Loneliness by Numbers:
A South Australian Snapshot

UNITING
COMMUNITIES

57%
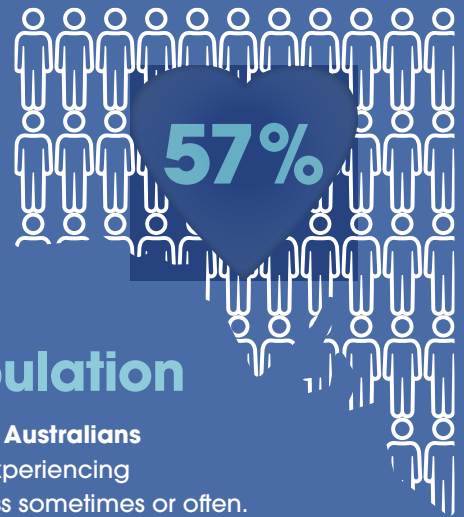
SA population

of South Australians report experiencing loneliness sometimes or often.

Loneliness

Young adults (aged 18-24) and **older adults (aged 55-59)** report experiencing the **highest rates of loneliness 'often.'**

32%

of people (aged 55-59) report experiencing loneliness 'often' which is nearly a 40% increase since the last survey.

91%

of people (aged 18-24) report experiencing loneliness sometimes or often including a significant increase in the number of young people reporting feeling lonely 'often' since the last survey (from 11% to 30%).
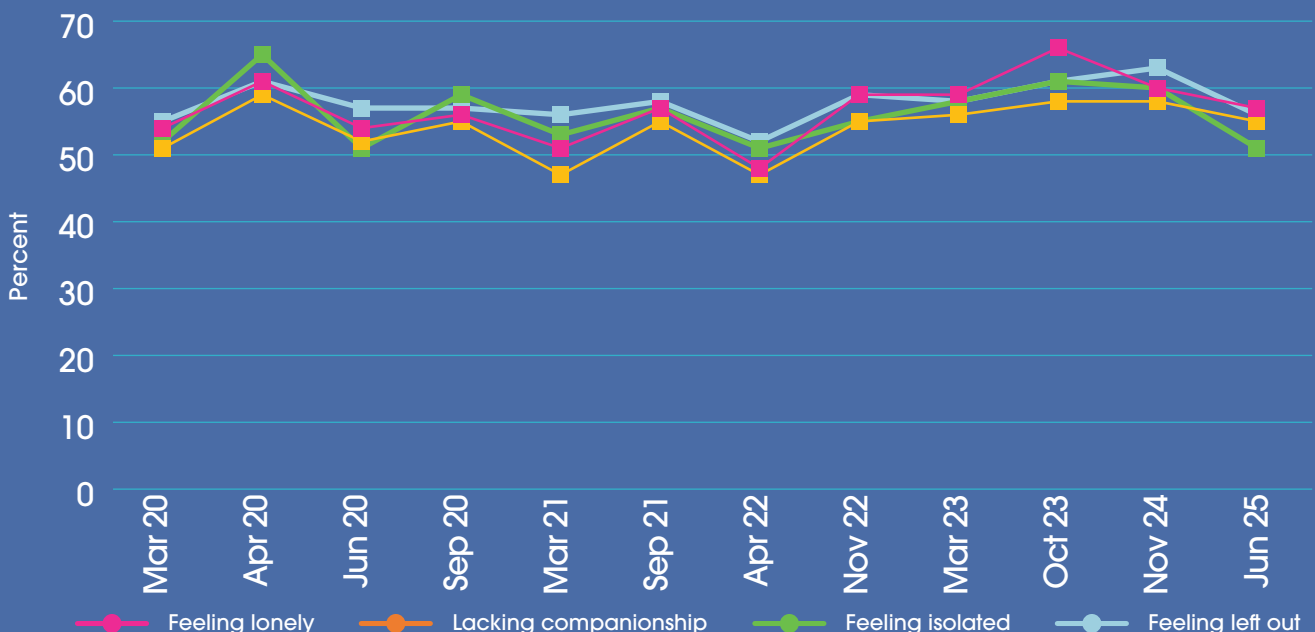
Metro vs Regional

