

INQUIRY INTO PREVALENCE, CAUSES AND IMPACTS OF LONELINESS IN NEW SOUTH WALES

Organisation: Australian College of Nurse Practitioners (ACNP)

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Australian College of Nurse Practitioners response to:

Parliament of New South Wales

Prevalence, causes and impacts of loneliness in New South Wales

Contact:

Policy Advisor
Australian College of Nurse Practitioners

www.acnp.org.au

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The Hon. Dr Sarah Kaine, MLC
Committee Chair
Standing Committee on Social Issues
Parliament of New South Wales

Email: socialissues@parliament.nsw.gov.au

Dear Hon. Dr Sarah Kaine, MLC

Thank you for the opportunity to respond to the **Prevalence, causes and impacts of loneliness in New South Wales.**

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.

In this submission, the ACNP will highlight the important role of Nurse Practitioners in the diagnosis of loneliness or social isolation, as well as their important work in recommending interventions and prescribing treatment plans based on the best available evidence.

BACKGROUND

Nurse Practitioners work in diverse healthcare settings, including general practice, primary care clinics, urgent care clinics, acute and emergency services and community health centres.^{1,2} Research has shown that patients consistently report high levels of satisfaction with the care delivered by Nurse Practitioners.³⁻⁷ This heightened satisfaction not only signifies a positive outcome, but also plays a pivotal role in enhancing patient adherence to treatment plans and ultimately contributes to improved health outcomes. Moreover, such positive impacts have the potential to reduce the overall cost of care. The demonstrated success of Nurse Practitioners in fostering patient satisfaction highlights their invaluable role in the Australian healthcare landscape, representing a significant step towards more effective and cost-efficient healthcare delivery.

Our responses to the consultation questions are as follows.

What factors do you think contribute to feelings of loneliness or social connection in general?

There are many factors that contribute to feelings of loneliness or social isolation, and they are different depending on the stage of life a person is in. For example, in older persons some causative circumstances may be;

- Reduced social connections – loss of a partner or close friends, retirement
- Decline and disability arising from chronic conditions – hearing loss
- Access to transport is poor – loss of driving licence, living in a rural area
- Low digital literacy or access to technology

For young people, the common contributing factors are;

- Feeling disconnected – not feeling understood, unable to express feelings or issues
- Contemporary culture – social media as fake portrayals of reality, lack of face-to-face social interactions
- Pressure – to be accepted, related to school, work, money
- Relationship breakups

How do you believe loneliness impacts physical and mental health? Please share personal experiences or observations if comfortable.

The experience of feeling isolated and lonely can have detrimental effects on mental and physical wellbeing. There are well described associations between social isolation and loneliness with mental disorders for instance anxiety, depression, psychotic disorder and Alzheimer's disease as well as with a variety of physical disorders such as cardiovascular diseases, cholesterol and autoimmune diseases⁸. Other health problems may include;

- Physical symptoms — such as headaches, feeling ill, experiencing pain, feeling tired, sleep problems or lacking motivation.
- Mental health conditions — panic attacks or feeling paranoid.
- Low energy — feeling tired or lacking motivation.
- Sleep problems — not being able to get to sleep, stay asleep or waking up a lot.

- Diet problems — such as putting on weight, losing weight or losing your appetite.
- Negative feelings — such as feeling worthless or hopeless
- Substance abuse — excess alcohol consumption, misusing medicines or taking drugs.

Are you aware of any services or resources designed to address loneliness? If so, what do you think about their effectiveness?

Firstly, an individual needs to be assessed accurately by a health care provider, as they may be adamant, they are not “lonely” but have symptoms of loneliness. Nurse Practitioners regularly screen patients who are at a high risk of loneliness and social isolation using a validated tool to identify and connect them with appropriate community resources. This ensures that the Nurse Practitioner can accurately diagnose, recommend interventions and prescribe treatment plans. Multiple tools have been used in research and clinical practice, but 3 are considered the best evidence-based practice validated tools⁹. The UCLA 3-item Loneliness scale¹⁰, Berkman-Syme Social Network Index¹¹ and the Campaign to End Loneliness Measurement tool¹².

In terms of addressing loneliness, there are well described interventions which Nurse Practitioners often utilise in assisting patients¹³.

- Community resources and activities – sport and walking clubs, senior services, art-based and music groups, social and support groups, continuing education centres
- Volunteering
- Technology services – peer support chat rooms, social networking sites
- Medical non-primary care services – day healthcare centres, mental health services, cognitive behavioural therapy

How do you believe technology and social media influence feelings of loneliness and social connection?

Technology and social media have the ability to either positively or negatively influence feelings of loneliness and social connection. There is scientific evidence which shows that the use of digital social media can reduce the perception of loneliness and/or isolation in older adults and can serve as a source of support, providing a greater sense of belonging in the community and reducing loneliness¹⁴. However, when technology takes the place of in-person relationships, it has been found to increase loneliness and disconnection.

In modern society, when face-to-face communication has decreased, it is important to create alternative

methods to maintaining social interaction, and this is often determined by the Nurse Practitioner in consultation with the individual. This ensures that the best method for the patient is utilised, whilst also ensuring symptoms related to depression, loneliness and social isolation are regularly assessed by the Nurse Practitioner.

Which groups of people do you think are most affected by loneliness? Why do you think this is the case?

Loneliness is common among youth and is associated with poor physical and mental health, and poor educational outcomes¹⁵. Nurse Practitioners working with the Young People's Health Service (YPHS) provide primary health care and opportunistic and strategic health interventions to adolescents and young adults (12-24 years) who are experiencing, or at risk of homelessness or marginalisation. This service acknowledges social inequality as a key determinant of ill health. The Nurse Practitioners with the YPHS describe many examples of youth experiencing feelings of loneliness or isolation, especially since the COVID-19 pandemic and also because of social media influences.

Individuals aged over 60 years are also at risk of social isolation and will experience some degree of loneliness later in life. Every health care encounter is a chance to identify and intervene in social isolation. Nurse Practitioners are well positioned to increase awareness, educate, and intervene at all levels (local, community, state, and national) regarding loneliness and social isolation in older adults. As above, Nurse Practitioners have published on the need for using validated assessment tools for assessing for social isolation⁹.

Other at-risk groups for loneliness include immigrants, adults who identify as LGBTQ+ and Aboriginal and Torres Strait Islander persons.

Have you noticed any changes in your experiences of loneliness or social connection over the past few years? If so, what do you attribute these changes to?

Feelings of loneliness and social isolation have been exacerbated since the COVID-19 pandemic. This is due to the harmful social consequences of the pandemic, which forced individuals to endure prolonged periods of social distancing and isolation. Nurse Practitioners have seen a dramatic increase in young people caught in a cycle of loneliness since the pandemic, because of not being able to attend school or university and having the opportunity to make friends. Also, during the pandemic, we moved to an online way of working, shopping, meeting people and it hasn't gone back to how it was before.

What do you think could be done to help reduce loneliness in society?

As a society, the Government needs to address social isolation and loneliness as a pressing public health and policy concern. There needs to be a scale up of effective interventions and guidance developed on how to implement these. Research opportunities need to be provided to strengthen the evidence on strategies that work. The ACNP supports the call for a national strategy to address loneliness and social isolation.

Thank you again for the opportunity to participate in this important review. We are happy to be contacted to participate further or provide clarification.

Yours sincerely

Leanne Boase
Chief Executive Officer
Australian College of Nurse Practitioners

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