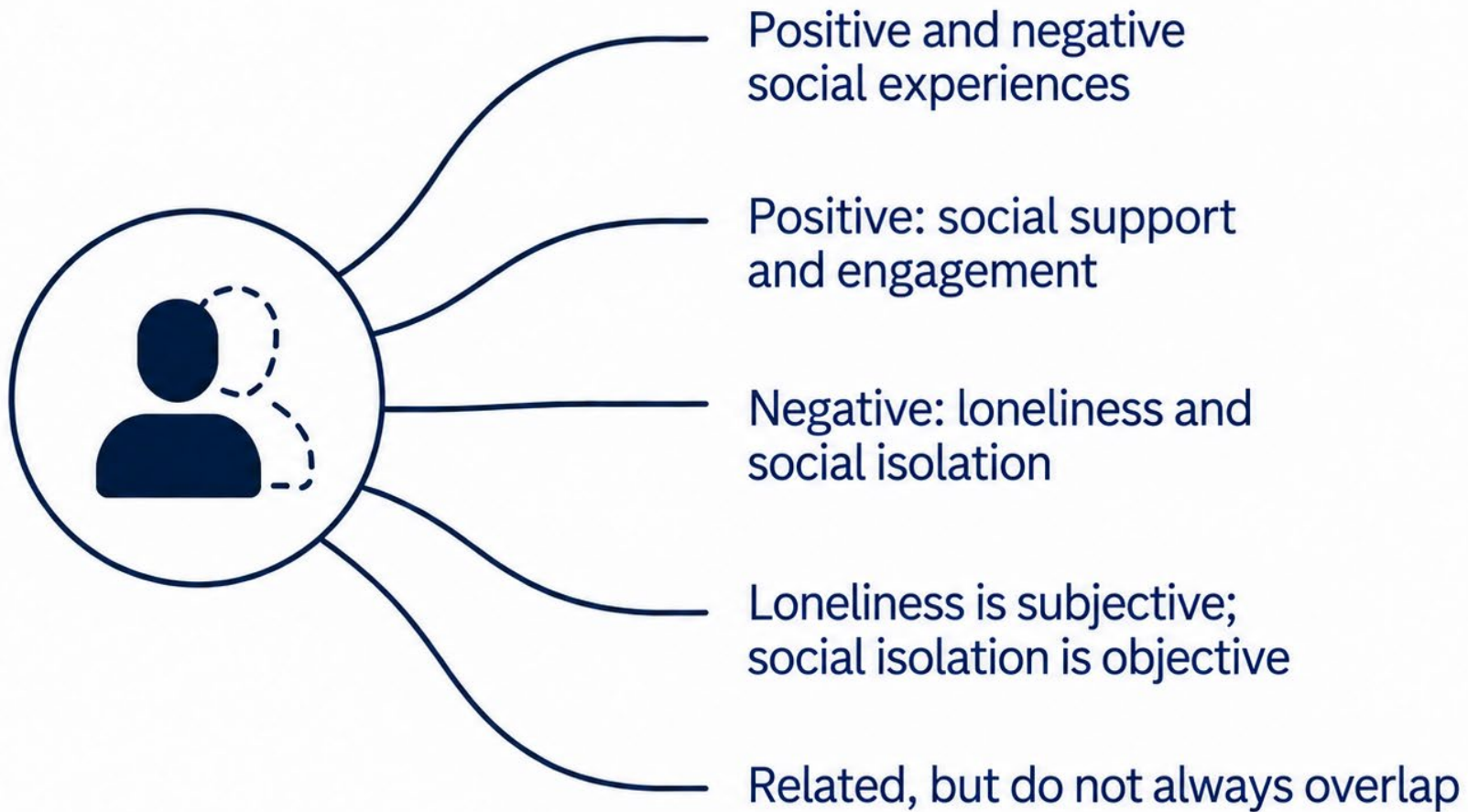
Research Affiliate, Prevention Research Collaboration

Charles Perkins Centre, The University of Sydney

Social well-being in public health

- Rapid growth in social well-being research
- Early stigma limited attention to social health
- Social changes (urbanisation, ageing, smaller families) have increased relevance
- Strong links identified between social well-being and health
- Social health is now recognised as a public health concern





Individual-level drivers of loneliness and social isolation

Biological mechanisms and genetic predisposition

Personality traits

Age

Gender

Relationship status

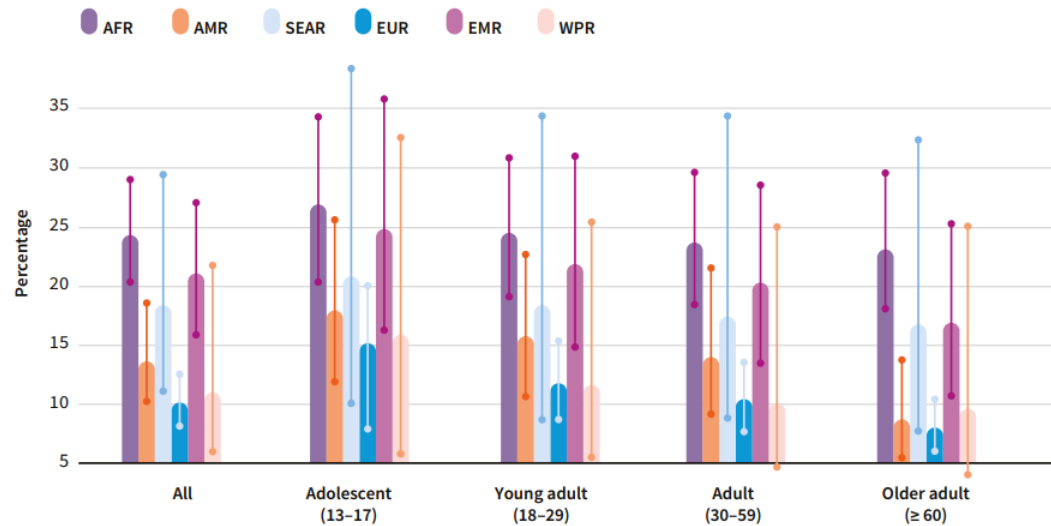
Socioeconomic circumstances

Health status

Society-level determinants of loneliness and social isolation

Fig. 4.

Global prevalence (%) of loneliness by WHO region, 2014–2023 (with 95% uncertainty intervals)



