

**Submission
No 108**

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

Organisation: Pharmaceutical Society of Australia

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Purpose of this submission

The Pharmaceutical Society of Australia (PSA) makes this submission to the Parliamentary Inquiry into the prevalence, causes and impacts of loneliness in New South Wales.

PSA's submission is informed by the role, professional practice experience and perspectives of pharmacists. PSA has addressed specific clauses of the Inquiry terms of reference (as indicated).

About PSA

PSA is the peak national professional pharmacy organisation representing all of Australia's 39,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient and effective health care. PSA believes the expertise of pharmacists can be better utilised to address the healthcare needs of all Australians.

PSA works to identify, unlock and advance opportunities for pharmacists to realise their full potential, to be appropriately recognised and fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality health care and are the custodians for safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists. PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.

In NSW, there are approximately 11,000 registered pharmacists working in community pharmacies, hospitals, general practices, aged care facilities, disability care organisations, Aboriginal Community Controlled Health Organisations, primary health networks, government departments and agencies, and within other private sector organisations.

Recommendations

The Pharmaceutical Society of Australia (PSA) provides the following recommendations to the Standing Committee on Social Issues. Further details are provided in PSA's response under Terms of Reference clause i.

Recommendation 1: Fund pharmacist training on loneliness for all pharmacists in NSW.

Recommendation 2: Invest in the roll-out of the UCLA screening tool (or similar) for use by pharmacists in community pharmacies and credentialed pharmacists conducting Home Medicines Reviews.

Recommendation 3: Fund Mental Health First Aid training for all pharmacists and pharmacy staff in NSW community pharmacies.

Recommendation 4: Fund pharmacists to deliver remunerated telehealth consultations to allow regular connections with people in geographically isolated areas or those with mobility limitations due to illness or disability.

Recommendation 5: Fund PSA to partner with the NSW Government to develop a comprehensive suite of continuing professional development modules, guidelines, articles and webinars for pharmacists on addressing loneliness and social isolation, and minimising risk.

Introduction

The practice of pharmacists is governed and supported by a comprehensive framework of legislation, and professional and ethical standards. PSA is the profession's standards-setting body and custodian of the *National competency standards framework for pharmacists in Australia*,¹ and also develops, maintains and promulgates its own suite of documents, including: *Code of ethics for pharmacists*,² *Professional practice standards*,³ *Clinical governance principles for pharmacy services*,⁴ and various guidelines to support professional practice activities and pharmacist-delivered health services.

Pharmacists practise in a wide range of settings within health care, aged care and disability care. The accessibility of pharmacists as frontline healthcare professionals in the community provides significant value to patients, carers and the public. Pharmacists support timely access to care and medicines, provide advice on public health information, deliver preventive health care including vaccinations to individuals, assist in improving health and digital literacy, and triage care and refer to other healthcare practitioners to facilitate the best possible care. The pharmacist workforce is fundamentally committed to person-centred care, evidence-based practice, collaborative team care arrangements and quality improvement.

In primary care, pharmacists are highly accessible through the well-distributed network of over 2,000 community pharmacies in NSW. It is reported that, on average, every person visits a community pharmacy 18 times per year. Community pharmacists do not just dispense medicines and provide medication advice – pharmacies are considered to be vital health hubs. This was particularly evident during the COVID-19 pandemic as well as other public health emergencies such as floods and bush fires – pharmacists were regarded as essential frontline healthcare service providers supporting the Government's policy objectives and implementing statewide healthcare responses.

Through the well-established network and infrastructure of community pharmacies in NSW, PSA suggests pharmacists should be supported to lead and deliver initiatives for their local community to alleviate the growing burden and impacts of loneliness in NSW.

Comments on selected Terms of Reference

Australians regard universal and equitable access to health care to be a fundamental right and need. Although loneliness and social disconnection are on the rise, not every person links these factors to a potential health burden or mental health challenge. Yet, as alluded to by the NSW Minister for Mental Health, studies link loneliness to poor physical and mental health, increased psychological distress and premature death.

