



17th August 2021

Committee Secretary
Community Support and Services Committee
Parliament House
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Submission to the Inquiry into social isolation and loneliness in Queensland

Dear Committee Members,

Thank you for the opportunity to provide feedback to the Inquiry into Social Isolation and Loneliness in Queensland.

Our view of Social Isolation

Australian Red Cross understands that loneliness and isolation have a significant deleterious impact on health and wellbeing. Good social connection is essential for us all; it enhances wellbeing and quality of life, supports good physical and mental health, promotes healthy ageing, and makes us more resilient to life's knocks and challenges.

People who feel isolated and are also experiencing social and economic disadvantage are especially vulnerable in our communities. Across Queensland, Red Cross has programs which aim solely or in part, to address social isolation and loneliness.

One example is the Telecross program, operating for more than 40 years it connects thousands of people who are isolated and at risk of an accident or illness that may go unnoticed. Volunteers phone people every day to check on their wellbeing, enabling isolated people to continue to live independently. The success of Telecross has resulted in the expansion of another program TeleCHAT, where volunteers provide friendship and support to people who experience social isolation.

Australian Red Cross programs are diverse – our programs engage people who may be experiencing temporary or permanent disabilities; poor mental health; migrants disconnected from their families overseas; and those of all ages who experience periods of homelessness. All these groups are much more likely to be disconnected, be negatively stereotyped or feel cut off from other people.

However, the current challenges and impact of COVID and related public health protection measures are significant. In this submission we will discuss our recent involvement in alleviating social isolation for those in quarantine in Queensland, highlighting that CALD communities and migrants in transition have particular vulnerabilities to social isolation during COVID.

Quarantine and Social Isolation

Recent reviews have shown that the global pandemic, with unpredictable periods of lock down and involuntary periods of quarantine for travellers, has negatively impacted mental health and for some, periods of social isolation has caused a level of distress¹.

Over a thirteen-month period, Australian Red Cross was engaged to support more than 180,000 individuals in quarantine with Psychological First Aid on behalf of the Queensland government.

Psychological First Aid is

“...a psychosocial support activity that helps people affected by an emergency, disaster or traumatic event. It is a ‘humane, supportive response to a fellow human being who is suffering and who may need support’. It includes basic principles of psychosocial support to promote natural recovery. This involves helping people feel safe, connected to others, calm and hopeful, and ensuring access to physical, emotional and social support.”²

Australian Red Cross found that psychosocial challenges were the largest concern for those in quarantine - 26% of the total concerns. The other concerns included interaction with support agencies (23%); information (17%), practical challenges (17%), employment (8%), education (5%), culture and language (4%).

Social isolation in quarantine meant a decrease in social interaction and absence of social support which led to adverse feelings for individuals including:

- Loneliness and feeling of social isolation
- Helplessness and lack of ownership on one’s life
- Overall anxiety or distress
- Boredom
- Disruptions of family and social networks

The findings from the “Mental health Impacts of Quarantine and Self-isolation”³ report reinforce the vulnerability and priority needs of some groups in our community whilst in quarantine. The report makes multiple conclusions from its review. In our view, Conclusion 3 should be noted as a key prevention strategy to identify and address mental health and social isolation concerns early:

Support for those in quarantine should involve screening to identify vulnerable people and assertive outreach from day one, and coordination between state/territory services and national digital support services. Key measures include personal connection, regular check-ins and proactive support. Follow up after release from quarantine should be undertaken for people who have found the experience distressing.

Our experience of the application of Psychological First Aid, via regular phone contact during the period of quarantine in Queensland, was very effective in alleviating social isolation and other concerns arising out of quarantine.

We strongly recommend the continued use of Psychological First Aid as a key early intervention strategy to manage the mental health impacts of social isolation and periods of quarantine.

COVID, CALD Communities and Migrants

Physical and social distancing measures which limit the transmission of COVID-19 may exacerbate social isolation already experienced by vulnerable groups in our communities. Australian Red Cross is particularly concerned that CALD communities and migrants in transition (refugees, people seeking asylum, people in immigration detention and others who are vulnerable as a result of migration) may be disproportionately affected.

