





Acknowledgements

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Orygen and Ending Loneliness Together acknowledge the

Traditional Owners of the lands we are on and pay respect to their Elders past and present. We recognise and respect their cultural heritage, beliefs and relationships to Country, which continue to be important to the First Nations people living today.

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The final report reflects Orygen's and Ending Loneliness Together's analysis and independent conclusions. It may not necessarily reflect all the opinions or conclusions of key contributors.

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EXECUTIVE SUMMARY

Loneliness is a World Health Organization global public health priority. Loneliness is linked to a wide range of negative health and social outcomes, including poor mental and physical health, reduced social connection, and increased risk of premature death. Loneliness and its impact on mental health and wellbeing is a growing issue affecting young people in Australia. Young people, particularly those aged 15–24 years, are the loneliest age group in the country. Rates have been steadily increasing since 2008, with recent jumps in 2015 and again during the COVID-19 pandemic lockdown periods.

Several key factors appear to be contributing to youth loneliness. Life transitions, such as leaving school or entering the workforce, can result in feelings of isolation. The digitalisation of social interactions has also altered how young people

connect with each other, often reducing face-to-face interactions, and exacerbating these feelings. Some young people feel lonely even in the company of their peers. However, we still have a lot to learn about the long-term impacts of loneliness on young people. Further research is required to better understand how transient loneliness during adolescence can evolve into chronic loneliness and affect future life outcomes.

Loneliness and social isolation are two forms of social disconnection. Having strong social connections (that is, less loneliness and social isolation) can promote better health and wellbeing. A whole-of-government approach is required to embed social connection outcomes into all policies that shape the way young people live, learn, work, and engage with their communities.





Issues and solutions

Key issues

Loneliness is linked to a wide range of negative mental health, physical health, social and economic outcomes.

Loneliness is recognised as a global public health priority by the World Health Organization. Loneliness increases the risk of premature death to the same extent as other more well-known determinants of health, such as smoking, pollution, and obesity.

Young people are the loneliest age group in Australia and the prevalence of loneliness is increasing.

The prevalence of loneliness in young people in Australia aged 15–24 years has been rising steadily since 2008, with sharper increases since 2015. More than two in five young people in Australia report experiencing loneliness.

We need to know more about young people's experiences of loneliness.

Young people often experience periods of intense transient or episodic loneliness, particularly as they negotiate developmental changes and life transitions. Further research is required to develop a clearer picture of what this feels like for young people and how to help them manage these experiences.

Digitalisation of communication has altered the ways young people interact with their families, friends, peers, colleagues, and communities.

Online work, learning, shopping and package delivery, entertainment, and even healthcare has dramatically reduced our need to communicate in person with others. Young people told us this has impacted the quality of their social interactions and their engagement with daily social practices.

Solutions

Research and knowledge

- Improve measurement and understanding of young people's experiences of loneliness.
- Conduct longitudinal research to capture the ongoing nature of loneliness across the lifespan.
- Trial and test a variety of models of care for young people experiencing loneliness or social isolation.

Government and policy

- Develop and implement a national strategy for social connection.
- · Appoint a national Minister for Loneliness.
- Endorse and develop socially inclusive school cultures.

Programs and initiatives

- Develop and implement and deliver universal social connection skills-building education.
- Fund a campaign to raise awareness of young people's loneliness and promote social connection.
- Trial and test resources and help-seeking information relating to loneliness for young people and their supporters.
- Develop guidelines and education initiatives that support young people to use social media to build meaningful social connections while minimising its effects on loneliness.
- Increase funding for community-based activities and initiatives that strengthen social connection between young people and their local communities.

Conceptualising loneliness

Loneliness is a subjective experience of distressing feelings that arise when there is a divergence between an individual's desired and actual social relationships. It is a distressing emotional state that occurs when we perceive our social relationships to be inadequate in terms of quality, quantity, or both.(1-5) **Problematic loneliness** is defined in terms of high intensity and persistent experiences.(3, 6) Loneliness can be transient or episodic, or it can be ongoing and chronic.(7, 8)

It is also important to note that some people voluntarily choose to spend their time in **solitude** and should not be assumed to have unmet social needs. Loneliness is unchosen.(4, 5, 8)

Social isolation is an objective and observable state of having few opportunities for social interaction. Although some people certainly experience loneliness as a result of their social isolation, others feel lonely even when they are in the company of others.(4, 5)

Loneliness and social isolation are two forms of social disconnection.

