

Submission
No 42

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

Organisation: Pharmacy Addressing Loneliness and Social-isolation (PALS)

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Pharmacy Addressing Loneliness and Social-isolation (PALS) submission:
Parliamentary Inquiry into the prevalence, causes and impacts of loneliness in NSW





Pharmacy Addressing Loneliness and Social-isolation (PALS)

Pharmacy Addressing Loneliness and Social-isolation (PALS) is the first international pharmacy initiative committed to raising awareness and addressing loneliness and social isolation to improve the health of patients and society.

PALS is the creator of the **World-First Pharmacist Training program on Loneliness** and secured a partnership with the peak pharmacy body, the Pharmaceutical Society of Australia, to deliver this training at scale.

Since 2021 PALS has mobilised the pharmacy industry to recognise loneliness as a serious public health issue. PALS has been published in professional pharmacy journals and presented at peak national pharmacy conferences on the topic of loneliness demonstrating thought leadership and advocacy as the subject matter expert. PALS has advocated at a Parliamentary House event championing the pivotal role that pharmacists can play in addressing loneliness and, PALS currently sits on TAFE QLD's Project Advisory Committee for Queensland Health's development of a micro-credential for loneliness & social isolation for volunteers & the broader workforce.

PALS welcomes the opportunity to provide our perspective on loneliness in NSW and the role that pharmacy can play in identifying, screening and responding to loneliness in NSW. This submission is informed by the role, professional practice

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PALS RECOMMENDATIONS

1. PALS strongly recommends funding to support the rollout of the PALS World-First Pharmacist Training program on Loneliness throughout NSW to all pharmacists, to equip them with evidence-based education, training and resources to systematically identify, monitor, and direct people experiencing loneliness to appropriate resources and support.
2. PALS strongly recommends the NSW government partner with PALS and fund PALS development and delivery of a NSW-wide pharmacy-led, evidence-based, public health campaign to raise awareness and address loneliness for the prevention of poor health and to equip individuals with resources to improve social connection and well-being.
3. PALS strongly recommends the NSW government invest in the roll-out of the UCLA screening tool (or similar) through pharmacy. This would include funding the technical development and integration of screening tools for social isolation and loneliness (SIL) into existing digital platforms for community pharmacists, and for credentialed pharmacists conducting Home Medicines Reviews. This will enable a standardised and systematised approach to screening and data capture to measure SIL, and to enable enhanced sharing of this information across the healthcare team. In addition, PALS strongly recommends funding for pharmacists to administer the tool.
4. PALS strongly recommends funding to pilot pharmacist involvement in social prescribing initiatives in collaboration with local organisations (e.g. Primary Health Networks) to screen patients and connect them with local community services by means of signposting, referral and/or co-development of social prescriptions.

Introduction

Community pharmacies are a highly accessible healthcare network. Community pharmacists do not just dispense medicines and provide medication advice – pharmacies serve as a widespread immediate entry point for health and well-being advice. Pharmacists have proven to be essential frontline healthcare providers, particularly during the COVID-19 pandemic and other public health crises such as floods and bushfires. In these challenging times, pharmacists played a vital role in supporting Government health objectives and implementing statewide healthcare responses. Their accessibility, especially within primary care settings, positions pharmacists uniquely to support improved health outcomes for the people of NSW by addressing loneliness and reducing the risks of social isolation.

In New South Wales there are over 2,000 registered community pharmacies well established in local communities with a good understanding of the needs and challenges facing local populations. These community pharmacies engage with patients, on average, 18 times each year, in metropolitan, rural and remote locations.¹ In fact, in capital cities, 96% of people have access to at least one pharmacy within a 2.5 km radius, while in the rest of Australia, 74% of people are within 2.5 km of a pharmacy². Interestingly, evidence shows that people who are lonely use pharmacy services more often than others.³

Pharmacists, as one of the most trusted and frequently accessed health professionals in Australia⁴, have a unique and personal relationship with patients which means that there are significant opportunities for pharmacists to play a role in helping to identify, screen, prevent and address loneliness and social isolation with locally tailored approaches.

“Pharmacies not only safely dispense medicines, but a best kept secret is that our pharmacies are that social and personal connections for so many.”

Executive CIO Royal Flying Doctor Service of Australia

Leveraging the extensive network and infrastructure of community pharmacies across NSW, PALS recommends empowering pharmacists to lead and implement local initiatives that address the increasing burden and impacts of loneliness in their communities.

