



Queensland Parliament Community Support and Services Committee Inquiry into social isolation and loneliness in Queensland

Submission by the Queensland Mental Health Commission

August 2021

Introduction

The Queensland Mental Health Commission (the Commission) welcomes the Queensland Parliament Community Support and Services Committee's (the Committee) Inquiry into social isolation and loneliness in Queensland.

Addressing social isolation and loneliness is important in building mental wellbeing in people across all ages, diverse groups, and stages of life. The Commission supports the concept of a statewide strategy to address social isolation and loneliness that takes a life course approach with focus on key transitions and points of change.

The Commission provides this submission for consideration in response to the Inquiry's terms of reference.

The Queensland Mental Health Commission

The Commission is an independent statutory agency established under the *Queensland Mental Health Commission Act 2013* (the Act) to drive ongoing reform towards a more integrated, evidence-based and recovery-oriented mental health and substance misuse system. Under the Act, the Commission must focus on systemic mental health and substance misuse issues.¹

The Commission takes account of the issues affecting people who are vulnerable to or are at significant risk of developing mental health problems and recognises the importance of custom and culture when providing treatment, care and support to Aboriginal and Torres Strait Islander peoples.

The Commission works in four main ways:

- developing a whole-of-government strategic plan for improving mental health and limiting the harm associated with problematic alcohol and other drug use
- undertaking reviews and research to inform decision making, build the evidence base, support innovation and identify good practice
- facilitating and promoting mental health awareness, prevention and early intervention
- establishing and supporting collaborative, representative, transparent and accountable state-wide mechanisms.

The Commission promotes policies and practices aligned to the vision of *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023* (*Shifting minds*) for a fair and inclusive Queensland, where all people can achieve positive mental health and wellbeing and live their lives with meaning and purpose.

The work of the Commission is supported by the independent Queensland Mental Health and Drug Advisory Council (Advisory Council) which acts as a champion for people living with mental health issues, problems related to alcohol and other drug use, or affected by suicide.

¹ Section 11(2)(a) of the *Queensland Mental Health Commission Act 2013*

The Advisory Council's functions are to:

- provide advice to the Commission on mental health or substance misuse issues either on its own initiative or at the Commission's request; and
- make recommendations to the Commission regarding the Commission's functions.

Definition and impact of social isolation and loneliness

There has been much written about social isolation and loneliness in recent years and this submission does not intend to provide a detailed analysis of the issue, instead commenting on a few key areas.

The terms 'loneliness' and 'social isolation' are often used interchangeably but differ in important ways. Social isolation describes the absence of social connections whereas loneliness is "a subjective, unwelcome feeling of lack or loss of companionship, which happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want"². Social isolation and loneliness are inter-related but do not necessarily co-exist. A person can be socially connected but feel lonely; or be socially isolated but not feel lonely.

Social isolation and loneliness have been associated with poor health outcomes and increased risk of premature mortality at rates comparable with other well-established risk factors, including lack of physical activity, obesity, problematic alcohol and other drug (AOD) use, poor mental health, injury and violence³. In people aged over 60, loneliness was a predictor of functional decline and death⁴.

There are many factors that contribute to social isolation and loneliness. Some relate to individual circumstances such as living alone, experiencing a recent separation, having a physical or mental illness, having a disability, being a carer, or experiencing bereavement; or stage of life, for example young people and older people⁵. There are also structural and societal factors such as poverty, and lack of access to mechanisms to connect us to others (e.g., public transport, digital technology, and safe public spaces) that can make it harder to connect with others.

The interplay between individual, structural, and societal factors is complex and each person will experience social isolation and loneliness differently depending on their own risk and protective factors. It is well established that a number of cohorts are more likely to experience social isolation due to the impact of social, economic and cultural factors.

