

## Response to

## Inquiry into social isolation and loneliness in Queensland

## Relationships Australia Queensland

18 August 2021

1. 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
  - a. the interplay of COVID-19 with this issue.

Relationships Australia Queensland (RAQ) recognises the negative impact of loneliness at an individual level but also at a wider community level. Loneliness is not only a social issue but can also have a negative impact on physical and mental health and wellbeing.

A person who perceives themselves as having less access to relationships, also finds physical and mental tasks more difficult. People with less access to others can't rely on group safety or support during life's challenges. This can result in stress.

At RAQ, relationships are at the heart of what we do. We work with all types of relationships, in all their diversity, and across the lifespan, to help individuals, families and communities find positive paths that contribute to their health and wellbeing. This is in recognition that good health and wellbeing contributes to improved physical health, life expectancy, education outcomes, productivity, social cohesion and the ability of individuals and communities to cope in the face of adversity. Our work supports people to have positive and meaningful relationships – with themselves, and with the people who matter most to them.

We also recognise that loneliness has been found to be a risk factor for all causes of early death and feeling lonely increases our likelihood of early death by 26%. This is a higher risk factor than for obesity.

RAQ is committed to providing services that are accessible and responsive to the needs of all sections of the community and we recognise that mainstream services may not always be inclusive. For these reasons, RAQ identifies particular target populations, such as Aboriginal and Torres Strait Islander communities, that may experience vulnerability and marginalisation and we seek to ensure services are adapted to their needs.

## Vulnerable and disadvantaged groups

RAQ celebrates diversity and values inclusion, across all aspects of service delivery and we strive for a society where all people experience safety and belonging. We acknowledge the complex and varying needs of people from diverse communities, and we are committed to services that are responsive and culturally appropriate. We have a solid history of successfully delivering diverse services that offer a culturally appropriate response through our First Nations Leadership.

Our insights and responses are informed by regular stakeholder feedback, client data analytics, staff input, external research and issues or complaints. We bolster our professional capability by engaging with all stakeholder groups, specifically those from Aboriginal and Torres Strait Islander, CALD, LGBTIQ+ communities, and people living with disability. This is a critical foundation of our clinical governance, operational and quality management frameworks.

## Interplay of COVID-19

The onset of the COVID-19 pandemic has exacerbated and compounded existing vulnerabilities and stressors including for those experiencing social isolation and loneliness. Prior to the onset of the COVID-19 pandemic, Australia was experiencing a loneliness epidemic. The risk of increased loneliness and social isolation at this time is worrying and while it is vital we adhere to physical distancing rules, we must also prioritise maintaining healthy social connections and relationships as key to good mental and physical health.

A survey carried out by Relationships Australia in May, found that over 55% of people had been challenged by their living arrangements during the pandemic, and many had spent more time and effort maintaining their relationships. However, while some relationships had grown stronger, others had deteriorated. Loneliness was a significant issue for some 45% of people in the survey and this was often linked to relationship breakdown.

We also know that the prevalence and presentation of domestic and family violence changed as a result of the pandemic. The negative consequences were two-fold; the inability to support women and their children; and the inability to hold men accountable. Those at risk of or experiencing domestic and family violence are often already socially isolated – with pandemic restrictions exacerbating their vulnerability.

### 2. the causes and drivers of social isolation and loneliness, including those unique to Queensland

While mental health and wellbeing is important to all individuals at all ages, certain groups are at increased risk of poor mental health and wellbeing due to a range of individual, social, and environmental circumstances including social isolation and loneliness.

As the provider of Gambling Help Services across Queensland, RAQ knows that the sense of loneliness is common among help-seeking problem gamblers. RAQ undertook research, several years ago, into loneliness among GHS clients. All reported gambling in the Problem Gambling range of the PGSI (Problem Gambling Severity index). We asked them 3 questions about loneliness (the Loneliness Scale was adapted from the R-UCLA Loneliness Scale and designed to measure feelings of social isolation (Hughes, Waite, Hawkey, & Cacioppo, 2004).