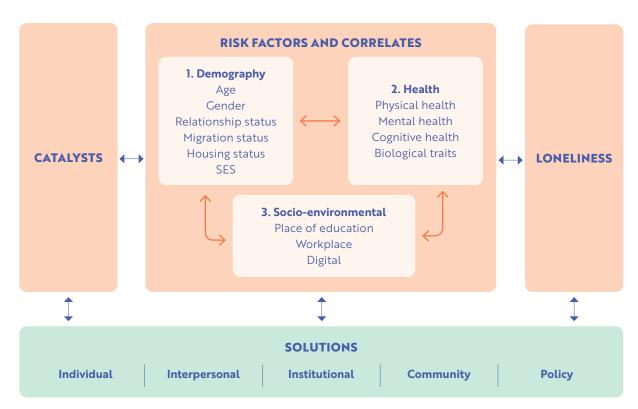
Social connection describes the overall structure, function and quality of an individual's relationships.(9) Social connection occurs on a continuum with both

long-term, close relationships (for example, family and friends) and brief or more distant relationships (for example, casual acquaintances) playing an important role in alleviating social isolation and increasing someone's sense of belonging.(10, 11) Building meaningful social connection improves community trust and confidence.(12)

Conceptual model of loneliness

Complex dynamics between catalysts (that is, significant life events or transitions) and a range of synergistic risk factors or correlates (demographic, health, and socio-environmental characteristics) can contribute to a person's experience of loneliness. Understanding how these different circumstances can interact to increase vulnerability to loneliness also highlights the need to target prevention strategies and interventions at multiple levels of influence - from the individual to the societal. Figure 1 (below) has been adapted from the conceptual model of loneliness of Lim, et al to demonstrate the interaction between catalysts, risks and correlates most applicable to young people, and to align with a social-ecological approach to loneliness and social connection.(13)

FIGURE 1: CONCEPTUAL MODEL OF LONELINESS (ADAPTED FROM LIM, ET AL)

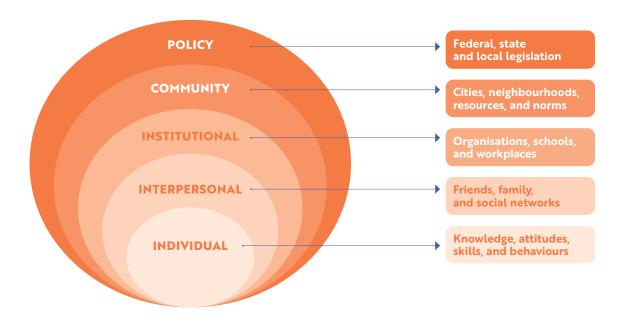


A social-ecological approach to loneliness and social connection

The social-ecological model illustrates the complex and layered levels of influence on a young person's social connections. There are different opportunities at each level to support young people to address loneliness and build social connection.(14)

A whole-of-government approach is required to ensure social connection outcomes are built into all policy decisions impacting the way young people live, learn, work, and play (see Figure 2).

FIGURE 2: A SOCIAL-ECOLOGICAL MODEL OF LONELINESS AND SOCIAL CONNECTION (15)



The prevalence of loneliness among young people in Australia

Loneliness has historically been associated with older people, but it is young people who report the highest rates of loneliness in Australia. While the prevalence of loneliness in those aged over 65 years has declined steadily over the past two decades, the opposite has occurred for young people. The prevalence of loneliness in those aged 15–24 years has been rising progressively since 2008, with more significant increases since 2015.(16)

Recent data shows more than two in five young people in Australia reported loneliness – one in four of these young people experience episodic loneliness (present in one year) and a further one in four experience persistent loneliness (present in two consecutive years).(17) Research from headspace found 60 per cent of young people

lacked companionship often or some of the time (up from 54 per cent in 2020) and 62 per cent felt left out often or some of the time (up from 47 per cent in 2020).(18, 19) Data collected in Victoria found one in six adolescents (12-17 years) reported problematic levels of loneliness. In comparison, one in three emerging adults (18-25 years) were found to be experiencing problematic levels of loneliness. The doubling of problematic loneliness during emerging adulthood is likely linked to the transitions that often occur in these years.(3) This has wider implications for mental ill-health. Loneliness is a strong predictor of a range of mental health symptoms and diagnoses, including: social anxiety, depression, psychological distress and emotional regulation difficulties, and suicidality.(1, 5, 20).

Contributing factors

Young people manage a variety of developmental changes that coincide with significant life transitions and milestones. These multiple and compounding factors contribute to young people's increased risk of experiencing loneliness. Adolescence is a time of emotional development and identity formation. Young people grapple with fluctuating peer relationships (including intimate partners), increasing independence from parents or guardians, and establishment of personal values and beliefs. While many young people identify this as a normal part of growing up, these transitions often involve periods of social adjustment and, as a result, can contribute to experiences of loneliness.(13, 21)

In addition to the transitions and milestones particular to their life stage, young people may also experience life events associated with loneliness. These include grief or bereavement, relationship breakdowns, bullying, ill-health, being a parent or carer, moving house, living with disability, financial insecurity, domestic violence, and managing discrimination or marginalisation.(4, 5, 13, 22)

Overview of current loneliness policies

Loneliness has gained increased international policy attention in recent years. The COVID-19 pandemic, in particular, has generated increased public interest in and improved understanding of loneliness and social isolation. The United Kingdom (UK) (24) and Japan (25) have appointed dedicated loneliness ministers, ensuring leadership, coordination and accountability for responding to the issue. Other countries are

implementing social connection or loneliness strategies (4, 5), guidelines (26), and public awareness initiatives (27). The World Health Organization's (WHO) Commission on Social Connection recently released its landmark From Loneliness to Social Connection report which provides a roadmap for creating healthier and better-connected societies. The report highlights Australia as one of just four countries that has completed an economic costing of loneliness.(28)

While Australia does not have a national strategy to address loneliness, Treasury's *Measuring what matters* framework highlights the importance of social connection and includes metrics that capture self-reported loneliness, volunteering rates, and social cohesion data. However, young people under the age of 15 years are not consistently included in these metrics, impacting its capacity to accurately capture population-wide wellbeing data. Given the aim of these metrics is to track Australia's progress towards a more cohesive society, the development of validated youth-specific loneliness and social connection measures would ensure a more accurate representation of young people's wellbeing (see page 17).