Positive mental health and social connectedness are interdependent. Good relationships contribute to a sense of belonging and self-worth; provide opportunities to share positive experiences; and are an important source of emotional support. People who report higher

² Jo Cox Commission on Loneliness, 2017, Combatting loneliness one conversation at a time: A call to action. https://d3n8a8pro7vhmx.cloudfront.net/icf/pages/164/attachments/original/1620919309/rb_dec17_jocox_commission_finalreport.pdf?1620919309 accessed 20 July 2021

³ Holt-Lunstad J, Smith T, Baker M, Harris T & Stephenson D 2015. Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science* 10:227–37

⁴ Perissinotto, C., Stijacic Cenzer, I., & Covinsky, K. (2012). Loneliness in Older Persons: a predictor of functional decline and death. *Archives of Internal Medicine*, 172(14), 1078-1083

⁵ Relationships Australia 2018. Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics of Australia Survey. Canberra: Relationships Australia. https://www.relationships.org.au/pdfs/copy_of_Anepidemicofloneliness20012017.pdf accessed 23 July 2021

levels of wellbeing tend to have more involvement in social and civic life, and better family and social relationships

In relation to the interplay between social isolation and loneliness and mental illness, findings of the recent Australian Productivity Commission's inquiry into mental health identified that, "loneliness and mental ill-health are mutually reinforcing — loneliness may increase an individual's likelihood of developing mental illness, but people with severe mental illness are particularly likely to be lonely"⁶. It also stated that "people who are systematically or geographically isolated are more likely to experience loneliness and may be at a greater risk of mental illness. This includes people living in rural or remote areas, elderly people, refugees and people with intellectual disabilities as well as mental health carers"⁷.

The impact of technology on the experience of social isolation and loneliness should also be considered. An International Survey on Loneliness and Social Isolation in the United States, the United Kingdom, and Japan (2018) found that there is a perception that the use of technology has made it more difficult to spend time with friends and family, alternatively other perceptions are that technology, in particular social media, has increased ability to connect with others in meaningful ways. There appears to be divided perspectives as to whether social media increases or decreases feelings of loneliness, which is of heightened concern during the COVID-19 pandemic particularly during lockdown periods⁸.

The impact of COVID-19

The COVID-19 pandemic has shown how uncertainty and intense, prolonged stressors such as physical health risks, economic hardship, insecure housing, and social isolation can affect mental health and wellbeing.

As the economic-related burden of the pandemic continues, the impact on mental health, including increased anxiety, psychological distress and problematic AOD use, is being seen across individuals, families and society. People who are already experiencing vulnerability and stressors such as trauma, financial insecurity, poverty, homelessness, chronic health or mental health issues, and isolation, are at greater risk of developing mental health problems as a result of the pandemic.

Encouragingly though, there has also been an increased awareness of the importance of mental wellbeing and social connection. Individuals, communities, and governments have developed creative ways to maintain and build social connection during prolonged period of restrictions and lockdowns, demonstrating the vital importance of social connection to us all⁹.

Strategic context

Awareness of social isolation and loneliness is growing and the willingness to take action to address the causes is gaining traction in communities and governments across the globe. The

⁶ Productivity Commission, 2020, Mental Health, Report no. 95, Canberra, <https://www.pc.gov.au/inquiries/completed/mental-health/report> (accessed 23 July 2021)

⁷ *ibid*

⁸ <https://www.kff.org/report-section/loneliness-and-social-isolation-in-the-united-states-the-united-kingdom-and-japan-an-international-survey-section-1/> (accessed 12 August 2021)

⁹ <https://www.phrp.com.au/issues/june-2020-volume-30-issue-2/how-the-covid-19-pandemic-is-focusing-attention-on-loneliness-and-social-isolation/> (accessed 26 July 2021)

United Kingdom and Japan have both appointed Ministers responsible for loneliness; and the United Kingdom released its strategy in 2018 which aims to build a more cohesive and connected society¹⁰.

Queensland already has a number of policy platforms that recognise the cross-cutting importance of social isolation and loneliness. *Shifting mind* sets the five-year direction for a whole-of-person, whole-of-community, and whole-of-government approach to improving the mental health and wellbeing of Queenslanders. As noted above, its vision is a fair and inclusive Queensland where all people can achieve positive mental health and wellbeing and live lives with meaning and purpose. Strengthening mental health and wellbeing is a key focus of *Shifting minds*.

Similarly, *Every life: The Queensland Suicide Prevention Plan 2019-2029 (Every life)* has a strong commitment to supporting a healthy and inclusive Queensland, including a key focus on building resilience in communities. *Every life* includes commitments across Queensland Government to ensure that community resilience is strengthened through fostering social cohesion, community connectedness and understanding and embracing diversity.

Other existing Queensland Government strategies and initiatives directly and indirectly contribute to addressing this issue. Some examples include *Activate! Queensland 2019–2029*; *Queensland: an age-friendly community*; *Creative Together 2020-2030: A 10-Year Roadmap for arts, culture and creativity in Queensland*; the *Queensland Housing Strategy 2017-2027*; as well as investments in the arts, neighbourhood and community centres, public spaces, and urban planning.