The questions were:

1. First, how often do you feel that you lack companionship?
2. How often do you feel left out?, and
3. How often do you feel isolated from others?

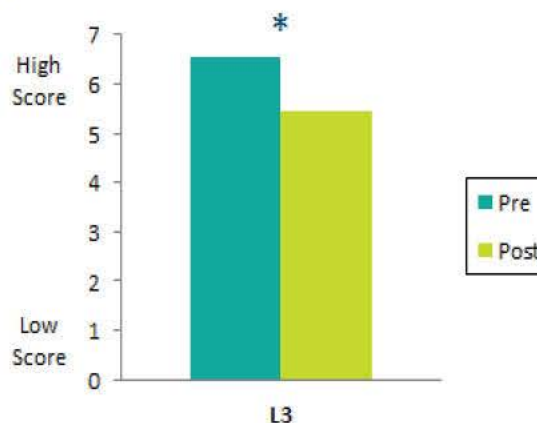
And clients could answer 'Hardly ever' (score of 1), 'Some of the time' (score of 2) and 'Often' (score of 3). Scores range from 3 to 9, with higher scores indicating greater loneliness.

Table 1 presents the GHS study participants mean pre- to post-treatment social isolation scores. Figure 1 presents these scores, with significant change indicated by an asterisk.

Scale	Pre-Treatment Mean (SD)	Post-Treatment Mean (SD)
L3 (N = 31)	6.55 (2.00)	5.45 (1.73)

Table 7. Three-Item Loneliness Scale Mean Pre- and Post-Treatment Scores.

Figure 1. Significant change in mean Loneliness among problem gamblers pre and post treatment



What is evident is that the mean loneliness was high, with the average response being that the client 'Often' felt this way. While there was significant reduction in self-reported loneliness for clients who attended treatment scores remained close to the mid-point of the scale, and we hypothesize that larger reductions in loneliness take longer to achieve as the problem gambler works to re-establish trusting relationships.

Furthermore, 59.4% of clients were in a relationship at pre-treatment, which reduced to 48.4% of clients at post-treatment, suggesting lower post-assessment social support for some clients.

## Older Persons

RAQ delivers a number of programs that specifically target older persons including those at risk of or experiencing social isolation. We know older persons are at greater risk of social isolation and our programs include working with older persons experiencing elder abuse. We understand that needs and presenting issues are often varied, complex and involve multiple family members. Our services offer older-person centred, innovative, evidence-based, early intervention service to empower older persons at risk of and/or experiencing social isolation to improve their connectedness, health, wellbeing and safety.

### 3. the protective factors known to mitigate social isolation and loneliness

Communities play a central role in supporting and protecting good mental health and wellbeing through fostering social inclusion, connectedness and equity, and enabling access to resources and services. Social isolation can be mitigated through active community engagement, participation and cohesion as well as through addressing specific factors within a given community that may contribute to individual loneliness.

### 4. The benefits of addressing social isolation and loneliness, and examples of successfully initiatives

There is increasing evidence of the importance of good mental health and wellbeing – and with that is a sense of social connectedness. Good mental health and wellbeing is associated with a wide range of factors including: improved physical health; improved life expectancy; better learning outcomes and educational achievement; creativity; increased productivity; increased resilience and coping in the face of challenges and difficulties; and supportive and cohesive communities.

Existing literature clearly identifies social isolation as a risk factor for cognitive, mental and physical health. Furthermore, evidence demonstrates that people with higher levels of mental health and wellbeing miss fewer days of work, have fewer chronic physical diseases, are less likely to utilise health care, and have higher reported quality of life and functioning in all areas of their lives.

5. 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:
  - a. 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
  - b. targeted support to vulnerable and disadvantaged groups and those most at risk



The Queensland Government funds RAQ to deliver a number of programs that contribute to preventing and addressing the drivers of social isolation and loneliness. More specifically, these include:

- Senior's Social Connection Program in the Sunshine Coast
- Elder Abuse Prevention Support Services for People at Risk of Elder Abuse
- Gambling Help Services

At a national level, the Relationships Australia federation invests in and delivers the annual Neighbour Day initiative.

