



COTA VICTORIA WORKING PAPER NO. 1

**SOCIAL ISOLATION:
Its impact on the mental
health and wellbeing
of older Victorians**

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February 2014



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Published by

COTA Victoria
Level 4 Block Arcade
98 Elizabeth St
Melbourne 3000
1300 135 090

ISBN 13: 978-1-925156-00-3

ISSN 2203 - 4633 (Print)

ISSN 2203 - 4641 (Online)

*COTA Victoria is supported by financial assistance
from the Commonwealth and Victorian Governments.*

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COTA Victoria is the primary organisation representing the interests of older Victorians. Our vision is to see a just, equitable, inclusive and humane society in which older people live well, with dignity and purpose. From its inception in 1951 as the Old People's Welfare Council of Victoria, COTA has sought to ensure older people are able to optimise their opportunities for health, security and participation as valued members of their community.

This series of working papers is designed to bring the policy focus of COTA Vic's work to as wide an audience as possible and to promote discussion among older people, policy makers, academics and those interested in the wellbeing of older people on issues of importance.

The working papers are formulated by Policy Council with the following criteria in mind: to share knowledge and increase understanding of the issues being debated by Policy Council; to encourage broader engagement in COTA Vic's policy development processes from preliminary thinking to setting policy directions; and to present this work in a form that is scholarly, well written and which has a clear sense of purpose.

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FOREWORD

COTA Victoria began this work with the question: do current Government policies create greater risks of social isolation and mental health issues for older people?

For more than sixty years COTA Victoria has developed programs and advocated for policies to prevent and address social isolation among older people. As the primary organisation representing the interests of older Victorians, we are acutely aware of the importance of social connections for wellbeing in later life. Older people tell us they value, and want to maintain, their participation in family, community and social spheres. Research confirms that being socially isolated can negatively affect mental as well as physical health. In particular, chronic loneliness can adversely affect mental wellbeing.

This Working Paper summarises COTA's understanding of how being socially isolated can affect mental health. It identifies implications for policy and practice in relation to older people. The discussion is particularly timely in a policy context which may, inadvertently, increase the risk of social isolation for some older people.

Maintaining opportunities for social participation should be a key factor for policy development affecting older people. The experience of social isolation requires a multi-faceted, holistic policy response. A broad societal response would aim to prevent social isolation among older people through the development of age-friendly communities which enable them to participate fully. COTA Victoria looks forward to continuing to work with older people themselves as well as with government, business and civil society to realise this vision, in particular through the implementation of COTA Age Friendly Victoria.

We hope this paper will stimulate debate and that together we can all work to build an age-friendly community where older people are able to participate fully and to maintain valued social relationships.

Sue Hendy

CEO

1. SETTING THE SCENE

1.1 COTA's interest in social isolation and mental health among older people

For more than sixty years, COTA Victoria has worked to protect and uphold the human rights of all older people, especially those who are disadvantaged and are socially excluded across a range of dimensions.

As the primary organisation representing the interests of older Victorians, we are acutely aware of the importance of social connections for wellbeing in later life. Older people tell us that they value and want to maintain their participation in family, community and social spheres.

COTA Victoria has addressed this by developing programs and advocating for policies to prevent and address social isolation among older people. For example, in partnership with the Municipal Association of Victoria (MAV), COTA Victoria supported the development of positive ageing strategies in local government areas between 2005 and 2009. Many strategies and projects focused on expanding opportunities for community connections with the aim of reducing social isolation. Today, COTA Age Friendly Victoria is partnering with older people to develop age friendly communities where older people live safely, enjoy good health and stay involved. As part of the World Health Organisation's Global Age Friendly Cities and Communities initiative, COTA Victoria takes a health promotion approach to support the mental health of older people. We view mental health as the embodiment of social, emotional and spiritual wellbeing.

With this history of investment in strategies and interventions to promote older people's social participation and health, we initiated this Working Paper to enhance our understanding of how older people's experience of social isolation affects their mental health. Crucially, we wished to explore whether current government policies, both at Federal and State level, create greater risk of social isolation and mental health issues for older people. We believe that the connection between social isolation and mental health needs to be considered much more fully in policy development than has been the case.

COTA Victoria's concern about social isolation among older people is shared by COTA Australia and the other state and territory COTA organisations. For example:

- *COTA Australia* is a member of the national Benetas taskforce focusing on strategies to address social isolation. The state and territory COTA organisations are providing evidence for the taskforce on effective strategies and programs.
- *COTA NSW* conducts regular surveys of older people. These have highlighted the importance of transport for the ability to maintain social connections. Other consultations have revealed increasing levels of isolation amongst older people living in public housing. Consultations in regional and rural areas have found that older men moving from farms into regional towns are also at risk of depression and isolation.
- *COTA Queensland* is involved in research being conducted by Adelaide University into the effectiveness of interventions to reduce social isolation. 900 older Australians will be surveyed over three years, and focus groups will be held with policy makers and service providers. The research will consider the evidence that the most effective programs have an educational component, are targeted at specific groups, and involve people from the same neighbourhood. It will also examine the impacts of gender, location, housing options, age, the presence of a disability, and socio-economic status on what programs work best.
- *COTA Tasmania* is developing initiatives which will support older Tasmanians who are socially isolated or are at risk of social isolation.¹
- *COTA WA* commissioned Murdoch University in 2009 to develop a scoping paper on social isolation, in order to inform the development of policy responses. The report recommended focusing on policies which support positive relationships and ensure adequate transport.

COTA Victoria recognises that older people are a highly diverse group. Such diversity is expressed through variables around age and disability as well as:

- Older people from culturally and linguistically diverse communities, including communities which have recently arrived in Australia, have specific needs and experiences.
- Older Australians from Aboriginal and Torres Strait Islander backgrounds are likely to experience multiple disadvantages as a result of lifelong discrimination.
- Gender and sexual orientation are powerful factors in shaping experience.
- Location is another important variable. Older people living in rural, regional and urban areas have quite different experiences.
- Socioeconomic factors have a profound impact on the resources and capabilities which people accumulate, influencing their experiences of later life.

The terms 'older people' and 'later life' are used in this paper with this diversity in mind.

1.2 The policy context

Changes in how ageing is conceptualised and framed in policy give grounds for hope that social isolation and its relationship with mental health will become more visible and influential in the policy agenda. At a broad scale, the World Health Organisation defines 'active ageing' as the 'process of optimising opportunities for health, participation and security in order to enhance quality of life for people as they age'.² Participation should be a focus of policy effort within jurisdictions.

This strengths-based approach to ageing represents a shift from a medical model of ageing, which largely viewed older people in terms of dependency and care, to a rights-based approach founded on optimising the possibilities of later life. Although much remains to be done to realise a rights-based approach in policy and programs affecting older people, this discourse is beginning to reshape older people's expectations and to influence policy in Australia.³

For example, the report of the *Victorian Parliamentary Inquiry into Opportunities for Participation of Victorian Seniors* released in 2012 makes explicit reference to the World Health Organisation's call for a new paradigm which views older people as active participants and contributors in an age integrated society.⁴

The report makes a series of recommendations to enable older people's social, economic and community participation.⁵

Social isolation is also increasingly recognised as a key dimension of older people's experience of social exclusion.⁶ The policy focus on social inclusion has been influential in recent years in the UK and in Australia, and situates the issues of isolation and loneliness in a broader context. This provides a framework for guiding social interventions which recognises the connections between isolation and the experience of exclusion across multiple domains.⁷

This exploration of the links between social isolation and mental health is particularly timely in a policy context which may increase the risk of social isolation for some groups of older people. For example, policy reform to support older people to live at home for as long as possible may have unintended consequences, leading to higher levels of social isolation and associated mental health issues. The risks contained within specific current policies are discussed in Section 4 on *Implications for Policy and Programs*.

1.3 Overview of this paper

This Working Paper summarises key concepts and research, highlighting areas for consideration in policies and programs affecting older people. The paper describes:

- What is known about social isolation, and estimates of its prevalence among older Victorians.
- Risk factors and pathways into social isolation in later life.
- The relationships between social isolation and mental health.
- Evidence on effective strategies and interventions to address social isolation.
- Impacts of current policies and programs on older people living in Victoria who are at risk of or experiencing social isolation and mental health issues.

Although the link between social isolation and mental health can work in both directions, this paper focuses primarily on how social isolation can be detrimental for mental health.

2. SOCIAL ISOLATION

2.1 What is social isolation?

The latest Census figures show that more than one in three women and one in five men over the age of 65 in Australia live alone. People often think that living alone means to be alone and / or to experience loneliness.⁸ However, living alone appears to be a very limited predictor of risk of social isolation. For example, a large longitudinal study of women aged 60-72 in the U.S. found that although living independently did predict greater risk of needing to move into residential care it was not related to social isolation.⁹ Living alone is not in itself a target for social intervention or change.

Social isolation is sometimes confused with loneliness. Yet spending a great deal of time alone can be a matter of personal choice, one that for some people does not give rise to feelings of loneliness.

When social isolation and loneliness began to be investigated in the 1970s, the concepts of social isolation, loneliness, living alone, being alone and solitude were often used interchangeably.¹⁰ There has been some effort of late in the literature to differentiate between these related but distinct concepts.¹¹

Careful definition of these concepts is particularly important for this discussion because it is the subjective, felt experience of loneliness and the perception of a lack of social support which appear to impact most strongly on mental wellbeing.

To better understand the concept of social isolation, this section looks at different ways of defining social isolation, firstly in terms of the extent of social networks, and secondly in terms of the subjective experience of loneliness.

Social isolation and social networks

Social isolation can be defined as the absence of relationships with family or friends on an individual level, and with society on a broader level.¹² Objective measures of social isolation consider the extent, range and depth of a person's social networks.

A 'social network' is the structure of linkages or relationships among a particular group of people. These social networks can influence individual behaviour and attitudes. The relationships and flow of resources within networks shape members' access to opportunities as well as providing constraints on their behaviours.¹³

An important resource provided by social relationships and networks is social support, including ongoing support and support in a crisis. The concept of 'perceived levels of social support' refers to the extent to which people feel they are able to rely on their social network for support in a range of ways and situations. Surveys such as the ABS General Social Survey collect data on people's perception of the social support available to them through their relationships with others.

