leading community mental wellbeing

Queensland Alliance for Mental Health

Inquiry into Social Isolation and Loneliness

Submission

Date: 18 August 2021

Queensland Alliance for Mental Health

Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Wellbeing Sector in Queensland. We represent more than 100 organisations and stakeholders involved in the delivery of Community Mental Wellbeing Services across the state.

Our role is to reform, promote and drive community mental wellbeing service delivery for all Queenslanders, through our influence and collaboration with our members and strategic partners.

At a federal level, we collaborate with Community Mental Health Australia. We work alongside our members to add value to the sector and act as a strong advocate on issues that impact their operations in Queensland communities.

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Background

Social isolation and loneliness are detrimental to both physical and mental health, leading to adverse effects on communities (Australian Institute of Health and Welfare, 2019). Given that social isolation and loneliness is viewed as "both a potential cause and a consequence of mental illness" (Productivity Commission, 2020, p. 380), QAMH recognises addressing this is critical for improving the mental wellbeing of everyone and believes the Community Mental Wellbeing Sector has a crucial role to play.

QAMH appreciates the opportunity to provide a submission to the Inquiry into Social Isolation and Loneliness in Queensland (the Inquiry). Our response to this public consultation has been informed by our members, a desktop review of academic and grey literature, and our extensive knowledge of the Community Mental Wellbeing Sector in Queensland. QAMH intentionally refers to the community managed mental health sector as the Community Mental Wellbeing sector to emphasise the unique contribution and preferred future direction of the sector as outlined in our Wellbeing First Report. This includes non-government, not-for-profit community-based mental health organisations that provide psychosocial supports and access to natural supports in the community.

We have addressed the Terms of Reference below.

Our response

Terms of reference

1. The nature and extent of the impact of social isolation and loneliness in Queensland, including but not limited to:
    - Identification of and consultation with vulnerable and disadvantaged individuals or groups at significant risk across the life course
    - The interplay of COVID-19 with this issue.

Loneliness arises when a person feels a discrepancy between the social relationships they have and those they desire. Critically, loneliness is a subjective feeling that can make a person feel socially isolated however is different from the objective measure of social isolation (Peplau and Perlman, 1982). For example, a person can feel lonely in a crowded room, but not be socially isolated.

According to Relationships Australia (2018), most Australians will experience loneliness at some point in their lives. A national online survey conducted in 2018 found 1 in 4 Australians are lonely (Lim, 2018).

Similarly, the Young Australian Loneliness Survey found more than 25% of participants reported problematic levels of loneliness and almost one third felt they were at "high risk" of social isolation (Lim, et al., 2019). The prevalence and distribution of social isolation and loneliness is unknown in Queensland, indicating the need for state-wide monitoring using validated measures.

Loneliness is considered a complex public health issue that cuts deep across all sectors of our society. Research shows loneliness is associated with lower workplace productivity, poorer health outcomes (including mental distress and suicidal ideation) and reduced quality of life (Australian Institute of Health and Welfare, 2019). According to Matthews et al. (2018) cohort study with young adults, loneliness often occurs simultaneously with anxiety, depression, and self-harm. For people struggling with their mental health, loneliness is often more burdensome and can lead to poorer outcomes. For example, Wang et al. (2020) explored loneliness as a predictor to poor outcomes for those who have experienced a mental health crisis and found there was a significant association, with greater levels of loneliness predicting poorer outcomes. To tackle the issue effectively, it is critical to consider those in the community who may be most vulnerable, particularly individuals with mental illness. QAMH believes the Community Wellbeing Sector in Queensland is well positioned to tackle this issue by providing both practical and early intervention approaches tailored to local community needs.

Social isolation and loneliness are typically described as a problem for older adults. However, it is becoming increasingly evident that social isolation and loneliness does not discriminate and can impact anyone across different life stages. Data from the UK indicates 14% of children aged 10 to 12 reported that they were 'often' lonely. While in Australia, loneliness was reported significantly more among young adults aged 18 to 25, compared to adolescents aged 12 to 17 years. In addition, people who live alone, particularly in urban areas are more vulnerable to experiencing feelings of loneliness (Ending Loneliness Together, 2020).