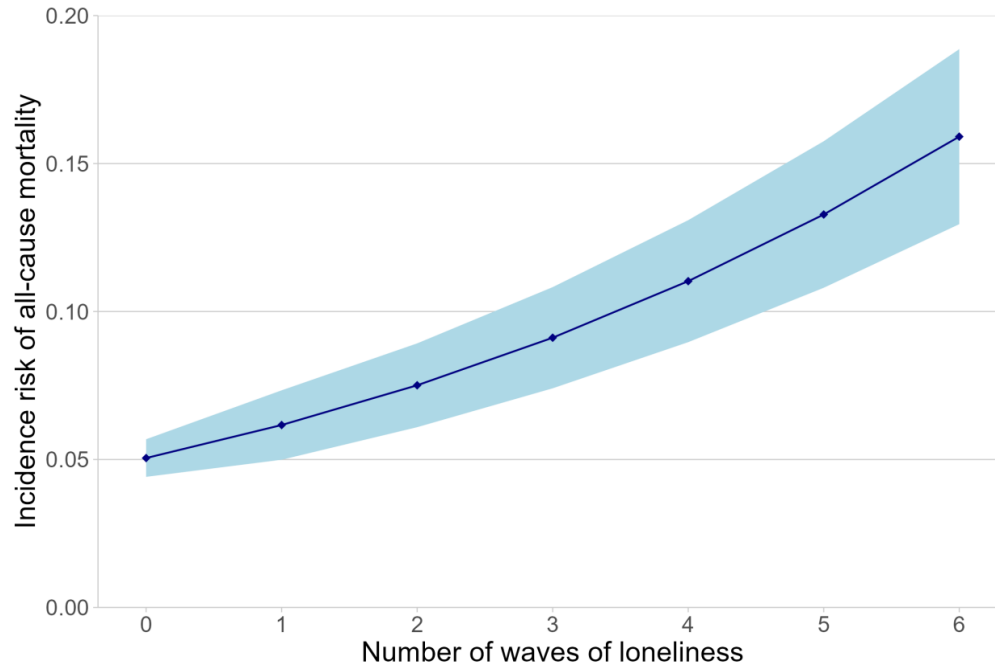
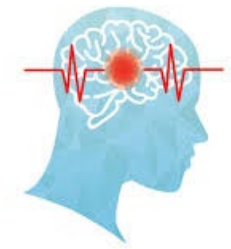
AFR: African Region; AMR: Region of the Americas; SEAR: South-East Asia Region; EUR: European Region; EMR: Eastern Mediterranean Region; WPR: Western Pacific region

- *Country income level*
- *Cultural and social norms*
- *Community cohesiveness*
- *Policies and regulations*

From loneliness to social connection - charting a path to healthier societies: report of the World Health Organisation Commission on Social Connection 2025

Loneliness and social isolation outcomes

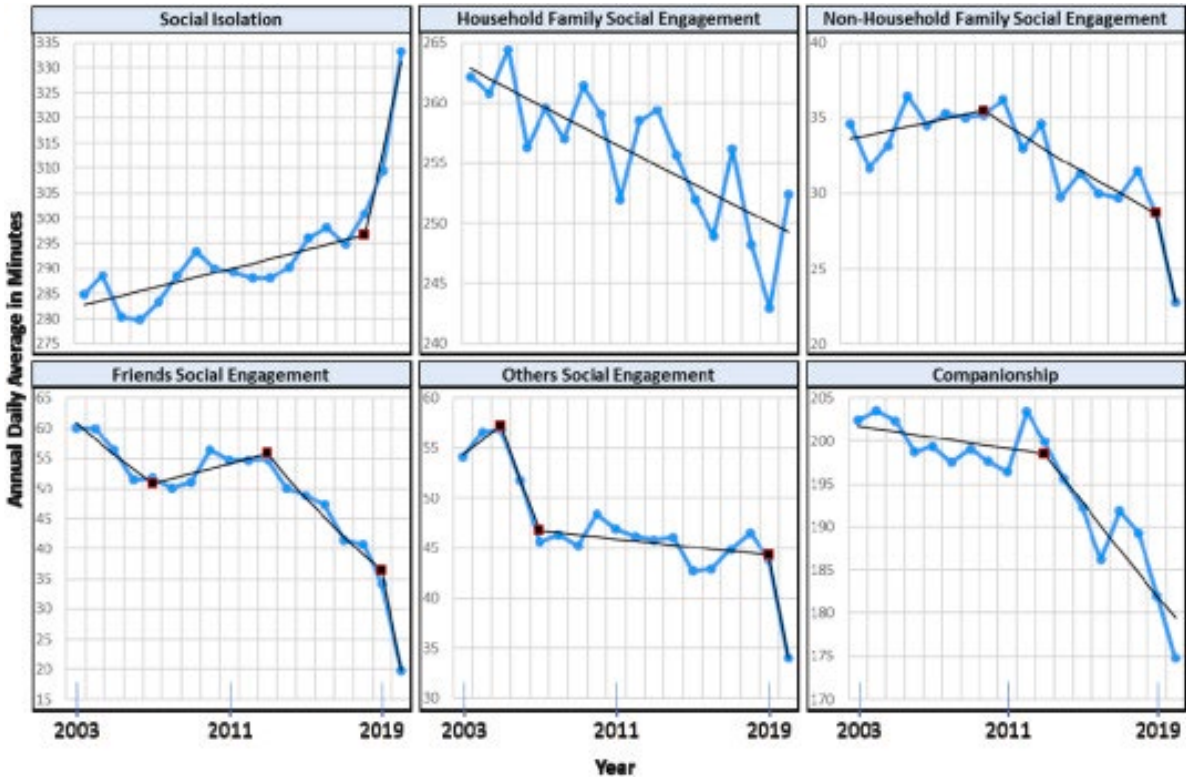
- **Health:** linked to poorer physical, mental and cognitive health, and mortality
- **Healthcare:** associated with greater healthcare use and costs
- **Workplace:** linked to poorer work relationships, burnout and lower performance



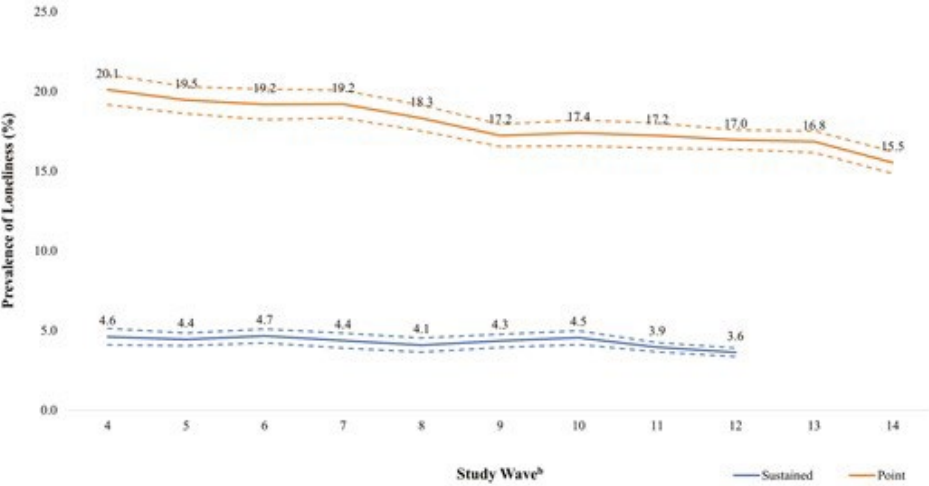
*Risk of all-cause mortality (2001- 2021) according to the total number of waves of experiencing loneliness

Loneliness and social isolation trends

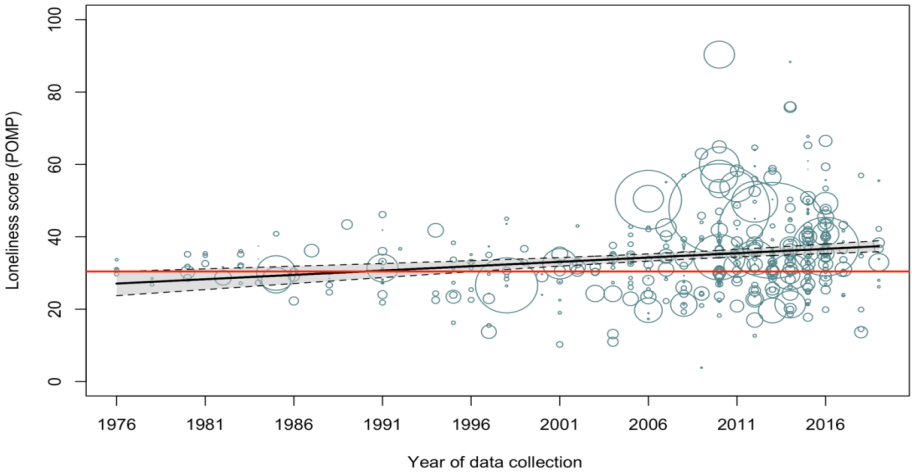
US Social Connectedness Trends, 2003–2020 (The American Time Use Survey). Annual Daily Average in Minutes are in blue trendlines. Joinpoint lines are black with red-bordered square points indicating years at which the slope the trendline changes significantly, Kannan et al., 2023



Prevalence trends for episodic and sustained loneliness in older adults, USA Health and Retirement Study, Surkalim et al., 2023



Changes in loneliness in emerging adults from 1976 - 2019



UCLA Loneliness Scale scores (converted into POMP scores) plotted against the year of data: meta-analysis Collection, Buecker et al., 2021

This study aimed to examine temporal trends in episodic and chronic loneliness and social isolation in the Household, Income, and Labour Dynamics in Australia from 2001 to 2023.