Effective social networks are flexible, creating opportunities for give and take between members.¹⁴ Five types of networks have been distinguished:¹⁵

- locally integrated support networks - large groupings including relationships with family, neighbours and friends;
- wider community-focussed networks - primarily friendship-centred;
- local family dependent support networks;
- local self-contained support networks - small and mostly neighbourhood-based;
- private restricted networks - characterised by an absence of local family and only minimal ties with neighbours.

Older people whose networks are self-contained or private restricted may be at higher risk of social isolation.

Social isolation and loneliness

In everyday usage, people tend to describe social isolation in terms of loneliness. Research commissioned by COTA WA found that most defined social isolation as the subjective, highly individual experience of feeling lonely, making a distinction between alone-ness and loneliness.¹⁶

The interaction between social isolation and loneliness is complex, however. One person with few social connections may not feel lonely, while another with a larger number of social relationships may feel lonely.¹⁷

So what is loneliness? Loneliness is 'the subjective, unwelcome feeling of lack or loss of companionship.'¹⁸ The experience of loneliness involves an individual's perception and interpretation of their social relationships, and their sense of a discrepancy between what they have and what they desire. This individual, subjective experience varies in intensity and duration.

Some definitions distinguish between loneliness due to 'social isolation' and loneliness due to 'emotional isolation.'¹⁹ Here, loneliness due to social isolation concerns a person's lack of social integration in social networks, while loneliness due to emotional isolation refers to the absence of a reliable attachment figure such as a partner. A leading researcher in this area has observed that the impact of loneliness depends not on the quantity of social interactions but the extent to which these satisfy a person's subjective need for social connection.²⁰

Given the subjective nature of loneliness it is not surprising that feelings of loneliness may be related to social and cultural expectations. A European survey found that older Greeks reported the highest levels of loneliness despite the fact that they had high levels of daily contact with family and friends, and only a small minority lived alone.²¹ This further underscores the need

to distinguish between objective measures of social isolation and the subjective experience of loneliness.

Whether the subjective experience of loneliness has its origins in lack of integration in social networks or lack of a close relationship, it has harmful effects on health.²² Furthermore, loneliness which is persistent or chronic is of far greater concern than transient feelings of loneliness.²³ Chronic loneliness can create a persistent, self-reinforcing loop of negative thoughts, sensations and behaviours. It is persistent loneliness rather than situational or passing loneliness which impacts on mental wellbeing. The detrimental effects of loneliness on mental wellbeing are explored in *Section 3*.

From the perspective of public policy or intervention, older people who are isolated and lonely, or lonely while not isolated, are subjects for concern.²⁴ Before moving into the discussion of current policy settings in *Section 4*, however, it is important to consider how many older people are socially isolated in Victoria; who is at risk of social isolation; and the pathways into and out of social isolation in later life. This helps to deepen our understanding of the experience of social isolation and to suggest the nature, scope and focus of interventions which may prevent and address it.

2.2 How many older people are socially isolated in Victoria?

There is a lack of data on the extent of social isolation, in part because the stigma associated with admitting loneliness makes it more difficult to measure.²⁵

Research studies of social isolation

In a comprehensive literature review prepared for the Queensland Government, only one Australia-wide study of loneliness was identified, and it focused on young adults.²⁶ A further study, in Queensland, found that 35.7% of respondents reported being lonely, however it provided no breakdown by age.²⁷

A small number of Australian studies have focused on older people. A survey of 353 people over 65 living in Perth found that 7% reported severe loneliness, with higher levels of loneliness reported by single participants, those who lived alone, and those with poor self-reported health.²⁸ A national study of veterans, most of whom were over 70, found that 10% were socially isolated, and another 12% were at risk of social isolation.²⁹

In the UK, a longitudinal study of 999 people over the age of 65 found that 9% of older people reported severe loneliness, 30% reported that they were sometimes lonely, and 61% reported that they were never lonely.³⁰ These prevalence rates were similar when participants were followed up eight years after the first survey.

This result is consistent with the findings of studies of social isolation amongst older people which have been conducted in the UK over the past 60 years, which have consistently shown that 7-8% of older people are socially isolated at any given time.³¹ There is no evidence that the prevalence of social isolation among older people has increased over the past 60 years.

In Victoria, a report prepared for the Myer Foundation contains projected prevalence rates for social isolation amongst older people in the state, taking into account population projections and based on the assumption that 7-8% of older people are socially isolated. If these assumptions are correct, in 2010 54,000 older people living in Victoria were socially isolated, and this figure will rise to 74,860 in 2020, 95,590 in 2030, and 115,460 in 2040.³²

In other words, the number of socially isolated older people in Victoria is predicted to double within the next few decades. However, these projections do not consider the possible impacts of demographic changes within the population of older people. For example, an increasing proportion of older people in Victoria will be from culturally and linguistically diverse (CALD) backgrounds. Their experience of social isolation often differs from that of other population groups, and may require different policy responses. Furthermore, as the proportion of older people from a CALD background increases, the rate of social isolation may also increase beyond these projections.

Population survey data

The ABS *General Social Survey* is a sample survey of people over the age of 18 living in private dwellings conducted every four years. It excludes people living in residential care. The survey gathers data about participation in informal social activities (by type of activity) in the past three months, and in a social or support group in the twelve months prior to interview. These items are indicators of social isolation.

In the 2010 *General Social Survey*, the proportion of respondents who had actively participated in a social or support group in the previous twelve months declined with age. While the rate of participation in social groups was between 60% and 65% for all age groups up to and including 65-74 years, this declined to 56% for those aged 75-84 and 47% of those aged 85 years and over.³³

Respondents are also asked whether they have had contact in the previous week with family and friends living outside the household (subdivided into any form of contact and face-to-face contact).³⁴ In the 2010 *General Social Survey*, 79% of people aged 18 years and over reported having weekly face-to-face contact with family and friends with whom they did not live, and there was little difference between age groups on this measure. People under 35 or over 85 years of age were more likely than other age groups to have daily face-to-face contact with family and friends with whom they did not live.

In 2010, overall levels of social attachment, as measured by weekly contact (in all its forms) with family and friends, or the ability to ask for small favours such as collecting mail, or the ability to ask for support in a crisis, were similar to the levels reported in 2002 and 2006. Of all people over the age of 18 years, 94% reported that in a time of crisis they could get support from outside their household.³⁵ This proportion declined slightly but not significantly with age. Household income was a more significant factor than age, with nearly all people in the highest income quintile (97%) having someone to turn

to, compared with 89% of those in the lowest income quintile.

However, the 2010 *General Social Survey* found that the proportion of people who had three or more friends living outside their household in whom they could confide decreased significantly with age. The proportion of people with three or more family members living outside their household in whom they could confide did not vary particularly with age.³⁶

The ABS *National Survey of Mental Health and Wellbeing* sample survey of people aged 16-85 years includes items on contact with family and friends and whether the respondent has family they can rely on or confide in about a serious problem. The 2007 Survey showed that 90% of people with a mental illness had contact with friends at least once a month, compared to 95% of people without a mental illness.³⁷ This Survey also showed that people with a mental illness were less likely to have family they could rely on and confide in about a serious problem (85%) than people without a mental illness (92%).

A higher proportion of older people than younger people live alone: in Victoria 27% of people over 65 were living alone at the 2011 Census, compared to 9% of people aged 15-64.³⁸ These percentages are consistent with patterns across Australia. The peak age for living alone in Australia was 55-59 years in 2006, but this is projected to increase to 80-84 years in 2031.³⁹

Living alone is a gendered experience, with older women being more likely than older men to live alone. Of women aged over 65 in Victoria, 35% lived alone at the 2011 Census, compared to 18% of men aged over 65. As discussed in the next section, older men appear to be more at risk of social isolation than older women, which confirms the weakness of using 'living alone' as an indicator for social isolation. As noted earlier, living alone is a very limited predictor of social isolation.⁴⁰

2.3 Who is at risk of social isolation?

The risk of experiencing social isolation is determined by individual, social, community, and environmental factors which operate across all age groups.

Older people are often assumed to be more at risk of social isolation than people in other age groups. The common stereotype of old age assumes that older people are the loneliest age group, and that loneliness is an inevitable part of old age. In fact, research indicates that the levels of loneliness of people over the age of 65 years are comparable with those of young adults, while people in mid-life are less at risk of loneliness than younger or older people.⁴¹

Social isolation is not an inevitable feature of later life. However, the risk of social isolation can be increased by common experiences of later life such as becoming physically frail or the deaths of family and members of one's community network. Rather than treating older people as a homogenous group, we need to look at different population groups within the broad category older people.

Specific groups at greater risk of social isolation include the oldest old, older men, some people from a culturally and linguistically diverse background, LGBTI older people, carers, older people who are socially excluded, older people living in rural areas, and people in residential care:

Age Social isolation and loneliness are not uniformly distributed through the older population. The increase in loneliness is highest among people in the oldest age cohorts, who are more likely to become socially constrained due to caring for a spouse, mobility restrictions or living with dementia.⁴²

Gender Research indicates that women tend to have more developed social networks than men. Therefore older men may be at higher risk of social isolation. One UK study found that older men had fewer friends, were more socially isolated, felt lonelier, and were less likely to have confidantes than older women.⁴³ An Australian study also found that older men were at greater risk of social isolation, reinforcing the findings of a community-based study that older women had significantly more contact with friends and extended family than older men.⁴⁴

An analysis of data from the *General Social Survey 2006* and *Australian Time Use Survey 2006* explored the frequency and duration of social contact with people outside their household of retired and non-retired men and women in Australia.⁴⁵ The study found that for frequency of social contact, gender was a more important factor than retirement, with men having less frequent social contact and a greater risk of social isolation than women, whether or not they were retired.

