Inala Primary Care
Excellence in General Practice

Committee Secretary
Community Support and Services Committee
Parliament House
George Street
Brisbane Qld 4000

17 August 2021

RE: Submission to the Inquiry into social isolation and loneliness in Queensland

Dear Committee Members,

Inala Primary Care thanks the committee for the opportunity to provide a submission to the *Parliamentary Inquiry into Social Isolation and Loneliness in Queensland*.

Inala Primary Care is a not-for-profit general practice clinic located in the heart of Inala. We serve a diverse community. Our patients self-report from being over 140 different ethnicities and more than 1 in 10 of our health care consultations are though a professional linguistic interpreter. Within the restrictive confines of the current Medicare Billing Schedule (MBS), we strive to provide high quality, evidence-based health care that is equitable and free to anyone with a Medicare card. We reinvest our revenue into the development of innovative health delivery models in partnership with key stakeholders such as specialised organisations (e.g. Mater Integrated Refugee Health Service) and universities (e.g. University of Queensland and Griffith University). Examples include the Mater CALD Health Coordinator Service (1–3), “Towards Collaborative Management” for non-alcoholic fatty liver disease (4) and the Keeping Kidneys service (5–8).

We also use some of our reinvestments to advocate on behalf of our patients as we recognise that they are often the voiceless yet the decisions we make as leaders can have profound effects on these individuals. Our advocacy has seen us engage with the Queensland Community Alliance and together we support a group of community members called the “Well Connected Group” who we hope will become champions against social isolation in their communities. We are also active advocates for better health and social care coordination services for culturally and linguistically diverse populations (1).

Our patients live not just in Inala, but the region surrounding our location. Inala is the most socioeconomically marginalised urban community in Queensland (9). There is strong scientific evidence that social isolation alone is associated with poor physical and mental health, often to the point where there is an observable increase in mortality (10–13). The evidence implores us to recognise social isolation as a core health and social problem in our communities which needs a coordinated, multidisciplinary and community-led approach to solve. Thus, we support the intention of this inquiry. Social isolation and loneliness are

Inala Primary Care
64 Wirraway Parade
INALA QLD 4077
P: 07 3275 5444

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complex concepts and in order to address it appropriately and adequately, we need to identify the nature, prevalence and magnitude of social isolation and loneliness in our communities and the impact they have on individuals. From there, we will be able to understand and develop the role, scope and priorities of a State-wide or perhaps influence a national strategy to address social isolation and loneliness. This inquiry has been initiated in response to grass-roots process of community listening and community organising, and we recognise and appreciate the response thus far.

Response to Terms of Reference

We would like to share our views, knowledge and recommendations on this issue in accordance with the terms of reference stated in the submission guidelines:

A. 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**

Social isolation and loneliness (these terms will be used interchangeably throughout this submission) is known to be associated with illness and even increased risk of mortality. Poor health, regardless of whether it is objective or subjective, leads to reduced participation in the workforce and, counterproductively, increases the risk of further social isolation as people tend to withdraw due to their poor health. Poor health also leads to an increase in service utilisation. Our patient cohort of over 7000 patients live in Inala and around Inala. Our analyses found that our proportion of patients who frequently attend to general practice care is amongst some of the highest in Australia. While frequent attendance to general practice care can be driven by genuine medical needs, a great example is pregnancy, but for many it is a symptom of unmet biopsychosocial needs, especially social needs (14). *A person can be seen as a complex whole; an overlay of interconnected domains: biological, psychological, social and spiritual. Modern medicine is starting to understand that these domains and interrelated, problems in one can manifest as problems in other domains. Our clinicians have reported that they frequently observe attendances driven by non-medical matters, family issues, loneliness, poor access to social care services. From a medical standpoint, these are often considered inappropriate. While doctors and nurses can address the psychological symptoms when they are present, they are not adequately trained to effectively help socially isolated people reengage. COVID19 has widened cracks in our society when it comes to social isolation. People with fragile levels of resilience and those with poor access or literacy with technology are even further isolated.*

B. The causes and drivers of social isolation and loneliness, including those unique to Queensland

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In our region of great multicultural diversity, we have recognised that there is an equally diverse array of divers of social isolation. Our conversations and listening sessions with people who attend out clinic have outlined the following as possible drivers of social isolation:

- *Socioeconomic disadvantage; a lack of resources or ability to take time off work to engage in social activities.*
- *Poor health; health care appointments at clinics and hospitals consume time they might otherwise devote to other activities. Or withdrawal due to poor health.*
- *Poor "last mile" transport options; especially relevant to those who are older. Another key point is that transport options are not frequent enough.*
- *Mental health issues and anxiety; poor or no access to low intensity mental health services means that people suffering from anxiety and other conditions could be further marginalised and isolated.*
- *Culturally appropriate events and activities; our high proportion of migrants have unique social needs, these are generally not met and the significance of such needs are almost always poorly understood by the cultural majority.*
- *The effects of climate change; dangerous heat events or increase frequency of dangerous storms.*

C. The protective factors known to mitigate social isolation and loneliness

For those already socially isolated, a coordinated social care coordination service with low intensity psychological therapy has been shown to be effective. The Groups4Health service piloted by A/Prof Genevieve Dingle, University of Queensland is such a service. However, access needs to be equitable to all including funded or heavily subsidised access to language interpretation services for attendees. As mentioned earlier, frequent attenders often have an overlay of social determinants of health driving their frequent attendances. Thus, an equitable access coordinator in the general practice clinic may serve as a linking service for people who do not have adequate knowledge or skills to find and engage in social activities.