¹ [report - annual report 2023 - part 1-18 october 2023 - final.pdf](#)

² The Pharmacy Guild of Australia 2024

³ <https://www.sciencedirect.com/science/article/pii/S266727662300046X>

⁴ https://www.guild.org.au/data/assets/pdf_file/0028/132994/Vital-Facts-June-2024.pdf

The extent of loneliness and social isolation in NSW and how this is measured and recorded including opportunities for additional and/or improved data capture

For many patients, a visit to the pharmacy may be their only regular face-to-face interaction, and pharmacists know of the many patients who deliberately spread out their prescription fulfilment just so they can come into the pharmacy to engage in conversation with the pharmacist and pharmacy staff.

“I am a community pharmacist in Western Sydney. I regularly have elderly patients that come by on a daily basis not to buy anything, but they just want to have a chat because they are lonely. It might be the only genuine social interaction that they may have on that day! This is a reminder that our impact on patients goes well beyond dispensing medications for our patients. Pharmacists are a pillar of the community offering patients healthcare, community and support.”

Ghassoub El Assaad - Community Pharmacist, Western Sydney, NSW

Pharmacists can, and do, informally identify those patients at risk, or experiencing SIL, observing subtle changes in a patient’s mood, well-being and self-care as potential indicators of loneliness or social isolation. Also, pharmacists dispense medicines that can provide insight into people's social and emotional well-being. This is particularly true for antidepressants and anxiolytics, which can sometimes be inappropriately prescribed to manage the consequences of social issues and circumstances.

Given a workforce of approximately 11,000 registered pharmacists⁵ in NSW, there is a significant opportunity to engage pharmacists in formal screening of SIL at scale. Pharmacists confidently use a range of screening tools. For example, the AUSD Risk Tool to estimate a patient's risk of getting Type 2 Diabetes and depression screening questionnaires in accordance with professional practice standards. With appropriate training, pharmacists could capture information on SIL through formal screening tools delivered in confidential clinic room settings for privacy and sensitivity, in an appropriate area of the pharmacy, in people’s homes and, the pharmacist should also be permitted and remunerated to deliver the service via telehealth.

The UCLA Loneliness Scale could be used as a screening tool, as recommended by Ending Loneliness Together⁶ or a single-item measure of loneliness as used by the Australian Bureau of Statistics ‘Measuring What Matters’ Wellbeing framework.⁷

⁵<https://www.ahpra.gov.au/documents/default.aspx?record=WD24%2F33928&dbid=AP&checksum=NXaltbKnN TFGhbrl1Zo3Wg%3D%3D>

⁶ https://endingloneliness.com.au/wp-content/uploads/2021/08/A-Guide-to-Measuring-Loneliness-for-Community-Organisations_Ending-Loneliness-Together.pdf

⁷ <https://www.abs.gov.au/statistics/measuring-what-matters>

The screening tool could be a standalone consultation (e.g. during a health awareness campaign), or this data could be captured as part of:

- Routine interactions with patients e.g. counselling and advice
- During medication reviews – akin to asking questions about lifestyle, nutrition and physical activity
- During professional service consultations e.g. immunisations for elderly patients, expanded scope of practice
- When talking to at-risk patients e.g. older patients who live alone, people who are recently bereaved, young singles
- When delivering medications to at-risk patient cohorts e.g. older patients living alone, patients with disabilities
- When running hearing check day – people with hearing loss are at high risk of SIL
- When dispensing certain medications that may indicate risk of loneliness e.g. mental health conditions

Pharmacists can leverage existing digital platforms for this data capture, and to enhance communication among healthcare networks, improving the measurement and recording of loneliness and social isolation across the state.

PALS welcome the opportunity to work in partnership with the NSW Government to co-design and initially pilot the screening tool to be administered in community pharmacies. PALS would seek Government support to fund pharmacy IT systems and software providers to integrate the screening tool and optimise pharmacists' workflow.

The identification of populations most at risk of loneliness and social isolation

Community pharmacists regularly engage with a culturally diverse range of patients, including their families, carers, and support networks, often over extended periods. This long-term interaction enables pharmacists to recognise life changes or challenges that may increase a patient's risk of social isolation and loneliness (SIL).

Pharmacists frequently engage with patients who are at high risk of SIL;

- people with dementia or cognitive difficulties
- people living alone
- people with physical health problems and chronic diseases requiring regular dispensing of medication
- new mothers
- people over 75 years
- people with disabilities
- people with hearing loss
- migrants or people using English as a second language
- widows and widowers
- carers
- First Nations peoples
- people who identify as LGBTQIA+
- people with mental health problems, and
- people on opioid replacement therapies, just to name a few.