As well, the interaction between being male and retired had a greater impact on time spent in contact with family or friends outside the household than did either variable separately. Paradoxically, retired men had less social time than non-retired men, whereas retired women had more social time than non-retired women. The report

concluded that 'substantive issues exist concerning social isolation and exclusion among older, non-working, retired men'.⁴⁶

Ethnicity Almost a third of Victorians aged over 65 years are from a culturally and linguistically diverse (CALD) background. Some older people from culturally and linguistically diverse backgrounds may be at increased risk of social isolation due to the limitations of poor English and low knowledge of or ability to access services.

Studies indicate that older migrants who have lived most of their lives in Australia have different needs from people who have migrated in later life to join their adult children. This second group may face quite significant adjustment problems.⁴⁷ For people who have entered Australia as refugees, the effects of trauma can further magnify these difficulties.

Sexuality The National LGBTI Health Alliance points out that same-sex attraction, gender dysphoria and intersex conditions may make people more vulnerable to negative experiences and discrimination, which can result in conflicted familial and other social relationships and diminished emotional and practical support.⁴⁸ There is great diversity within this group, with generational differences between older people who grew up in a context of severe societal stigma and those who have lived openly about their sexual or gender identity. Further research is needed into the social, support and care networks of older LGBTI people.⁴⁹

The impact of caring responsibilities Carers are at greater risk of social isolation and loneliness, since social networks often shrink as a result of caring for a partner or parent.⁵⁰ After the death of their spouse or parent, older carers may also experience loss of role, and further isolation as formal services are withdrawn.

Social exclusion Social exclusion involves restricted access to opportunities and resources to participate economically and socially. Older people who are socially excluded across a range of dimensions are at greater risk of loneliness.⁵¹ A 2008 Age Concern report observed that the risk of being severely socially excluded increases with age, with people aged over 80 more than twice as likely to be severely excluded as those who are ten years younger.⁵² In a later report, Age Concern identified factors associated with severe risk of experiencing social exclusion, including being in poor health, living in rented accommodation, being a member of a minority ethnic community, having low occupational status, and never having been married.⁵³

Living in a rural area While there is a lack of research into social isolation among older people living in rural and remote settings, living in a rural or remote area can mean having reduced access to services, being geographically isolated and losing connections with family.⁵⁴ More research is needed to explore what this means for older people's levels of connection and risk of social isolation.

Living in residential care Social isolation among older people living in residential settings has been relatively under-researched, according to a recent journal article.⁵⁵ Although the evidence is limited, these authors suggest that it is reasonable to assume that poor health and / or diminished cognitive capacity limit the extent to which older people in residential care can interact with others, both within the facility and with their existing family and friends.

The authors note that some research has indicated that reliance on staff for help with personal care is associated with lower levels of 'social loneliness', but they comment that this depends on the nature and quality of resident-staff interactions. For example, an Australian study has found that staff-resident interactions were predominantly task-oriented.⁵⁶

2.4 Pathways into and out of social isolation in later life

In recent years several large-scale longitudinal studies on social isolation in later life have been published.⁵⁷ Victor and Bowling's study in the UK found that while overall prevalence of loneliness was similar when participants were followed up eight years after the first survey, there was significant movement into and out of loneliness.⁵⁸ 60% of participants had a stable loneliness rating at follow up, while 25% demonstrated decreased loneliness, and 15% demonstrated increased loneliness.

Findings such as these shed light on the patterns and stability of social isolation over extensive periods. Among the specific findings of these studies are:

- Older people may become more isolated and lonelier over time.
- The social network composition of older people is often unstable as people enter and leave the network over time, which can contribute to social isolation. The way the network is organised, and the expectations attached to the relationships, is deeply embedded in the given cultural environment.⁵⁹

Longitudinal research has begun to identify distinct pathways into and out of social isolation in later life. Social isolation can be a continuation of previous experience; a new experience triggered by a key life event or transition in later life; or it can decrease in later life. The factors which enable some older people to adapt well to life changes or transitions, thus protecting them from becoming socially isolated, need to be researched further.

Isolation as a continuation of previous experience

People who are socially isolated in mid-life may face further isolation as they grow older.

According to one study, those who experience lifelong isolation tend to be men, with an alcohol problem, and who describe themselves as loners with marginal lifestyles.⁶⁰

Isolation as a new experience triggered by a key life event or transition in later life

Transition points into isolation include retirement, loss of a driver's licence, death of a partner or relationship breakdown, relocating to a new community, and sudden disability.⁶¹

Decreasing loneliness

Victor and Bowling's finding that some older people 'recover' from loneliness suggests the need for further research into the factors which enable such recovery.⁶² Their research found that improvements in physical health and improved social relationships were linked to reduced levels of loneliness. They concluded that strategies to combat loneliness should not be confined to social interventions such as befriending schemes, but should also encompass treatment of chronic and long-term health conditions. The complex inter-relationships between health and social isolation are explored in the next section.

The previous chapter described the related but distinct concepts relevant to this discussion. 'Social isolation' can be defined in terms of the extent, range and depth of social networks, including the extent to which people feel able to rely on their social network for support, and the felt experience of loneliness. Social isolation is not an inevitable feature of later life. However, some experiences of later life can increase risk, and specific groups within the older population may be at greater risk of social isolation. Longitudinal research has begun to identify distinct pathways into and out of social isolation in later life.

Numerous studies have demonstrated a relationship between social isolation and physical health. For example, a meta-analytic review of 148 studies looked at the influence of social relationships on mortality and a 50% increased likelihood of survival for people who had stronger social relationships compared with those who had weaker relationships.⁶³

Indeed, the influence of social relationships on the risk of death was found to be comparable with well-established risk factors such as smoking and alcohol consumption, and to exceed the influence of risk factors such as physical inactivity and obesity. Being socially isolated is harmful for physical health regardless of whether or not it prompts feelings of loneliness or a perceived lack of social support.

3. THE RELATIONSHIPS BETWEEN SOCIAL ISOLATION & MENTAL HEALTH

3.1 Mental health in later life

Mental health has been described as the embodiment of social, emotional and spiritual wellbeing.⁶⁴ COTA accepts this description, and further understands that mental health occurs on a continuum from mental wellbeing through to mental distress. People who have a diagnosed or undiagnosed mental illness, like those who do not, may sit at various points on this continuum at any given time. For everyone, regardless of whether or not they have a diagnosis of mental illness, mental health is an essential aspect of life.

While some older people develop a mental illness as they age, others grow older with a continuing experience of a mental illness which developed earlier in their lives. Very often mental health issues have not been identified and treated at earlier stages of life, with serious impacts on older people's health and quality of life. The emergence of mental health issues as people age has only recently begun to be acknowledged.

Mental illnesses include depression, anxiety, psychosis and bipolar disorders. Mental distress or illness is not a normal part of ageing, or indeed of any stage in life.⁶⁵ However, older adults may be more vulnerable to depression and anxiety if they experience chronic health conditions, loss of status and respect following retirement, lower income, negative community attitudes, loss of spouse, and loss of social networks due to decreased mobility, change in residence and/or death.

The prevalence of mental distress in older people

A recent survey of Australians aged 50-89 years by the National Seniors Productive Ageing Centre found that the self-reported mental health of people aged 60 years and over was better than the mental health of people aged 50-59 years. For example, people in their fifties were more likely to have felt depressed or anxious in the past four weeks than people in the older age groups, and less likely to have felt calm and peaceful or happy.⁶⁶

In general, there is an absence of data on mental health issues among older people, in part due to under-diagnosis and under-reporting of mental illness by health professionals. In addition, mental health surveys and research often exclude people over the age of 65 years.

Cultural background can influence a person's perception of health, their response to it, and their approach to accessing services, and one result of this is that older people from ethnic communities may be particularly under-represented in statistics. The Ethnic Communities Council of Victoria (ECCV) has found that the experience of migration, along with language and culture, are significant influences on people's perceptions of mental health and on their engagement with mental health services.⁶⁷

For these reasons, the figures provided below probably under-estimate the prevalence of mental distress among older people:

- Anxiety disorders are the most common mental illnesses at any age, and women have a higher rate of diagnosed anxiety disorders. Anxiety is less common amongst women aged 65-85 (6.5%) than in women aged 16-54 years (21%).⁶⁸
- Depression is estimated to affect 10-15% of older people living in the community, and up to 50% of older people living in residential care.⁶⁹ The extent to which depression is a cause or a consequence of admission to residential care needs further investigation.
- The prevalence of psychotic symptoms in older people without dementia is reported to range between 5.5% and 14.1%. Depression, alcohol and drug addiction, and delirium can all cause psychotic symptoms.⁷⁰
- Although bipolar disorder is more common in younger people than in older adults, it has been reported that up to 10% of older people in residential care settings or hospitals have bipolar disorder.⁷¹
- 25% of people over the age of 85 have dementia. Dementia is the single greatest cause of disability in Australians over the age of 65.⁷² People with dementia, which has a range of causes including Alzheimer's disease and vascular pathology, experience a progressive loss of memory, intellect, rationality, social skills and physical functioning. On average symptoms of dementia are noticed by families three years before a firm diagnosis is made.⁷³ Recent research in the UK and Denmark provide the strongest evidence yet that rates of dementia are beginning to decline as the population grows healthier and better educated.⁷⁴

Older people with multiple physical co-morbidities have been found to be at higher risk of depression and anxiety than other older people, suggesting that physical and mental health are often interconnected.⁷⁵ The same literature review found that other groups of older people at higher risk of depression and anxiety are older people living in residential care or in hospital, older people with dementia, carers, women, Indigenous people and older people from CALD backgrounds. This is a similar list to that of groups which are at higher risk of experiencing social isolation.

Older people have a much higher risk of suicide than the general population. In Australia a higher proportion of men over 85 commit suicide than in any other age group.⁷⁶ Moreover, of those who attempt suicide, older people are most likely to complete the attempt, with older men three to four times more likely to commit suicide than older women.

