ENDING LONELINESS TOGETHER

# Targeting Loneliness and Social Isolation in Queensland

Ending Loneliness Together Submission
Queensland Parliamentary Inquiry
August 2021

# Ending Loneliness Together

Ending Loneliness Together (ELT) is a national Australian initiative that aims to raise awareness and reduce the negative effects of loneliness and social isolation in our community through evidence-based interventions and advocacy.

Inspired by the work of the UK Campaign to End Loneliness and the growing research evidence of the biological, psychological, social and economic impact of loneliness and social isolation, Ending Loneliness Together has drawn together knowledge from Australian and international universities along with service delivery expertise from community groups, professional organisations, government agencies and skilled volunteers, in order to address loneliness in Australia.

We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future, for they hold the dreams of Indigenous Australia.

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# Targeting Loneliness

Ending Loneliness Together welcomes the opportunity to provide input to the Queensland Parliamentary Inquiry. The Productivity Commission's 2020 Mental Health report[1] highlighted the significant impact of loneliness and social isolation across the lifespan. Loneliness and social isolation can affect anyone, at any age. Internationally, loneliness and social isolation are clearly recognised as significant threats to public health, important targets for prevention of mental and physical ill health, and major contributors to health system costs.

Ending Loneliness Together is focused on reducing chronic loneliness in Australia and across the lifespan. The organisation is the leading authority in this area and co-founders of the Global Initiative in Loneliness and Connection. Loneliness and social isolation are both critical issues that transcend state and international borders – and independent determinants of health.

Loneliness is poorly understood within our community and within our health sectors. While related to social isolation, the ways to manage loneliness are less straightforward than merely reducing social isolation. Although there has been investment to address loneliness and social isolation in response to the COVID-19 pandemic, identified gaps remain.

We therefore call on the Queensland Government to consider significant investments to advance this work to ensure an effective, coordinated, and far-reaching impact on combatting the next public health issue facing Australians.

1 Productivity Commission. 2020. Mental Health, Report no. 95, Canberra. Available from: https://www.pc.gov.au/inquiries/completed/mental-health/report.

# Key Recommendations

Given the high prevalence rates of loneliness and the exacerbation of this issue as a result of the COVID-19 pandemic, and to deliver a more sustainable, effective, and efficient response to addressing loneliness and social isolation and promote the social recovery of all Queenslanders, we urge the Queensland Government to address two major gaps.

- First, to address a **lack of community awareness and skills** on how to manage loneliness and social isolation;
- Second, to address the **absence of uniform standards and guidelines** within community and mental health sectors.

Ending Loneliness Together calls for the Queensland Government to address these two gaps by equipping, implementing, and mobilising all sectors to deploy a state-wide evidence-based informed Loneliness and Social Isolation Strategy.

Ending Loneliness Together makes three key recommendations that can be covered within a Loneliness and Social Isolation Strategy:

1. Deliver an evidence-based **community awareness campaign** to address loneliness and social isolation, and the stigma associated with these experiences, for the prevention of poor health and well-being and to equip individuals with the tools and resources to improve social connection.
2. Implement a **standardised measurement and evaluation framework**, practice guidelines, and training for frontline health and community workers to equip them with evidence-based approaches, resources, and solutions to systematically identify, monitor, and direct people experiencing loneliness and social isolation.
3. Support and augment a Loneliness and Social Isolation specific online database, to help consumers and healthcare professionals find local, **evidence-based programs and services** targeting loneliness that best suit their needs or those of their patients.

# Framing the Issue: Loneliness in Australia

## Loneliness is a critical issue of our time. In November 2020, Ending Loneliness Together released a landmark white paper which captures the seriousness of chronic loneliness, as a major social, health, and economic issue of our time, with wide-ranging implications for our economy and society.

Loneliness has a detrimental impact on health and wellbeing, productivity, and functioning in daily life. **One in four Australians** aged 12 to 89 experience problematic levels of loneliness[2,3]. At any given time, the estimated prevalence of problematic levels of loneliness[4] is around 5 million Australians. While the financial burden on Australia's health service has not yet been quantified, equivalent costs to Medicare in the USA have been estimated at **$6.7 billion annually**[5]. The stigma of loneliness means that many more people are uncomfortable talking about their feelings of social isolation and disconnection. As a result, there are countless Australians living with persistent loneliness who do not access the appropriate help available in their community. Equally, the stigma of loneliness makes it difficult for service providers to identify, engage with and support people experiencing or at risk of loneliness.

## Loneliness and Health

Before the pandemic, loneliness was identified as a growing public health problem with a robust body of evidence testifying to the deleterious impacts on both mental and physical health[6], including poor cardiometabolic health, physical inactivity, obesity, impaired sleep, cognitive decline and increased risk for dementia[7]. In fact, people who are lonelier not only have increased morbidities, but they also experience higher mortality rates compared with their less lonely counterparts[8]. Loneliness is associated with a 26% greater risk of premature mortality equivalent to rates of living alone or being socially isolated[9].

