

# Inquiry into social isolation and loneliness in Queensland: Submission

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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 impact of lockdowns and physical distancing, as well as has increased the number of people within the cohort, as the extended nature of the COVID-19 pandemic has seen more mental health and substance use disorder presentations in hospital and health services.

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 (Brooks et al., 2020; Desclaux et al., 2017; Donovan, 2020; Holmes et al., 2020).

A meta-analysis by Holt-Lunstad et al. (2010) and 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 more predictive 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 depression (Fiorillo & Gorwood, 2020).

The current impacts of the COVID-19 events 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 to be 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.

In a study conducted by Williams et al. (2021) it was 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 and identified 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 KFF 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.” (Kaiser Family Foundation, 2018)

### 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, lockdown, 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 then.

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 suicide deaths had not been reported to have increased, rates of presentations with suicidal ideation, suicidal intent, suicidal attempts, suicide plan, or suicide threats 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 literatures 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, low income) and when people are experiencing life change, particularly negative life events



(such as retrenchment, moving into care, suffering trauma or illness and 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 randomized 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; Holt-Lunstad et al., 2015; Haslam et al., 2014). 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 through 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 person 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.

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