Appointing a Minister for Loneliness would establish the oversight and accountability required to effectively manage loneliness as part of these wider issues. We note that members of Orygen's Youth Advisory Council (YAC) emphasised the need for young people to be actively involved in the development and implementation of social connection strategies and interventions.

Appoint a national Minister for Loneliness.		
Policy solution	Evidence and rationale	Outcome
Establish a national ministerial position to to ensure a comprehensive and coordinated approach to addressing the issue of loneliness. Ministerial oversight will enable a specific focus on vulnerable cohorts, including young people, and the provision of adequate support and oversight.	Young people's loneliness has a significant negative impact on health and wellbeing. Ensuring dedicated ministerial focus on loneliness would establish accountability for the coordination of efforts to manage the issue. This solution targets society and policy – federal, state, and local legislation and strategies.	Ministerial oversight ensures youth loneliness initiatives are adequately designed and resourced.

Develop a national social connection strategy.		
Policy solution	Evidence and rationale	Outcome
Develop and implement a coordinated national strategy as part of the renewal of National Partnerships and Project Agreements to address loneliness, focusing on research, government policy, and programs (including those outlined in this brief). This should include the development of policy solutions with specific focus on young people for future investment.	Loneliness is a global public health priority with significant health, social and economic costs. A national strategy is needed to address its consequences, ensuring social connection outcomes are integrated into all policy decisions. This solution targets society and policy – federal, state, and local legislation and strategies.	Community and social settings occupied by young people are equipped to support them to build the social connections they need to thrive. Improved social connections contribute to wider health and economic benefits.

Emerging adulthood: a time of transition

Emerging adulthood describes the period between late teens and early twenties. In addition to ongoing developmental changes, emerging adults may also be exiting their established school-based social networks and the family home, while building new social connections in unfamiliar education and workplace environments.(3, 8) Given these overlapping pressures, it is unsurprising that young people appear to be especially vulnerable to loneliness, and report higher levels of social isolation risk, during this time of transition.

(3, 29, 30) Although transient loneliness is a normative response that serves to motivate social interaction or reconnection in new surroundings, it is also associated with poorer wellbeing.(21)

Orygen's YAC recognised emerging adulthood as a peak time of loneliness and suggested young people would benefit from learning about the potential social connection changes associated with these periods of transition (for example, starting and leaving secondary school, beginning further education or employment). The YAC proposed guidance on managing and seeking help for these experiences, as well as learning how to build meaningful social relationships. They perceived these life skills as an integral part of their ongoing personal and social capability. In addition to these individual skills, policy levers targeting institutional (see page 12) and community (page 15) levels of influence are important during periods of transition when young people are still establishing their interpersonal connections.

Develop and deliver universal social connection skills-building education.		
Policy solution	Evidence and rationale	Outcome
Trial and test social connection skills-building education into the Personal and Social Capability curriculum. This learning should be delivered intermittently between upper primary school and completion of secondary school years, targeting times of transition – for example, between primary and secondary school, and during senior school years.	Loneliness peaks in early adulthood as young people tend to exit structured social networks. Young people should have skills and strategies to manage the dynamic nature of relationships, manage loneliness and build social connection before they reach these major life transitions. This solution targets individual knowledge, behaviours, skills and attitudes.	Young people are prepared for the social changes that accompany life transition points and have the awareness and skills to build new social connections in times of transition, and to seek support when required.

The impact of loneliness on young people's life outcomes

Loneliness is "a force for downward mobility" (30) and can have substantial and harmful mental health, physical health, and social and economic consequences for both individuals and the wider community.(1) Loneliness increases the risk of premature death to the same or greater degree as other universally recognised determinants of health, for example: smoking, excessive drinking, obesity and pollution.(28)

Targeted interventions for addressing loneliness and improving social connection have the potential to reduce these negative impacts for young people. Developing and implementing targeted interventions requires improved understanding of who is more likely to experience loneliness, when loneliness can be seen to impact other long-term life outcomes, and if periods of transient loneliness can predict chronic loneliness.