Outcomes

Loneliness

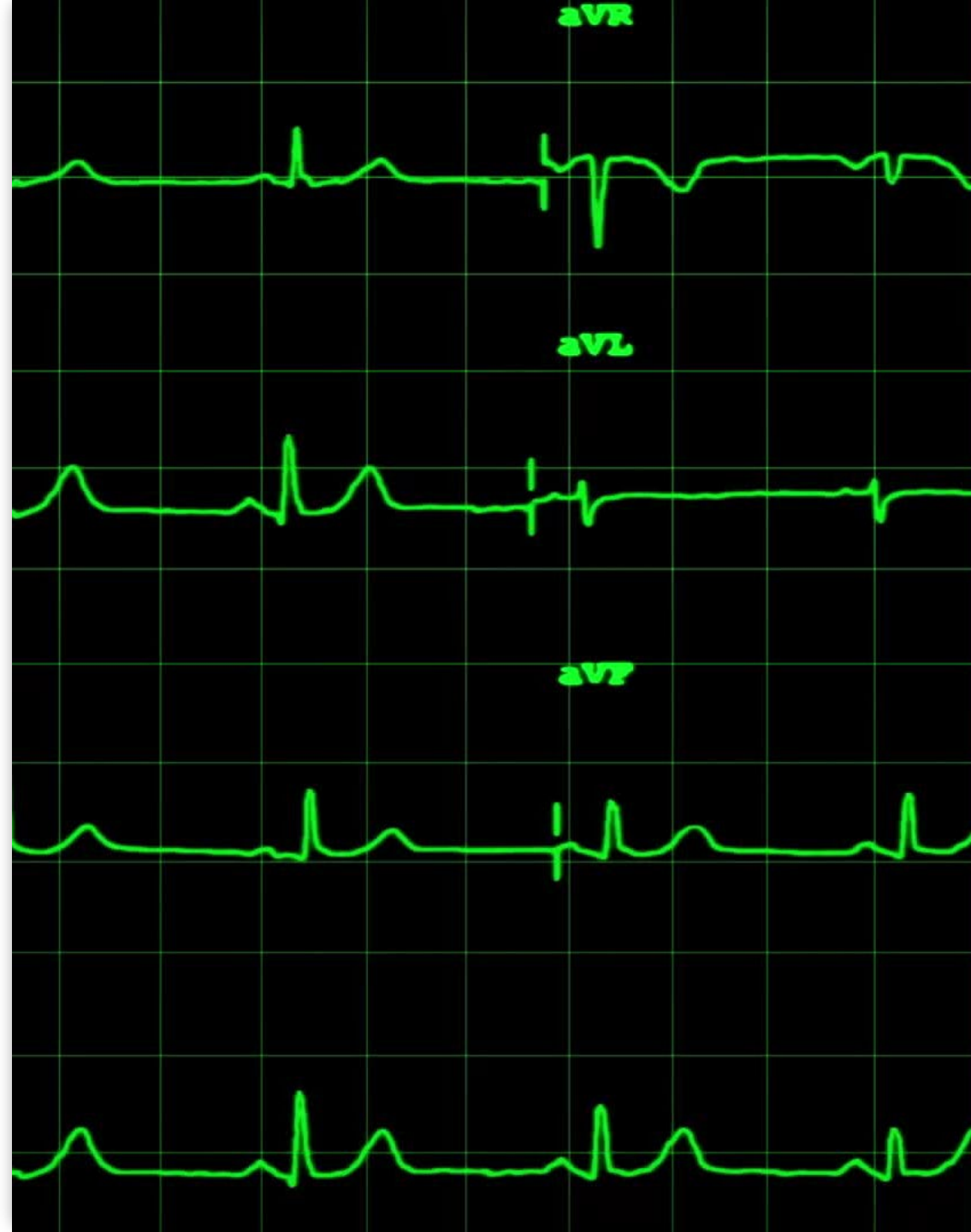
- 3-item scale
- Single-item measure
- 1 (strongly disagree) to 7 (strongly agree)

Social isolation

- Living alone AND not married/partnered
 - No social participation
 - Limited social contact
 - ≥ 2 of 3 indicators = socially isolated
- **Episodic:** a single wave
 - **Chronic:** 2 consecutive waves

Analysis

- Mixed-effects logistic regression
- Repeated observations within individuals
- Marginal predicted probabilities → prevalence at each wave
- Wave × sociodemographic characteristics → differences in trends between groups
- Cross-sectional survey weights
- Complete-case analysis (<10% missing)
- Sensitivity analyses



Sample: 2001 (n = 13,120) to 2023 (n = 14,667)