Any consideration of social isolation and loneliness needs to take in to account Queensland's unique context including that:

- just over 20 per cent of the Australian population lives in Queensland
- it has the fastest population growth of all states and territories
- the population is ageing (due to low fertility rates, increased life expectancy and baby boomers transitioning into the older age groups)
- more than 25 per cent of Australia's Aboriginal and Torres Strait Islander people live in Queensland
- it is the most geographically diverse state with highly dispersed population centres.

A statewide social isolation and loneliness strategy

The Commission supports the proposal for a statewide strategy focused on reducing social isolation and loneliness. We also support the recognition that this is an issue that crosses all levels of government, portfolios, and the community, and therefore requires a collective approach. The Queensland Government should be commended on its important leadership role in calling this inquiry to identify and create the conditions to enable local action, articulate clear roles and responsibilities, and ensure transparency and accountability.

As noted above, some good foundations are already in place however further is required to create an overarching, cohesive and deliberate approach. This includes incorporating a

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/936725/6.4882_DCMS_Loneliness_Strategy_web_Update_V2.pdf (accessed 23 July 2021)

purposeful consideration of social isolation and loneliness and the need to build mental wellbeing, social connection and resilience within existing and new strategies and initiatives. Consideration should also be given to leveraging commitment and investment from other sources such as the Australian Government, local government, non-government and the private sector.

In line with other complex social challenges, the Commission suggests that a whole of population approach is adopted to guide the planning and response to loneliness and social isolation in Queensland. This would include the:

- primary or universal levels to ensure the individual, social and structural conditions are in place to enable and support social connectedness and cohesion. This involves building and maintaining empowered and cohesive communities as a foundation of social capital, individual pro-social skill and capability building across the life course, and supportive infrastructure
- secondary or targeted levels for those at risk of disconnection or loneliness due to individual, social or structural factors. This involves tailoring programs and responses to key groups and factors that are known contributors, and at key transition and trigger points
- tertiary levels for those already experiencing social isolation and loneliness and people most at risk.

This tiered approach would guide assessment and cross sectoral response to the needs of individuals, families, communities and the broader society and structural systems that contribute to social isolation and loneliness. This would also ensure a strengths-based and early intervention approach that builds on the inherent strengths and existing connections of individuals and communities.

A statewide strategy should provide the overarching strategic intent to then be adapted and tailored to local community need. The strategy should also consider enablers for success including identifying outcomes and indicators for individual and community level mental wellbeing, social connection and resilience; establishing effective governance; and investing in social infrastructure to build community cohesion and capacity, e.g., neighbourhood centres.

The Australian Productivity Commission inquiry into mental health noted there is little evidence about what works to reduce loneliness¹¹. There is an opportunity to contribute to the evidence base through a statewide strategy, and an imperative to ensure any initiatives arising from the strategy are grounded in good evidence, tailored to the Queensland context.

Co-design with a diverse range of individuals, communities and other stakeholders across Queensland is critical. Engagement and co-design should be embedded at all stages from conception, development, implementation, governance and evaluation. Given the impact of social isolation and loneliness and the various ways it is experienced, the engagement and co-design approach should include a focus on engaging people who may be harder to reach, in a way that suits their unique circumstances and needs.

¹¹ *ibid*

The Commission notes the Committee will be considering the impact of social isolation and loneliness and the need for targeted support to vulnerable and disadvantaged groups and those most at risk. As such it may be appropriate to engage with the following:

- lesbian, gay, bisexual, and transgender (LGBTIQ+) people generally and particularly younger and older people
- people with a disability and/or a chronic illness
- people experiencing problematic AOD use
- people experiencing housing instability and homelessness
- people in rural and remote areas
- people experiencing domestic and family violence
- sole parent families
- groups who are more likely to experience discrimination such as Aboriginal and Torres Strait Islander peoples.
- international students.

In relation to engaging with people with a lived experience of mental ill-health, a new Queensland mental health consumer representative peak organisation is being established and will be operational later this year. This representative organisation will be an important mechanism through which to engage this stakeholder group.