Mental health

There is a significant relationship between loneliness and a wide range of mental health symptoms and diagnoses. These include social anxiety, depression, emotional distress and regulation difficulties, and suicidality. Loneliness is a strong predictor of these experiences. Research analysing the role of social determinants on psychological distress shows that loneliness and lack of social support has the most pronounced impact for young people.(20) Loneliness and social isolation increase the risk and severity of anxiety and depression for years after they have alleviated.(31)

Psychological distress

There is a profound association between loneliness and psychological distress. Nearly three in four young people aged 15–25 years who report feeling lonely and isolated, also demonstrate high or very high levels of psychological distress. For young people who do not report feeling lonely and isolated, psychological distress is observed in just one in four.(20)

Social anxiety

Loneliness is closely linked to social anxiety.(1, 3, 31) Australians experiencing moderate and severe loneliness are 4.1 and 4.5 times, respectively, more likely to have social anxiety.(1) Interestingly, a systematic review conducted during the COVID-19 pandemic found duration of loneliness, rather than severity, had a stronger impact on anxiety outcomes in young people.(31)

The relationship between loneliness and social anxiety is bidirectional – some people living with social anxiety withdraw from their social networks as a means of managing symptoms, increasing their likelihood of becoming lonely.(8, 32) This inverse effect is especially pertinent to emerging adults who have much higher rates of social anxiety than other ages. One in two young people (18-25 years), and one in three adolescents (12–17 years) meet the criteria for possible problematic social anxiety.(3) The National Study of Mental Health and Wellbeing found around one in six young people aged 16-25 years had experienced social phobia symptoms in the previous 12 months, compared with just under one in ten of those aged 26-35 years, and under one in twenty of those older than 35 years.(33)

Depression

Although research suggests depression does not predict future experiences of loneliness, loneliness can be a precursor for depressive symptoms.(34) Ending Loneliness Together's *State of the Nation Report* found even moderate levels of loneliness have considerable impact on risk of depression. Those experiencing moderate levels of loneliness are 4.6 times more likely to have depression than those who were not lonely. Likelihood increased 4.8 times for those experiencing severe loneliness. This relationship occurs even after controlling for sociodemographic and contributing factors.(1)

Suicidality and self-harm

Loneliness is a reliable predictor of risk for suicidality and self-harm.(5, 30, 35) The UK's Adult Psychiatric Morbidity Survey found individuals (people aged >16 years) experiencing severe loneliness were 17 times more likely have attempted suicide in the past 12 months.(36) A thematic analysis of 5,000 Childline (UK) telephone counselling call transcripts also showed that young people who are lonely commonly report suicide ideation and self-harm.(8)

Given the association between loneliness and psychological distress, social anxiety, depression, and suicidality and self-harm, early interventions that target a young person's experience of loneliness may serve as a protective factor against ongoing mental ill-health and suicide. A comprehensive approach to youth loneliness should include making evidence-based information and help-seeking advice available to assist young people and those who care about them to recognise and manage loneliness and to engage professional support when it is needed.

Review youth-focused resources and help-seeking information relating to loneliness.

Policy solution

Commission a review of existing resources about loneliness and social connection targeted at young people and their supporters. The review should also consider young people's communication preferences to ensure these resources are delivered in a way that meets their expectations and needs.

Review findings, and trial and test new resources and health information responding to review findings.

Evidence and rationale

Helping young people to manage loneliness and build social connection frequently requires the support of their core social networks – family, friends, and others who care about them. The availability of high-quality and evidence-based information will bolster their ability to provide help and advice.

This solution targets interpersonal relationships with family, friends and social networks.

Outcome

Young people and their supporters can access evidence-based resources and advice to identify and manage loneliness for themselves and with others, and develop the skills they need to actively build new social connections.

Fund a campaign to raise awareness of young people's loneliness and promote social connection.

Policy solution

Support and scale a public awareness campaign designed to help young people and their supporters identify signs of loneliness in others, and articulate personal experiences of loneliness, while promoting practical strategies for self-care, peer support and help-seeking pathways.

To be relevant and acceptable for a youth audience, young people must be engaged in the development of campaign assets. An example is Ending Loneliness Together's *Moments Matter* campaign which was co-designed with young people aged 16–25 years.

Evidence and rationale

Data shows that although loneliness is widespread, community stigma towards those who experience loneliness is substantial.

Improving public recognition of the signs and symptoms of loneliness will help to ensure young people can access support they need to manage loneliness and build social connection.

This solution targets individual knowledge, behaviours, skills and attitudes

Outcome

Young people and their supporters have healthier conversations about loneliness.



Physical health

Loneliness is associated with a wide range of negative physical health outcomes that impact people during all life stages.(1, 5, 7, 28) For young people, loneliness appears to be linked to poorer sleep quality; higher frequency of somatic symptoms such as headaches or migraines, backaches and stomach aches; increased likelihood of asthma; and increased inflammation, which can result in cardiovascular issues and other diseases later in life.(21, 30, 37). New research indicates signs of vascular dysfunction or damage may be evident in young people who are lonely as early as in their twenties.(38)

Young people who experience loneliness are also more likely to engage in risky behaviours as a way of fitting in with peers, or managing the negative emotions associated with loneliness. These behaviours can also have ongoing physical health consequences and include: smoking, problematic substance use, overeating and reduced physical activity, and unprotected sex.(21, 30)

Social and economic

Loneliness can have profound and ongoing social and economic consequences at both an individual and societal level. In addition to the excess healthcare costs associated with the conditions outlined above, loneliness is linked to poorer education and employment outcomes. This has broader, compounding implications for social and economic prosperity. For example, a young person who experiences loneliness in secondary school is more likely to experience symptoms of poor health that impact their employment capacity. This, in turn, may impact their work performance, affecting their personal earning capacity, as well as wider productivity and economic stability.(1, 5, 28, 35)

People who live with financial hardship are almost seven times more likely to experience persistent loneliness compared with those who do not.(39) Young people experiencing economic disadvantage may then be then at increased risk of persistent loneliness.

