Metro North Mental Health,
Metro North Hospital and Health Service

Inquiry into social isolation and loneliness in Queensland: Submission

Compiled by: Social Work Profession Leaders, MNMH

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General Position

Mental health and alcohol and drug consumers are a vulnerable group in our society, frequently suffering the health impacts associated with social isolation and loneliness. The COVID-19 pandemic has exacerbated the vulnerability of this cohort due to the impact of lockdowns and physical distancing. Furthermore, the extended nature of the pandemic has seen more mental health and substance use disorder presentations in hospital and health services increasing the number of people within this cohort.

To better attend to the rising health care needs of these consumers, funding for both research initiatives and enhanced service capacity that addresses social isolation and loneliness must be prioritised.

Background

General

Relative to the general population, people with mental illness and/or problematic substance use experience higher rates of chronic physical health problems, have a lower life expectancy and face significant barriers to receiving adequate health care (National Mental Health Commission 2016).

Social isolation and loneliness can be the catalyst for many mental health problems, including acute stress disorders, irritability, insomnia, emotional distress, mood disorders (including depressive symptoms), fear and panic, anxiety, frustration and boredom, loneliness, self-harm, suicide, and substance abuse (Sanders, 2020).

A meta-analysis by Holt-Lunstad et al. (2010) and a meta-analytical review by Holt-Lunstad et al. (2015) revealed that social connectedness or lack of, is the most significant risk factor in predicting morbidity and mortality rates, and that social deficits are a significant predictor of death in people younger than 65 years. “Social relationships, or the relative lack thereof, constitute a major risk factor for health —rivalling the effect of well-established health risk factors such as cigarette smoking, blood pressure, blood lipids, obesity and physical activity” (Holt-Lunstad et al., 2010).

People with severe mental illness are already likely to be affected by social isolation and other social issues compounding their vulnerability to further issues such as homelessness, loneliness, and poorer physical health (Usher, 2020). A study conducted by Steptoe et al. (2013) highlights isolation as one of the main risk factors that worsen pre-existing conditions. Additionally, Kaiser Family Foundation (2018) also found that social isolation and loneliness led to poor habits developing with people overeating, smoking, or using alcohol and drugs more when lonely and isolated.

COVID-19 context

The COVID-19 pandemic has also focused increased attention on psychosocial stressors such as social isolation and loneliness for all ages, particularly older adults as the most vulnerable, at-risk segment of the population (Berg-Weger & Morley, 2020). “The pandemic and its effects are not over for those Australians who have become part of the new vulnerable cohort. Economic wellbeing and job security remain elusive, and there are other concerns such as physical safety, an increase in coercive control tactics, the lingering effects of enforced isolation on mental health, eroding worker protections and the reduction of income support payments” (Maury et al., 2020). Research also found that increased loneliness and reduced social interactions are well-known risk factors for several mental disorders, including Schizophrenia and Major Depressive Disorder (Fiorillo & Gorwood, 2020).

The current impacts of COVID-19 are replicating those experiences that are typically associated with older age such as unemployment, the passing of loved ones and close friends, and a restricting of social networks. This in effect is increasing the risk of social isolation and loneliness felt by the wider population, more specifically, mental health consumers who in comparison to the general public already have a higher risk of social isolation and loneliness.

A study by Williams et al. (2021) highlighted that whilst social distancing during the COVID-19 pandemic was deliberately initiated to protect populations it has resulted in social isolation and loneliness. An international survey conducted by the Kaiser Family Foundation (2018) identified that despite the "increased use of technology" many people continued to feel socially isolated and lonely, identifying increased use of social media as a direct causal link. It was also reported that when linking up with a friend via online means rather than in person, that four out of ten people reported feeling less satisfied with this type of interaction (Kaiser Family Foundation, 2018). The Kaiser Family Foundation (2018) report also indicated that "people experiencing loneliness or social isolation in the U.K. or Japan are more likely than others to say technology has made it harder to spend time with family and friends".

Data and Trends (Metro North Mental Health, Metro North Hospital and Health Service)

Metro North Mental Health (MNMH) Statical data demonstrates the impact that social isolation, lockdowns, and physical distancing associated with COVID-19, has had on service demand for mental health and alcohol and other drug help seeking in both emergency departments and community health settings.

The ADIS 24/7 Alcohol and Drug Support (Queensland Health) service recorded a 41% increase in help seeking callers from across Queensland since the start of the COVID-19 pandemic in March 2020, with this increase sustained since.

Mental health presentations to Emergency Departments (ED) (including alcohol and drug concerns) have contributed to 11% of the total health expenditure in Metro North Health and are one of the largest determinants of morbidity and mortality. Presentations to ED at The Prince Charles Hospital were 42% higher in the period between April-June 2021 than the same period in 2020, with a sizeable proportion being alcohol and drug related presentations. The Metro North Health – Working Together to Connect Care Program at the Royal Brisbane and Women's Hospital identified that of frequent ED users approximately 28% were re-presenting predominantly due to alcohol and 13% predominately due to drug related concerns

In a comparison of data between 2019 – 2020 it was identified that MNMH saw a 9% growth in overall ED presentations with a mental health coded presentation. (Emmerson, 2020) During the same collection period, there were significant increases of presentations of children aged between 0-17 years with a 73% recorded growth in presentations and a 27% increase in presentation of people aged 65 years and older (Emmerson, 2020). Whilst deaths by suicide had not been reported to have increased, rates of presentations with suicidal ideation, suicidal intent, suicidal attempt, suicide plan, or suicide threat had increased by approximately 20% during the July – December months between 2019-2020 (Emmerson, 2020).