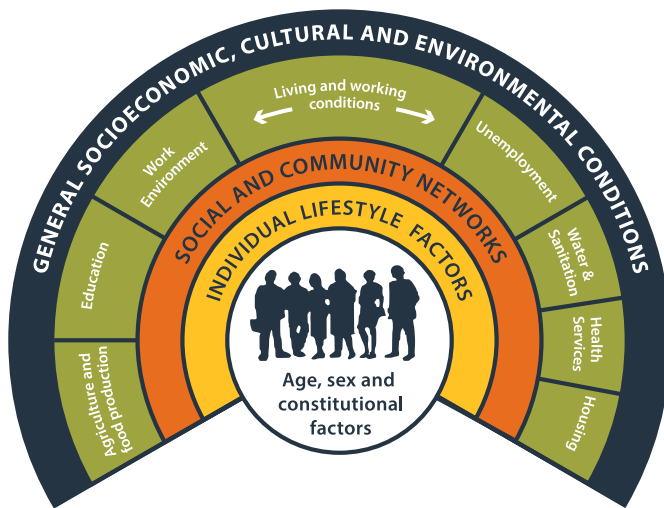
3.2 Factors which influence mental health

Crucially for this discussion, mental health is determined not just by individual characteristics and lifestyle factors but also by the characteristics of social and community networks, and general socio-economic, cultural and environmental conditions.

The diagram below illustrates some of the determinants of health which occur at each of these levels.⁷⁷ Social and community networks influence mental as well as physical health, and individuals' social ties are embedded within broader social structures.

The Main Determinants of Health

COTA Victoria takes a health promotion approach to mental health. Such an approach seeks to address the broad social influences on mental health and wellbeing as well as local community level impacts and individual behavioural factors.



3.3 How social isolation affects mental health

The report by National Seniors Australia discussed earlier concluded that the subjective wellbeing of older Australians 'depends not so much on their health as on a range of contextual and social factors – among which social engagement plays an important role.'⁷⁸

Precisely how social isolation affects mental health is an emerging field of study. The nature of the relationship between social isolation and mental health is contested, particularly since 'social isolation', as we have seen, is a complex concept which can be measured both objectively and subjectively. The question is whether low levels of social contact have an impact on mental health, as is the case for physical health, or whether other aspects of 'social isolation' are the critical factors for mental health.

A recent study explored the extent to which social disconnectedness or isolation (e.g. small social network, infrequent participation in social activities) and perceived isolation (e.g. loneliness, perceived lack of social support) have distinct associations with physical and mental health among older adults.⁷⁹ The researchers examined the results of a large nationally representative survey of older adults in the United States, and interviewed 3000 older people. They found that lack of social relationships is associated with worse physical health, whether or not loneliness is experienced. However, they concluded that the link between social isolation and mental health may be mediated by whether the person feels subjectively lonely and has a perceived lack of social support. Older adults who felt the most isolated reported 65% more depressive symptoms than those who felt less isolated, regardless of their actual levels of connectedness.

Lower levels of contact with social networks and loneliness have also been found to be associated with an increased risk of cognitive decline and dementia, while frequent emotional support and social activity appear to reduce the risk of cognitive decline.⁸⁰ Another study found that older adults who have poor social support reported the highest level of depressive symptoms, while seniors embedded in diverse social networks are less likely to report depression.⁸¹

Some studies have tried to disentangle the variables of social support and loneliness. Research which explored the links between loneliness, health and depression among 217 older men found that loneliness may influence the experience of depression.⁸² This research found that social support variables were unrelated to depression.

The subjective experience of loneliness can affect mental health in a number of ways. Loneliness can lead to feelings of anger, sadness, depression, worthlessness, resentment, emptiness, vulnerability and pessimism.⁸³ Loneliness can also alter behaviour, increasing risky habits such as drug-taking, with consequences for both physical and mental health.⁸⁴ Loneliness is also a known risk factor for suicide.

As discussed previously, it is vital to distinguish between transient feelings of loneliness and chronic loneliness ... 'loneliness becomes an issue of serious concern only when it settles in long enough to create a persistent, self-reinforcing loop of negative thoughts, sensations and behaviours'.⁸⁵ Once loneliness has become chronic, it can be difficult to break the cycle because people can become stuck in a loop of negative behaviour which pushes others away.

The effect of chronic loneliness is vividly evoked in the following statement included in the UK report, 'The Lonely Society'

*'To some extent, all conversations with other people are mental health interventions. ... People who are completely isolated can risk losing their minds because they have no one to help them get a perspective. ... There is an interesting interplay between loneliness and serious psychiatric conditions, such as paranoia, anxiety and depression.'*⁸⁶

The relationship between social connectedness and mental health works in both directions. People who are experiencing mental distress are at greater risk of experiencing social isolation since they may be unable to participate fully in the community because of the difficulties they face in everyday functioning.⁸⁷ Dementia has been linked specifically with a decreasing number of social engagements in later life.⁸⁸

What protects against social isolation and mental distress

More research is needed into how older adults adapt to changes in their social relationships, since adaptation may protect against loneliness. This adaptation can take subtle forms, even for people who appear objectively isolated. For example, in an exploratory study of nineteen older people who live alone with cognitive impairment or early stage dementia, Duane et al found that for some, loneliness was 'warded off through their social world of memory'.⁸⁹ One participant spoke about the consoling memories sparked by looking at photos of her life displayed on her wall, while others spoke of conversations or retaining a sense of ongoing connection with their husband who had died.

The link between social isolation and dementia has been recognised in Victoria's *Dementia Framework*, which outlines strategies to promote positive ageing and social connectedness to prevent or reduce dementia risk and at the early stages of dementia.⁹⁰

Overall, researchers agree that strong social networks and participation are beneficial for mental health.⁹¹ However, some research suggests that the protective effects of strong social networks and participation may not be uniform across all groups in society.⁹² The nature of the network determines whether it supports or is detrimental to mental health. Some women, for example, may be providing significant support to others in the context of strong social networks which are harmful to their mental wellbeing due to the 'role strain' they experience.

3.4 Summary

In this paper, we have set out our understanding, based on our experience and the literature, of the meaning of social isolation and of mental health, and the relationship between them.

Mental health is understood as the embodiment of social, emotional and spiritual wellbeing. People who have a diagnosed or undiagnosed mental illness, like those who do not, may sit at various points on the continuum from mental wellbeing through to mental distress at any given time. For everyone, regardless of whether or not they have a diagnosed mental illness, mental health is an essential aspect of life. Mental health is influenced by age, sex and hereditary factors, and individual lifestyle factors. Significantly, social and community networks and general socio-economic, cultural and environmental conditions also impact on mental health.

Social isolation is a risk factor for mental illness including dementia, depression and anxiety. Precisely how social isolation affects mental wellbeing is an emerging field of study, although early indications suggest that persistent loneliness may lead to changes in self-perception and behaviour, creating a self-reinforcing negative loop. Perceived lack of social support is another factor which appears to impact on mental health.

These experiences link social isolation to mental health and wellbeing. Research is needed on which of these variables is the critical factor for depression and other mental health conditions. However, it seems clear that an individual's perception that they lack companionship or social support is more important for their mental health and wellbeing than their actual level of social connection, objectively measured.

This relationship between social isolation and mental health operates differently to that between social isolation and physical health. In the latter, lack of social relationships is harmful, whether or not this gives rise to feelings of loneliness and a perceived lack of social support.

The next section considers effective interventions to prevent or address social isolation, and explores whether current policy settings create greater risk of social isolation and mental health issues for older people.

4. IMPLICATIONS FOR POLICY & PROGRAMS

4.1 COTA Victoria's role

COTA Victoria seeks to support older people's participation in social, economic, cultural, spiritual and civic affairs so they remain socially connected and are able to realise their human rights. Older people who are connected to their local community are likely to have a better quality of life, stronger sense of self-control, and be more satisfied with their life.⁹³

COTA Victoria takes a health promotion approach to mental health, through the development of age-friendly communities where older people have opportunities for participation and connectedness. This is consistent with the recommendations of a recent Australian study into understandings of loneliness, and how support and service providers should assist older people managing loneliness.⁹⁴ The authors argued that 'if older people felt more valued and connected to the community then loneliness would be less of an issue.'⁹⁵ They recommended that ideas around social inclusion and age friendly communities should be expanded to reflect a broad approach to well-being and participation in the community.

COTA Age Friendly Victoria will involve older people in twenty local government areas across the state, working in partnership with academia, government, business and civil society to develop communities where they can live safely, enjoy good health and stay involved. This initiative will ensure that older people themselves shape, implement and evaluate an action plan in their community to bring about sustainable change.

The notion of age-friendly communities should encompass a broad approach to wellbeing and participation in the community.⁹⁶ Participation involves meaningful participation in work, family and community life and opportunities for lifelong learning.⁹⁷

4.2 What is being done to address social isolation?

Social isolation is a growing area of policy concern and program intervention. Programs directly addressing social isolation may be delivered at the individual, community or societal level, as the following examples indicate.

Working at a societal level, the *Campaign to End Loneliness* coalition of organisations and individuals in the UK drives research, policy, campaigning and innovation to combat loneliness and inspire individuals to keep connected in older age.⁹⁸ The campaign specifically targets organisations with responsibility for health and wellbeing to ensure that addressing loneliness is incorporated into strategic planning.

Facilitating supportive relationships through 'post-bureaucratic' services built around the user is seen by some as the key to tackling social ills. For example, Charles Leadbetter from the UK social enterprise group Participle argues that 'we should reimagine public services as feeding the relationships that sustain us in everyday life.'⁹⁹

Also in the UK, the action research program *Neighbourhood Approaches to Loneliness* run by the Joseph Rowntree Foundation supports older people to develop community activities to reduce social isolation.¹⁰⁰ Action research is being used to build the evidence base on how neighbourhoods as a whole can support people who live with loneliness.

Research suggests that the neighbourhood is a key source of security, identity and support networks for older people, whose daily activities are often concentrated in a few fixed locations.¹⁰¹ Consequently, the local environment, whether in an urban or rural area, is a significant determinant of older people's ability to maintain and develop social connections.

Policy measures and programs to enhance the quality of neighbourhood environments may therefore help to reduce social isolation.