Although a public health issue before the pandemic, COVID-19 has exposed and amplified social isolation and loneliness across Australia. Social distancing measures and restrictions introduced by the Queensland Government have, to date, prevented widespread outbreaks in the community. However, the consequences of physical isolation and separation from loved ones has led to an increase in the use of mental health services and a rise in loneliness and psychological stress during the pandemic (Australian Institute of Health and Welfare, 2021).

The notion that social distancing should not mean social isolation has led community mental health organisations across Queensland to develop new models of care, including supports and programs to

keep people connected throughout the pandemic. QAMH recently completed a project to identify changes to the mental health service system that occurred during the pandemic and understand peoples' experiences of these. We found some services changed the focus of online therapy to simply an opportunity to check-in and keep people socially connected while others set up online social events (one person describing this as a "lifesaver"). This was crucial given that loneliness was identified as the most reported stressor during the pandemic (ABS, 2020). The COVID-19 pandemic has emphasised the importance of social connection for our mental wellbeing and our project findings have demonstrated the sector can play an important role in addressing the issue.

Terms of reference

2. The causes and drivers of social isolation and loneliness, including those unique to Queensland.
3. The protective factors known to mitigate social isolation and loneliness.

There are multiple risk factors that can make people more susceptible to experiencing loneliness including, but not limited to:

- social transitions at different ages – for example. young people moving away from home or older adults retiring from work.
- socio-environmental factors – for example, access to public transport.
- demographic factors – for example, people who are from non-English speaking backgrounds (Ending Loneliness Together, 2020).

Evidence suggests there are a range of protective factors known to alleviate social isolation and loneliness including social relationships, caring for others, having paid work, engaging in volunteer work, and actively participating in community or sporting organisations. However, research suggests these safeguards alone do not reduce loneliness (Australian Institute of Health and Welfare, 2019). Given loneliness is associated more with the quality than quantity of social relationships (Lim et al., 2016), the building of quality relationships may be the best defence for preventing and easing feelings of loneliness (Australian Institute of Health and Welfare, 2019).

The association between social isolation and loneliness, and mental illness is well documented (Productivity Commission, 2020). However, to understand the causes and drivers, it is also important to recognise the nature of the relationship – for example, does social isolation and loneliness lead to mental illness, or does mental illness lead to social isolation and loneliness? Public health scholars

widely accept the notion that social connectedness causally protects and fosters mental health (Perkins et al., 2015). However, clinical research largely portrays social isolation and loneliness the result of mental illness. A recent study tested the directionality of this link and found that while a reciprocal relationship exists between social isolation and loneliness, and mental illness, social connectedness was found to be the strongest predictor for mental health (Saeri et al., 2017). Recognising loneliness as both a symptom and consequence of mental illness, this research signifies the importance of interventions to improve social connectedness for improving and promoting mental health.

Addressing mental health with an approach that focuses on wellbeing rather than illness is one that QAMH strongly advocates. In our Wellbeing First report, we highlight that such an approach which has the potential to build social and economic participation at the individual level, increase reliance to common life challenges at the community level, alleviate current demand from clinical mental health services and foster mental wealth at the national level. Implementing the same approach in a state-wide strategy to address social isolation and loneliness, that is, prioritising opportunities for social connectedness to foster mental health, is likely to have wide-spread benefits across our community.

Terms of reference

4. The benefits of addressing social isolation and loneliness, examples of successful initiatives undertaken nationally and internationally and how to measure social isolation and loneliness in Queensland to determine if implemented strategies are effective.

Benefits of addressing social isolation and loneliness

The benefits of addressing social isolation and loneliness are wide-ranging across all sectors of society including health, social, economic and productivity at an individual, community and national level. From a health perspective, addressing this issue has the potential to help prevent mental distress and improve mental wellbeing (Productivity Commission, 2020). The extent of the potential benefits is reflected in the Second Australian National Survey of Psychosis which found between 75% and 94% of participants reported feeling lonely (Badcock et al., 2015). Furthermore, together with financial stability and vocational opportunities, loneliness was identified as a top challenge to overcome (Lim et al., 2018) indicating the significance of this issue to those experiencing poor mental health.