Through this Inquiry, PSA highlights to the Committee several initiatives where the contribution of pharmacists and their accessibility, particularly in primary care settings, could help to achieve better health outcomes for the people of NSW by addressing loneliness and the risk of social isolation.

¹ National competency standards framework for pharmacists in Australia. Canberra: PSA; 2016. At: <https://www.psa.org.au/wp-content/uploads/2018/06/National-Competency-Standards-Framework-for-Pharmacists-in-Australia-2016-PDF-2mb.pdf>

² Pharmaceutical Society of Australia. Code of ethics for pharmacists. Canberra: PSA; 2017. At: <https://www.psa.org.au/wp-content/uploads/2018/07/PSA-Code-of-Ethics-2017.pdf>

³ Pharmaceutical Society of Australia. Professional practice standards. Version 6. Canberra: PSA; 2023. At: www.psa.org.au/wp-content/uploads/2023/07/5933-Professional-Practice-Standards_FINAL-1.pdf

⁴ Pharmaceutical Society of Australia. Clinical governance principles for pharmacy services. Canberra: PSA; 2018. At: https://www.psa.org.au/wp-content/uploads/2019/05/PSAClinicalGovernancePrinciples2018_FINAL.pdf

a. 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

PSA is aware that the Australian Institute of Health and Welfare and Australian Bureau of Statistics recently published^{5,6} figures on social isolation and loneliness, and some NSW figures⁷ are available through the Melbourne Institute, as well as an Australian report.⁸ However, more comprehensive official data are warranted. It has been reported⁹ that there is no clear strategy in Australia to tackle loneliness.

As mentioned earlier in this submission, community pharmacies are central touch points for patients and the public generally due to their accessibility in the local community. PSA's work with organisations such as the Consumers Health Forum of Australia (CHF) shows that consumers have a high degree of trust in pharmacists and value strong relationships with their pharmacists. People naturally expect pharmacists to provide medicines and medication management advice, but pharmacists are also qualified and relied upon for general and holistic healthcare information, preventive activities such as vaccinations, screening programs, lifestyle and self-care advice, local and national public health initiatives, triage to local health services and resources, and referral to general practitioners.

With the known regularity and frequency of visits that people make to community pharmacies and broad range of reasons for these interactions, PSA sees immense opportunity to equip and engage pharmacists to measure and record data on the extent of loneliness or social isolation.

PSA acknowledges the work of the Mental Health Commission of NSW to gain an understanding of the prevalence and patterns of loneliness in NSW through the integration of the UCLA 3-item loneliness scale in the Community Wellbeing survey.¹⁰

Based on published works and insights of experts such as Jenny Kirschner MPS, the founder of Pharmacy Addressing Loneliness and Social Isolation (PALS), PSA proposes that pharmacists be involved in data capture using a validated screening tool such as the UCLA Loneliness Scale 4-Item Version (shown below).¹¹ PSA understands this tool is valid for use across a wide range of age groups (18 years and over) from younger to older adults, and permits benchmarking of scores against other programs whilst minimising the number of questions presented.

PSA would 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. Pharmacists already deliver screening and risk assessment activities such as cardiovascular risk assessment and

⁵ Australian Institute of Health and Welfare. Social isolation and loneliness. Canberra: AIHW; 2024. At: www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness

⁶ Australian Bureau of Statistics. Social connections. At: www.abs.gov.au/statistics/measuring-what-matters/measuring-what-matters-themes-and-indicators/cohesive/social-connections

⁷ Mental Health Commission of New South Wales. Social isolation and loneliness. Jun 2024. At: www.nswmentalhealthcommission.com.au/measuring-change-indicator/loneliness

⁸ Ending Loneliness Together. State of the nation report: social connection in Australia 2023. 2021. At: https://endingloneliness.com.au/wp-content/uploads/2023/10/ELT_LNA_Report_Digital.pdf

