

NHMRC Targeted Call for Research: Loneliness, Social Isolation and Chronic Disease Management RESEARCH SYMPOSIUM SUMMARY 23 October 2024

WHAT IS THE NHMRC TARGETED CALL FOR RESEARCH ON LONELINESS, SOCIAL ISOLATION AND CHRONIC DISEASE MANAGEMENT?

In 2022, the National Health and Medical Research Council (NHMRC) advertised a [Targeted Call for Research \(TCR\) on 'Loneliness, social isolation and chronic disease management'](#). This grant aims to support research that will inform future policies, programs and initiatives that are designed to assist people experiencing loneliness and/or social isolation to manage their chronic disease. The objectives of this grant are to understand how social isolation and/or loneliness leads to a decline in health status, poor disease management or reduced rehabilitation in people with chronic disease. Four experienced research teams funded to the value of \$5,565,411.30. Lead researchers and projects are described below.

Lead Researcher	Project Name
Professor Viviana Wuthrich Macquarie University	Targeting mechanisms underlying loneliness in chronic conditions (App ID: 2024751).
Professor Cathy Mihalopoulos Monash University Health Economics Group	Towards a holistic priority setting approach for chronic disease management to tackle loneliness and social isolation in Australia (the Connecting for Better Health project) (App ID: 2024805).
Dr Kate Filia Melbourne University, Orygen	The Sincere project: Developing resources to support Socially INclusivE caRE for mental ill-health (App ID: 2024853).
Professor Peter Kelly University of Wollongong	Groups for Belonging: A parallel cluster randomised controlled trial examining the effectiveness of a group-based loneliness intervention (App ID: 2024872).

THE LONELINESS, SOCIAL ISOLATION AND CHRONIC DISEASE MANAGEMENT RESEARCH SYMPOSIUM

On Wednesday October 23, Monash University School of Public Health and Preventive Medicine hosted a half-day research symposium which aimed to showcase the work of the above four grant recipients. This event offered a valuable opportunity for attendees to hear directly from experts tackling the challenges of loneliness and social isolation in chronic disease management. Participants also had the chance to explore collaboration and engagement opportunities while networking with others in the field. Associate Professor Michelle Lim opened the symposium with an overview of the relationship between loneliness and chronic disease, followed by presentations from the four grant recipients. The event attracted a total of 112 attendees, with 69 joining online and 43 attending in person.

LONELINESS AND CHRONIC DISEASE: AN OVERVIEW – PRESENTED BY ASSOCIATE PROFESSOR MICHELLE LIM – ENDING LONELINESS TOGETHER

Associate Professor Michelle Lim, founder of Ending Loneliness Together, was the keynote speaker for the symposium, presenting an overview of loneliness, social isolation and chronic disease and the relationships between these factors. Associate Professor Lim explained the difference between social isolation, loneliness and social connection. Loneliness is a subjective, unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or more satisfying social relationships, whereas social isolation is having objectively few social relationships, social roles, group memberships and infrequent social interaction. Social connection refers to being less lonely and socially isolated.

The negative impact of loneliness on health was explored with research showing loneliness leads to earlier death, poorer physical and mental health and increased risk of suicide. [‘Ending Loneliness Together’s State of the Nation Social Connection in Australia 2023 report’](#) found those who were moderately and severely lonely had a higher incidence of chronic disease. A recent study also found that higher loneliness in young adults was linked to cardiovascular disease markers. The complex relationship between social and cultural factors and their impact on social connection, health behaviours and physical and mental health was explored. Ending Loneliness Together’s [‘Why we feel lonely report 2024’](#) found that people with chronic health conditions, including arthritis, heart disease and cancer, are more likely to experience persistent loneliness than people without chronic health conditions. This may be explained by psychological and behavioural factors.

For more information: view the [Ending Loneliness Together website](#), search the [Ending Loneliness Directory](#) or contact Associate Professor Michelle Lim: info@endingloneliness.com.au

THE SINCERE STUDY: DEVELOPING RESOURCES TO SUPPORT SOCIAL INCLUSION FOCUSED CARE FOR PEOPLE WITH MENTAL ILL HEALTH – ORYGEN – PRESENTED BY DR KATE FILIA

Social inclusion is a key determinant of mental health that describes a person’s ability to be included in society. It comprises domains covering where a person lives, the financial resources available to them, what they do with their time, and if they have supportive and meaningful social networks. These are all also major contributors to social isolation and loneliness. The aim of this research program is to develop and test the feasibility and acceptability of resources to support the provision of social inclusion-focused care – a more holistic and person-centred approach to mental health care.

The Sincere study involves: (1) a survey of primary, specialist and community mental health service users aged 12 and over that assesses social inclusion (the Filia-Social Inclusion Measure; F-SIM), psychological symptoms, and quality of life (2) focus groups and interviews with service users aged 15 and over, caregivers, and mental health service staff to explore their needs in accessing and providing social inclusion-focused care and (3) co-design workshops to determine the visual design and methods of dissemination of the resources. The expected outputs include:

- An evidence-based user manual to facilitate the use and uptake of the F-SIM, detailing psychometric properties, acceptability, the needs of the mental health workforce to use the F-SIM effectively in treatment, and consumer preferences for same;

- Clinical practice guidelines including recommendations regarding best-practice approaches to addressing contributors to social isolation and loneliness in care; and
- An implementation toolkit to support mental health services to implement the resources according to the needs of the population, and mindful of local resource constraints.

These resources will bring together the research evidence, professional expertise, and lived experience to provide guidance that is relevant, practical and feasible.