Examples of good practice

The Commission notes that at each level of response there is existing guidance about effective approaches and good practice. The following are examples based on work the Commission has been involved in or supported. They are provided for the Committee to consider in terms of learnings and opportunities offered and the potential to upscale, expand and embed systematically.

Wheel of wellbeing and the Mental Wellbeing Capacity-Building Project

The Wheel of Wellbeing (WoW) developed by Maudsley International is a simple and flexible framework that represents the six universal themes that contribute to mental health and wellbeing: body, mind, spirit, people, place and planet. Using positive psychology, WoW links each of the six themes to positive action to promote mental wellbeing.

WoW is delivered in many forms and formats, including workshops and activities designed to engage, inform, and encourage people to make changes in their lives which promote mental health and wellbeing, and then to actively share these experiences with others.

Through funding from the Commission, Implemental (formerly Maudsley International), designed and delivered the Mental Health and Wellbeing Capacity Building Project. Using WoW, the initiative aimed to give key stakeholders across community, non-government, and government sectors the awareness, knowledge and skills to strengthen and embed understanding and capacity for improved the mental health and wellbeing of individuals and groups.

An independent qualitative review of the Wellbeing Capacity-Building Project conducted in 2020-21 by Lirata Consulting confirmed far-reaching and positive impacts including:

- increased mental health and wellbeing awareness and engagement across diverse stakeholders, sectors, and settings
- increased understanding of the science behind positive mental health and wellbeing and knowledge and confidence to apply at the personal and professional levels
- qualitative evidence of improvements in mental health and wellbeing resulting from project participation including improved relationships and connectedness
- practice changes at the individual, organisational and broader systems levels
- strong valuing of the WoW as a tool and framework that enables ease of uptake and transmission.

Mental Wellbeing Impact Assessment

While WoW builds mental health at the individual level, Mental Wellbeing Impact Assessment (MWIA) is a tool and process to support mental wellbeing improvement at the strategic level. The MWIA provides a structured framework to engage stakeholders to identify the specific impacts on mental wellbeing of a policy, program, service, or project. The MWIA process is built on the Health Impact Assessment approach, with a specific focus on the factors that protect and promote mental health and wellbeing.

The core protective factors for mental wellbeing used in MWIA are grouped under three areas:

- facilitating participation and promoting inclusion
- enhancing control
- increasing resilience and community assets.

The MWIA process is a staged process with the main outcome a set of evidence-based recommendations that can assist a policy, program, service, or project to maximise potential positive impacts and minimise potential negative impacts. An initial screening is followed by a full impact assessment process involving key informants relevant to the issue being assessed.

The Commission funded a MWIA Demonstration project designed and delivered by Thrive Wellbeing Consultancy Limited. The Demonstration Project worked with three major services using the MWIA process to systematically embed mental wellbeing into the way that they operate and build wellbeing and resilience for their staff, customers and communities. The focus of the three sites were:

- the impact of a return to office-based working in a front-line service centre as COVID-19 pandemic restrictions eased
- the impact of working in the hotel quarantine environment during the COVID-19 pandemic
- the impact of providing temporary supported accommodation on people who are homeless or at risk of becoming homeless.

A report and co-designed action plan were produced for each site, and support offered to implement actions to maximise good mental health and wellbeing during one of the most challenging periods for communities and the public sector workers that support them.

The demonstration project found that the initial MWIA screening process is a useful standalone process that increases understanding of mental wellbeing and identify key impacts on mental health that can then be addressed. It also found that the MWIA process is an effective way to engage a range of staff in change processes, that it supports the identification of mental wellbeing impacts not previously considered, and potentially lead to change in the way organisations operate to create a greater focus on mental wellbeing. The co-production of action plans as part of a MWIA are an important way of facilitating commitment to action.

Regional mental health and wellbeing hubs

The Commission supported the establishment of regional mental health and wellbeing hubs in three locations – Central Highlands, Southern Moreton Bay Islands, and Far North Queensland – in partnership with community organisations in those areas. The hubs worked with individuals, community members, groups, networks, industry, and government across their regions to identify community needs and facilitate better access to mental health and wellbeing training and resources. The hubs utilised both WoW and the MWIA to inform their approaches.

A Commission-funded independent evaluation reported that the hubs had achieved the intended outcomes of improving local mental health awareness, capacity, and coordination. The evaluation emphasised that communities were well equipped to identify and drive solutions to fit their needs but highlighted the value and importance of resourcing an appropriate community-based organisation to work with community leaders and a range of sector representatives to develop and embed mental health improving actions including that focussed on individual and community connectedness.