Age 65+: 14.8% → 22.9%

Females: 43.6% → 51.2%

University graduates: 17.8% → 31.2%

Australian-born: 75-80%; English-speaking: ~90%

Living with others: ~84%; married/partnered: ~65%

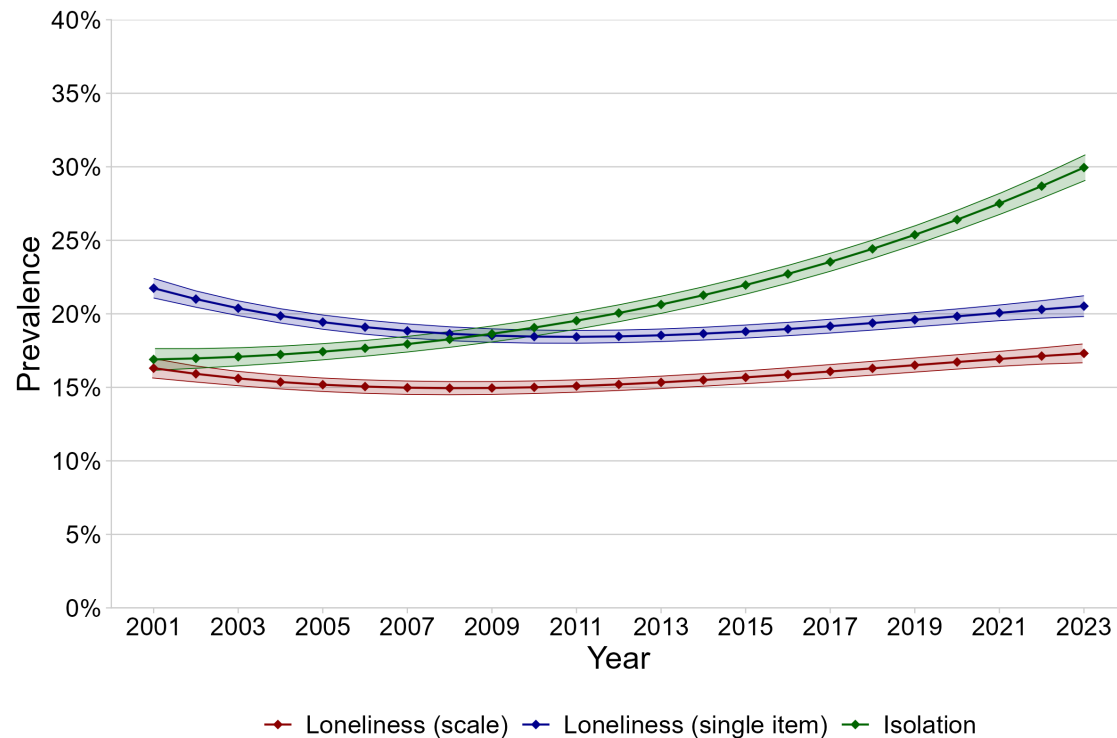
Employed: 61.6% → 65.2%

Most disadvantaged areas: 32.5% → 28.1%

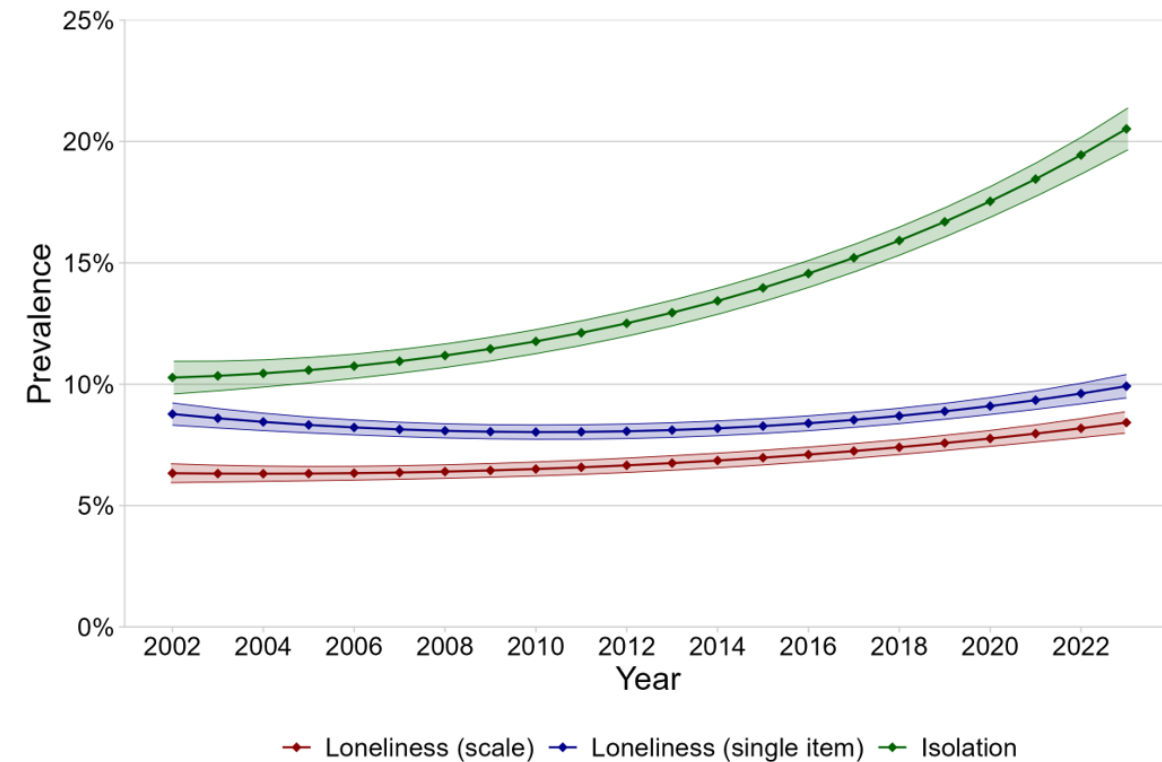
~Two-thirds metropolitan

Prevalence estimates of loneliness and social isolation

Episodic (2001-2023)

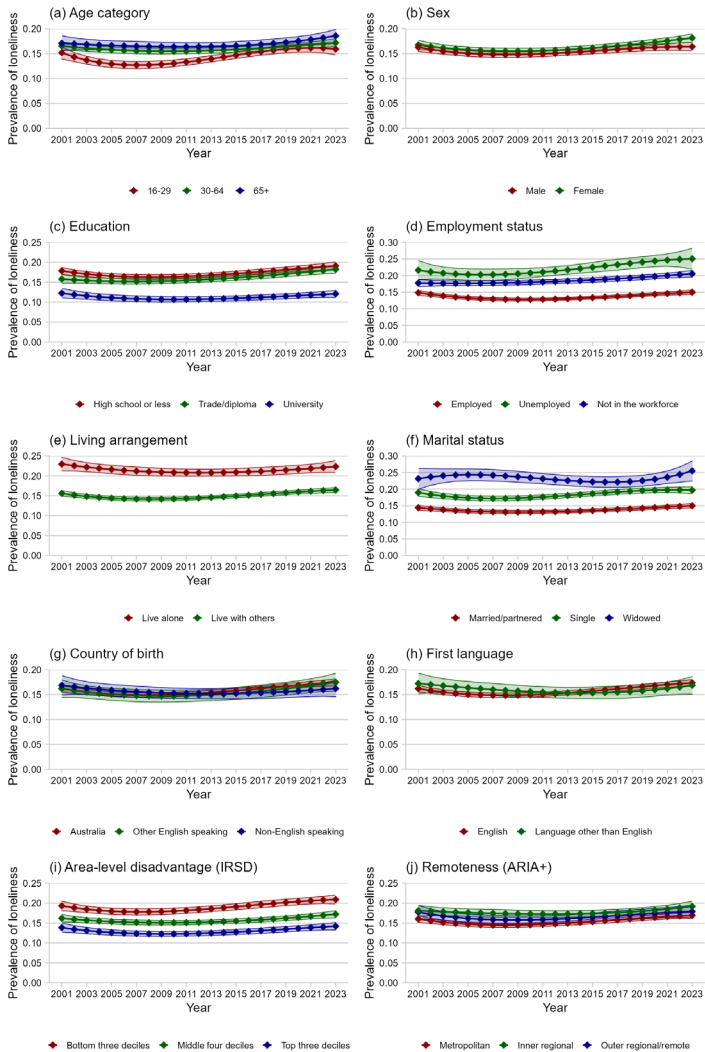


Chronic (2002-2023)