Critically, loneliness is a significant predictor of a range of mental health symptoms and disorders. Loneliness predicts future poorer mental health severity, including depression, social anxiety and paranoia[10], and increases the odds of having a clinically diagnosed mental disorder, including phobias, depression and obsessive-compulsive disorder[11]. Loneliness is also associated with increased suicidality and parasuicide[12]. Those with severe loneliness are 17 times more likely to have made a suicide attempt in the past 12 months[13].

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## Health Service Utilisation Costs

According to the Mental Health Inquiry Report[14], mental ill-health and suicide cost the Australian economy between $43 billion to $70 billion in 2018-19, including the direct cost of healthcare expenditure and other services and supports ($16 billion), the cost of lost productivity due to lower employment, absenteeism and presenteeism (ranging from $12 billion to $39 billion), and the informal care provided by family and friends ($15 billion). Lonely older adults have a 58% higher risk of developing dementia compared to their less lonely peers[15]. Loneliness adds to the cost of dementia which is expected to rise to $16.7 billion in direct costs, and to $9.1 billion in indirect costs by 2036[16].

There is an additional economic burden of mental health service use associated with loneliness. A systematic review on the economic costs associated with loneliness highlights that loneliness is associated with excess healthcare costs[17]. Loneliness is associated with an increased number of general practitioner visits and frequent use of hospital services in older adults and people with psychotic disorders in particular, independently of other sociodemographic factors and health needs[18]. Tackling loneliness could therefore assist with reducing waiting time and improving access to health services.

Fortunately, investment in loneliness initiatives provides clear value for money. In 2019, economic modelling conducted by the National Mental Health Commission shows that for every $1 invested in programs that address loneliness, the return on investment is between $2.14 to $2.87 respectively[19,20].

## Loneliness and social isolation are signature concerns of the COVID-19 pandemic

The COVID-19 crisis has brought loneliness and social isolation to the centre of our attention and serves as a powerful reminder of just how important meaningful social relationships are. **One in two Australians reported feeling lonelier since the onset of the COVID-19 pandemic**. For Australian residents aged 18-81 years surveyed between March and April 2020, loneliness increased the likelihood of developing a clinical depressive disorder by eight times and a clinical social anxiety disorder by five times. Unfortunately, based on previous infectious diseases research, it is likely that social disconnectedness and poor mental health triggered by COVID-19 will be persistent even after the immediate public health crisis ends.

More Australians are expected to report emerging mental ill health as we move beyond the immediate public health crisis. Those who did not have prior mental health disorders are expected to report more loneliness, financial and work-related stress, and problematic mental health symptoms. Importantly, first-time help seekers struggling with loneliness may be reluctant to access services through specialist mental health service providers and the absence of an easily accessible and trusted online directory means they may not identify relevant community solutions or service providers.

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19 National Mental Health Commission. (2019). Educational interventions to reduce older persons' loneliness. Online Report.
20 National Mental health Commission. (2019). e-Health interventions to reduce older persons' loneliness. Online Report.

## The Queensland Government requires an evidence-based strategy to address loneliness and social isolation now – with input from scientific experts, industry sectors, and policy makers.

The benefits of an **Evidence-Based Strategy to Address Loneliness and Social Isolation** for the future of Queenslanders are multiple, and includes:

1. Reducing excess costs to healthcare by improving prevention and early intervention so that people can manage their own loneliness as much as possible;
2. Reducing demand on general health, youth services, aged and community services and mental health specialist services by redirecting socially vulnerable people to appropriate, effective, low intensity community support;
3. Fostering prevention and reducing the prevalence of loneliness in the population by increasing effective and appropriate avenues of recovery for individuals experiencing or at risk of loneliness;
4. Increasing community awareness of loneliness and social isolation as well as equipping people with the skills and confidence to manage their distress and support others struggling with loneliness and social isolation;
5. Improved transparency over outcomes achieved by services and providers, both within and beyond the healthcare system tackling loneliness and social isolation.

# Conclusion

The road to recovery from the COVID-19 pandemic will be long and arduous – with significant costs to the Australian economy. Our organisation will leverage a skilled and capable team of centrally positioned industry partners and scientific experts in loneliness, social isolation, and health. We call for the Queensland Government to consider significant investments to advance this work to ensure an effective and extensive impact on combatting the next public health issue facing Australians.

Critically, allocating funding to the sector to address loneliness and social isolation will enable the State Government to better manage the next public health crisis facing Australia. We welcome the Queensland Government to work with Ending Loneliness Together, the leading authority in this area, to co-design and deliver the best strategy to address loneliness and social isolation.

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