Examples of successful initiatives

There are multiple approaches and interventions that have demonstrated success in tackling loneliness. In the United Kingdom, the Mental Health Foundation outlines several successful strategies for combating this public health challenge, all of which are founded on the importance of building and sustaining quality relationships (Griffin, 2010).

These include:

- **Psychological therapies** – for example, talking therapies and Cognitive Behavioural Therapy. People experiencing loneliness may benefit from this approach by addressing emotional issues that make it challenging for people to establish relationships, or by recognising and modifying dysfunctional behaviour or thinking to overcome difficulties such as anxiety associated with social situations (Griffin, 2010).
- **Befriending schemes** – for example, intergenerational playgroups which aim to bring multiple generations together to build quality relationships through play and the Community Visitors Scheme (a Commonwealth Government initiative for people receiving Home Care Packages or government-subsidised residential aged care) which aims to develop social connections and friendships by matching volunteers with older people.
- **Volunteering** – this approach stands to benefit both volunteers and those involved in a voluntary scheme by helping people build their own social networks (Griffin, 2010). For example, the Care Army, a Queensland Government Initiative where everyday Queenslanders volunteer to help vulnerable people living in the community with limited or no natural supports to help support them throughout COVID-19. As well as supporting people to access essential services, a key focus of this program is to reduce the impacts of social isolation felt by many during the pandemic by enabling opportunities for social connection via phone calls or video chats.
- **Social network interventions** – this strategy aims to improve health and wellbeing by focusing on relationships with others (Griffin, 2010). An example of this includes Men's Sheds which aims to unite men from all walks of life, providing opportunities for social connection and relationships.
- **Use of technology** – technology can help reduce social isolation and loneliness. For example, Friendline, a Friends for Good initiative, is a national phone and online chat service open to anyone who needs to connect, share a story or have a chat. Reliance on technology to stay connected and access mental health services certainly has grown throughout the pandemic.

However, as warned by Vivek H Murthy, former U.S surgeon general, "technology is a good tool, particularly now, but it's not a replacement for real connection" (Fallik, 2020, para. 6).

How to measure social isolation and loneliness

QAMH recognises the importance of applying appropriate measurement and evaluation of programs to accurately identify impact and cost-effectiveness of strategies and interventions. The Ending Loneliness Together in Australia white paper calls for the development of a National Outcomes Measurement Framework to "better support and equip communities and organisations to dedicated to addressing loneliness" (Ending Loneliness Together, 2020, p. 31). Social isolation and loneliness are, however, challenging to assess, and methods are varied. Anecdotal evidence and single-item measures are generally unreliable, prone to bias and unlikely to provide a comprehensive assessment (Abbott et al., 2018; Ending Loneliness Together, 2021). A widely recognised, and psychometrically validated tool for assessing how often an individual feels disconnected from others is the University of California, Los Angeles (UCLA) Loneliness Scale (version 3) (Russell, 1996). This 20-item measure has been applied in the Australian context to examine "the prevalence of loneliness and how it affects the physical and mental health of Australians" (Abbott et al., 2018, para. 1). The suitability of the UCLA Loneliness Scale (version 3) should be considered for measuring loneliness in Queensland to determine if strategies are effective over time.

Terms of reference

5. How current investment by Queensland Government, other levels of government, the non-government, corporate and other sectors may be leveraged to prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland, including:
    - Services and programs such as health and mental health, transport, housing, education, employment and training, sport and recreation, community services and facilities, digital inclusion, volunteering, the arts and culture, community development, and planning for accessible, inclusive and connected communities.