A recent study of the associations between neighbourhood characteristics and ageing well found that negative perceptions of the physical environment may be a barrier to good general (physical) health.¹⁰² The study also found that perceptions of neighbourhood cohesion (measured through four items including feeling that people in the area are trustworthy, and feeling a sense of belongingness in the area) were a significant predictor of total social network size, and interacted with retirement status and time in residence to predict loneliness.¹⁰³ Neighbourhood support appears to provide an important element of broader social support resources, which assist older adults to cope with troubles and stressors.¹⁰⁴

While noting that the causal direction of relationships between neighbourhood quality and wellbeing outcomes requires further investigation, the authors concluded that enhancing the quality of neighbourhood environments may contribute in a positive way to broader strategies assisting older Australians to age well in place.¹⁰⁵

4.3 What do we know about what works?

Assessing the evidence on 'what works' is complex due to the difficulty of comparing different types of intervention, and the relatively small number of validated studies. A review of randomized controlled studies of group peer support, one-to-one support, and service provision interventions, found that the most effective interventions to address and prevent social isolation were group interventions with a focused educational component, and interventions which targeted specific population groups.¹⁰⁶ Other features of effective interventions were that they enabled participant input, and were developed within an existing service or embedded within existing neighbourhoods or communities.

However, this review found that ineffective interventions involved indirect contact between the participant and others, and one-to-one interventions conducted in people's own homes. This is a particularly interesting finding given the frequent use of befriending schemes to address social isolation. Evidence on the effectiveness of such schemes is equivocal.

The evaluation of the Queensland *Cross-Government Project to Reduce Social Isolation of Older People* indicated that community development approaches are effective in reducing social isolation in later life.¹⁰⁷ Best practice guidelines developed as an outcome of the project identify the importance of targeting interventions soon after a critical event or life transition.¹⁰⁸

In a literature review conducted by the National Ageing Research Institute (NARI) and COTA Victoria for the Victorian Department of Health, the evidence on effective programs to support older people's participation in all aspects of community life was assessed.¹⁰⁹ A number of key strategies for successful participation programs for older adults were identified, including:

- Using multi-faceted approaches or integrated strategies to enhance the health and wellbeing of older people across healthy ageing domains within one program (for example, nutrition, physical activity, emotional wellbeing and social connection)
- Using mixed approaches to reducing social isolation (for example, direct service delivery and developing and consolidating support networks for older adults at risk of social isolation)
- Using collaborative partnership approaches
- Involving older adults in planning, implementing and evaluating programs
- Using volunteers to run the programs
- Having an evidence-base to the development of the program that aims to address the known protective and risk factors
- Using approaches, methods and models that address local needs and fit with existing resources
- Utilising a life course approach.

These strategies highlight the multiple drivers for and program solutions to reduce social isolation. For example, the connection between physical health, mental health and social isolation suggests that 'social isolation interventions' should address physical health.¹¹⁰ The treatment of chronic and long-term health conditions can be an important element in combating loneliness.

This discussion of effective strategies suggests that social isolation requires a multi-faceted policy response, with policy settings across a range of domains evaluated through this lens. The following section provides an indicative overview of the current policy environment affecting older Victorians.

4.4 A scan of the current policy environment

The policy domains of mental health, housing and transport are considered here along with health and aged care support. These are selected because they were identified at the roundtable on social isolation held by Benetas and the Victorian Department of Health in November 2011 as being of critical importance for addressing social isolation.¹¹¹ COTA Victoria's own consultations and experience with older people confirms the significance of these domains.

Federal Government Policy

Mental health

The Australian mental health system is overwhelmingly skewed towards providing acute and continuing psychiatric care to people aged between 12 and 64.¹¹² Older people are much less likely than people in other age groups to be referred to mental health specialists, leaving older people with mental health issues inadequately supported.¹¹³ Moreover, despite these indications that older Australians are not receiving sufficient mental health support, people over the age of 65 are also largely invisible within mental health policy reforms.

The National Mental Health Plan and the five year National Mental Health reform initiatives which were announced in the 2011-12 Commonwealth Budget are focused particularly on young people.¹¹⁴ This reform package included investment in provision for children, who are another important 'under-served' group in the population, while older people are not mentioned. Older people and workers from local and state government and aged care organisations who attended the Benetas roundtable agreed that 'the third age is missing from our current national focus on mental health'.¹¹⁵

The absence of older people from the national reform agenda is likely to limit the achievement of some objectives. For example, the Australian Government continues to prioritise suicide prevention through the National Suicide Prevention Program and the National Suicide Prevention Strategy.¹¹⁶ Social isolation is a modifiable factor in relation to suicide, and it is also possible to increase protective factors which reduce the

likelihood of suicidal behaviour, for example by improving self-esteem.¹¹⁷ Given the high risk of suicide among older people, particularly socially and geographically isolated older men, it is of great concern that this group in the population is not sufficiently considered in mental health policy reform, and continues to have lower rates of access than people in other age groups to early intervention and mental health support services.

The role of general practitioners is of particular importance in this context. Research has suggested that older people prefer to visit a general practitioner rather than a mental health professional.¹¹⁸ General practitioners have an important role in identifying older people's mental health needs and referring them to appropriate sources of support.¹¹⁹ However, lack of training in, and understanding of, older people's mental health needs may result in under-diagnosis and under-referral.

Aged care

The *Living Longer Living Better* package of reforms announced by the Federal Government in April 2012 provided \$3.7 billion over ten years to build an aged care system that will meet the needs of older people, and be financially sustainable into the future.¹²⁰ The proposed reforms enact some of the recommendations of the Productivity Commission Inquiry report *Caring for Older People* released in 2011.

One of the key recommendations made was to increase support to enable older people who need care support to live in their own homes for as long as possible. *Living Longer. Living Better* aims to achieve this by introducing two new levels of care packages, and increasing the proportion of community care packages to residential care places, while also directing additional funds to both community and residential care. Residential care is expected to be increasingly focused on people who are nearing the end of life.

These reforms reflect the strongly stated preference of older people to the Inquiry to receive care at home rather than in residential settings, an aspiration which COTA endorses. There is a risk, however, that some older people may become more isolated and less well supported, unless community services are resourced to meet the needs of our ageing population. The ideal of supporting older people to live at home 'for as long as possible' is often framed in terms of meeting people's needs for physical care. A fuller understanding would recognize that older people want to continue to participate in social and community life, and that social connections are important for wellbeing. Community care support needs to be designed and resourced to reflect this understanding.

Evidence from countries which have already reoriented service provision towards community care unfortunately gives weight to concerns regarding the possible negative impacts of well-intentioned policy reform. A recent UK study suggests that cuts to community care and health services have led to more social isolation amongst older people, resulting in increased levels of depression and physical health issues.¹²¹

This qualitative research involving 165 older people found that they viewed social interaction as one of the most important factors for well-being and quality of life, but that they were feeling more isolated as service cuts had a real impact. The research also found that the level of support available to older people to enable them to continue living in their own home was not sufficient.

These findings reinforce the importance of ensuring that the move towards supporting people to live at home 'for as long as possible' is backed up by properly funded and resourced community services of all kinds. It is also clear that aged care services are only one element of what is needed to ensure that older people are able to maintain and develop social connections, as the discussion below on housing and transport policy indicates.

From 1st August 2013, all new Home Care Packages will be delivered on a Consumer Directed Care basis, with all packages transferring to this model in 2015. The Commonwealth Government's *Living Longer. Living Better* website states that Consumer Directed Care will enable consumers and their carers to have greater control over their own lives by allowing them to make choices about the types of care and services they access and the delivery of those services.

Self-directed approaches can in fact involve a spectrum of options including self-directed planning, self-directed funding, and self-directed support, all of which are now influencing the delivery of support to people with a disability, both within the Victorian disability service system and in the rollout of DisabilityCare. The introduction of Consumer Directed Care is to be welcomed if it results in real choice and control for older people receiving community care, and enables them to maintain their social connections. This approach will need to be properly resourced if this is to happen.

The Coalition Government elected in November 2013 has expressed its commitment to the aged care reform package *Living Longer. Living Better*.

Victorian Government Policy

Mental health

COTA Victoria advocates for a stronger focus by the Victorian Government on mental health prevention and early intervention for older people.¹²² The State Government should:

- develop targeted mental health promotion, prevention and early intervention initiatives for older people;
- ensure there is a greater focus on programs, services and facilities appropriate for older people within and alongside mainstream mental health service settings;
- address barriers obstructing access to aged care, community support, and supported accommodation for older people with mental health issues and illnesses;
- improve care options specific to mental health within mainstream services such as aged care and supported accommodation; and
- support research for effective prevention and early intervention strategies for older people.

While it retains responsibility for Home and Community Care (HACC) services, the State Government should ensure they are resourced and supported to identify people at risk of depression and other mental health issues.

Aged care

The *Active Service Model (ASM)* is already reshaping Home and Community Care (HACC) services in Victoria. As a literature review conducted for the Victorian Department of Human Services points out, the emphasis on wellness and independence in a holistic sense should result in increased support for social participation.¹²³ The learning and cultural change brought about through the implementation of this approach needs to be retained when responsibility for HACC is transferred to the Commonwealth in 2015.

Housing

Affordable, appropriate housing is critical for people of all ages. Housing has been described as a 'neglected social justice issue' on the ageing policy agenda.¹²⁴ There is a growing awareness that some groups of older people are particularly vulnerable to housing insecurity and consequently to frequent moves and loss of social networks.

Older people on low incomes who are in the private rental market have been identified as a high risk group. According to the Housing for the Aged Action Group (HAAG), there is considerable evidence that the private rental market is becoming unsuitable as a form of housing tenure for older people, particularly those on low incomes.¹²⁵ It is too expensive, offers limited security

of tenure, and does not have to meet minimum housing standards. It can also be very difficult for older people to gain permission from landlords to modify these dwellings to maintain their independence as they age.

These factors create a situation of housing insecurity for many low-income older people in private rental accommodation, and can lead to people having to re-locate from their communities, with consequent disruption to their social networks.¹²⁶ These risks for people in private rental accommodation are of particular concern since the proportion of older people who rent is expected to increase in coming decades, as home ownership becomes increasingly unaffordable for many people.

Current housing policy settings create risks of social isolation and mental health issues for some older people. It is important that social housing continues to provide housing security for low-income people who are unable to access other forms of housing.

