



Supporting Nurse Practitioners through advocacy
resources, networking and professional development

Australian College of Nurse Practitioners response to:

QUEENSLAND GOVERNMENT

Inquiry into social isolation and loneliness in Queensland

Australian College of Nurse Practitioners

A: Suite 26, Level 2, 204-218 Dryburgh Street, North Melbourne Vic 3051

E: admin@acnp.org.au **P:** 1300 433 660 **W:** www.acnp.org.au



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16 August 2021

Ms Corrine McMillan
MP
Chair, Community Support and Services Committee
Parliament House George Street
BRISBANE QLD 4000

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

Dear Ms McMillan,

Thank you for the opportunity to provide a response to the Community Support and Services Committee's Inquiry into social isolation and loneliness in Queensland.

The Australian College of Nurse Practitioners (ACNP) is the national peak organisation for Nurse Practitioners, advancing nursing practice and consumer access to health care. A key focus for the role and scope of practice development for Nurse Practitioners is on unmet needs within the community and increasing access to health care.

ACNPs response highlights the role nurse practitioners have to improve social isolation and loneliness in our communities, both in Queensland and nationally.

TOR 1: The nature and extent of the impact of social isolation and loneliness in Queensland, including but not limited to:
a) Identification of and consultation with vulnerable and disadvantaged individuals or groups at significant risk across the life course

b) The interplay of COVID-19 with this issue

TOR 2: The causes and drivers of social isolation and loneliness, including those unique to Queensland

Loneliness and poor social connections are a major cause of physical and mental ill health and early mortality.¹ Importantly for older Australians, loneliness and social isolation put individuals at greater risk of cognitive decline and dementia. The strong interconnection between disadvantage and poverty and loneliness and social isolation is significant, with some groups at greater risk: older people, people with mental illness, people with long-term illness/disability and their Carers, people who are Culturally and Linguistically Diverse (CALD), migrants and new parents. As loneliness can affect people at any age, a whole of lifespan approach to the issue is preferred.

The Covid-19 pandemic has magnified issues of social isolation and loneliness.² People have faced potential or actual threats to their health, experienced worsening social isolation, financial disadvantage, disconnection from friends and family and they continue to face uncertainty both currently and into the future. Additionally, people with less access and reduced confidence in using technology to stay connected are more disadvantaged.³

¹ Holt-Lunstad et al. (2015) Loneliness and social isolation as risk factors for mortality: a meta-analytic review.

² McKinlay AR, Fancourt D, Burton A. (2021) A qualitative study about the mental health and wellbeing of older adults in the UK during the COVID-19 pandemic.

³ <https://aifs.gov.au/publications/staying-connected-when-were-apart>

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TOR 3: The protective factors known to mitigate social isolation and loneliness.

TOR 4: The benefits of addressing social isolation and loneliness, examples of successful initiatives undertaken nationally and internationally and how to measure social isolation and loneliness in Queensland to determine if implemented strategies are effective.

TOR 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.

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.⁴ Nurse practitioners work across all areas of healthcare in Queensland – hospital and community, public and private, rural and remote, NGOs, ACCHOs, primary care, self-employed and in Residential Aged Care. The nurse practitioner role in healthcare settings extends beyond the provision of clinical care. Nurse practitioners have an important leadership function and support capacity building for other healthcare staff. In addition, nurse practitioners support improved care coordination and the handover of care between settings, supporting integration between general practice and the broader healthcare and community systems.

A successful initiative internationally to address loneliness and social isolation that is increasingly being introduced in Australia is a model known as social prescribing. Social prescribing's aim is to help people improve their social connections and thus their health and well-being, particularly patients with chronic health conditions.⁵ Addressing disconnection and providing a holistic approach to reducing social isolation within healthcare is an intrinsically nursing approach, which is at the heart of the Social Prescribing model. When this approach is successful there is resulting reduction in healthcare use and improved illness self-management. This model has gained greater traction in primary care as part of an approach to helping people live and age well and is commonly driven and coordinated by primary health care nurses in general practice settings. As primary care and community health providers, many nurse practitioners work within the social prescribing framework, but are less commonly recognised as having a role.