Although more people overall report experiencing loneliness in metropolitan (59%) areas compared to regional areas (54%) there is an increase in the number of people feeling lonely 'often' in regional areas since the last survey.
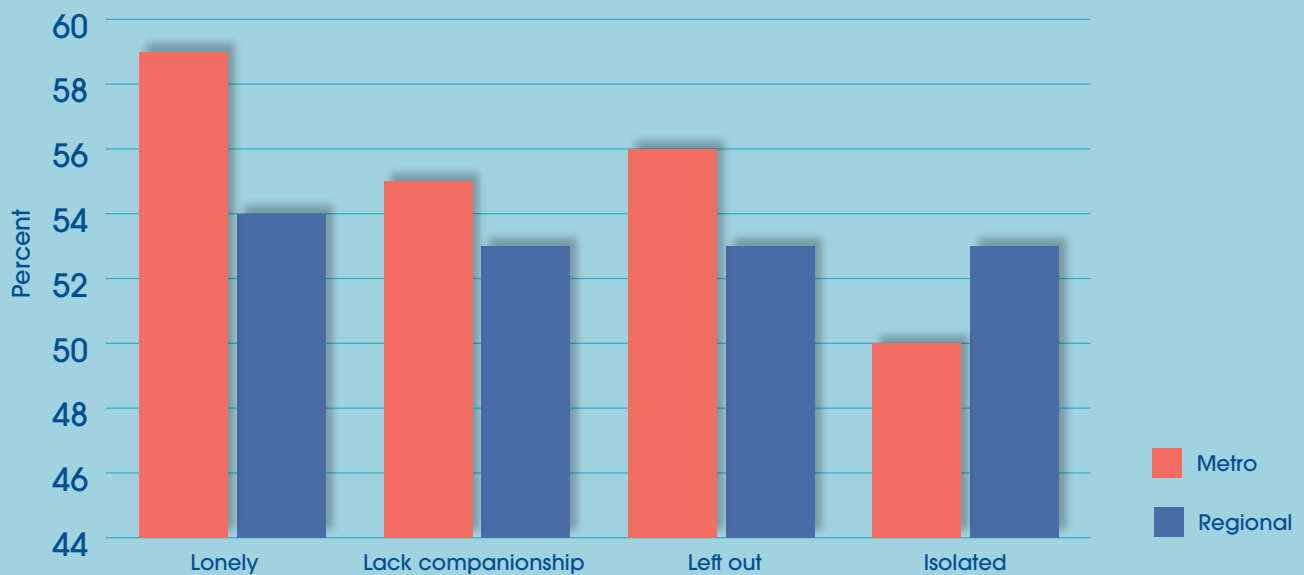
Income:

Amongst a cost-of-living crisis it is not surprising that people on lower incomes continue to experience higher rates of feeling lonely 'often.' 19 per cent of people with an income less than $40,000 'often' feel lonely compared to 6% of people with an income above $80,000.

