Queensland Nurses & Midwives' Union

Submission to

Community Support and Services Committee

Inquiry into social isolation and loneliness in Queensland

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106 Victoria St, West End Q 4101
GPO Box 1289, Brisbane Q 4001
(07) 3840 1444
(07) 3844 9387
qnmu@qnmu.org.au
www.qnmu.org.au

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Community Support and Services Committee (the Committee) for the opportunity to comment on the *Inquiry into social isolation and loneliness in Queensland*.

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives, nurse practitioners (NP) enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our 67,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNMU.

Nurses and midwives are in a unique position to work alongside people from all walks of life. We are therefore deeply concerned at the rise of social isolation and loneliness among the community that was evident even before the COVID-19 pandemic struck. COVID-19 did, however, highlight the urgent need for action; lockdowns, social distancing measures, restrictions on visitors, restrictions on healthcare and aged care facilities, were just a few of the ways in which the pandemic affected our ability to forge and maintain social connections with one another.

As a founding member of the Queensland Community Alliance (QCA), the QNMU is in support of the drive to bring the issue of social isolation and loneliness to light and commends this inquiry. Our interests and concerns align with the QCA's submission, and we support their recommendations.

Recommendations

The QNMU recommends the government:

- Adopts a whole of government approach at the state level to ensure appropriate funding, scope, allocation of responsibilities, and oversight of any strategy or plan to tackle social isolation and loneliness.
- Enables, supports, and funds nurse-led and midwife-led models of care, especially in community centres, rural and remote areas, and among migrant populations.
- Reviews the current funding and contracting arrangements with community organisations to promote and enable longer and secure funding cycles and flexible contracting terms.
- Supports funding innovative public infrastructure programs and better use of public spaces that allow social interaction and social activity.
- Provides further investment into the school nurses program, including enabling and supporting a school-based approach.
- Establishes appropriate mandated staff-to-resident ratios in aged care facilities support the mental and social wellbeing of residents in aged care facilities
- Empowers, develops and grows the existing health workforce to meet current and future needs.
- Invests in growing and developing greater numbers of mental health nurses to strengthen the mental health workforce as a whole.
- Implements a position of Chief Mental Health Nurse for Queensland.

Extent and impact of social isolation and loneliness

Social isolation and loneliness can have a detrimental impact on the physical, mental and emotional wellbeing of individuals and communities. It has been linked to poorer quality of life, physical morbidities such as high blood pressure, high cholesterol, obesity, and dementia (Royal College of Nursing, 2021), mental illness such as anxiety, depression and stress (Australian Institute of Health and Welfare, 2019), and poorer work performance including increased sick leave (Holt-Lunstad, et al., 2015). It is far-reaching and can affect anyone in the community at any point in their life.

The need to identify the extent of the impact of social isolation and loneliness is therefore paramount. Equally important is the need to identify populations that are more vulnerable to social isolation and loneliness or are disproportionately impacted by it, and furthermore to identify the main causes for social isolation and loneliness that are specific to each population. For example:

- Rural and remote communities, who, in addition to geographical isolation, may not have the same access opportunities for social interaction due to limited telecommunications infrastructure as internet access and use can assist in improving and maintaining social ties. A survey conducted by the QNMU found that 39% of members working in a rural or remote area rated their internet access as substandard or poor and a quarter had major issues with signal strength and coverage (Queensland Nurses and Midwives' Union, 2020).
- People with a chronic illness or disability, who may have fewer opportunities for informal interaction that others may find in training, education or employment. People with certain diseases such as lung disease or heart disease have reported higher loneliness scores than those without these conditions (Theeke & Mallow, 2015).
- New parents, who have new caring responsibilities and may have decided to take time off work or study or put aside usual activities and hobbies, or are unaccustomed to being at home alone for long periods of time, are also at risk of social isolation and loneliness (Olliver, et al., 2021; Centre of Perinatal Excellence, 2021).

These are just a few examples of disparate groups within the community who are vulnerable to the risks of social isolation and loneliness. Identifying these groups is the first step towards a targeted approach to addressing these issues.

Whole of government and state-level approach

A whole of government approach is needed to tackle the issues and far-reaching consequences of social isolation and loneliness. It cannot be viewed from a purely “social welfare” lens but must be considered in the context of healthcare, education, employment, and housing, among others. Any plan must acknowledge the interplay between all facets of a person’s life, and the interconnectedness of disadvantage and health (including physical and mental health). As such, we believe that a state government plan is necessary to ensure appropriate funding, scope, allocation of responsibilities, and oversight.

For example, health workforce issues must be addressed at the state-level as a minimum to adequately identify and fill gaps in healthcare and social service delivery. The QNMU considers that greater utilisation and development of nurse-led and midwife-led models of care (such nurse practitioners and navigators) could be effective in tackling social isolation and loneliness, especially positioned in community centres,

rural and remote areas, and among migrant populations. However, the government must enable and demonstrate support of such existing models through sustainable funding.

Sustainable funding of community organisations

A troubling issue that impacts on social isolation and loneliness is the short funding cycle of community-based organisations and services. Short funding cycles, at times contracting services for only one year, results in organisations facing deep uncertainty over the sustainability of their service. This is compounded by short notice periods regarding whether funding will be renewed, at times only weeks prior to the contracted term. Insecure funding causes disruption, anxiety, and distress among participants and staff. This can further impact on the following issues:

- *Job insecurity and workforce issues*
  Short funding cycles result in limited ability for community organisations to offer staff anything other than temporary or casual contracts, leading to increased job insecurity in the sector. The limited prospects of permanent positions in community services may act as a deterrent for qualified staff to apply for such positions, resulting in difficulties in recruiting and retaining staff. For an industry that relies heavily on fostering and developing relationships with participants, a 'rotating roster' of staff can have a detrimental impact on the ability to support the community (Blaxland & Cortis, 2021).