Education and employment

Young people experiencing loneliness are less likely to be enrolled in education, employment or training.(30) They also have poorer academic results and lower levels of educational attainment when compared with their peers who do not report loneliness.(30, 37) Evidence suggests young people experiencing loneliness are more likely to have negative perceptions of school and to leave school early.(30) Further, they are less confident about their personal employment potential.(37) Loneliness is associated with higher unemployment rates across the lifespan. Loneliness experienced during adolescence has also been found to be a predictor of later unemployment. (40) This relationship is bidirectional. People who are unemployed report some of the highest levels of loneliness prevalence and intensity.(3, 4, 41)

Social cohesion

Public discussion of loneliness has largely focused on the individual causes and effects of the experience. Although loneliness can affect anyone, prevalence data clearly demonstrates that socially isolated or excluded demographic groups are impacted disproportionately.(5, 30, 32) Beyond individual wellbeing, the negative outcomes of loneliness also contribute to worsening social cohesion through reduced political participation and increased polarisation (32), lower neighbourhood social capital, problematic use of technology and social media, and diminished community safety.(1, 42)

Risk factors and correlates

Every young person manages a personal combination of demographic, health and socio-environmental determinants that may contribute to their susceptibility for experiencing problematic loneliness. The likelihood of problematic loneliness may increase when different determinants converge, or when the person is also managing stressful life events or transitions simultaneously. For example, a young person living with mental ill-health is likely to be at even greater risk of loneliness when they have moved to a new geographic area for university or work.

The impact of different characteristics on different people are highly individualised – what is a factor in one person's experience of loneliness may not be for someone else. This complexity points to the value of investing in prevention and early intervention initiatives to preclude transient or episodic loneliness from becoming problematic or chronic.(13)

Social isolation and social exclusion

Many of the risk factors and correlates linked to loneliness – particularly those relating to demographic or health characteristics – are also linked to social isolation and social exclusion. Young people from vulnerable or marginalised population groups – for example, those experiencing housing challenges, financial hardship, employment or educational issues, or relational difficulties - have been found to have higher rates of loneliness, social isolation, and social exclusion.(2-5, 22, 43) These factors can limit a young person's opportunity and access to their preferred level of social participation. This overlap demonstrates the need to address loneliness through multiple levels of influence using wide-ranging policy levers, as well as more targeted local and individual mechanisms.(2)

Belonging and bullying

Belonging is a protective factor against loneliness. An unfulfilled sense of belonging has been linked to poorer long-term health and mental health outcomes. (32, 44-46) Belonging signals the realisation of a profound human need to be accepted and included. This holds particular significance for young people who value their peer relationships highly. (30, 44, 46, 47) Social interaction with peers is also developmentally important because it is linked to identity-formation and autonomy. (8, 48) Adverse social experiences in childhood and adolescence can

result in lower self-worth and a less clear sense of self.(49) The importance of belonging helps to explain young people's vulnerability both to loneliness and the experience of feeling 'alone in a crowd', despite usually having access to a wide range of social connections within strong social institutions.(44)

Bullying is a common social problem associated with decreased sense of belonging, and increased, marginalisation and loneliness. (30, 47, 50) Tracking data collected in New South Wales in 2024 found more than one in three children and young people had experienced bullying in the past 12 months. Bullying occurred at school, online, in the community and at work. Those young people who experience higher rates of social exclusion or social isolation also report significantly higher rates of bullying victimisation. (43) Bullying has been found to increase a person's ongoing risk of loneliness, even once the victimisation has ceased. (47)

Heightened social sensitivity and the avoidance of social relationships in response to adverse peer relationships or experiences such as bullying or an unfulfilled sense of belonging can impact a young person's ongoing vulnerability for loneliness. (44) Policy interventions targeting young people's loneliness should therefore include a strengths-based approach to foster inclusive cultures, build positive peer relationships and improve social relationship skills, as well as reducing bullying behaviours.(44, 51)

Build inclusive school cultures.		
Policy solution	Evidence and rationale	Outcome
Commission pilot program with schools to collaborate with students to trial and test activities that promote diversity and empathy within school communities and provide evidence-based help-seeking advice to those needing additional social participation support. Outcomes will inform a scalable framework, adaptable to different education environments, to guide school leaders.	Many cohorts of young people who report high rates of loneliness also face social isolation and social exclusion. Developing a framework would support school leaders to establish inclusive school environments and encourage positive peer relationships, reduce marginalisation or bullying, and promote help-seeking. This solution targets institutional organisations, schools, and workplaces.	Young people and school leaders are supported to play an active role in fostering inclusive cultures in their education environments. Departments promote a strengths-based approach to promoting social connection and school belonging.