Therefore, community pharmacists may identify people at high risk of SIL who otherwise may 'fall through the gaps,' particularly those who may not be accessing traditional health services.

With the expanded scope of practice for pharmacists in Australia pharmacists are working in; general practices, community, hospitals, aged care facilities, disability care organisations, in people's homes as home medication review pharmacists, Aboriginal Community Controlled Health Organisations, primary health networks, government departments and agencies, and within other private sector organisation. Therefore, there are more opportunities than ever for pharmacists to help recognise loneliness and social isolation in patients and have a positive impact on their social health.

“In my role as a consultant pharmacist, I have the privilege of visiting patients in their homes to review their medications. During these visits, I often encounter patients struggling with social isolation and loneliness. Several patients have shared that my visit might be their only interaction with another person all day. Some tell me stories of strained relationships or children living far away, which only deepens their sense of loneliness. These experiences demonstrate that loneliness and social isolation are significant issues, which is profoundly impacting the health and well-being of people.”

Daniel Nasri. Consultant Pharmacist from NSW who conducts Home Medicine Reviews (HMRs), works in general practice and serves on advisory committees in primary care and healthy ageing for primary health networks (PHNs).

“As a hospital pharmacist, I have witnessed patients expressing feelings of loneliness that is causing them distress. As an aged and palliative care specialist pharmacist, I see patients who are often living alone and significantly lack social interaction. On many occasions, I have helped my clients call My Aged Care to assess what services they can available for social connections.

I remember a time when an older gentleman was admitted to our ward with a fall. During my medication interview, he expressed being alone and wanted to change that. With the help of a multidisciplinary team, we could find out what his interests were and connect him to the local men’s shed as he had a keen interest in carpentry! This and many other such stories prove that this issue needs to be addressed in a collaborative way. By creating supportive environments and providing education and resources to wider healthcare teams, we can address this extremely important social issue with long-term health implications.”

Gauri Godbole. Specialist Pharmacist, Aged and Palliative Care, NSW

The financial costs of loneliness to the NSW budget and the state economy and steps that can be taken to reduce the financial burden of loneliness

Health Costs

The impacts of loneliness on physical, cognitive and mental health, and health behaviours (such as medication use) are costly with the adverse health outcomes of loneliness estimated to cost \$2.7 billion per year to the Australian economy. The overall average healthcare cost associated with each person who becomes lonely in Australia is estimated to be \$1,565 per year.⁸

PALS does not have direct access to financial cost or burden data on loneliness, however, is aware of several sources of information that may be useful.⁹

- Loneliness is associated with increased use of primary health services including contact with pharmacy services and GPs, and results in more emergency treatments and hospital visits.¹⁰
- People aged 15 to 85 years who report feeling lonely are more likely to visit the doctor than those who do not.
- Lonely older people are 60% more likely to use emergency services and twice as likely to be admitted to residential aged care than non-lonely older people.
- Epidemiological research shows that loneliness is associated with a 26% greater risk of premature mortality (this being similar to the risk of premature death associated with well-known risk factors such as obesity).
- Lonelier people show poorer cardiovascular health indicators, such as elevated blood pressure and cholesterol, and impaired cardiac function. Loneliness increases the likelihood of cardiovascular disease, with research indicating a 29% increase in the incidence of coronary heart disease and a 32% increase in the risk of stroke in those with poor social relationships.
- The health effects of loneliness can be likened to smoking 15 cigarettes per day.
- Loneliness has been associated with a higher incidence of smoking, poor diet, physical inactivity, problem gambling behaviour, sexual risk behaviour and problematic alcohol use.

⁸ https://bcec.edu.au/assets/2021/11/139532_BCEC-Stronger-Together-report_WEB.pdf

⁹ Kirschner J. Loneliness. 8 Jun 2023. At: www.australianpharmacist.com.au/loneliness

¹⁰ 11 <https://www.tandfonline.com/doi/full/10.1080/17437199.2021.1986417>

12 2. Dreyer et al., 'The association between living alone and health care utilisation in older adults: a retrospective cohort study of electronic health records from a London general practice', *BMC Geriatrics* 18.1 (2018).