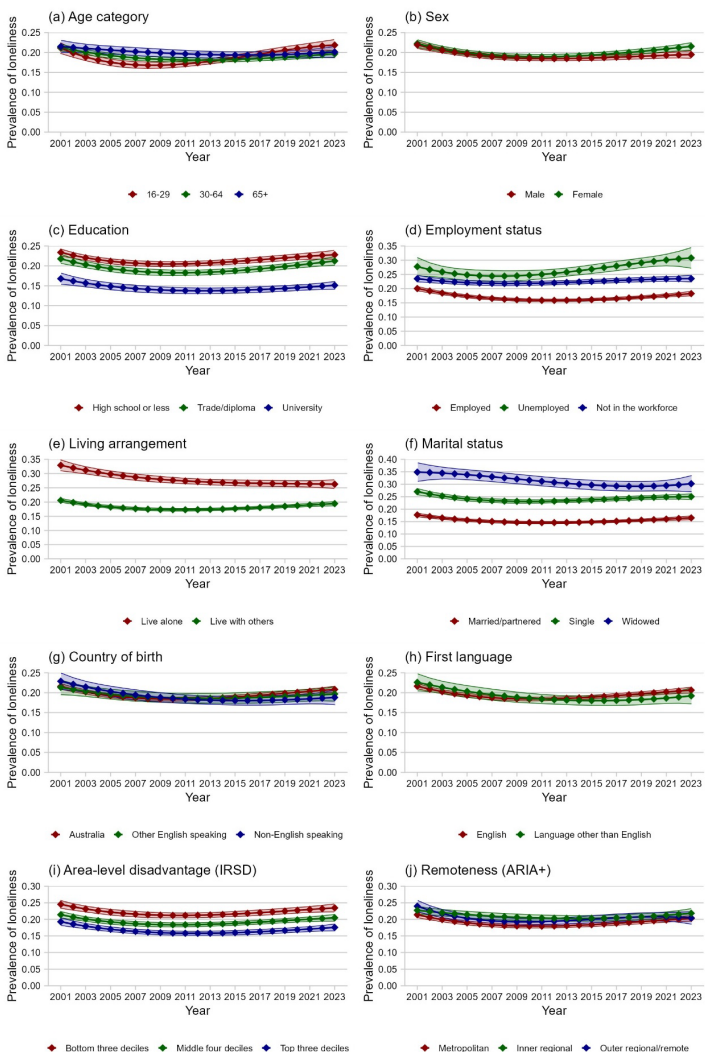


Prevalence estimates of episodic loneliness by sociodemographic characteristics, 2001-2023

3-items Scale

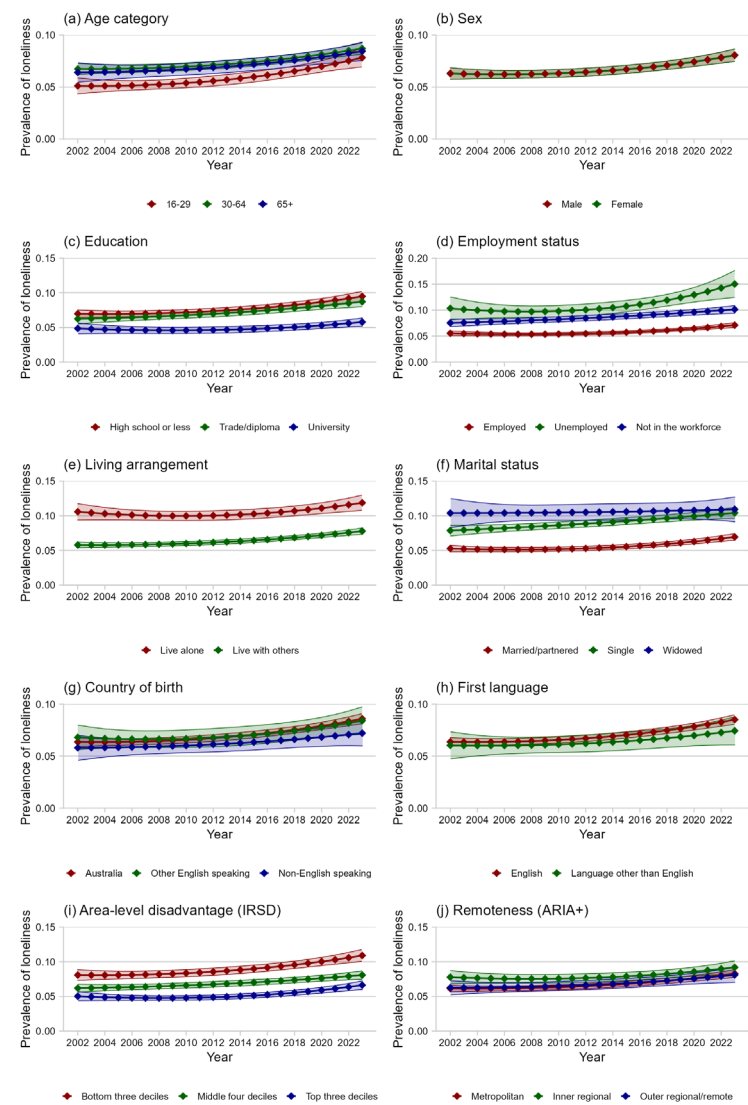


One-item

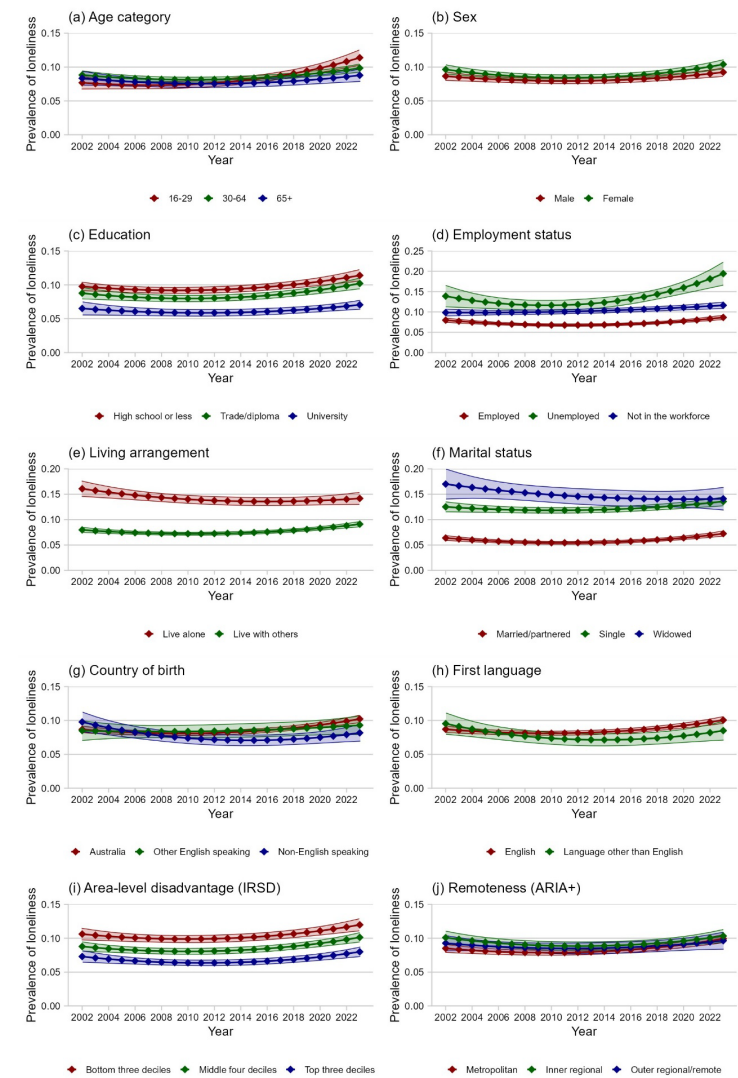


Prevalence estimates of chronic loneliness by sociodemographic characteristics, 2002-2023