The complex nature of social isolation and loneliness requires cross-sector integration and collaboration including across health, social and volunteer-run services, and sporting activities. Several countries, including Australia are incorporating social prescribing into the healthcare system to better address key risk factors for poor health, including social isolation and mental health problems. In

Queensland, Ways to Wellness, a "world-leading pilot for a social prescribing network in QLD", launched mid-2019 to tackle social isolation and loneliness with a whole-of-community approach (Ways to Wellness, 2019, para. 6). The initiative is a partnership between Mt Gravatt Community Centre, Mt Gravatt Men's Shed, Queensland Community Alliance, and the University of Queensland. The program uses social prescribing – a practice which enables health professionals to refer people to the program link worker and onto a range of local, non-clinical groups and programs in the community including community mental health organisations. A similar approach is demonstrated through Footprints' Care Coordination Service which aims to support people living with chronic disease(s) who are experiencing additional stressors in their lives, such a living in isolation, that make it difficult to manage their health conditions. Part of the service includes linking people to non-clinical services that meet the individuals needs to improve their health and wellbeing.

QAMH strongly supports such initiatives that recognise a medical response is not the only strategy to manage distress and mental wellbeing. Expanding social prescribing networks, particularly throughout the Community Mental Wellbeing Sector, will provide more opportunities for people, including those at risk of becoming, or are experiencing loneliness, to be linked with local community services and supports.

There is also an opportunity to improve integration in the community for individuals through local sports clubs. In a recent member forum, our members highlighted when people move to a new area, they often seek to become more involved in community, and build new social connections through sports clubs. QAMH have recognised the importance of this cross-sector collaboration through a recent agreement with QSport, the peak body for organised, affiliated sport across Queensland. The focus of the agreement is to promote easier access to community sport for people living with mental health issues by forging connections between sporting clubs and community mental health organisations across Queensland. These connections will not only offer physical health benefits but together provide more opportunities for people to connect and improve their mental wellbeing.

Terms of reference

6. The role, scope and priorities of a state-wide strategy to address social isolation and loneliness, considering interactions with existing Queensland and national strategies.

Overseas, the United Kingdom is leading the way in addressing social isolation and loneliness. They are the first country to introduce a 'Minister of Loneliness', a role which provides leadership and

accountability for addressing social isolation and loneliness, including implementation of a cross-government strategy to tackle loneliness (Government of the United Kingdom, 2018).

In Australia, Ending Loneliness Together[1] has called for a nationally coordinated response plan to address social isolation and loneliness. QAMH strongly supports the development of a state-wide strategy to address social isolation and loneliness that is informed by and aligned with a nationally coordinated approach. To tackle an issue that cuts deep across multiple sectors of society, a state-wide strategy will require cross-sector collaboration and integration including across health, social and volunteer-run services, and sporting activities with funding models that enable flexible service delivery at a local level.

A state-wide strategy should consider the following:

- The prevalence and distribution of social isolation and loneliness is unknown in Queensland, indicating the need for state-wide monitoring using validated measures.
    - The suitability of the UCLA Loneliness Scale (version 3) should be considered for measuring loneliness in Queensland to determine if strategies are effective.
    - Loneliness be a recognised measure in mental health service and funding models.
- Prioritise opportunities for social connectedness to foster mental health.
    - It is critical to consider those in the community who may be most vulnerable, particularly individuals with mental illness.
    - QAMH believes the Community Wellbeing Sector in Queensland (non-government, not-for-profit community-based mental health organisations that provide psychosocial supports and access to natural supports in the community) is well positioned to take the lead in addressing this issue by providing both practical and early intervention approaches tailored to local community needs.
- The building of quality relationships may be the best defence for preventing and easing feelings of loneliness.
    - Strategies should be founded on building and sustaining quality relationships.
    - Expanding social prescribing networks and building connections between sporting clubs and community mental health organisations across Queensland will provide more opportunities for people, including those at risk of becoming, or are experiencing loneliness, to be linked with existing local community services.

[1] "Ending Loneliness Together is a national network of organisations who have come together to address the emerging problem of loneliness in people living in Australia" (Ending Loneliness Together, 2020, p. 37).

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