13 3. Meisters et al., 'Does Loneliness Have a Cost? A Population-Wide Study of the Association Between Loneliness and Healthcare Expenditure', *International Journal of Public Health* 66 (2021)

[^]<https://pubmed.ncbi.nlm.nih.gov/37181502/>

Medication-related costs

The evidence linking loneliness and medication use suggests that loneliness may be associated with polypharmacy (defined as using five or more medications simultaneously¹¹), and other researchers have found that lonely individuals had higher daily use of opioids and benzodiazepines.¹² Additionally, a study found that a cross-sectional study of 325 patients¹³ with Type 1 diabetes mellitus showed that those with higher levels of loneliness reported more difficulties in medication adherence.

Therefore, addressing loneliness through pharmacy-led interventions can potentially reduce overreliance and inappropriate use of medicines and associated medication costs. More research is required to fully appreciate this relationship.

Workplace Loneliness Costs

Upskilling the pharmacy workforce to learn about loneliness within the pharmacy workplace can save costs too. In Australia, approximately 37% of the Australian Workforce feels lonely.¹⁴ Statistics in the pharmacy profession are unknown however workplace loneliness is associated with lower job performance, increased workplace errors, reduced job satisfaction, negative employer-employee relationships, risk of burnout and poor mental health and well-being – all of which may have costs for employees and employers¹⁵. In the U.S. stress-related absenteeism attributed to loneliness costs employers an estimated \$154 billion annually.¹⁶ The report, "The Cost of Loneliness to UK Employers,"* puts the cost of loneliness to employers in the UK at £2.5 billion a year, which includes £2.1 billion to employers in the private sector.¹⁷ Australian data on workplace-related loneliness costs is lacking but a proactive approach to addressing workplace loneliness in the pharmacy workforce will help safeguard this critical healthcare workforce and reduce economic burden.

¹¹ <https://www.sciencedirect.com/science/article/pii/S0167494323002364>

¹² <https://pubmed.ncbi.nlm.nih.gov/32931548/>

¹³ <https://pubmed.ncbi.nlm.nih.gov/29756487/>

¹⁴ https://endingloneliness.com.au/wp-content/uploads/2020/11/Ending-Loneliness-Together-in-Australia_Nov20.pdf

¹⁵ Reventure Ltd. A future that works - Reports. A Future That Works. 2016. Available from: <https://www.afuturethatworks.org.au/reports/nal> *Medicine*, Volume 73, Issue 9, December 2023, Pages 557–567, <https://doi.org/10.1093/occmed/kqad138>

¹⁶ 3. Bowers A, Wu J, Lustig S, Nemecek D. Loneliness influences avoidable absenteeism and turnover intention reported by adult workers in the United States. *Journal of Organizational Effectiveness: People and Performance*. 2022;9(2):312-335

¹⁷ <https://www.campaigntoendloneliness.org/wp-content/uploads/cost-of-loneliness-2017.pdf>

The identification of existing initiatives by government and non-government organisations to mitigate and reduce loneliness and social isolation

Workforce Training

The impacts of loneliness on physical, cognitive and mental health, as well as health behaviours (such as medication use) together with the growing range of solutions, make it clear that pharmacists have an obligation to learn about loneliness, and what can be done to help.

Evidence-based education and training for health professionals is an obvious precursor to the effective implementation of responses to address social isolation and loneliness. But, until recently, high-quality training and education to support the pharmacy workforce has been lacking.

In response to this need, PALS (Pharmacy Addressing Loneliness and Social-isolation) has developed a comprehensive, evidence-based, and accredited online Pharmacist Training Program on Loneliness. This world-first education and training for pharmacists aims to expand the knowledge, skills and confidence of practitioners to screen those patients most at risk of poor health outcomes as a result of loneliness and help (re)connect them with community support.

Designed by Australian pharmacist and PALS founder Jenny Kirschner and with input from Professor Johanna Badcock (PALS training program Scientific Advisor & Co-Founder Global Initiative on Loneliness and Connection, GILC), the program includes evidence-based education on key topics, lived experience perspectives, interviews with experts in social health (including Dr Christopher Mikton, Technical Scientific Lead - World Health Organisation Commission on Social Connection and Professor Julianne Holt-Lunstad), and video testimonies from pharmacists active in addressing loneliness in their communities.

Additionally, the training program has a module dedicated to loneliness within the pharmacy profession. The demanding nature of healthcare settings, high levels of burnout, professional isolation, and stigma towards help-seeking can contribute to persistent feelings of workplace loneliness.

“The training program reminded me how much of an impact simple and empathetic conversations can have in letting people know they are cared for.”

(Tony, Pharmacist – Australia)

“It’s truly been one of the most impactful trainings I’ve done in a while.”