Digitalisation of social interaction

One socio-environmental factor often linked to young people's loneliness is the rapid acceleration of technology and digitalisation of communication and interaction. While loneliness discourse often focuses on the positive and negative impacts of social media, it is equally important to consider how other digital devices and tools have altered the ways young people interact with their families, friends, peers, colleagues, and communities.

Decreased face-to-face interaction

A general trend towards the digitalisation of communication and social interaction increased rapidly during the COVID-19 pandemic as social distancing measures were central to public health responses. This period saw the normalisation of online work, learning, shopping and package delivery, entertainment, and even healthcare.(52) This has dramatically reduced our need to communicate directly with others in our daily lives.(53) It can also limit the opportunity for the incidental social interactions that would typically come with activities such as ordering food, grocery shopping, or seeing a movie. The ability to casually interact with strangers or acquaintances is important for the formation of new friendships and relationships.(54)

During consultation for this project, members of Orygen's YAC told us that the decline in direct, inperson communication reduced the quality, not only of their social interactions, but of their overall engagement and participation with activities. These young people provided the example of attending online university lectures or work meetings and being unable to quietly ask a question of the person beside them if they missed an instruction or did not understand something. They also advised that many young people, especially those with social anxiety, require a lot of reassurance about interacting with people they do not know, and the digitalisation of communication had further inhibited their ability to establish and practice these skills.

Social media

Research into the relationship between social media and young people's loneliness is continually evolving. Emerging evidence from Australia, the United States of America (USA), and the UK suggests that how young people use social media affects whether it enriches social connection or increases loneliness.(1, 4, 5, 13, 21, 52)

Social media can also foster social connection when it is used to enhance existing relationships or to facilitate new communities of young people with shared interests or identities. These communities can be helpful for those experiencing exclusion or marginalisation in offline spaces.(5, 13) Conversely,

passive use of social media (for example, 'lurking' or 'scrolling'), or using it to avoid face-to-face interaction as a way of counteracting poor social skills or social anxiety, can increase loneliness.(13, 52)

People experiencing loneliness are more likely to engage in the latter, more harmful approach, using it as a distraction from personal problems and exhibiting higher rates of social media addiction. (1, 55) This is compounded by the fact that social media platforms – particularly those popular with young people – have diversified and offer fewer features that support community building or interaction. As a result, young people often spend time on social media viewing videos and images, without engaging with content-makers or other users. (56). Given its pervasive use, social media must be recognised as an integral component of any policy intervention targeting young people's loneliness.

In 2024, Australia passed legislation introducing a minimum age requirement for social media access. The new rules are due to come into effect by December 2025 and will restrict young people under the age of 16 years from accessing particular social media platforms. These changes aim to protect young people's wellbeing by minimising exposure to the negative impacts of social media during important development stages.(59)

It is important to recognise that young people over 16 years still require digital literacy education and practical skills to navigate the challenges associated with social media algorithm design and harmful content, and to use social media in a way that minimises negative impacts on social connection.

Social media age restrictions may lead to further social disconnection if they are implemented without additional support. The Australian Government must prioritise the development of accessible in-person social connection opportunities for marginalised groups of young people who currently depend on online communities for support and belonging.

Artificial Intelligence (AI)

Rapidly developing AI technologies are also likely to impact how young people connect and communicate. Evidence suggests the main use of generative AI is for therapy and companionship with users connecting with chatbots for emotional support, guidance and simulated relationships. (60, 61) At this stage, there is limited research to understand the impacts of these technologies on young people's in-person social relationships and broader wellbeing outcomes. However, there is general acknowledgment of their potential risks in terms of overuse and overreliance, reduction in offline social interactions, and misguidance around relationship boundaries and norms.(61)

Develop guidelines and education initiatives that help young people use social media to build meaningful connections while minimising its potential to increase loneliness.

Policy solution

Develop and implement social media education initiatives or guidelines to equip young people and their supporters with the skills they need to manage time on and use (that is, function) of social media without contributing to increased loneliness and negative outcomes.

To be relevant and acceptable for a youth audience, young people must be engaged in the development and ongoing improvement of these outputs.

Evidence and rationale

Social media provides an opportunity for young people to communicate with people they know and to explore new social connections or communities. However, young people require practical skills to navigate the challenges associated with social media algorithm design and harmful content.

This solution targets individual knowledge, behaviours, skills and attitudes.

