

TDC 2022.02 National Strategy to Address Loneliness

1 **Resolved**, That the Toronto Diocesan Council of The Catholic Women’s League of Canada request
2 that the Ontario Provincial Council of The Catholic Women’s League of Canada urge the
3 Federal Government to develop a national strategy that addresses the negative impact of isolation
4 and loneliness on individuals through policy making and program delivery, and be it further,
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6 **Resolved**, That this resolution be forwarded through the Ontario Provincial Council of The
7 Catholic Women’s League of Canada for consideration at its 75th Annual Convention in July
8 2022 to the National Council of The Catholic Women’s League of Canada for consideration at its
9 102nd Annual Convention in August 2022.
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28 Gifted by St. John Fisher Council, Peel Region

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Brief

Loneliness can be linked to depression, anxiety and increased risk of other health problems (CMHA 2017). Loneliness and social isolation can have an equal or greater danger to public health than other more prominent risk factors such as smoking, obesity and substance abuse (Sam Juric, 2019). The risk factors or indicators that predisposes an individual to social isolation and loneliness include personal (i.e., age, single), health (i.e., disability, chronic illness, depression), social (i.e., living alone, low income) situational or environmental (i.e., lack of transportation, technology challenges), and the more risk factors, the higher their likelihood of experiencing social isolation or loneliness (RISE Spectrum HelpAge Canada, 2015).

“Social isolation and loneliness are one of the biggest challenges of our time.” (Pennings Ray, June 2019). Between 1981 and 2016, the rate of individuals living alone had doubled to four million (Tang, Jackie, et al 2019). There is some evidence that individuals who live alone are generally, more likely to report social isolation or loneliness than those who live with others (Ramage-Morin, 2016). Loneliness is a disconnect between a person’s desired and actual social relationships, which results in a complex emotional and physical responses whereas social isolation results from situations where a person has few people to interact with (The Regional Geriatric Program of Toronto, 2018).

In the 2019 Angus Reid survey, 40% of the respondents reported that they long for but did not have others to talk to them; 62% would like family and friends to spend more time with them; visible minorities, Indigenous Canadians, those with mobility challenges are more prone to social isolation and loneliness than the general population. Future generations of seniors may be more at risk of experiencing social isolation since baby boomers have had fewer children on average than previous generations (Tang, Jackie, et al 2019). Individuals with a history of loneliness and social isolation increased from 23% in 2019 to 33% since the COVID-19 pandemic (Angus Reid, October 2020). In the same survey individuals not predisposed to loneliness or social isolation went from 22% to 12% in the same period, 2 in 5 young men and women were among the desolate experiencing considerable isolation and loneliness. (Angus Reid, October 2020)

Social inclusion is one of the three most significant determinants of mental health which promotes feelings of attachment and companionship, enhancing one’s sense of purpose and self-esteem. (CAMH). It is projected that by Canada’s 200th birthday in 2067, loneliness will be a major issue given the growing use of social media, new social patterns, artificial intelligence, declining participation in churches, social organizations and political institutions, etc. (Milloy, John 2018). This will create more social isolation which will require a Minister of Loneliness to analyze policy proposals through a “loneliness lens” (Milloy, John 2018). There is no national strategy to address isolation and loneliness (Card, Kiffer G. and Hepburn, Kirk H. 2020). the Institut national de santé publique du Québec recommendations during the pandemic include partnerships between organizations, virtual supports, creating groups, involving seniors in program design, community spaces, transportation, minimizing COVID-19 transmission risk, and inequalities across space and communities (June 2020).

The state has a responsibility to create conditions and legislation to address issues such as loneliness (Synod of Bishops, Vatican, 2015).

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Action Plan

1. Reach out to members through direct in-person contact, regular phone calls, emails, sending cards, etc. at regular intervals not only during membership drive or requesting their help for council activities.
2. Be welcoming to members and non-members during council and parish events.
3. Recognize Loneliness in self and others.
 - a. Find ways to become more socially engaged such as volunteering, active participation in church and the council, build on self-strength, etc.
 - b. Implement programs and/or reach out to those experiencing Loneliness from members to parishioners.
4. Invite speakers from various organizations to speak with members and parishioners on Loneliness and ways to address.
5. Write letters to the Ministers of Provincial Parliament (i.e. Seniors and Accessibility, Ministry of Health, Long Term Care), prime minister and Members of Parliament (i.e. Minister of Health, Minister of Immigration, Minister Refugees and Citizenship, Minister of Seniors) urging the provincial and federal government to establish a national strategy on loneliness.
6. Monitor the federal government's response on the resolution and how the address social isolation and loneliness issues.