(Yvette, Pharmacist – Australia)

“An imperative program for the modern pharmacist. Wonderfully crafted learning opportunity, with evidence-based facts... lived experience and a real impact on completion.”

(Louise, Pharmacist – Australia)

Since its launch during Loneliness Awareness Week, in partnership with the [Pharmaceutical Society of Australia](#) (PSA is the peak pharmacy body in Australia) in August 2024, the response to the program has been extremely positive with an unprecedented number of enrolments for any PSA training program in this period of time. Preliminary evaluation data shows that the PALS training helps pharmacists to feel more confident talking about loneliness with their patients, and know how to better support patients experiencing loneliness.

The surge of interest from pharmacists, pharmacy schools, and pharmacy organisations worldwide indicates enormous potential for such training to be expanded across the NSW pharmacy sector.

PALS would seek funding for pharmacist training on loneliness for *all pharmacists* in NSW.

Other Interventions

Prevention

Pharmacists can be involved in prevention, detecting early signs of SIL and taking preventative steps to reduce the incidence of loneliness becoming chronic. For example, pharmacists can:

- Check in with at-risk patients regularly and encourage them to seek connection
- Address obstacles to social connection – e.g. physical mobility issues or incontinence
- Include social health recommendations as part of routine lifestyle counselling and medication adherence support
- Provide loneliness literacy to educate patients (e.g.: pamphlets and posters)

Social Prescribing

Social prescribing is described¹⁸ as a means of enabling health practitioners to refer people to a range of local, non-clinical services and providing a valuable addition to the existing range of healthcare options. PALS is aware of the growing momentum of social prescribing globally¹⁹ and its potential to deliver real benefits to patients. In Australia, the Consumer Health Forum and the Royal Australian College of General Practitioners hosted a roundtable in February 2020 with the Australian Government reportedly planning to incorporate social prescribing into future health system planning and service delivery strategies. Pharmacists can play a significant role in the social prescribing ecosystem, screening, signposting and referring patients to non-clinical community support systems, leveraging their existing social capital.

PALS would seek funding to pilot pharmacist involvement in social prescribing initiatives

¹⁸ The Royal Australian College of General Practitioners and Consumers Health Forum of Australia. Social prescribing roundtable, November 2019: report. 2020. At: [social_prescribing_roundtable_report_chf_racgp_v11.pdf](#)

¹⁹ <https://socialprescribingacademy.org.uk/media/1yeoktid/social-prescribing-around-the-world.pdf>

Health Promotion

Pharmacies have the credibility, scale and relationships with patients to deliver health promotion initiatives to educate the NSW public on critical public health priorities. This is evident in the success of pharmacy-led health promotion activities like vaccination awareness and uptake. Similarly, pharmacies across NSW can raise awareness and educate the public on the detrimental impact loneliness has on overall health, and the protective benefits of social connection, making them a key player in this public health challenge.

PALS' subject matter expertise, strong advocacy and leadership in mobilising the pharmacy industry around loneliness awareness and education will enable PALS to develop and deliver a NSW-wide pharmacy-led public health campaign on loneliness. Examples of deliverables would include patient resources to improve patient social health literacy around loneliness and social connection and support resources for pharmacists to deliver local health promotion seminars.

“We as community pharmacists see loneliness in our patients on a daily basis. I have been asked on multiple occasions to talk to local men’s groups about the topic of loneliness and how men can recognise it in themselves and each other, and then how they can support each other through their periods of loneliness.”

**Curtis Ruhnau, Community Pharmacist NSW: President at Pharmacists’ Support Service 2024.
- References for talk provided by PALS**

PALS would request funding to support the development and delivery of a pharmacy-led public health campaign across NSW on loneliness and social connection.

Conclusion

Pharmacists are in a unique position to address loneliness and social isolation due to their accessibility, trusted relationships, and ongoing engagement with patients. Through initiatives like the PALS Pharmacist Training program on Loneliness and a NSW-wide pharmacy-led public health awareness campaign around loneliness, pharmacists can formalise their role in screening for loneliness, connecting patients with non-medical supports, and promoting social well-being across New South Wales. With the appropriate resources and funding, pharmacies can play a key role in reducing the prevalence of SIL improving overall public health outcomes, and reducing health-care costs.

Thank you for your consideration of this submission.

Should you wish to discuss any aspect of it, or the services that PALS provides, please contact me by email at _____ or by telephone on _____ .

Jennifer Kirschner
Pharmacist and founder of PALS