Community awareness raising about the importance of reducing loneliness and social isolation is suggested. The Act Belong Commit campaign is the longest-running mental health promotion campaign in Australia.⁶ The evidence-based message of Act Belong Commit encapsulates three things that are for good mental health: staying active - mentally and physically; connecting with others and fostering a sense of belonging; and doing things which give meaning to life. These actions are also key for reducing loneliness and social isolation; thus adapting this successful and evidence based campaign more widely for Queensland would be beneficial. A slight focus shift from a (perceived) predominantly mental-health approach may be useful to gain broader acceptance.

Encouraging better connectivity between local community networks, NGOs and community social welfare providers and partnering with other models that interface with these issues is imperative. For example, Queensland Compassionate Communities (QCC), the community arm of Palliative Care Queensland (PCQ). QCC collaborates with communities and promotes partnerships, community

⁴ <https://www.icn.ch/nursing-policy/nursing-definitions>

⁵ Wakefield et al. (2020) Social Prescribing as 'Social Cure': A longitudinal study of the health benefits of social connectedness within a Social Prescribing pathway; <https://www.gmjournals.co.uk/social-prescribing-supporting-older-people>; <https://socialprescribingacademy.org.uk/>

⁶ <https://www.actbelongcommit.org.au/about-us/what-is-act-belong-commit>

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development and engagement.

In summary, the ACNP is keen to see a broader approach to healthcare strategies to address the issues of social isolation and loneliness. We strongly believe that all healthcare providers have a role to play, particularly those with greater community interface, such as those working in primary healthcare settings. We commend the Queensland Government for this Inquiry.

Thank you again for the opportunity to participate in this important review.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Leanne Boase', is written over a light grey rectangular background.

Leanne Boase
President
Australian College of Nurse Practitioners
26/204-218 Dryburgh St
North Melbourne 3051



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Additional resources:

<https://www.campaigntoendloneliness.org/wp-content/uploads/Promising Approaches Revisited FULL REPORT.pdf>

<https://nwmpnh.org.au/news/lost-and-found-a-new-social-prescribing-program/>

<https://www.kingsfund.org.uk/publications/social-prescribing>

<https://www.bbbc.org.uk/services/social-prescribing-for-health-and-wellbeing/>

<https://www.bbbc.org.uk/wp-content/uploads/2018/08/Social-prescribing-leaflet-2018-WEB.pdf>

McKenzie K et al (2021) Which elements of socially prescribed activities most improve wellbeing? Nursing Times [online]; 117: 7, 39-41. <https://cdn.ps.emap.com/wp-content/uploads/sites/3/2021/06/210616-Which-elements-of-socially-prescribed-activities-most-improve-wellbeing1.pdf>

<https://communitycarereview.com.au/2021/06/08/providers-to-participate-in-social-prescribing-trial/>

<https://friendsforgood.org.au/assets/downloads/FriendsForGood-ResearchReport-SocialPrescribing.pdf>

Foster et al. (2020) Impact of social prescribing to address loneliness: A mixed methods evaluation of a national social prescribing programme. <https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.13200>

<https://www.boltonclarke.com.au/news-resources/corporate-news/social-prescribing-pilot-tackles-loneliness-epidemic/>

British Geriatric Society (2019) Healthier for longer How healthcare professionals can support older people. <https://www.bgs.org.uk/sites/default/files/content/resources/files/2019-11-04/BGS%20Healthier%20for%20Longer.pdf>

British Geriatric Society and Royal College of Psychiatrists (2019) Position statement on loneliness and social isolation.

https://www.bgs.org.uk/sites/default/files/content/attachment/2019-12-16/BGS%20Loneliness%20position%20statement%202019%20FINAL_0.pdf

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