3-items Scale

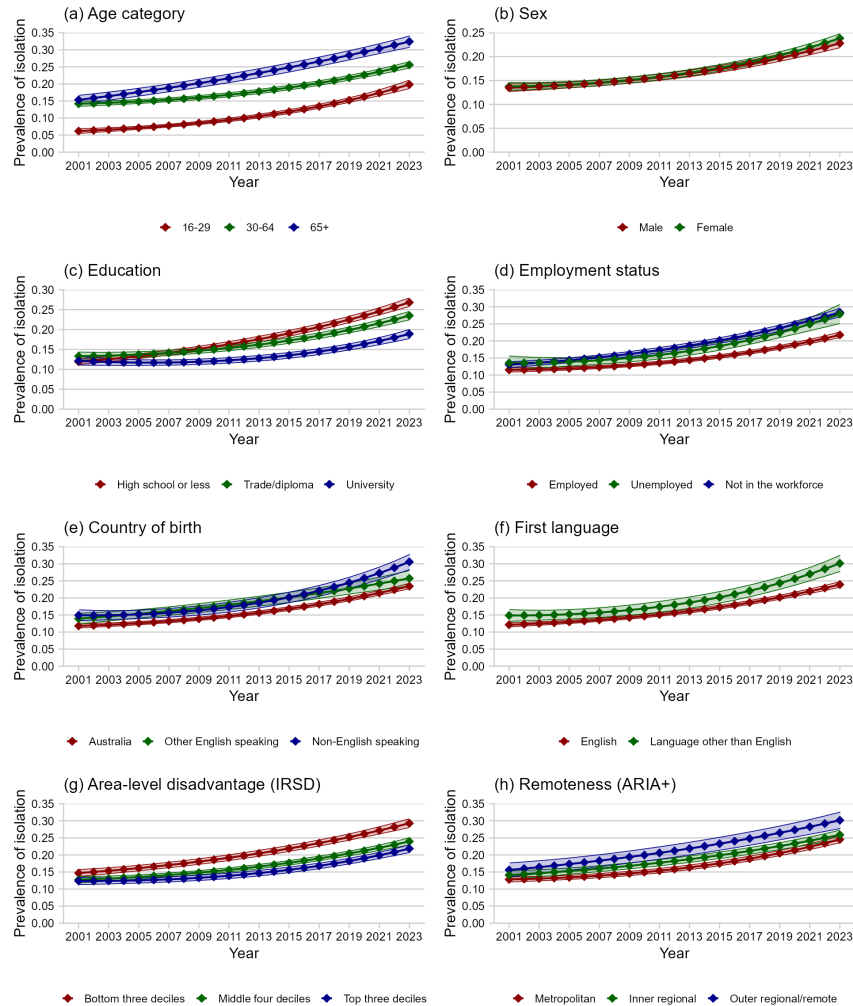


One-item

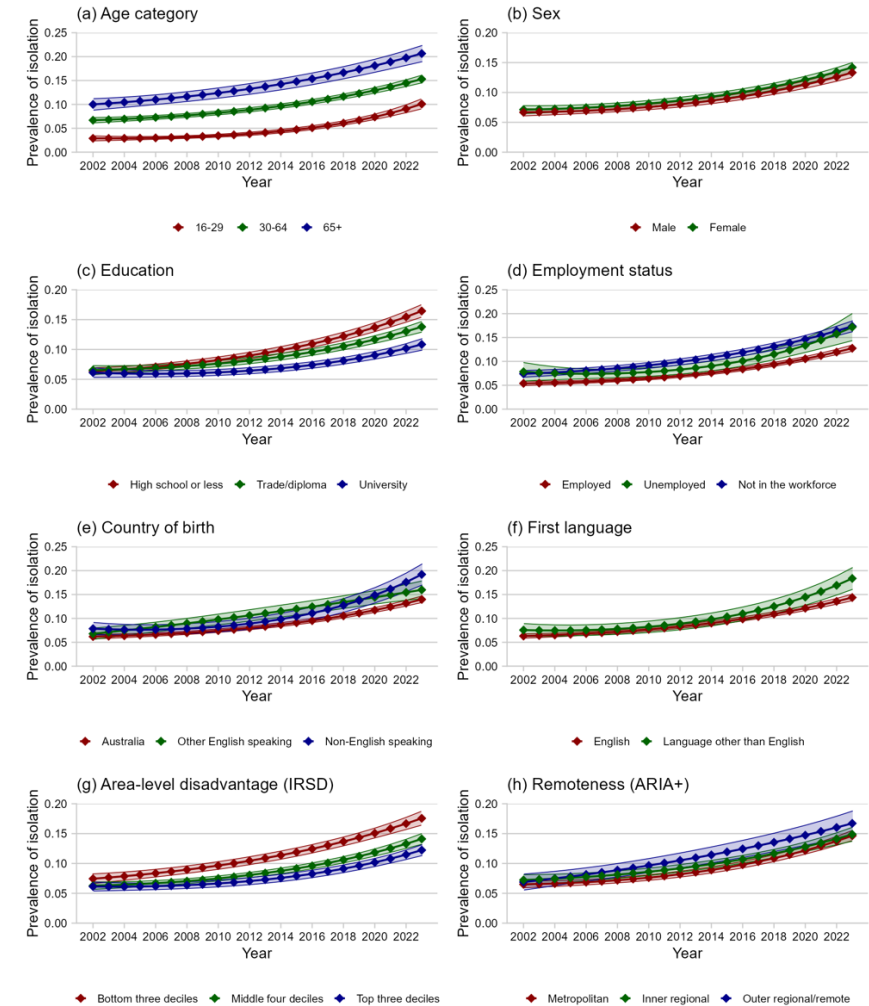


Prevalence estimates of social isolation by sociodemographic characteristics

Episodic 2001-2023

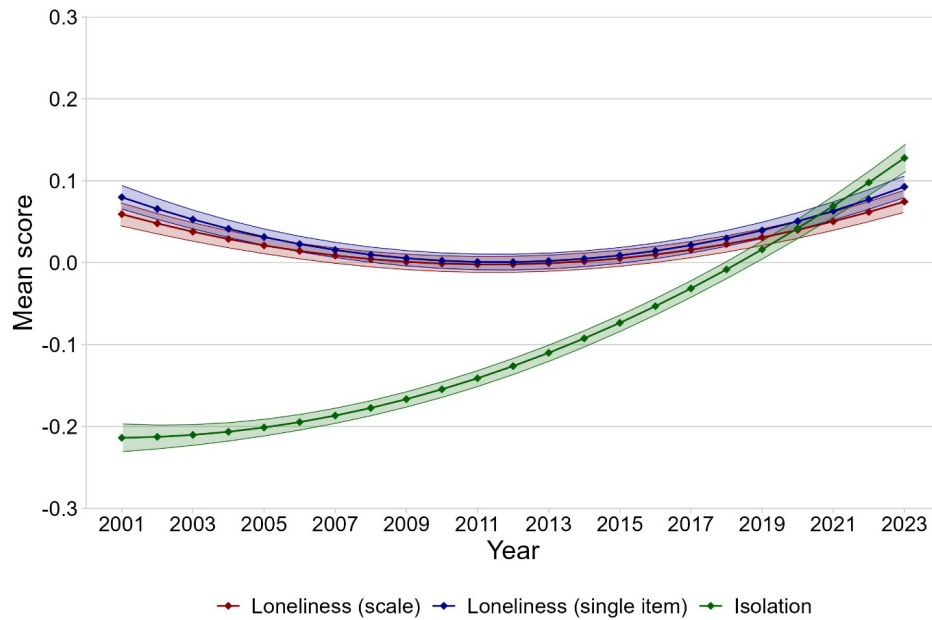


Chronic 2002-2023

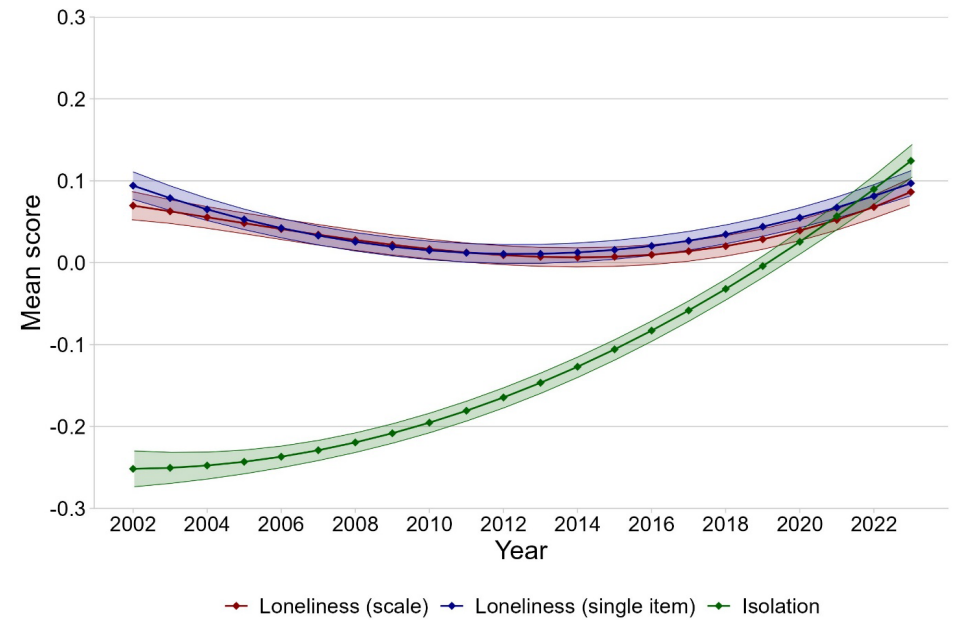