Addressing Social Isolation and Loneliness:

There is a wealth of evidence from medical, epidemiological, psychological and social literature showing that social connectedness is a strong predictor of mental health, physical health, cognitive health and general well-being outcomes. People with more social ties are healthier and happier, they live longer, have better mental health and are less prone to cognitive decline (Haslam et al. 2014).

Establishing or maintaining existing relationships is particularly challenging when people are vulnerable (e.g., through disability and low income) and when people are experiencing life change, particularly negative life events (e.g., retrenchment, moving into care, suffering trauma, illness or pandemics). At these times, greater awareness of social relationships and their management is crucial if people and communities are to overcome these challenges.

However, it is often assumed that developing and keeping social relationships is easy, and so initiatives addressing these issues have had little priority. There have been few randomised controlled trials of interventions for loneliness and social isolation interventions and, the quality of evidence for most interventions for social isolation and loneliness is generally weak (DiJulio et al., 2018; Haslam et al., 2014; Holt-Lunstad et al., 2015). Further research is required into novel and comprehensive responses that attend to the complexities associated with social isolation and loneliness issues for people with mental health and alcohol and other drug use disorders. In addition, this research needs to be prioritised due to the emerging issues arising from the COVID-19 pandemic and to ensure responses are founded in evidence.

Health care policies and public health initiatives could benefit from explicitly accounting for social factors in efforts aimed at reducing mortality risk (Holt-Lunstad et al., 2010). Individuals do not exist in isolation; social factors influence individuals' health though cognitive, affective, and behavioural pathways (Holt-Lunstad et al., 2010). As such, due to the increasing demand on tertiary mental health and alcohol and other drug health services associated with COVID-19 pandemic, additional resourcing is required to enhance the capacity of these services. Specifically, these resources need to target persons presenting with depression, anxiety, general distress and substance use disorders, where social

relationship–based interventions are delivered to enhance the quality of life, to compliment the improved mortality rates provided by medical interventions.

References:

Berg-Weger, M., & Morley, J.E. (2020). Loneliness and social isolation in older adults during the Covid-19 pandemic: Implications for gerontological Social Work. *Journal of Nutrition, Health & Aging, 24*(5), 456-458. doi: 10.1007/s12603-020-1366-8

DiJulio, B., Hamel, L., Munana, C., & Brodie, M. (2018). *Loneliness and social isolation in the United States, the United Kingdom, and Japan: An international survey*. Retrieved August 6, 2021, from https://files.kff.org/attachment/Report-Loneliness-and-Social-Isolation-in-the-United-States-the-United-Kingdom-and-Japan-An-International-Survey

Emmerson, B. (2020). *Staff Forum – 2020 a quick year in review* [PowerPoint presentation]. Brisbane, Australia: Queensland Health.

Fiorillo, A., & Gorwood, P. (2020). The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. *European Psychiatry, 63*(1), 1-2. doi: 10.1192/j.eurpsy.2020.35

Haslam, C., Cruwys, T., Dingle, G., & Haslam, S. A. (2014). *Groups 4 health: Therapist manual*. Brisbane, Australia: Centre for Health Outcomes, Innovation and Clinical Education.

Holmes, A., O'Connor, R., Perry, V., Tracey, I., Wessely, S., Arseneault, L., . . . Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *The Lancet Psychiatry, 7*(6), 547-560. doi: 10.1016/S2215-0366(20)30168-1

Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspectives on Psychological Science, 10*(2), 227-237. doi: 10.1177/1745691614568352

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Medicine, 7*(7), 1-20. doi: 10.1371/journal.pmed.1000316

Kaiser Family Foundation. (2018). *2018 employer health benefits survey*. Retrieved August 6, 2021, from https://www.kff.org/report-section/2018-employer-health-benefits-survey-summary-of-findings/

Maury, S., Levine, J., Lasater, Z., Vidal, L., & Ulbrick, M. (2020). *Understanding the impacts of COVID-19 on vulnerable Australians: Insights from Good Shepherd Australia New Zealand*.

National Mental Health Commission. (2016). *Equally well consensus statement: Improving the physical health and wellbeing of people living with mental illness in Australia*. Retrieved August 6, 2021, from https://www.equallywell.org.au/wp-content/uploads/2018/12/Equally-Well-National-Consensus-Booklet-47537.pdf

Sanders, R. (2020). *COVID-19, social Isolation and loneliness*. Retrieved August 6, 2021, from https://www.iriss.org.uk/resources/esss-outlines/covid-19-social-isolation-and-loneliness

Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Journal of Proceedings of the National Academy of Sciences of the United States of America, 110*(15), 5797-5801. doi: 10.1073/pnas.1219686110

Usher, K. (2020). Life in the pandemic: Social isolation and mental health. *Journal of Clinical Nurse, 29*, 15-16. doi: 10.1111/jocn.15290

Williams, C. Y. K., Townson, A. T., Kapur, M., Ferreira, A. F., Nunn, R., Galante J., . . . Usher-Smith, J. A., (2021). *I*nterventions to reduce social isolation and loneliness during COVID-19 physical distancing measures: A rapid systematic review. *PLOS ONE, 16*(2), 1-28. doi: 10.1371/journal.pone.0247139

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