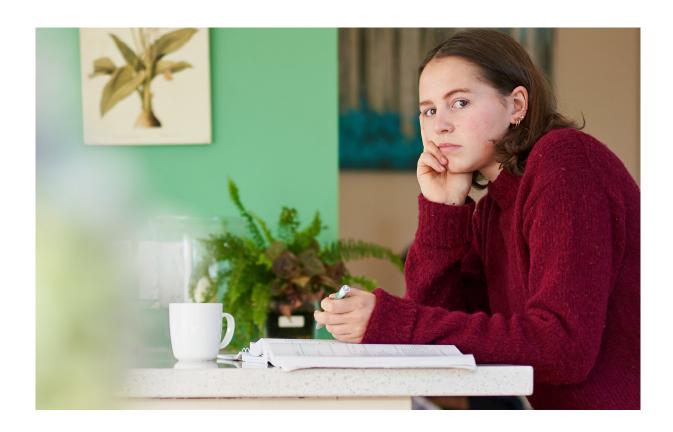
Outcome

Young people and their supporters can access evidence-based resources and advice to manage time spent on social media in a way that promotes social connection and reduces loneliness.

Normative life trajectories and unmet expectations

The Loneliness Connects Us research project, conducted in the UK, identified societal pressure to conform to normative life trajectories as a key factor contributing to youth loneliness. This coproduced study, which involved over 200 young people, highlighted that expectations surrounding

educational achievement, careers, and relationships create significant stress. Societal and cultural pressures for young people to excel—whether in school, higher education, their careers, or personal relationships—often lead to a fear of disappointing both themselves and those invested in their success. Moreover, deviating from these expected paths can intensify feelings of isolation and loneliness.(57)





A solution in social connection

Modern economic, cultural and technological developments have promoted individualised lifestyles and reduced the need for face-to-face interaction. The rise in single-person households, blurred boundaries between work time and personal time, and rapid digitalisation have had a marked impact on young people's opportunities for social connection.(52) The resultant changes to the role of traditional social structures mean targeted policy interventions will be crucial to fostering new avenues for social connection and community building.

Expand community-based social connection opportunities.

Social connection is a strong protective factor for mental health and wellbeing and is seen as the antithesis of loneliness. It helps to build an individual's sense of belonging, "interpersonal trust", and optimism for the future – all of which contribute to wider community resilience.(58-62) Governments should work with young people to establish activities, initiatives and spaces that support social connection within their local communities.

Policy solution	Evidence and rationale	Outcome
Increase funding for free or low-cost community-based activities, initiatives and spaces that aim to strengthen social connection between young people and their local communities.	Social connection is a protective factor for mental health, belonging, trust and optimism, reducing loneliness and enhancing community resilience. Community programs offer young	Young people are supported to build social connections and develop a sense of belonging in their community.
Trial creative initiatives to engage young people in local extra-	people opportunities to build social connections outside formal systems.	
curricular activities that foster social connection (for example, discounted group activities). Involve local young people in	This solution targets communities – cities, neighbourhoods, resources and norms.	

the selection and evaluation of initiatives to inform the scaling-up

of successful programs.

Research gaps

While research into prevalence and potential outcomes of loneliness across the lifespan is well established, gaps remain in understanding who is most vulnerable. Further qualitative investigation is needed to understand the experience and long-term impacts of loneliness.(8, 21, 37)

Research on episodic or transient loneliness is limited. Qualitative studies on the causes and effects of young people's loneliness will be central to recognising loneliness, and ensuring young people can access the skills, strategies and support they need to prevent transient loneliness from becoming chronic.(8, 21, 63)

Further research is needed to explore how social isolation interacts with factors associated with social exclusion – for example, LGBTQIA+ identities, unstable housing, or disability – and if this contributes to varying rates of loneliness across different cohorts. It is also important to examine

whether these experiences differ qualitatively to better understand how these intersecting factors shape feelings of loneliness. For example, there is a high prevalence of social anxiety in emerging adults compared to adolescents. The difference between the two age groups seems to be driven largely by young adult women who report significantly higher rates of loneliness despite there being no gender difference in social isolation risk. Similar patterns have been observed in the UK and the USA, but Australia lacks the data required to produce reliable international comparisons.(4-6, 64)

Exploring demographic cohorts with high social isolation or exclusion that do not have higher loneliness rates may inform useful prevention strategies. This research could help identify protective factors and inform targeted interventions to reduce loneliness and improve social connections across diverse populations.



Improve measurement and understanding of young people's experiences of loneliness. **Policy solution Evidence and rationale** Outcome Commission a research project Young people's loneliness is Researchers and to develop a consumer-relevant currently measured using tools statisticians have access psychometric measurement tool developed for adult respondents. to a psychometrically specific to Australian children and A psychometrically validated tool validated tool specific for this cohort is required because young people that can be utilised to Australian young people in future longitudinal research. Australian young people may and can implement this understand, conceptualise and within all youth and experience loneliness differently mental health services. to adults. Government has greater Commission a qualitative research Qualitative research into young project to understand young people's experiences of loneliness understanding of the people's experience of loneliness and social connection is limited. causes and effects of to understand its causes, effects, Diverse population groups must be young people's loneliness and impact on their wellbeing. represented to identify those most and the best ways to impacted and to discover specific, prevent or intervene in safe and appropriate strategies these experiences. This for improving social connection knowledge informs among various cohorts. policy responses. Commission a research project to Existing research shows that Government has a greater develop a clearer picture of how different social exclusion factors understanding of which intersecting social determinants or domains increase a young population groups are impact young people's loneliness person's vulnerability for loneliness. most vulnerable to outcomes in Australia, as Further investigation is required to loneliness and how well as the help-seeking and understand if and how these factors to best support them. support preferences of different interact to compound this issue, population groups. and if different population groups prefer particular responses or support options. Include research findings in the development and implementation

