THE UNIVERSITY OF QUEENSLAND
AUSTRALIA

18 August 2021
Committee Secretary
Community Support and Services Committee
Parliament House
George Street
Brisbane Qld 4000

Via email: CSSC@parliament.qld.gov.au

Dear Committee Secretary,

We write this letter in support of Queensland Positive People's (QPP) submission to the Queensland Government Parliamentary Enquiry into Social Isolation and Loneliness. As HIV public health social researchers who have undertaken extensive research into social isolation in people living with HIV (PLHIV) in Queensland, we are aware of the nature and extent of social isolation and loneliness in PLHIV, how COVID 19 has accentuated these experiences for many, and the vital role of QPP in providing peer support for PLHIV.

The nature and extent of social isolation and loneliness in PLHIV and the interplay of COVID 19 with those issues

Social isolation experienced by PLHIV has complex links with HIV-related stigma, discrimination, and broader determinants of health, such as employment, housing, and social disadvantage (Emlet et al. 2020). Older PLHIV are more likely than their younger counterparts to live alone, experience diminishing levels of social participation and fragile social networks that offer and provide practical and emotional support (Terrence Higgins Trust, 2017). Other barriers to social support for older PLHIV include poor physical and mental health, difficulties forming romantic/sexual relationships, stigma, and loss of employment/financial disadvantage (Brennan-Ing et al. 2017). Social integration for older PLHIV is related to HIV stigma and low levels of tangible and perceived social support. Experiences of stigma, coupled with ageism, and fear of discrimination, discourage disclosure and support seeking, which can lead to social isolation. As PLHIV age, the presence of co-morbidities can cause distress, fatigue and pain that leads to further withdrawal from social interaction and networks. Given this added complexity, how older PLHIV seek, and secure support and experience isolation and loneliness are central features of older people's HIV experience (Fitzgerald et al, 2021).

Across our studies we have found high rates of social isolation /disconnection (Fitzgerald et al. 2019, Fitzgerald et al. 2021). Socially disconnected PLHIV in our Queensland- based studies have fragile social networks, are generally older, and had lived complex lives, demonstrating a cumulative escalation of disconnection as they experienced multiple instances of stigma and discrimination across the life course (Fitzgerald et al. 2021). Many have experienced significant mental health issues and describe high levels of internalised stigma, often associated with their sexuality. Key themes in our research highlighted stigma and discrimination, poor health, social determinants, and mental health. Within the Queensland context, living in regional and rural Queensland and stigma accentuate experiences of social isolation (Fitzgerald et al. 2021). The biomedicalisation of HIV within policy and service provision with the associated loss of funding for psychosocial services has intensified isolation and loneliness for PLHIV (Fitzgerald et al. 2021). Covid 19 is also accentuating experiences of social isolation and loneliness for PLHIV (Winwood et al. 2021).

Protective factors to mitigate social isolation

Connection and resilience are key to mitigating against social isolation and loneliness (Emlett et al. 2011). Peers are an essential aspect of HIV psychosocial care, through flexible modes of service delivery such as peer

navigation that bridge clinical and everyday worlds and improve wellbeing (Khalpey et al. 2021). Peers and peer services promote HIV literacy, aid in reducing stigma through positive social integration and the promotion of meaningful social engagement (Hollingdrake et al. 2021).

Benefits of addressing social isolation and loneliness

Addressing social isolation and loneliness will have major social and economic benefits, reduce the burden of loneliness, and reduce morbidity and mortality. Interventions for PLHIV will improve engagement in HIV care and adherence to treatment. They will improve the lives of PLHIV, increase their active role within community, which will benefit the community more broadly (Fitzgerald et al. 2021).

How to mitigate social isolation and loneliness

QPP's programs, including their peer navigation program has proven benefits for PLHIV (Khalpey et al, 2021). There is much scope to leverage off QPP programs with expanded scope and focus on social isolated PLHIV (Fitzgerald et al. 2021). Additional funding of QPP programs would greatly increase social support to highly isolated PLHIV.

We agree with the QPP submission, for the urgent need for an overarching strategy that addresses social isolation and loneliness, based on peer models of care and whole of government approaches, and that PLHIV are empowered to enact the support they need. Interventions they facilitate PLHIV to build networks of support must be a key part of contemporary models of HIV care. We strongly support the funding of QPP to deliver such services.

Kind Regards

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