- *Limitations on long-term planning*
  Uncertainty over funding can also impact on an organisation's ability to form or sustain long term relationships with the community (Blaxland & Cortis, 2021). Moreover, predictability of funding is necessary for organisations to plan long-term community goals and programs and to enable ongoing change within communities.

- *Poorer outcomes for participants*
  Short funding cycles can impact the ability for people who access community programs and services to forge meaningful relationships with others in the community. For some, community programs such as neighbourhood centres may be their only opportunity for social interaction with peers. With many programs focusing on independent living skills and social connection, disruption or uncertainty regarding such programs can lead to significant distress, especially among demographics that already face stigma and ostracization.

The QNMU recommends the government reviews the current funding and contracting arrangements with community organisations to promote and enable longer and secure funding cycles and flexible contracting terms.

Bolstering public infrastructure

The QNMU supports funding innovative public infrastructure programs and better use of public spaces that enable social interaction and social activity, underpinned by a philosophy that services should go to the people instead of requiring people to travel to services. Engaging people in their own space has the capacity to bring people within the community together. For example, mobile health buses are successful programs that not only negate the need for people to travel large distances to access healthcare, but also have the capacity to identify people who may need services but who otherwise would not have sought assistance (Goodnir health services, 2021; Attipoe-Dorcoo, et al., 2020). Creating public spaces, such as mobile libraries, toy libraries, or reliable free internet access areas, also have the potential to create opportunities for social interaction.

Likewise, existing public services need to be better geared for identifying and addressing social isolation and loneliness. With increased numbers of young people reporting that they feel socially isolated or lonely (VicHealth, 2019), there is a clear need to act early to set up young people for socially enriched and fulfilling lives once they have left the structures of the education system. While the Queensland government has announced school funding under the Student Wellbeing Package for wellbeing professionals, such as psychologists, to tackle social and psychological concerns among children (Department of Education, 2021), there is also an opportunity to involve school nurses. School nurses have the potential to be more hands-on and take a school-based approach, rather than focusing solely on individuals. As school nurses' responsibilities and tasks bring them in contact with a wide range of students, they are well placed to identify students who may be struggling to fit in or feeling lonely. The QNMU suggests that further investment into the school nurses program, including enabling and supporting a school-based approach, would be beneficial.

Role of healthcare workers

Nurses, midwives and carers have an important role in identifying and acting upon instances of social isolation and loneliness in their patients (Murphy, 2006). Actions that can be taken include supporting people to improve or develop relationship and social skills or providing opportunities for social connection (Royal College of Nursing, 2021).

The impact of healthcare workers has been especially highlighted in the care of older people. One study suggested that "caring nurses tend to prevent the emergence of loneliness in the elderly" based on self-reported perceptions of loneliness (Sya'diyah, et al., 2020). With up to 40% of aged care residents not receiving any visitors (Yaxley, 2017), staff can be expected to take the role of a 'substitute' family. This is also the

case in the community setting, where staff play a pivotal role in providing older clients with social support and interaction (McCann, et al., 2005). However, staff workloads can be a barrier to providing social support. Nurses can sometimes be so busy with high workloads that they are unable to find time to assuage loneliness (Ebersole, 2002). Having appropriate staff-to-resident ratios in aged care facilities would be a way to support the mental and social wellbeing of residents in aged care facilities.

Social support also plays a vital role in other nursing specialties that rely on a therapeutic relationship, such as in community nursing, mental health nursing, and disability nursing, and across the entire range of midwifery specialty areas.

The QNMU considers that the role and importance of healthcare workers in addressing social isolation and loneliness must be acknowledged, and thus governments must empower, develop and grow the existing health workforce to meet current and future needs.

Interplay of COVID-19

COVID-19 has undoubtedly affected the lives of everyone with its devastating effect on health, economy, and social relationships. Due to the infectious nature of COVID-19 via airborne transmission, many traditional forms of social interaction that rely on face-to-face social contact have not been possible under social distancing measures mandated by the government. Restrictions to meeting up with friends, attending classes or activity groups, or visiting family members (among other social activities) have had a significant psychological impact on the community (Australian Bureau of Statistics, 2021). In addition, the limiting of organised community activities such as community lunches, religious gatherings, and neighbourhood events due to COVID-19 can also contribute to increased risk of social isolation and loneliness.

While there are many worthwhile initiatives looking to counteract social isolation and loneliness, such as the Volunteering Queensland's Care Army, the impact of COVID-19 may continue even after the end of the pandemic. This potentially means increased demand on mental health services post-pandemic, which will require an appropriately trained and experienced health workforce.

To address this, we believe that mental health nurses have the training, expertise, and diversity of skillsets to meet this demand. Working across the public and private sectors, in acute and community-based services, mental health nurses have the appropriate training to provide psychotherapy, education and social support to people who have experienced mental and psychological distress due to the impact of COVID-19 on social and emotional wellbeing. It would therefore be prudent to invest in growing and developing greater numbers of mental health nurses to strengthen the mental health workforce as a whole. To assist this goal, we strongly recommend that Queensland adopts the Victorian example of instituting a Chief Mental Health Nurse

for the state. Such a position will influence and guide the recruitment, retention, and preparation of the mental health nursing workforce across all health sectors, as it has done in Victoria.

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