⁹ Groundswell Foundation. Connections matter: a report on the impacts of loneliness in Australia. Nov 2022. At: www.groundswellfoundation.com.au/post/connections-matter-a-report-on-the-impacts-of-loneliness-in-australia

¹⁰ Mental Health Commission of NSW. Loneliness in focus. Sep 2023. At: www.nswmentalhealthcommission.com.au/sites/default/files/2023-11/Loneliness%20in%20Focus%20Report.pdf

¹¹ Ending Loneliness Together. A guide to measuring loneliness for community organisations. 2021. At: https://endingloneliness.com.au/wp-content/uploads/2021/08/A-Guide-to-Measuring-Loneliness-for-Community-Organisations_Ending-Loneliness-Together.pdf

depression screening questionnaires in accordance with PSA’s professional practice standards. This type of activity can be delivered as a standalone service (e.g. during a health awareness campaign), as part of routine practice (e.g. during a medication management review service, or monitoring the use of a new medicine), or opportunistically (e.g. in conjunction with a vaccination service).

	Never 1	Rarely 2	Sometimes 3	Always 4
	<i>Please circle one response for each question</i>			
	Never	Rarely	Sometimes	Always
1.* How often do you feel that you are “in tune” with the people around you?	1	2	3	4
2. How often do you feel that no one really knows you well?	1	2	3	4
3.* How often do you feel you can find companionship when you want it?	1	2	3	4
4. How often do you feel that people are around you but not with you?	1	2	3	4

The screening service can be delivered in a private pharmacist consultation room, or depending on the patient’s circumstances, the pharmacist should be permitted and remunerated to deliver the service via telehealth.

It would be logical to leverage the existing IT systems in community pharmacies to administer the screening service, and capture and record the data. PSA would also seek Government support for pharmacy IT system and software providers to be funded to integrate the screening tool and streamline workflow for pharmacists.

The development of a pharmacist-specific guideline on loneliness would support the professional practice of pharmacists. The guideline would provide practice advice to pharmacists on the identification of loneliness, and pathways for referral and to social supports. It would complement the use of screening tools, such as the UCLA Loneliness Scale 4-Item Version.

Additionally, a co-designed microsite could provide a centralised state-wide navigation platform, allowing pharmacists to easily locate and refer patients to local government social prescribing programs. The microsite would provide a consistent framework across NSW, helping to address loneliness by providing reliable access to relevant services.

b. the identification of populations most at risk of loneliness and social isolation

Pharmacists in the community are regarded as one of the most accessible health professionals connecting with patients, carers and the broader public every day. The average Australian visits a community pharmacy 18 times each year. Each of these interactions with a pharmacist is an opportunity to impart a health message, improve health and medicine literacy, deliver primary health care, conduct preventive early intervention activities, and generally improve the health of the NSW community.

Given loneliness does not discriminate and can impact all ages, genders and personality types, and can co-exist with any health condition, pharmacists are likely to come into contact with people who may be experiencing loneliness or social isolation at certain stages of their life. In an article published

in PSA's professional journal, *Australian Pharmacist*,¹² and in discussion with PSA, Jenny Kirschner MPS cited the following groups of people are included as having been reported to manifest higher levels of loneliness or social isolation:

- people aged 18-25, or those over 56 years of age
- people who live alone
- people who are unemployed
- people who are parents of children under the age of 18
- First Nations peoples
- people who identify as LGBTQIA+
- migrants from non-English speaking countries
- people from a lower socio-economic status
- older adults with hearing loss
- people with high risk conditions such as dementia or Alzheimer's disease, or living with chronic conditions
- widows and carers.

f. 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

PSA 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. The following has been extracted from the article cited earlier.¹²

- The cost of loneliness to the Australian economy (including costs attributable to increased healthcare use, sick leave, and costs resulting from greater incidence of poor health behaviours such as smoking and consumption of excessive alcohol) has been estimated to be \$2.7 billion annually, with the average approximate cost of \$1,565 per person per year.
- 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.
- Loneliness has been associated with a higher incidence of smoking, poor diet, physical inactivity, problem gambling behaviour, sexual risk behaviour and problematic alcohol use.
- 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

¹² Kirschner J. Loneliness. 8 Jun 2023. At: www.australianpharmacist.com.au/loneliness

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.
- Health effects of loneliness can be likened to smoking 15 cigarettes per day.