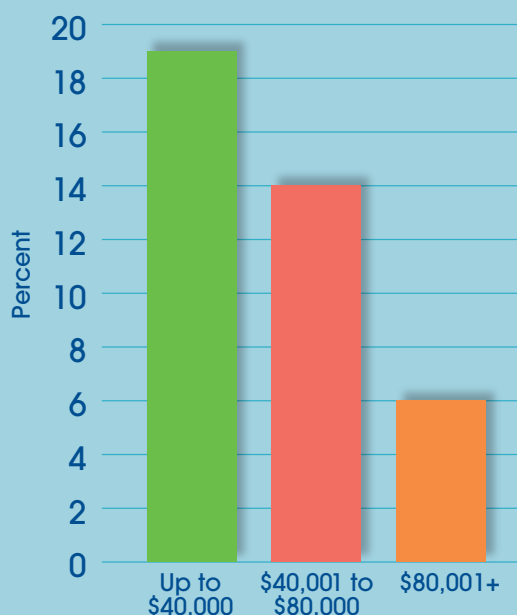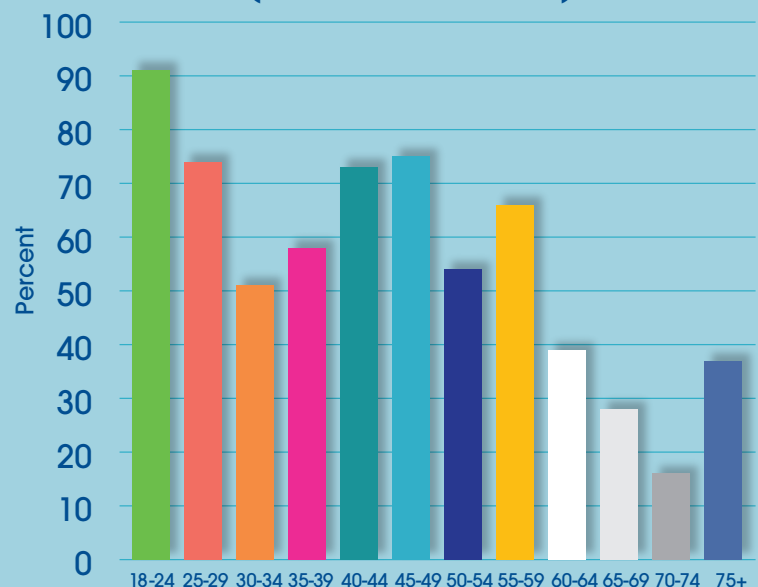## SA population reports (sometimes + often)

Percent

Mar 20 | Apr 20 | Jun 20 | Sep 20 | Mar 21 | Sep 21 | Apr 22 | Nov 22 | Mar 23 | Oct 23 | Nov 24 | Jun 25

— Feeling lonely   — Lacking companionship   — Feeling isolated   — Feeling left out

Metro vs Regional often + sometimes

Chart showing Percent (y-axis, 44–60) by category for Metro and Regional:

Category	Metro	Regional
Lonely	59	54
Lack companionship	55	53
Left out	56	53
Isolated	50	53

Legend: Metro, Regional

Lonely 'often' by income

Chart showing Percent (y-axis, 0–20):

Income	Percent
Up to $40,000	19
$40,001 to $80,000	14
$80,001+	6

Reports of loneliness by age (sometimes + often)

Chart showing Percent (y-axis, 0–100) by age group:

Age	Percent
18-24	91
25-29	74
30-34	51
35-39	58
40-44	73
45-49	75
50-54	54
55-59	66
60-64	39
65-69	28
70-74	16
75+	37

What is loneliness?

There is no one universal experience of loneliness and, consequently, there is not one universal definition of loneliness. For the purposes of this report, we refer to **Ending Loneliness Together's** definition of Loneliness:

Loneliness is a distressing feeling we get when we feel disconnected from other people, and desire more (or more satisfying) social relationships.

Experiencing loneliness often relies on the meaningfulness or quality of interactions, rather than just the quantity of interactions, connections or friendships. Chronic loneliness is defined as a long-term and regular experience of loneliness as opposed to episodic loneliness, which can be the temporary, occasional feeling of loneliness. While feeling episodic loneliness is natural, it can become problematic when experienced consistently for a longer period.