Neighbour Day is a year-round grass roots community development campaign that aims to increase individual and community social connections, foster healthy relationships, reduce loneliness and promote social inclusion. The culmination of the Neighbour Day Campaign is celebrated on the last Sunday in March every year, with the aim of fostering strong personal connections that last year-round. People are encouraged to connect with their neighbours and the members of their local communities.

A lack of social connectedness has significant impact on a person's mental and physical health as well as engagement and cohesion with the wider community. National initiatives such as Neighbour Day enable the delivery of vital community education, in the context of a person's lived experience, while working to prevent loneliness, isolation and depression.

There is a strong link between supporting clients to engage in primary interventions as an effective form of prevention or strategy and minimising the impacts of social isolation. Achieving such positive outcomes demonstrates benefit and return on investment for funding bodies.

It is also recognised that there is need to improve the knowledge and understanding of positive mental health, including the ways in which individuals and communities can enhance and protect mental health and wellbeing. This includes promoting the understanding that mental health wellbeing is an important end in itself and not just the absence of illness.

6. the role, scope and priorities of a state-wide strategy to address social isolation and loneliness, considering interactions with existing Queensland and national strategies.

RAQ has a suite of programs across the state that contribute directly and indirectly to addressing social isolation and loneliness. We currently deliver the Seniors Social Connection Program (Older Person's Social Isolation) which addresses social isolation with mature aged clients. This cohort is vulnerable to social isolation and are often the major clientele of RSLs and clubs which opens them to a high probability of gambling amongst other vulnerabilities.

Many of our clients have said *"I go to the RSL for the company even if I don't talk to anyone just play the pokies I am with others."* We have had clients lose large amounts of money one client came to us for help once she had put her whole lifesavings and superannuation money into the pokies. Clients will then decide to self-exclude from the "Club" therefore creating isolation, loneliness and sometimes having to sell their homes to pay debt.

State-wide strategies should consider that not one size fits all in regard to social isolation and particularly with the recent impacts of COVID and the disparity between barrier types for metro, remote and regional social isolation.

A multifaceted service approach requires individual case work, information and referral, group and community education, community promotion and awareness, collaboration, and mapping to reduce duplication of services and better use of resources across the state.

An effective state-wide strategy would include capacity to address individual, social and environmental barriers while recognising:

- The complexities of social isolation and co-occurring drivers:
  - Age
  - Health
  - Cognitive ability
  - Digital divide.
  - Mental Health
  - Inability to drive or be mobile
  - Grief and Loss of partner or close relatives.
  - COVID
- All strategies and interventions must consider the complex intersect between barriers.
  - Access issues for participation, such as social access, physical access, and geographical access.
  - Barriers related to transport, non age friendly environments and ageism
  - Supports and family disfunction
- Genuine participation at a range of levels of any intervention development including:
  - Consultation
  - Decision making and control
  - Enablers that recognise, support, and engage the life learnt skills of older people to self-determine their community inclusion.

Examples of treatment approaches that specifically address presenting needs, which are often a result of the impact of social isolation and loneliness:

- The Gambling Help Line (GHL) – providing holistic approach and prioritising need based on individual circumstances
- Gambling Help Service (GHS) counselling – for clients and family members impacted by problem gambling

- Financial Counselling - supporting clients to be actively engaged with financial counselling
- Specialised addiction approach - working with clients utilising all evidence-based practices (harm minimisation model, stages of change model, motivational interviewing)
- Senior's Social Connection Program
- Elder Abuse Prevention Program

We thank the Community Support and Services Committee for the opportunity to contribute to the discussion, and we are available to discuss our submission in more detail if of assistance.

Kind regards



Dr Ian LAW

Chief Executive Officer

18August 2021