Include young participants in the Social Connection in Australia study.		
Policy solution	Evidence and rationale	Outcome
Commission the expansion of the Social Connection in Australia study to include young participants. Lower the participant minimum age to 16 years to capture early onset of experiences of loneliness.	Existing data identifies who may experience loneliness and when. Further exploration is needed to understand how transient loneliness impacts long-term outcomes and predicts chronic loneliness. Longitudinal research should track loneliness across the lifespan, comparing results with the National Study of Mental Health and Wellbeing.	Government has a clearer understanding of the health and mental health effects of transient and chronic loneliness over the lifespan. Data informs service funding decisions and new public health initiatives.

of the proposed national social connection strategy and supporting policy solutions.

Social prescribing

A variety of social prescribing initiatives have been implemented in many jurisdictions, including Australia, as a means of managing loneliness. This model of care involves connecting people to local community groups or activities and is usually delivered through primary care professionals. (65) Current evidence is insufficient to assess its efficacy in alleviating loneliness, particularly for social prescribing initiatives targeting young people. Whether social prescribing is the best way to help young people experiencing loneliness remains unanswered.(20, 66, 67)

More generally, social prescribing programs have tended to measure physical health outcomes such as hospitalisation rates and severity of chronic disease symptoms. Despite being characterised as loneliness-reduction initiatives, social prescribing programs often do not measure loneliness outcomes. This is not to say social prescribing cannot play a role in the management of loneliness, rather there is a need for research and evaluation to determine its value for supporting social connection specifically. A detailed trial of a variety of social prescribing approaches for young people across Australia, including dedicated research into design, implementation and evaluation (which includes measuring loneliness), would be a valuable next step.



Commission a social prescribing trial for young people experiencing loneliness or social isolation.

Policy solution

Trial and test social prescribing models for young people.

Delivered through communitybased youth mental health services and with referrals from GP clinics, the trial should include co-designed psychosocial group programs.

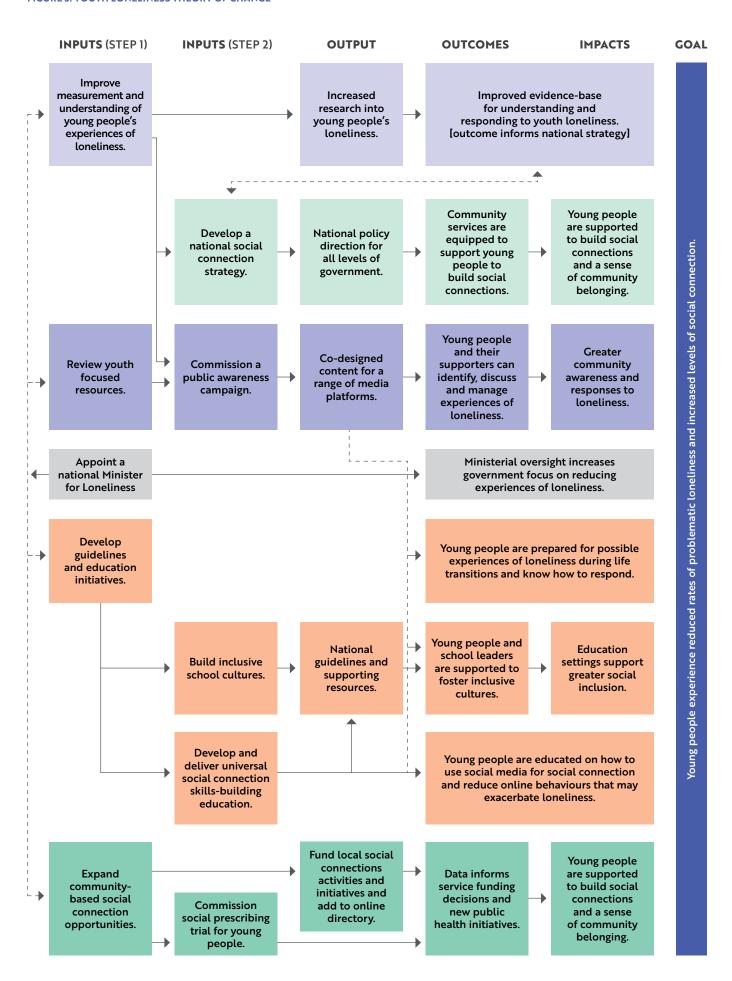
Evidence and rationale

Social prescribing is an increasingly popular tool for health professionals to address the unmet social needs of individuals that can contribute to poor health outcomes. However, the current evidence base for these approaches is weak, particularly when they are targeted at young people. Detailed research and evaluation of this model of care is urgently required to prove its efficacy.

Outcome

Government has a clearer understanding of the efficacy of social prescribing models of care for the management of young people's loneliness.

Data informs service funding decisions and new public health initiatives.



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