An Australian review undertaken last year showed that CALD communities may have a number of contributing factors which may lead to social isolation: disrupted family and friendship networks, ‘cultural loneliness’ where people miss familiar ways of interacting; the experience of PTSD, depression and anxiety for refugees and asylum seekers; language barriers and disconnection in social and service provision contexts and specific cultural concerns such as loneliness being a source of shame and embarrassment⁴.

The picture for CALD communities and social isolation is complex. For some, while they are strongly connected within their community with people of a similar country of origin, their connection to the broader community in

Australia may be weaker and contribute to social isolation. A Report released earlier this year by the Australian Red Cross in Queensland titled: 'Emergency Resilience in Culturally and Linguistically Diverse Communities', makes the following observation⁵:

Members of CALD communities' benefit from strong "intra--group" bonding social capital (connecting them with people sharing similar backgrounds and culture/language) but display weaker bridging and linking social capital (connecting them with the mainstream culture and formal institutions). (p97)

In the context of this report, all three forms of social capital are necessary ingredients for emergency resilience but generally they would also be protective factors against social isolation. Building a 'sense of community' increases access and use of social networks as well as personal agency. The report explores the potential benefits of involving CALD communities in disaster preparedness activities to strengthen community connection. In a disaster or emergency context, not only will this improve an emergency response, it will also prevent further isolation and feelings of helplessness within CALD communities after the event.

Migrants in transition experience greater vulnerability and in April this year, the Red Cross Red Crescent Global Migration Lab launched a report entitled: "Locked down and left out? Why access to basic services for migrants is critical to our COVID-19 response and recovery" to explore this issue⁶.

Globally, the impact on migrants has been significant and the report notes:

The disruption in assistance, loss of livelihoods - due to migrants' heavy reliance on the informal sector for income - and increasing isolation caused by the pandemic have affected the ability of migrants to meet their basic needs. This exposes them to increased risk of food insecurity as well as to neglect, abuse, exploitation, and violence, including sexual violence. It may compel them to adopt harmful survival strategies such as child labour, child marriage, transactional sex or returning home to unsafe or untenable circumstances. (p29)

Strategies to limit transmission from travellers from other countries have also played a significant role in disconnecting families and contributing to social isolation:

The restrictions of movement within countries or across borders have also led to new family separation, particularly linked to enforced quarantine or isolation measures or hospitalization of family members, or prolonged existing family separation, as border closures, restrictions on movement and/or access to COVID-19 testing have slowed or prevented family reunification. (p29)

For Australia, the context of overseas travel restrictions, reduced flight availability and rapidly changing border closures between the states and territories has impacted family and social connections. This has contributed to mental health concerns for some migrants with already limited social networks and history of trauma. The Global Migration Lab Report sought to quantify the impact across several countries and the Australian survey accessed almost 2,000 people with the following findings:

- 42% of migrants surveyed in Australia said the pandemic negatively impacted their mental health;
- 17% noted isolation and lack of social life as particularly difficult to cope with;
- 12% had unmet mental health needs;
- 33% stated feeling isolated and alone was a barrier to keeping safe and healthy and seeking support.
- Service providers reported spikes in acute mental health concerns such as suicidal ideation.

CALD communities and migrants in transition have unique vulnerabilities both in the context of COVID but also in the sense of risk of isolation in our communities. For Australian Red Cross, tackling social isolation with migrants and in CALD communities requires a culturally sensitive approach and proactive community engagement to identify tailored solutions which best suit local needs.

Our recommendation is that in addition to general concerns for social isolation in CALD communities during COVID, special consideration be given for the unique needs of migrants in transition to enable early intervention measures that mitigate the impact of social isolation and mental health concerns.

I am available to appear before the Committee if any aspects of our submission require further information or clarification. Thank you for the opportunity to contribute to this important Inquiry and we look forward to hearing the Committee's findings and recommendations.

Submission from the Queensland Division, Australian Red Cross

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