Dear Mind campaign

Queensland's first positive mental wellbeing, Dear Mind, was launched in January 2020. Based on the WoW framework, it encourages Queensland adults to create a healthier relationship with their mind and prioritise their mental wellbeing, by doing a range of activities such as spending time with family and friends, learning new things, being active and spending time in nature to improve their mental wellbeing.

Early success of the campaign showed increased resilience, happiness and ability to provide support to people in those who had seen it. Recognising the importance of accurate and timely information and public mental health messaging, the Queensland Government extended the Dear Mind positive mental wellbeing media campaign to focus on mental wellbeing during the COVID-19 pandemic.

Men's sheds

Founded in Australia in 2007, men's sheds are an example of community infrastructure that can enhance social connection and mental wellbeing for men, who are more at risk of social isolation and loneliness.

Benefits to men being involved in sheds can include enhanced sense of purpose and self-esteem, decreased social isolation, improved physical health and mental wellbeing and increasing help seeking behaviour¹².

There is potential to consider this type of model for other groups in terms of coming together to form a community around an area of common interest.

Enabling community connection and action

Building on spontaneous action to support neighbours and communities during times of need, the Queensland Government supports community resilience and recovery. Examples include the 'mud army' following the 2011 Brisbane floods, and most recently the 'care army' established during the COVID-19 pandemic through Volunteering Queensland. These activities benefit those in need as well as enhancing a sense of purpose and connection for those providing the assistance.

Providing spaces for people to gather, exercise and play such as parks, community gardens, community exercise equipment and playgrounds can support community connection. State and local government play a key urban design role in creating these spaces. The MWIA could be a useful tool to consider mental wellbeing impacts of urban design.

Sporting, social and faith-based organisations play an important role in the social fabric of our communities. Many of these organisations contribute to the wellbeing of the community beyond their membership, for example through community service activities. Consideration should be given to how these organisations can be supported to take on a broader role to address social isolation and loneliness in their communities, and the strategies that may assist them to play this type of role more routinely.

Building grassroots, informal neighbourhood connections can be supported through, for example, the national Neighbourhood Connect program¹³, to assist communities to form and maintain neighbourhood groups. Government can play a role supporting these initiatives with grants or similar investment. Neighbourhood groups can be created around a range of community interests and supported by a 'community connector' type role who helps facilitate the invitations, organisation and making people feel welcome. Evaluation of the Neighbourhood Connect program showed a greater sense of belonging and trust, improved life satisfaction, happiness and wellbeing, reduced loneliness, improved social support, and an increase in the number of neighbours known¹⁴. Consideration should be given to how to expand this program or similar in Queensland.

Social prescribing

Social prescribing involves health professionals referring consumers to non-clinical services to support a wide range of social, emotional or practical needs, including social isolation and loneliness¹⁵.

¹² BeyondBlue, 2013, Men's Sheds in Australia: Effects on Physical Health and Mental Wellbeing <https://www.mengage.org.au/images/bw0209.pdf> (accessed 6 August 2021)

¹³ <https://www.neighbourhoodconnect.org.au/> (accessed 18 August 2021)

¹⁴ <https://www.neighbourhoodconnect.org.au/our-impact/> (accessed 18 August 2021)

¹⁵ <https://www.kingsfund.org.uk/publications/social-prescribing> (accessed 26 July 2021)

The Commission is aware of a community driven social prescribing network pilot in Mt Gravatt. The outcomes of the associated evaluation will be a useful contribution to the evidence showing the value of social prescribing, specific to the Queensland context.

Conclusion

Meaningful social connection is vital to our wellbeing, however most people will experience social isolation and loneliness at some point in their life. While social isolation and loneliness can result in poor mental, physical and socio-economic outcomes, the opposite is true: social connection can help build resilience and mental wellbeing.

Addressing social isolation and loneliness is important in building mental wellbeing in people across all ages, diverse groups, and stages of life – both from an individual and community perspective. The Commission supports the concept of a statewide strategy to address social isolation and loneliness that takes a life course approach with focus on key transitions and points of change.

The Commission notes the Committee's intent to hold public hearings on the matter and would be pleased to appear to elaborate on this submission if helpful. The Commission looks forward to the release of the Committee's report and supporting its implementation.