Research shows that chronic loneliness can lead to significant physical and mental health consequences. **Studies** have compared chronic loneliness to smoking 15 cigarettes a day and can have the same health impacts as obesity. Chronic loneliness can lead to an **increased risk** of coronary heart disease, stroke, depression, cognitive decline and increased risk of Alzheimer's disease.
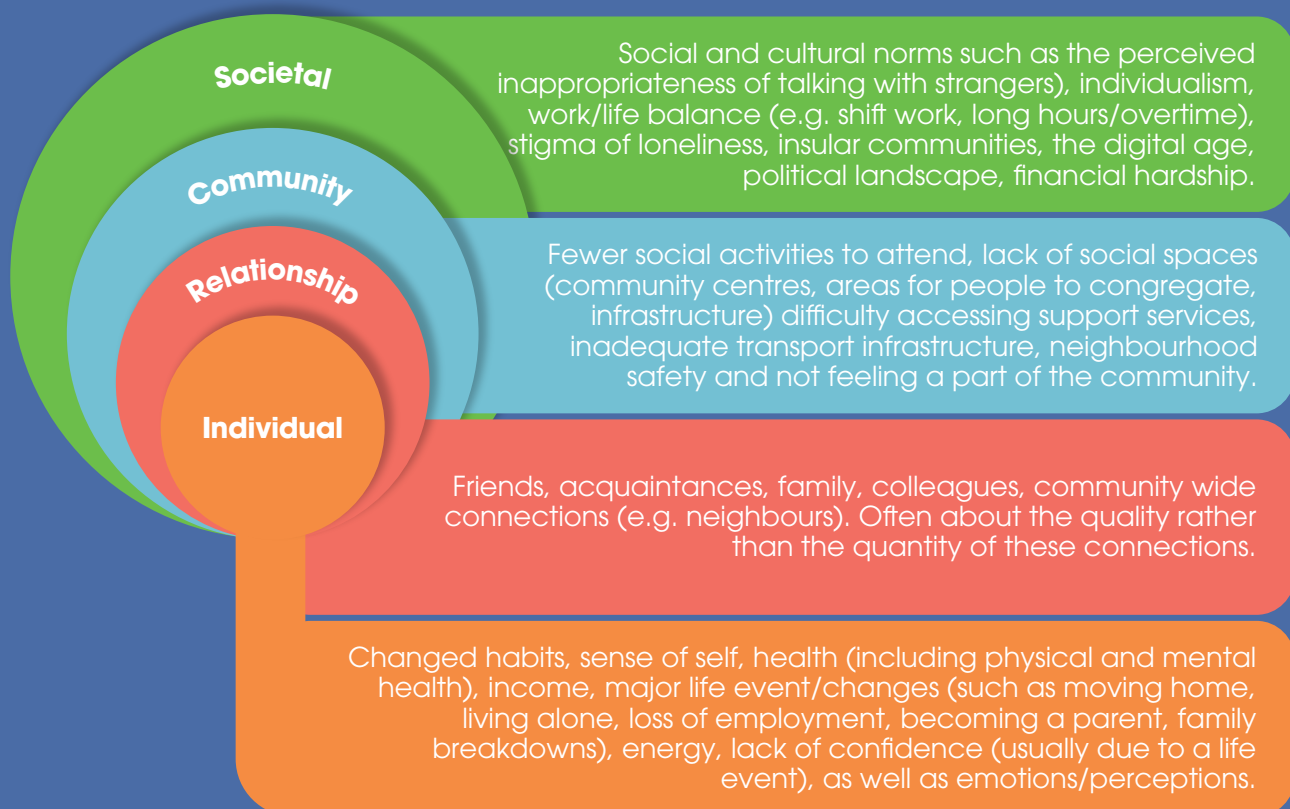
Why are people lonely?

Evidence currently indicates that the causes of loneliness are complex and usually not a result of one signal factor or event but often the **combination** of personal as well as community and country-wide factors. The common misconception is that loneliness is a result of a personal deficit or failure on the part of the individual when in fact it is often a result of factors outside our control.

Research has categorised the causes (including the risks and protective factors) for loneliness as: societal, community, relationship and individual.

Some factors are either directly or indirectly associated with an increased risk of loneliness. Certain types of characteristics act as protective factors, they are not directly linked with loneliness. For example, according to the recent **WHO report**, individuals with higher education may be better protected from loneliness because of opportunities for more socioeconomic resources, contributing to less chronic stress in everyday life, larger social networks and better overall quality of relationships. While a person's socioeconomic status such as their income, can affect an individual's ability to participate in social activities (including less time or opportunity to make connections). In comparison, some factors are more directly associated with loneliness such as mental health issues, which is both a precursor and a result of loneliness.