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

Pharmacist training program on loneliness

Apart from its standards-setting role, PSA leads and collaborates with governments, Primary Health Networks, academic and research institutions, and local and international subject matter experts to advocate and advance the pharmacy profession's contribution to health care. PSA is a leader in delivering high quality professional development, education and training, and practice support for pharmacists.

PSA believes the opportunities for pharmacists to help address the impacts of loneliness and social isolation are immense. PSA has been working in partnership with Jenny Kirschner MPS, Australian pharmacist and the founder of Pharmacy Addressing Loneliness and Social Isolation (PALS) which is regarded as the first international pharmacy initiative committed to raising awareness and addressing loneliness and social isolation to improve the health of patients and society.

Marking **Loneliness Awareness Week** in August this year, PSA was fortunate to build on its partnership with PALS to launch¹³ world-first training for pharmacists to identify and address loneliness as a social and health priority. The program is the first education program in the world targeted toward health professionals, providing them the skills and confidence to identify and work with individuals most at risk of poor health outcomes as a result of loneliness.

The **Pharmacist Training Program on Loneliness**¹⁴ combines video testimonies of pharmacists working to improve social cohesion, interviews with global health and social connection leaders including the World Health Organisation, and comprehensive evidence-based education designed specifically for pharmacists.

PSA has worked to make the training available free of charge for PSA Members and to date, over 1,200 pharmacists have enrolled in the course with 387 having completed it. This is a significant level of uptake and completion in a short period of time.

PSA is committed to advancing the role of pharmacists to address loneliness through a holistic person-centred approach. Pharmacists are well-placed to consider the social, physical and mental health impact of loneliness and champion connectivity and social cohesion in our communities.

¹³ Pharmaceutical Society of Australia. Pharmacists to help address loneliness epidemic with world-first training and education [media release]. 5 Aug 2024. At: <https://www.psa.org.au/pharmacists-to-help-address-loneliness-epidemic-with-world-first-training-and-education>

¹⁴ Pharmaceutical Society of Australia and Pharmacy Addressing Loneliness and Social-isolation. Pharmacist training program on loneliness. At: <https://my.psa.org.au/s/training-plan/a11GB0000Lhelh/pharmacist-training-program-on-loneliness>

Social prescribing

Social prescribing is described¹⁵ 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. PSA recognises the growing momentum of social prescribing globally and its potential to deliver real benefits to patients. Significant bodies of work continue to be undertaken in countries such as United Kingdom, Canada and Japan but it often takes time to genuinely embed social prescribing into healthcare policy.

In Australia, CHF 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. In the roundtable report,¹⁶ it was stated that a systematic, nationally scaled and locally implemented approach to social prescribing in Australia could lead to:

- improved prevention and management of physical and mental illness
- a shift in the focus from illness to wellness
- increased consumer enablement and self-management
- a more comprehensive approach to service delivery
- decreased demand for health services
- greater value care, and greater access to care and support
- reduced siloing of health and community services
- increased wellness and decreased helplessness for both providers and patients
- decreased social isolation and loneliness
- stronger communities.