Transport

The role of transport in enabling people to remain socially connected is well-evidenced.¹²⁷ Transport was one of the most frequently raised issues in COTA Victoria's state wide consultations with older people on aged care reform during 2011 and 2012, and was seen by participants as fundamental to maintaining their social connections.¹²⁸ The range of activities which the ability to get around facilitates is indicated by this comment made in earlier research by COTA Victoria ... 'having my scooter is more than transport and mobility, it's about my independence so I can catch up with friends and family as well as present issues to my local councillors'.

As people grow older, their reliance on public transport often increases as driving or affording a private car becomes more difficult.¹²⁹ However, public transport, especially in rural communities, is either non-existent or too infrequent, taxis are unaffordable for many older people, and volunteer driver services provide inadequate coverage. Policy directions in Victoria continue to prioritise private over public transport, to the detriment of many in the community but with particular impacts on older people who no longer drive.

Research conducted by Victoria Walks with support from COTA Victoria and funding from VicHealth, found that walking is an important activity for older people, especially as they are less likely than other age groups to drive a car or take part in vigorous forms of physical activity.¹³⁰ The survey of 1128 older people found that they value walking for a range of reasons including improved health, wellbeing, independence, personal mobility and social connectedness. However, the walkability of the environment is a more important determinant of walking than functional limitations, and the report recommended that the Victorian Government develops a cross-sectoral walking strategy to increase walking.

Inquiry into Opportunities for Participation of Victorian Seniors

COTA Victoria welcomed the *Parliamentary Inquiry into Opportunities for Participation of Older Victorians*, which reported in 2012. The Inquiry report contained a series of recommendations to enable older people's social, economic and community participation, central to which was a ten year strategic action plan for an ageing Victoria, along with the appointment of a Commissioner for Older People.

COTA Victoria looks forward to working closely with the Commissioner for Senior Victorians and the Ministerial Advisory Committee (MAC) to improve the lives of older Victorians. To be successful, both the Commissioner and the MAC will need to be resourced adequately to further the recommendations of the *Inquiry* and ensure better outcomes for older Victorians.

This discussion has identified some gaps and missed opportunities in current policy affecting older people. Of particular concern is the invisibility of older people in national mental health reforms.

5. CONCLUSIONS

This paper has summarised the relationship between social isolation and mental health, identifying the particular role of chronic loneliness and perceived lack of social support in adversely affecting mental wellbeing. The risks faced by particular groups within the population of 'older people' have been indicated.

The review of policy and programs suggests the need for a broad societal response which would aim to prevent social isolation among older people through the development of age-friendly communities which enable them to participate fully. COTA Victoria looks forward to continuing to work with older people themselves as well as with government, business and civil society to realise this vision.

REFERENCES

- 1 COTA Tasmania, *Media Release: COTA praises Government funding initiative*, 14th August 2012.
- 2 World Health Organisation, *Active Ageing: A Policy Framework* WHO, Geneva, 2002, p 12.
- 3 COTA Victoria, *Submission to the Parliamentary Inquiry into Opportunities for Participation of Victorian Seniors*, 2012, p 3.
- 4 Family and Community Development Committee, *Inquiry into Opportunities for Participation of Victorian Seniors*, August 2012, p 71.
- 5 *Ibid.*, xx.
- 6 Sydney Myer Fund & The Myer Foundation, *Social Isolation and Older People – A Role for Philanthropy?* 2010, p 3.
- 7 Dr Jeni Warburton and Dr Chi-Wai Lui, *Social isolation and loneliness in older people: A literature review*, 2007, p 19.
- 8 The Conversation, "Australian census: One in ten live alone but that doesn't mean they're lonely", 22nd June, 2012 <https://theconversation.edu.au/australian-census-one-in-ten-live-alone-but-that-doesnt-mean-theyre-lonely-7674> Accessed 19th October 2012.
- 9 Y.L. Michael, L.F. Berkman, G.A. Colditz and I. Kawachi "Living Arrangements, Social Integration, and Change in Functional Health Status", *American Journal of Epidemiology* 153 (2), pp 123-131, 2001.
- 10 *Ibid.*, p 5.
- 11 Christina Victor, 'What do you expect at your age? Loneliness and old age', presentation to the conference *What do we know about loneliness?* Oxford, July 9-10 2012. <http://www.campaigntoendloneliness.org.uk/loneliness-conference/> Accessed 2nd August 2012.
- 12 Mental Health Foundation, *The Lonely Society?* Mental Health Foundation, 2010, p 14.
- 13 Warburton and Lui, p 6.
- 14 Dr Hazel Baynes, Dr Peter Orpin, and Prof Judi Walker, "Social connectedness and rural ageing", presentation to the Australian Association of Gerontology Conference 2010 <http://www.aagconference.com/2010> Accessed 2nd August 2012.
- 15 Wenger, G.C., "Social networks and the prediction of elderly people at risk", *Ageing and mental Health* 4(1), pp 311-320, cited in Warburton and Lui, p 7.
- 16 Helena Ferrara, *Seniors' Social Isolation: A scoping study*, Murdoch University, 2009, p 8.
- 17 Warburton and Lui, p 6.
- 18 Katy Hole, *Loneliness compendium: Examples from research and practice*, JRF programme paper: Neighbourhood Approaches to Loneliness, 2011, p 5.
- 19 Ferrara, pp 3-4.
- 20 Christina Victor, Sasha Scambler, and John Bond, *The Social World of Older People: Understanding Loneliness and Social Isolation in Later Life*, Economic and Social Research Council, 2009.
- 21 Warburton and Lui, p 6.
- 22 Mental Health Foundation, p 14.
- 23 *Ibid.*, p 4.
- 24 *Ibid.*, p 6.
- 25 Mental Health Foundation, p 22.
- 26 Warburton and Lui, pp 8-9.
- 27 W. Lauder, S. Sharkey and K. Mummery, "A community survey of loneliness", *Journal of Advanced Nursing* 46(1): 88-94, 2004.
- 28 L. Steed, D. Boldy, L. Grenade and H.Iredell, "The demographics of loneliness among older people living in Perth, Western Australia", *Australasian Journal on Ageing* 26(2), pp 81-86, 2007.
- 29 Commonwealth Department of Veterans, *Improving Health and Social Isolation in the Australian Veteran Community: A summary of research findings from the Improving Social Networks Study*, 1999.
- 30 Christina Victor and A Bowling, "A longitudinal analysis of loneliness among older people in Great Britain", *The Journal of Psychology: Interdisciplinary and Applied*, 146(3), pp 313-331.
- 31 Warburton and Lui, p 8.
- 32 Sydney Myer Fund & The Myer Foundation, p 4.
- 33 Australian Bureau of Statistics, *General Social Survey: Summary of Results*, 2010, p 15.
- 34 *Ibid.*, p 16.
- 35 *Ibid.*, p 17.
- 36 *Ibid.*, p 18.
- 37 Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing: Summary of Results*, 2007.
- 38 Australian Bureau of Statistics, *Census of Population and Housing*, 2011.
- 39 National Ageing Research Institute (NARI) and COTA Victoria, *Healthy Ageing Literature Review*, report for the Victorian Department of Health, 2012, p 14.
- 40 *The Conversation*, <https://theconversation.edu.au/australian-census-one-in-ten-live-alone-but-that-doesnt-mean-theyre-lonely-7674> Accessed 19th October 2012.
- 41 Victor, 'What do you expect at your age?' presentation accessed 2nd August 2012.
- 42 Warburton and Lui, p.9.
- 43 Arber, Davidson, and Ginn (2003), cited in "The Golden Years? Social isolation among retired men and women in Australia", Roger Patulney, *Family Matters*, no. 83, 2009, p 40.
- 44 Findlay & Cartwright (2002) and Berry, Rodgers & Dear (2007), cited in Patulney, 2009, p 40.
- 45 Patulney, pp 39-47.
- 46 *Ibid.*, p 46.
- 47 Warburton and Lui, p 50.
- 48 LGBTI Health Alliance at <http://www.lgbthealth.org.au/>, accessed 5th February 2014.
- 49 Mark Hughes and Sue Kentlyn, 'Older LGBT people's care networks and communities of practice: a brief note', *International Social Work*, vol. 54, pp.436-444.
- 50 Ferrara, p 8.
- 51 Mental Health Foundation, p 17.
- 52 Age Concern, *Out of sight, out of mind: Social exclusion behind closed doors*, Age Concern, 2008, p 4.