Opportunities for engagement

- Join as a recruitment site
- Student supervision
- Help translate findings into practice as a researcher, practitioner or policy maker
- Provide advice and guidance as a person with lived experience
- Assist in the marketing, communication and dissemination of resources
- Any other ways – if interested, connect with us!

For more information: contact the research team:

Dr Kate Filia, Senior Research Fellow: kate.filia@orygen.org.au

Dr Katherine Mok, Research Fellow: katherine.mok@orygen.org.au

Annabel Burnside, Project Manager: annabel.burnside@orygen.org.au

THE TARGETING MECHANISMS UNDERLYING LONELINESS IN CHRONIC CONDITIONS PROJECT - MACQUARIE UNIVERSITY – PRESENTED BY DR JESSAMINE CHEN

Investigators: Wuthrich, V., Dear, B., Sharpe, A. L., Rapee, R., Willcock, S., Costa, D. S. J., Gandy, M., Scott, A., Fisher, A., Chen, J., Brogden, L., Walker, C. & Jones, M.

Chronic physical diseases are common and increase risk for loneliness and depression. This is particularly true of multi-morbidity, the comorbidity of two or more chronic diseases, which is especially prevalent among older populations. Considerable research now shows that escalating levels of loneliness and social isolation, increase mental health problems and impact on physical illness. At the same time symptoms associated with chronic diseases themselves are likely to lead to changes in social, emotional and behavioural functioning that increase risk for social isolation and loneliness. The mechanisms that explain these bidirectional relationships are not well understood and are likely to be more complex than the mechanisms that underlie the development of social isolation and loneliness in people without chronic diseases. Increasing our knowledge of the mechanisms that underpin these relationships is critical to develop more targeted interventions to reduce loneliness and social isolation among people with chronic disease and create better outcomes for all Australians experiencing these debilitating problems.

To provide the evidence needed to prevent loneliness and its adverse consequences we will conduct a series of three, interrelated studies: first to explore new ideas about potential causal mechanisms through interviews with relevant stakeholders; second to longitudinally evaluate the relationships between putative mechanisms and relevant outcomes; and third to explore a novel intervention to better prevent (or reduce) loneliness and social isolation among people with chronic diseases by targeting the key mechanisms that link these conditions. These studies build directly on our team's expertise in understanding the psychological mechanisms underlying loneliness and treatment of distress in chronic disease.

Opportunities for engagement:

- [Macquarie University Lifespan Health & Wellbeing Centre](#)
- Join our [Consumer Engagement Network](#)

For more information: email Professor Viviana Wuthrich: Viviana.Wuthrich@mq.edu.au or Dr Jessamine Chen: Jessamine.Chen@mq.edu.au

THE BUILDING BELONGING PROJECT: A PARALLEL CLUSTER RANDOMISED CONTROLLED TRIAL OF A GROUP-BASED LONELINESS INTERVENTION FOR PEOPLE ATTENDING TREATMENT FOR SUBSTANCE USE DISORDERS - UNIVERSITY OF WOLLONGONG – PRESENTED BY DR ISABELLA INGRAM

This presentation discussed a series of studies examining loneliness and substance use disorders, including the prevalence of loneliness amongst this population, and factors that contribute to, and maintain, loneliness. These studies led to the development of a theory-informed loneliness intervention, named Groups for Belonging. The presentation discussed the Building Belonging Project, a multi-state project that seeks to determine the effectiveness and cost-effectiveness of Groups for Belonging when implemented as part of routine care in addiction treatment services across Australia.

Opportunities for engagement:

- Treatment services (residential or day programs)
- Join our team:
 - Research clinician roles
 - PhD (with attached scholarship)

For more information: Contact Dr Isabella Ingram: ingram@uow.edu.au

TOWARDS A HOLISTIC PRIORITY SETTING APPROACH FOR CHRONIC DISEASE MANAGEMENT TO TACKLE LONELINESS AND SOCIAL ISOLATION IN AUSTRALIA (THE CONNECTING FOR BETTER HEALTH PROJECT) – MONASH UNIVERSITY – PRESENTED BY PROFESSOR CATHY MIHALOPOULOS

The Connecting for Better Health (C4BH) project aims to provide decision-makers with the knowledge and tools to successfully implement acceptable, targeted, equitable and cost-effective strategies for tackling loneliness and social isolation as part of a more holistic approach to chronic disease management in Australia. We will address gaps in our understanding about the links between loneliness and social isolation and chronic diseases, identify evidence-based strategies for breaking those links that are consistent with consumers' preferences and compare the equity and cost-effectiveness claims of each strategy. We will develop web-based geographical hotspot visualisations, a registry of services and a model based decision aid for service planners. Collectively, the outputs of this research will comprise a holistic priority setting framework that provides actionable insight into decisions about where to invest, into what kind of interventions, and whom to target. We aim for this priority setting framework to support a move away from siloed solutions to more holistic planning approaches that ameliorate the devastating impacts of loneliness and social isolation in Australia. We will develop our priority setting framework via three related workstreams and eight studies. Supporting the project team are a Steering Committee and Community Advisory Group.

Opportunities for engagement:

- Stakeholders can provide verbal or written feedback on relevant consultation documents and participate in design consultations and pre-release testing of the software we develop. Sign up to our newsletter to hear about upcoming opportunities [here](#).
- Community members with lived experience of loneliness and chronic disease can participate in surveys, interviews and discrete choice experiments. Express your interest [here](#).

For more information: View the [C4BH website](#) or contact Ms Sharon Clifford (Project Manager): connecting4betterhealth@monash.edu