Modelled mean of loneliness and social isolation using continuous outcomes

Episodic

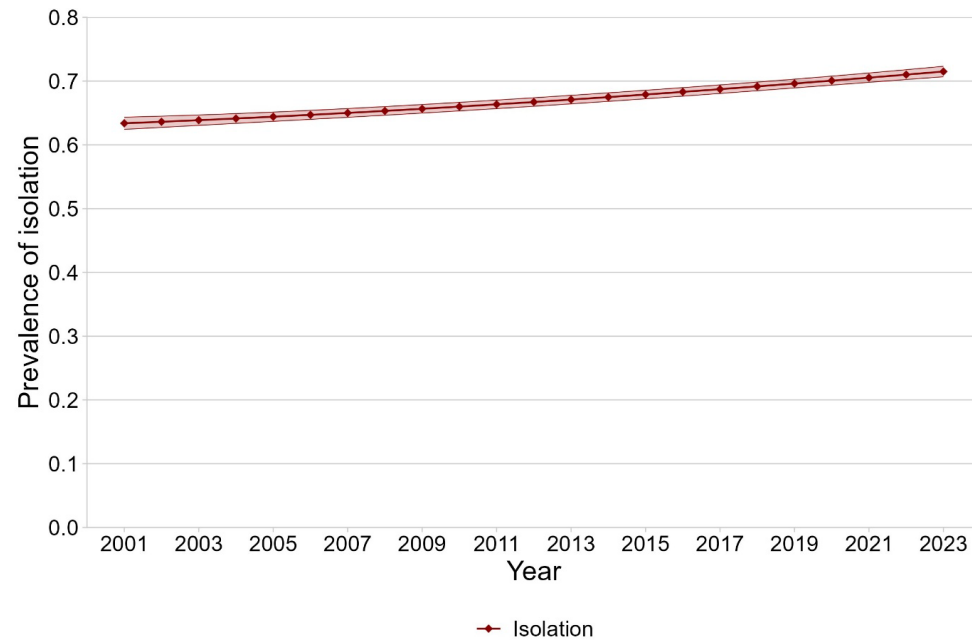


Chronic

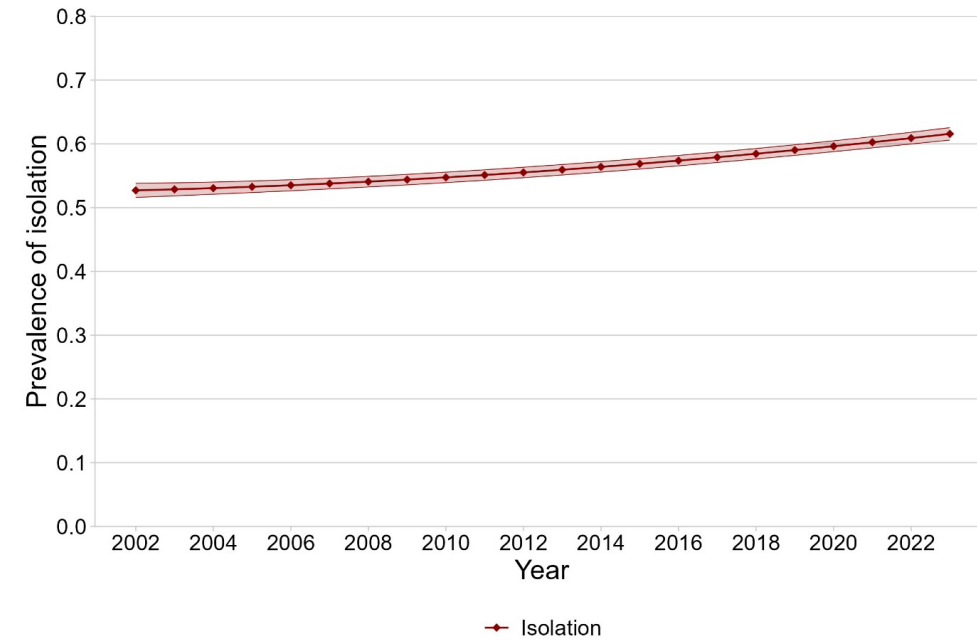


Modelled prevalence estimate of the social isolation measure, excluding marital status and living arrangement