- 53 Age Concern, *Social exclusion in later life*, Age Concern, 2009.
- 54 Helen Bartlett, 'Social Isolation of Older People in Regional Australia: the research agenda', MonRAS Presentation, Monash University, Gippsland Campus, 11th May 2010.
- 55 Linda Grenade and Duncan Boldy, "Social isolation and loneliness among older people: issues and future challenges in community and residential settings", in *Australian Health Review*, vol 32, no 3, August 2008, pp 468-478.
- 56 R. Marquis (2002) cited in Grenade and Boldy, 2008, p 472.
- 57 Warburton and Lui, p.9.
- 58 Christina Victor and A Bowling, "A longitudinal analysis of loneliness among older people in Great Britain", pp.313-331.
- 59 Warburton and Lui, p.9.
- 60 G.C. Wenger and V. Burholt, "Changes in Levels of Social Isolation and Loneliness among Older People in a Rural Area: A Twenty-Year Longitudinal Study", *Canadian Journal on Aging* 23(2), 2004, pp 115-127.
- 61 Sydney Myer Fund & The Myer Foundation, p 4.
- 62 Christina Victor and A Bowling, "A longitudinal analysis of loneliness among older people in Great Britain", pp 313-331.
- 63 Julianne Holt-Lunstad, Timothy B. Smith, and J. Bradley Layton, "Social Relationships and Mortality Risk: A Meta-analytic Review", *PLoS Med* 7(7):e1000316. doi:10.1371/journal.pmed.1000316, 2010.
- 64 VicHealth, *Promoting Mental Health: Concepts, Emerging Evidence, Practice*, VicHealth, 2005.
- 65 NARI and The Benevolent Society, *Supporting older people who are experiencing mental distress or living with a mental illness*. Research to Practice Briefing 7, The Benevolent Society, August 2012.
- 66 National Seniors Productive Ageing Centre, *Staying Connected: Social Engagement and Wellbeing Among Mature Age Australians*, National Seniors Productive Ageing Centre, 2013, p 18.
- 67 Ross Barnett, Director of Ethnic Communities Council of Victoria, 'Expectations of Ethnic Communities of the Victorian Mental Health Care System', presentation to the *Roundtable on Improving Mental Health Outcomes of CALD / Migrant / Refugee Communities*, 2nd December 2011.
- 68 ABS *National Survey of Mental Health and Wellbeing: Summary of Results*, 2007.
- 69 NARI and The Benevolent Society, August 2012.
- 70 *Ibid.*
- 71 *Ibid.*
- 72 Statistics provided on the Alzheimer's Australia website www.fightdementia.org.au/understanding-dementia/statistics.aspx
- 73 *Ibid.*
- 74 Psychiatric News, 'New studies show reduction in dementia rates among elderly', <http://alert.psychiatricnews.org/2013/07/new-studies-show-reduction-in-dementia.html>, 2nd July 2013. Accessed 2nd October 2013.
- 75 B. Haralambous, X. Lin, B. Dow, C. Jones, J. Tinney & C. Bryant, *Depression in older age: A scoping study*. Melbourne: National Ageing Research Institute for *beyondblue: the national depression initiative*, 2009, p 5.
- 76 NARI and The Benevolent Society, August 2012.
- 77 G. Dahlgren and M. Whitehead, *The Main Determinants of Health Policies and strategies to promote social equity in health*, Stockholm Institute for Future Studies, 1991.
- 78 Productive Ageing Centre, 2013, p 20.
- 79 Linda Waite and Erin York Cornwell, "Social Disconnectedness, Perceived Isolation and Health Among Older Adults", *Journal of Health and Social Behaviour*, vol 50, March 2009, pp 31-48.
- 80 B. Barber et al, *Physical, social and cognitive activities in the prevention of dementia: a review of the literature*. Report to the CSIRO, P-Health Flagship, 2010.
- 81 Warburton and Lui, p 11.
- 82 *Ibid.*, p 11.
- 83 Mental Health Foundation, p 15.
- 84 *Ibid.*, p 4.
- 85 *Ibid.*, p 4.
- 86 *Ibid.*, p 18.
- 87 ABS *Australian Social Trends: Mental Health*, 2009, p 15.
- 88 J.S. Saczynski, L.A. Pfeifer, K. Masaki, E.S.C. Korf, D. Laurin, L. White, & L.J. Launer, "The Effect of Social Engagement on Incident Dementia: The Honolulu-Asia Aging Study", *American Journal of Epidemiology*, 163 (5), 2006, 433-440.
- 89 Fleur Duane, Kathleen Brasher and Susan Koch, "Living alone with dementia", *Dementia*, 2013 12:123 originally published online 16 October 2011, p 128.
- 90 Department of Health, *Pathways to the Future, 2006 and Beyond – Dementia Framework for Victoria* www.health.vic.gov.au/agedcare/publications/dementiaframework_06beyond.htm Accessed on 23rd August 2013
- 91 Warburton and Lui, p 10.
- 92 I. Kawachi and L.F. Berkman "Social ties and mental health", *Journal of Urban Health*, 2001 Sept; 78(3):458-467.
- 93 Warburton and Lui, p 10.
- 94 Dr Mandy Stanley, Professor Wendy Moyle, Alison Ballantyne, Megan Corlis, Deborah Oxlade, Andrew Stoll, Beverley Young, Sam Zubrinich & Natalie Gracia, *Alone in a crowd: Supporting older Australians managing loneliness*, University of South Australia, Griffith University, SA Aged Care Collaborative (Helping Hand Aged Care Inc., ECH Inc. & Southern Cross Care (SA)) and RSL Care for the Australian Research Council (ARC) Linkage – Projects for 2007-2009 (LP0774983), 2010.
- 95 *Ibid.*, p 10.
- 96 M. Stanley et al, *Alone in a crowd: Supporting older Australians managing loneliness*, 2010, p.14.
- 97 NARI and COTA Victoria, *Healthy Ageing Literature Review*, 2012, p.17.
- 98 <http://www.campaigntoendloneliness.org.uk>
- 99 Charles Leadbetter, 'State of loneliness', *The Guardian*, 1st July 2009.
- 100 Joseph Rowntree Foundation (JRF) and Joseph Rowntree Housing Trust (JRHT) Neighbourhood Approaches to Loneliness, <http://www.jrf.org.uk/work/workarea/neighbourhood-approaches-loneliness>

- ¹⁰¹ Warburton and Lui, p.21.
- ¹⁰² E. Pearson, T. Windsor et al. *Neighbourhood characteristics: Shaping the wellbeing of older Australians*, Research Monograph 2, National Seniors Productive Ageing Centre, July 2012.
- ¹⁰³ *Ibid.*, p.21.
- ¹⁰⁴ *Ibid.*, p 21.
- ¹⁰⁵ *Ibid.*, p.22.
- ¹⁰⁶ Cornell Institute for Translational Research on Aging (CITRA) *Social Isolation: Strategies for Connecting and Engaging Older People*, 2007, p 17.
- ¹⁰⁷ Bartlett et al, "Preventing social isolation in later life: findings and insights from a pilot Queensland intervention study", *Ageing and Society*, 2012, pp 1-23.
- ¹⁰⁸ Queensland Government Cross Government Project to Reduce Social Isolation of Older People *Best practice guidelines*, 2009, p 9.
- ¹⁰⁹ NARI and COTA Victoria, *Healthy Ageing Literature Review*, 2012.
- ¹¹⁰ CR Victor & A Bowling, 'A longitudinal analysis of loneliness among older people in Great Britain', *Journal of Psychology*, May-June 2012, 146 (3), pp 313-331.
- ¹¹¹ Benetas Media Release: *Voices of older people key to prevent social isolation*. www.benetas.com.au Accessed 2nd August 2012.
- ¹¹² Mental Health Council of Australia, *Priorities outside the NHHN reforms*, Position Paper, 2011, p 13 www.mhca.org.au Accessed 16th October 2012.
- ¹¹³ Kate Carnell, CEO of beyondblue, 'Improving outcomes for older people with depression and anxiety disorders', presentation to the *NARI Mental Health and Ageing Seminar* on 7th September 2012.
- ¹¹⁴ Australian Government Media Release: *Delivering national mental health reform*, 10th May 2011, <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr11-nr-nr093.htm> Accessed 2nd August 2012.
- ¹¹⁵ Benetas Media Release: *Voices of older people key to prevent social isolation*.
- ¹¹⁶ Australian Government Department of Health and Ageing *Living is for everyone (LIFE): A framework for the prevention of suicide in Australia*, Commonwealth of Australia, 2008.
- ¹¹⁷ *Ibid.*, pp 10-12.
- ¹¹⁸ Y. Conwell & C. Thompson, 'Suicidal Behaviour in Elders', *Psychiatric Clinics of North America*, Vol.34, pp.451-468.
- ¹¹⁹ Suicide Prevention Australia, *Position Statement on Chronic Illness, Chronic Pain and Suicide Prevention*, April 2012, p 11, www.suicidepreventionaust.org Accessed 16th October 2012.
- ¹²⁰ For more information on *Living Longer. Living Better*, refer to the Commonwealth's website at <http://www.livinglongerlivingbetter.gov.au/>
- ¹²¹ WRVS, *Voices on well-being*, November 2011, <http://www.wrvs.org.uk/our-impact/involving-older-people/defining-well-being> Accessed 19th October 2012.
- ¹²² COTA Victoria, *State Budget Submission 2013-14*.
- ¹²³ Australian Institute for Primary Care, *The Active Service Model: a conceptual and empirical review of recent Australian and International literature (1996-2007)*, January 2008, p 13.
- ¹²⁴ HAAG (Housing for the Aged Action Group) *Submission to the Inquiry into Opportunities for Participation of Senior Victorians*, Family and Community Development Committee, Parliament of Victoria, September 2011
- ¹²⁵ *Ibid.*, pp 3-6.
- ¹²⁶ Ena Ahern, Housing for the Aged Action Group, *Older Australians' Experience Living in Insecure Tenancies*, 2003, vii.
- ¹²⁷ R. Wilkinson and M. Marmot (eds.) *The Solid Facts*, London 1999, p 28.
- ¹²⁸ COTA Victoria, *Aged Care Reform Consultations Summary Report*, June 2012, p 8.
- ¹²⁹ COTA Victoria, *Submission to the Inquiry into Opportunities for Participation of Senior Victorians*, Family and Community Development Committee, Parliament of Victoria, September 2011, p 26.
- ¹³⁰ Garrard J, (2013). *Senior Victorians and walking: obstacles and opportunities*, Final Report. Melbourne, Victoria Walks.