Protective factors that we could implement as a society are better "last mile" transport options. Lower cost or free social activities that are community informed and co-designed. Culturally safe and appropriate events and activities also need to be fostered.

D. 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.

Preventing and mitigating social isolation will undoubtedly lead to improved productivity and wellbeing within our communities. Investment into combatting social isolation will see a diversion of demand away from expensive services such as general practice and hospital emergency towards more cost-effective service such as subsidised or free social activities

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and events, including better transportation. By improving cultural safety and appropriateness, we will see improved community cohesiveness.

E. How current investment by the 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**
- **targeted support to vulnerable and disadvantaged groups and those most at risk**

We need a coordinated, culturally safe and appropriate care coordination service in health care settings. This service needs to be adequately funded and equitable to all as we know social isolation can disproportionally affect lower socioeconomic communities as people within these communities have lower "reserves" to deal with negative "shocks" in their lives. The Mater M-CHooSE program is a health and social care coordination service for culturally an linguistically diverse patients and our research has shown it has led to better overall health outcomes for many patients. Yet we are yet to see adequate and stable funding for such a unique and helpful service. The Ways to Wellness and Groups4Heath programs are making positive impacts in the communities they operate in, but they need ongoing support to continue to evolve and reach a level of scale that would see community-wide change.

Overleaf are our recommendations, some of which are shared with other members of the Queensland Community Alliance. We thank the committee for their time and consideration. We also welcome any questions from any of the committee members or their representatives about anything we have outlined in this submission. We would also welcome any request to "come have a coffee" and to simply observe and be immersed in the community we serve to get a better sense of the problem and potential solutions. Please feel free to contact Dr David Chua (dchua@inalapc.org.au) who is our research and collaborations manager or Ms Tracey Johnson (traceyj@inalapc.org.au) who is our CEO.

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Recommendations

Inala Primary Care supports the following recommendations for the Inquiry:

a. The Social Cure

We recommend that the research by University of Queensland's School of Psychology around "Social Cure" should be the central reference point and underpinning of the new Queensland State-wide strategy to address social isolation and loneliness.

This research is brought together in *"The New Psychology of Health: Unlocking the Social Cure"*

In addition to this book we refer the committee to a summary and further detailed references at: https://stories.uq.edu.au/research/impact/2020/a-social-cure-for-better-health/

This research includes social prescribing and "Groups for Health" as evidence-based interventions.

b. Expand Ways to Wellness

The Ways to Wellness program is a world-leading social prescribing network in the Mount Gravatt area of Brisbane. It has been developed through a community organising process led by the Qld Community Alliance in collaboration with University of Queensland, and funded by the Queensland Government.

We submit that social prescribing should be developed as a key pillar of the Queensland State-wide strategy to address social isolation and loneliness. Ways to Wellness builds upon the experience of social prescribing overseas by more deeply linking health providers, community initiatives, and isolated people.

Further information can be obtained from Mt Gravatt Community Centre which coordinates the project.

- **Increase base funding for Community Neighbourhood Centres**

We submit that Community Neighbourhood Centres be considered as key social infrastructure, which should play a central role in Queensland State-wide strategy to address social isolation and loneliness.

Effective community neighbourhood centres reduce social isolation right across a local community. They build exactly the type of group relationships proven to strengthen social

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identity and therefore reduce social isolation. They are the right scale to build these relationships in ways that address local needs and local nuances for local communities.

Despite this, Community Neighbourhood Centres only receive a yearly average of $134,000 in Neighbourhood Centre funding per centre from the Queensland Government. This has not increased over several decades, effectively amounting to a cut in local services, programs and support to our local communities every year as centres are asked to do more with less.

We recommend that Community Neighbourhood Centres be considered as frontline services, and that their funding be increased accordingly.

c. Involve cultural community leaders from first nations and multicultural communities in leadership and co-design of relevant initiatives

We submit that there will need to be particular approaches used in first nations communities and multicultural communities. The Queensland Government should engage community leaders in these areas as agents of leadership who co-design effective initiatives. Community leaders and community associations should be funded adequately to do this work.

d. Creation of a ministerial portfolio for social isolation and loneliness

We encourage the creation of a ministerial portfolio which will help to maintain this issue as a priority issue on the political agenda. This will help strengthen state government action, provide a platform for federal lobbying, and raise media and public awareness.

e. Community Hearings

We encourage the committee to conduct community hearings hosted by civil society organisations (charities, ethnic associations, faith organisations, unions) that are engaged on the issues of social isolation and loneliness. It is important that the committee hear directly from people who are isolated and lonely, which is difficult in a written format or through centralised hearings.

f. Funded health and social care coordinator services

Mater's M-CHooSe pilot health and social care coordination service is operated by multicultural nurses embedded in five general practices across Brisbane. They connect patients with health and social care services based on their needs. The work they do is outside what Medicare would fund but the impact they have saves the health system as a whole by improving overall patient health outcomes and improves understanding of their health conditions and management strategies. By connecting patients with the social care they need, social isolation is directly addressed in a culturally safe and patient-led manner. The successes we have seen in this past year, even during the COVID19 pandemic, demonstrates that bringing coordination and service navigation to people's lives can positively improve a patient's wellbeing and reduce social isolation.

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