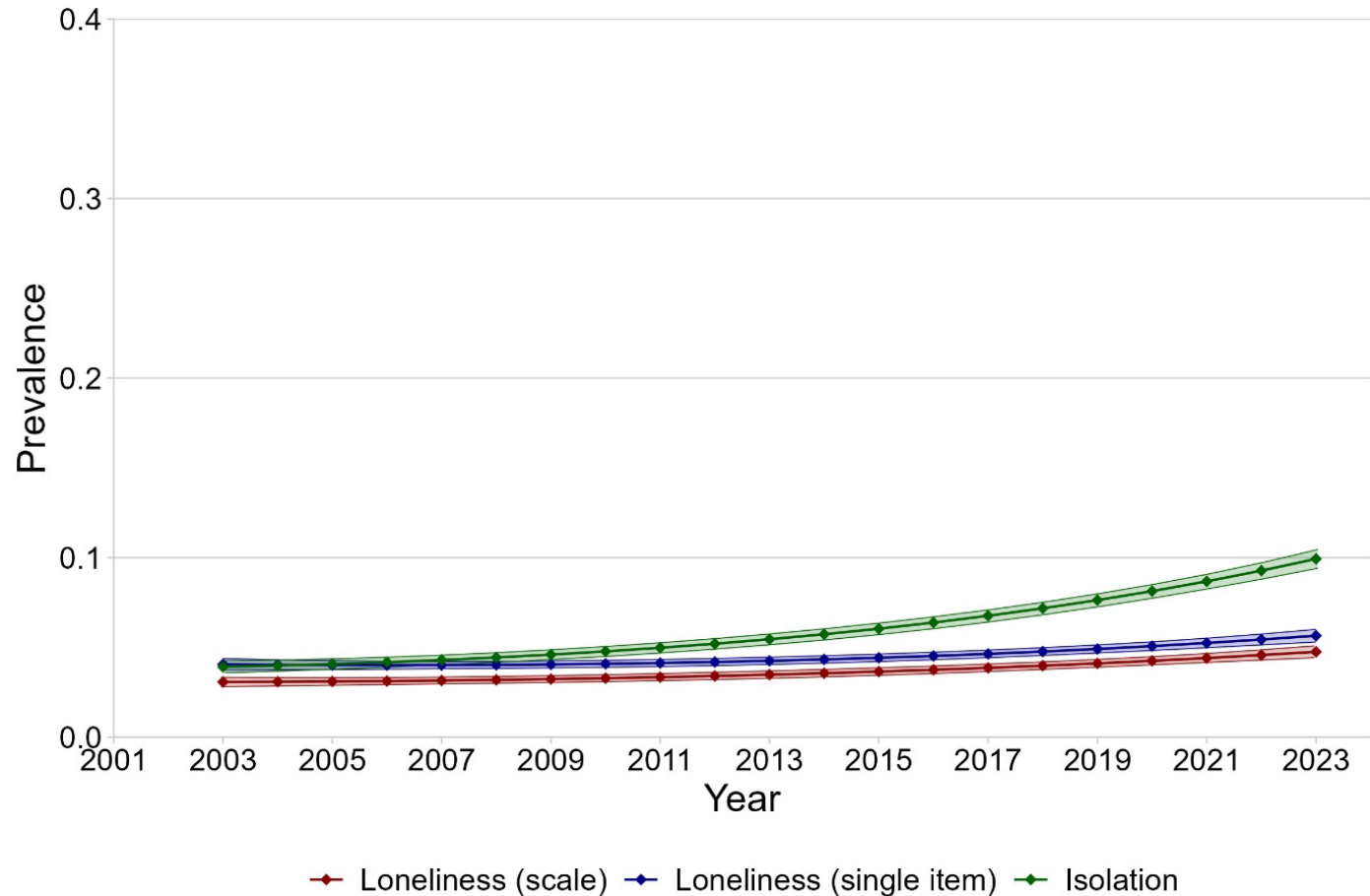
Episodic



Chronic



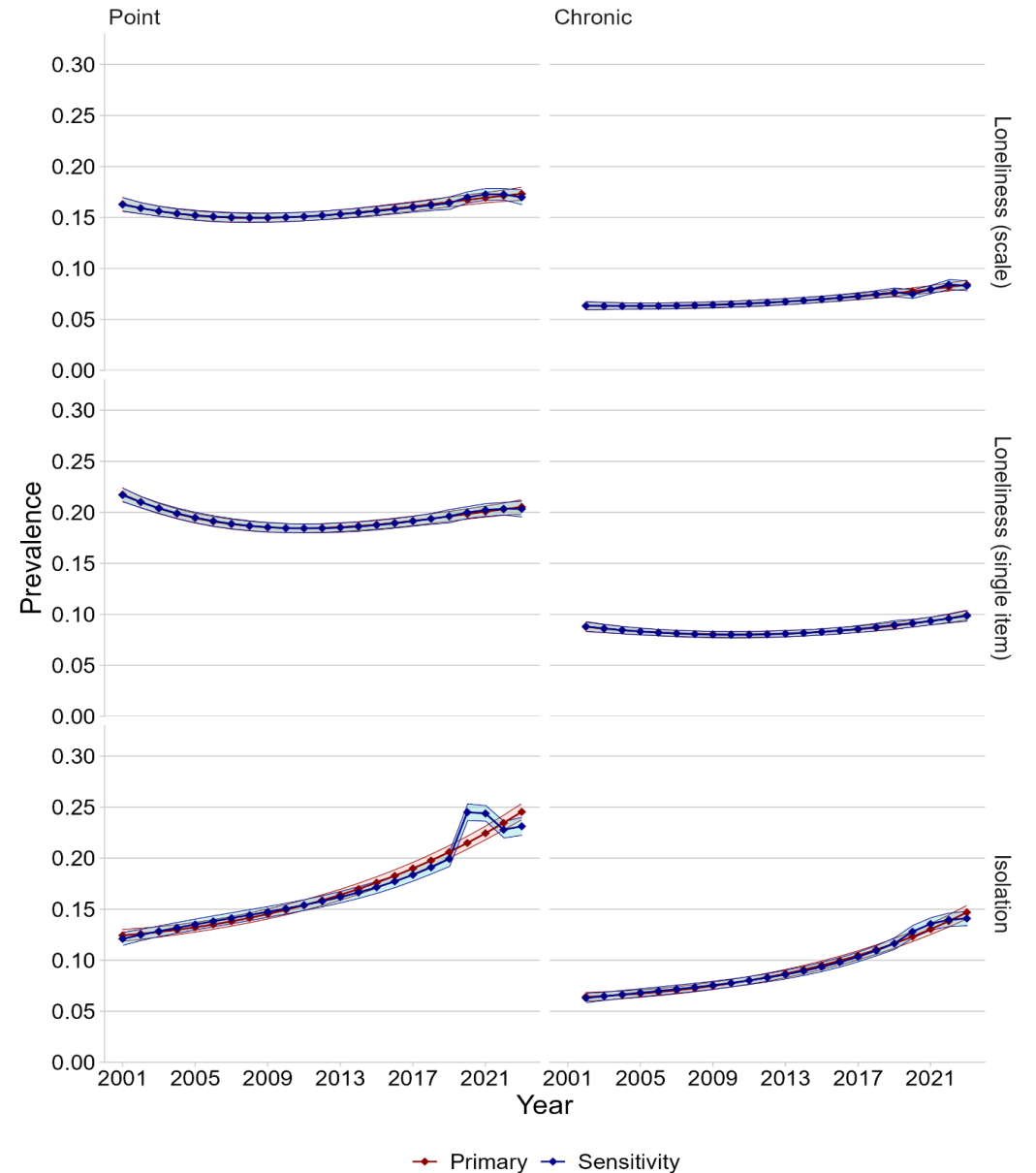
Modelled prevalence estimates of chronic loneliness and social isolation based on three consecutive waves



Could COVID-19 explain the observed long-term trends?

Modelled prevalence of episodic and chronic loneliness and social isolation- COVID-19 sensitivity analysis

- COVID-19 temporarily intensified the trends, particularly social isolation, but did not explain the longer-term increase.



Loneliness and social isolation are changing differently

- Social isolation increased substantially over 23 years
- In the 2000s, loneliness declined while social isolation increased; from the 2010s, both increased
- Chronic loneliness increased by ~33%, while chronic social isolation approximately doubled
- Age patterns differed: loneliness increased most among younger adults, while social isolation was highest and increased most among older adults
- Trends may reflect broader societal and socioeconomic changes in how people live and connect

Conclusions & implications



Loneliness and social isolation require distinct public health responses



Address social and structural conditions that support meaningful connection across the life course



Embed social connection in health and social policy, services, and community planning



Continue population-level monitoring to identify emerging trends and inequalities

Acknowledgments

Co-authors

Dr Philip J Clare ^{1,2,3}, Dr Katherine B. Owen ^{1,2}, Dr Mengyun Luo ^{1,2}, Dr Daniel L. Surkalim ^{1,2}, Dr Karine E. Manera ^{1,2}, A/Prof Michelle H. Lim ^{1,2,4}, Prof Ben J Smith ^{1,2}, Prof Philayrath Phongsavan ^{1,2}, Prof Ding Ding ^{1,2}

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Thank you!

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