BIBLIOGRAPHY

- Australian Bureau of Statistics, *Census of Population and Housing*, 2011
- Australian Bureau of Statistics, *General Social Survey: Summary of Results*, 2010
- Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing: Summary of Results*, 2007
- Australian Bureau of Statistics, *Australian Social Trends: Mental Health*, 2009
- Age Concern, *Out of sight, out of mind: social exclusion behind closed doors*, Age Concern, 2008
- Age Concern, *Social exclusion in later life*, Age Concern, 2009
- Ena Ahern, Housing for the Aged Action Group (HAAG), *Older Australians' Experience Living in Insecure Tenancies*
- Australian Government Media Release: 'Delivering national mental health reform', 10th May 2011, accessed at <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr11-nr-nr093.htm> on 2nd August 2012
- Australian Government Department of Health and Ageing, *Living is for everyone (LIFE): A framework for the prevention of suicide in Australia*, Commonwealth of Australia, 2008
- Australian Institute for Primary Care, *The Active Service Model: a conceptual and empirical review of recent Australian and International literature (1996-2007)*, January 2008
- B. Barber et al, *Physical, social and cognitive activities in the prevention of dementia: a review of the literature*. Report to the CSIRO, P-Health Flagship, 2010
- Ross Barnett, Director of Ethnic Communities Council of Victoria, 'Expectations of Ethnic Communities of the Victorian Mental Health Care System', presentation to the *Roundtable on Improving Mental Health Outcomes of CALD / Migrant / Refugee Communities*, Friday 2nd December 2011
- Helen Bartlett, 'Social Isolation of Older People in Regional Australia: the research agenda', MonRAS Presentation, 11th May 2010, Monash University, Gippsland Campus
- Bartlett et al, "Preventing social isolation in later life: findings and insights from a pilot Queensland intervention study", *Ageing and Society*, 2012, pp 1-23
- Dr Hazel Baynes, Dr Peter Orpin, and Prof Judi Walker, "Social connectedness and rural ageing", presentation to the Australian Association of Gerontology Conference <http://www.aagconference.com/2010>, accessed 2nd August 2012
- Benetas Media Release: 'Voices of older people key to prevent social isolation', accessed at www.benetas.com.au on 2nd August 2012
- Kate Carnell, CEO of beyondblue, presentation on 'Improving outcomes for older people with depression and anxiety disorders', to the NARI Mental Health and Ageing Seminar on 7th September 2012
- Commonwealth Department of Veterans, *Improving Health and Social Isolation in the Australian Veteran Community: A summary of research findings from the Improving Social Networks Study*, 1999
- Conwell, Y. & Thompson, C., 'Suicidal Behaviour in Elders', *Psychiatric Clinics of North America*, Vol.34, pp.451-468
- Cornell Institute for Translational Research on Aging (CITRA) *Social Isolation: Strategies for Connecting and Engaging Older People*, 2007
- COTA Victoria *Submission to the Parliamentary Inquiry into Opportunities for Participation of Victorian Seniors*, 2011
- COTA Victoria *Aged Care Reform Consultations Summary Report*, June 2012
- COTA Victoria, *State Budget Submission 2013-14*
- COTA Tasmania Media Release: 'COTA praises Government funding initiative', 14th August 2012
- G. Dahlgren and M. Whitehead, *The Main Determinants of Health Policies and strategies to promote social equity in health*, Stockholm Institute for Future Studies, 1991
- Department of Health, *Review of Social Support and Respite in Home and Community Care (HACC) and Aged Care: Literature Scan*, February 2011: includes Appendix A by Robyn Findlay (2003) 'Studies that have evaluated interventions to address social isolation in older people'
- Department of Health, *Pathways to the Future, 2006 and Beyond – Dementia Framework for Victoria* www.health.vic.gov.au/agedcare/publications/dem_fwork_06beyond.htm Accessed on 23rd August 2013
- Fleur Duane, Kathleen Brasher and Susan Koch, "Living alone with dementia", *Dementia*, 2013 12:123 originally published online 16 October 2011

Family and Community Development Committee, *Inquiry into Opportunities for Participation of Victorian Seniors*, August 2012

Helen Ferrara, *Seniors' Social Isolation: A scoping study*, Murdoch University, 2009

J. Garrard, *Senior Victorians and walking: obstacles and opportunities, Final Report*. Melbourne, Victoria Walks, 2013

Linda Grenade and Duncan Boldy, "Social isolation and loneliness among older people: issues and future challenges in community and residential settings", in *Australian Health Review*, August 2008, vol 32, no 3. pp. 468-478

HAAG (Housing for the Aged Action Group) *Submission to the Inquiry into Opportunities for Participation of Senior Victorians*, Family and Community Development Committee, Parliament of Victoria, September 2011

B. Haralambous, X. Lin, B. Dow, C. Jones, J. Tinney & C. Bryant, *Depression in older age: A scoping study*. Melbourne: National Ageing Research Institute for *beyondblue: the national depression initiative*, 2009

Katy Hole, *Loneliness compendium: Examples from research and practice, JRF programme paper: Neighbourhood Approaches to Loneliness*, 2011

Julianne Holt-Lunstad, Timothy B. Smith, and J. Bradley Layton, "Social Relationships and Mortality Risk: A Meta-analytic Review", *PLoS Med* 7(7):e1000316.doi:10.1371/journal.pmed.1000316, 2010

Mark Hughes and Sue Kentlyn, 'Older LGBT people's care networks and communities of practice: a brief note', *International Social Work*, vol. 54, pp.436-444

I. Kawachi and L.F. Berkman "Social ties and mental health", *Journal of Urban Health*, 2001 Sept; 78(3):458-467

W. Lauder, S. Sharkey and K. Mummery, "A community survey of loneliness", *Journal of Advanced Nursing* 46(1): 88-94, 2004

Charles Leadbetter, 'State of loneliness', *The Guardian*, 1st July 2009

Mackay, *Cross Government Project to Reduce Social Isolation of Older People*, 2003

Mental Health Council of Australia, *Priorities outside the NHHN reforms, Position Paper*, 2011, p.13, accessed at www.mhca.org.au on 16th October 2012

Mental Health Foundation, *The Lonely Society?* Mental Health Foundation, 2010

Y.L. Michael, L.F. Berkman, G.A. Colditz and I. Kawachi "Living Arrangements, Social Integration, and Change in Functional Health Status", *American Journal of Epidemiology* 153 (2), pp 123-131, 2001

National Ageing Research Institute (NARI) and The Benevolent Society, *Supporting older people who are experiencing mental distress or living with a mental illness*. Research to Practice Briefing 7, The Benevolent Society, August 2012

National Ageing Research Institute (NARI) and COTA Victoria, *Healthy Ageing Literature Review*, report for the Victorian Department of Health, 2012

National Seniors Productive Ageing Centre, *Staying Connected: Social Engagement and Wellbeing Among Mature Age Australians*, National Seniors Productive Ageing Centre, 2013

Gerry Naughtin, Brotherhood of St. Laurence, *Social inclusion and older people*, June 2008

Roger Patulney, "The golden years? Social isolation among retired men and women in Australia", *Family Matters*, No. 83, 2009, pp.39-47

E. Pearson, T. Windsor et al. *Neighbourhood characteristics: Shaping the wellbeing of older Australians*, Research Monograph 2, National Seniors Productive Ageing Centre, July 2012

Psychiatric News, 'New studies show reduction in dementia rates among elderly', <http://alert.psychiatricnews.org/2013/07/new-studies-show-reduction-in-dementia.html>, 2nd July 2013. Accessed 2nd October 2013

Queensland Government *Cross Government Project to Reduce Social Isolation of Older People Best practice guidelines*, 2009

J.S. Saczynski, L.A. Pfeifer, K. Masaki, E.S.C. Korf, D. Laurin, L. White, & L.J. Launer, "The Effect of Social Engagement on Incident Dementia: The Honolulu-Asia Aging Study", *American Journal of Epidemiology*, 163 (5), 2006

Dr Mandy Stanley, Professor Wendy Moyle, Alison Ballantyne, Megan Corlis, Deborah Oxlade, Andrew Stoll, Beverley Young, Sam Zubrinich & Natalie Gracia, *Alone in a crowd: Supporting older Australians managing loneliness*, University of South Australia, Griffith University, SA Aged Care Collaborative (Helping Hand Aged Care Inc., ECH Inc. & Southern Cross Care (SA)) and RSL Care for the Australian Research Council (ARC) Linkage – Projects for 2007-2009 (LP0774983), 2010

State Government of Victoria, *Pathways to a fair and sustainable social housing system – Public consultation discussion paper*, April 2012

L. Steed, D. Boldy, L. Grenade and H. Iredell, "The demographics of loneliness among older people living in Perth, Western Australia", *Australasian Journal on Ageing* 26(2), pp 81-86, 2007

Suicide Prevention Australia, *Position Statement on Chronic Illness, Chronic Pain and Suicide Prevention*, April 2012, p.11, accessed at www.suicidepreventionaustralia.org on 16th October 2012

Sydney Myer Fund & The Myer Foundation, *Social Isolation and Older People – A Role for Philanthropy?*, 2010

Tess Tsindos, "Chinese and Anglo-Australian Seniors Perceptions of Health and Loneliness", presentation to the Australian Association of Gerontology Conference <http://www.aagconference.com/2010> accessed 2nd August 2012

The Conversation 'Australian census: one in ten live alone, but that doesn't mean they're lonely', accessed at <https://theconversation.edu.au/australian-census-one-in-ten-live-alone-but-that-doesnt-mean-theyre-lonely-7674> on 19th October 2012

VicHealth, *Promoting Mental Health: Concepts, Emerging Evidence, Practice*, VicHealth, 2005

Christina Victor, 'What do you expect at your age? Loneliness and old age', presentation to the *What do we know about loneliness?* Conference held at Merton College, Oxford, July 9-10 2012, www. <http://www.campaigntoendloneliness.org.uk/loneliness-conference/> accessed August 2nd 2012

Christina Victor and A Bowling, "A longitudinal analysis of loneliness among older people in Great Britain", *The Journal of Psychology: Interdisciplinary and Applied*, 146 (3), pp.313-331

Christina Victor, Sasha Scambler, and John Bond, *The Social World of Older People: Understanding Loneliness and Social Isolation in Later Life*, Economic and Social Research Council, 2009

Linda Waite and Erin York Cornwell, "Social Disconnectedness, Perceived Isolation and Health Among Older Adults", *Journal of Health and Social Behaviour*, vol. 50, March 2009, pp.31-48

Dr Jeni Warburton and Dr Chi-Wai Lui, *Social isolation and loneliness in older people: A literature review*, 2007

G.C. Wenger and V. Burholt, "Changes in Levels of Social Isolation and Loneliness among Older People in a Rural Area: A Twenty-Year Longitudinal Study", *Canadian Journal on Aging* 23(2), 2004, pp. 115-127

R. Wilkinson and M. Marmot (eds.) *The Solid Facts*, London 1999

World Health Organisation *Active Ageing: A Policy Framework*, WHO, Geneva, 2002

WRVS, *Voices on well-being*, November 2011, accessed at <http://www.wrvs.org.uk/our-impact/involving-older-people/defining-well-being> on 19th October 2012