Alarmingly, childhood loneliness and social isolation are **predictive of future** social isolation and loneliness. Given this, coupled with the high rate of loneliness amongst young adults found in our data, children and youth presents an early intervention and prevention opportunity for reducing loneliness.

Sociecological model for understanding risk and protective factors for social isolation and loneliness

Societal

Community

Relationship

Individual

Social and cultural norms such as the perceived inappropriateness of talking with strangers), individualism, work/life balance (e.g. shift work, long hours/overtime), stigma of loneliness, insular communities, the digital age, political landscape, financial hardship.

Fewer social activities to attend, lack of social spaces (community centres, areas for people to congregate, infrastructure) difficulty accessing support services, inadequate transport infrastructure, neighbourhood safety and not feeling a part of the community.

Friends, acquaintances, family, colleagues, community wide connections (e.g. neighbours). Often about the quality rather than the quantity of these connections.

Changed habits, sense of self, health (including physical and mental health), income, major life event/changes (such as moving home, living alone, loss of employment, becoming a parent, family breakdowns), energy, lack of confidence (usually due to a life event), as well as emotions/perceptions.

Stigma:

Research suggests that loneliness tends to carry more stigma in **cultures** that value togetherness, because it goes against social expectations. Stigma can lead to shame, making it difficult for people to acknowledge feelings of loneliness, worsening the negative consequences. As a result, this stigma may change how loneliness is reported, as it hinders people's ability to self-identify and share their experiences, suggesting that actual rates of chronic loneliness could be significantly underestimated. Low awareness of loneliness and social health may also be contributing to underreporting. When loneliness doesn't match the stereotype of isolation, it can go unrecognised even by those experiencing it.

Challenging the stigma surrounding loneliness is a widely adopted policy approach across the globe to help reduce its prevalence. Phil McAuliffe, the self-proclaimed "loneliness de-stigmatiser," likens loneliness to hunger or thirst—a biological urge that pushes us toward connection, just as vital to our wellbeing. If the broader community had a similar understanding of loneliness, this would reduce the stigma.

What can we do:

Tackling this issue requires a whole-of-community approach.

1. Create a culture that actively seeks connection. We can all play a part in reducing loneliness by actively connecting with others, whether it's talking with a neighbour or reaching out to a friend or family member we haven't spoken to in a while.

2. Improve education on the importance of **social health**. Having strong friendships contributes positively to our physical and mental well-being. It is important to focus on the quality over the quantity of relationships.

3. Spread awareness of loneliness. We need to encourage people to have meaningful conversations about loneliness to reduce the stigma associated with it. When so many of us experience loneliness it's time to drop the stigma. As well as spreading awareness in your day-to-day life, we encourage people to get involved in **National Loneliness Awareness Week**.

4. Support communities to identify place-based activities and services that will assist people to build and maintain social connections (including for young people). It is imperative that once these initiatives have been identified that they are continuously and appropriately resourced. A positive example is the **Spark: Igniting Human Connection Project** that involved a co-design process with an Adelaide Hills community.

5. Improve access to public transport. Public transport can be infrequent, inaccessible, expensive or non-existent in many areas across South Australia. People that do not have access to a car are forced to rely on public transport infrastructure. This adds an additional barrier to attending placed-based activities and visiting people in community, particularly in rural, regional and remote areas.

6. Improve infrastructure by having the places and spaces for people to connect. Good community infrastructure can support community connection by providing a variety of spaces for people to come together. Including open spaces like parks as well as leisure and other facilities is essential. Local community activities and social groups rely on infrastructure to ensure their programs successfully address loneliness.

7. Consider loneliness and social connection during urban planning. Particularly whether developments and communities are being designed to encourage or discourage connection and inclusion that creates a sense of community. Communities are increasingly segregated particularly as new developments push more people further away from the city, and subsequently, further from services, support and opportunities for social connection.

8. Strengthen research into both solutions and risk factors related to loneliness, including preventive strategies. As the **World Health Organization** notes, *"interventions will only be as good as our understanding of the risk and protective factors they target."* A clearer grasp of what drives social connection, isolation, and loneliness is critical to designing effective responses.

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