As the most accessible health professionals, pharmacists are well-positioned to integrate social prescribing into routine practice. PSA believes that securing benefits to patients from social prescribing will require:

- collaboration between pharmacists, general practitioners and the broader multidisciplinary team within a clear clinical governance framework, as well as integration with other support networks to provide holistic care addressing both medical and social needs
- comprehensive training programs for pharmacists and the broader pharmacy team on social prescribing and social determinants of health; this means realistic funding is necessary to train pharmacists and facilitate their engagement in social prescribing programs and services
- Government involvement as partners and funding for effective implementation of coordinated

¹⁵ 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](#)

¹⁶ Ibid.

social prescribing initiatives.

i. steps the State Government can take to reduce the prevalence and impacts of loneliness in the community

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. Tackling loneliness could also assist with reducing waiting time and improving access to health services.

PSA strongly advocates for the NSW Government to invest in the following to help address the impact of loneliness and social isolation and minimise the risk and impact on the NSW community. PSA would be pleased to discuss these proposals in greater detail.

- 1. Fund pharmacist training on loneliness for all pharmacists in NSW.** Currently PSA has subsidised access to the PALS loneliness training to PSA members only. However, we strongly recommend that all pharmacists, intern pharmacists and pharmacy students in NSW should have access to the training to establish a strong baseline capability leading to a positive, long-term statewide response.
- 2. Invest in the roll-out of the UCLA screening tool (or similar) for use by pharmacists in community pharmacies and credentialed pharmacists conducting Home Medicines Reviews.** PSA suggests this could commence with a pilot in selected community pharmacies and, contingent on a positive outcome, be expanded to all NSW community pharmacies as well as pharmacist services such as Home Medicines Reviews. This approach harnesses the well-established community pharmacy network and infrastructure, as well as accessibility to pharmacists. This will require investment in making IT systems and software contemporary to capture and record the data, and remuneration for service delivery by pharmacists.
- 3. Fund Mental Health First Aid (MHFA) training for all pharmacists and pharmacy staff in NSW community pharmacies.** While many pharmacists are trained in MHFA, PSA strongly believes there should be Government investment in MHFA training generally for all members of the community pharmacy team including pharmacists and staff who provide essential first line healthcare support. PSA acknowledges the NSW Government has previously supported the delivery of MHFA training to pharmacists, and these programs had good uptake. Nevertheless, PSA suggests there is opportunity and need for this training to be extended to cover all community pharmacies to strengthen their role as local health hubs.
- 4. Fund pharmacists to deliver remunerated telehealth consultations to allow regular connections with people in geographically isolated areas or those with mobility limitations due to illness or disability.** PSA strongly suggests people in rural and remote locations, or those who are unable to leave their homes for health or welfare reasons must have equitable opportunity and access to a healthcare practitioner such as a pharmacist to improve social connections and minimise the impact of social isolation or experience of loneliness.
- 5. Fund PSA to partner with the NSW Government to develop a comprehensive suite of continuing professional development modules, guidelines, articles and webinars for pharmacists on addressing loneliness and social isolation, and minimising risk.** A core role of PSA is to deliver professional education and training for pharmacists. To suit various learning needs and preferences, PSA develops multi-modal continuing professional education modules and activities that support practitioner development and quality of pharmacist practice. In the development process, PSA routinely involves subject matter experts, collaborates with other health professionals or health professional bodies or in partnership with Government departments or agencies. PSA would also welcome any incentives to

partner with other professional organisations to develop and deliver joint professional education events.

Summary

People in NSW deserve timely and regular access to a healthcare professional, according to their needs and preferences, to maintain and strengthen connections and support their health and wellbeing. Pharmacists are well-placed in the community to provide essential, accessible holistic health care. Through the well-established network and infrastructure of community pharmacies in NSW, PSA strongly supports the NSW Government to invest in pharmacists to lead and deliver initiatives for their local community to alleviate the growing burden and impacts of loneliness in NSW.

PSA regards this Inquiry as an important opportunity and potential catalyst for the state of NSW to demonstrate commitment and leadership in addressing loneliness and social isolation. PSA would be pleased to work in partnership with the NSW Government to contribute to the design and delivery of the state's health policies and programs.

(End of submission)