



# Promoting dignity, worth and connection

Neami National's submission to the  
Inquiry into social isolation and loneliness  
in Queensland

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## Contents

Who we are .....	4
Why we're making a submission .....	4
Acknowledgement of Country.....	5
What is social isolation and loneliness and how are they experienced? .....	6
What contributes to a sense of social isolation and loneliness? .....	7
What helps to minimise social isolation and loneliness, and what should the Queensland Government invest in? .....	8
References.....	11
More information.....	12



## Who we are

Neami National (Neami) is a not-for-profit community-managed organisation providing specialist, community-based mental health, homelessness, and suicide prevention services. We engage over 9,000 people nationally each year and have provided services across Queensland since 2009. Current Neami service delivery in Queensland includes:

- *Living and Learning Centres in Strathpine and Ipswich* – drop-in centres offering one-on-one and group psychosocial supports, delivered by peer and non-peer staff
- *Nundah House* – integrated clinical and psychosocial step-up step-down support for people who are becoming unwell or recovering from an acute experience of mental ill-health
- *Health Service Navigators in south-eastern Queensland* – supporting streamlined access to appropriate local services
- *Connect to Wellbeing (C2W)* – a central intake, assessment, triage, and referral service providing a single point of access for people seeking psychological support across northern Queensland
- *Individual Recovery Support Transition from Correctional Services Program in Cairns and Townsville* - providing individual support for up to 12 months with three months of intensive one on one non-clinical psychosocial support
- *Townsville Women's Health and Wellbeing Service* – offering trauma-informed counselling, case management and capacity-building supports for women who have experience domestic, family and gender-based violence

Neami emphasises social inclusion and community connection in the way we work with people. We use a collaborative recovery approach which is attuned to first-person experience, perspective, and expertise – in all its diversity, and which is informed by current research and backed by over three decades of experience in the community sector.

## Why we're making a submission

Social isolation and loneliness are prevalent amongst the people Neami works with, many of whom also have experiences of mental illness. In witnessing the interplay between isolation, loneliness, and mental health we note the importance of a holistic approach to working alongside people in their contexts. Our submission reflects this, as we draw attention to the personal, community, social, political, economic, cultural, environmental, and structural factors that sustain (and alleviate) social isolation and loneliness. Our submission is based on insights gained from longstanding work alongside people who have experienced the marginalising impacts of mental ill-health, homelessness, poverty, trauma, stigma, and discrimination, as well as two focus groups - one with 8 consumers and one with 11 staff of Neami's Queensland services - on the spaces, connections, capacities, resources, and safety needed to experience meaningful connection. The consumer participants all access centre-based mental health and wellbeing support in south-eastern Queensland; staff deliver services encompassing mental health and wellbeing, intake, assessment and referral, care coordination, and support exiting corrections settings across south-eastern and northern Queensland. We thank the consumers and staff who shared the expertise offered in this submission, and the Queensland Government for the opportunity to contribute to this important inquiry.



## Acknowledgement of Country

The Neami Group acknowledges the Traditional Owners of all lands on which we carry out our work and we pay our respects to their Elders, past and present. We recognise the unique position of Aboriginal and Torres Strait Islander Peoples as the first sovereign nations of the Australian continent, that sovereignty has never been ceded, and no treaty has been realised.

Aboriginal and Torres Strait Islander People have much from which settler populations can learn. Central to this is the long-term knowledge and appreciation for humanities interdependence with land (Country) and thus custodial obligations to land - and by extension to each other.



## What is social isolation and loneliness and how are they experienced?

Loneliness occurs when there is a gap between the social connections people want and their experience of their current relationships (Campaign to End Loneliness, 2020). Loneliness – as an emotional response – differs from social isolation which is more about the number of relationships one has (Campaign to End Loneliness, 2020). Both can impact a sense of possibility, self-worth, and connection. One can be lonely at any age, although there might be different contributors, including family violence, separation, living alone, unemployment, physical health and mobility, or leaving school. It can feel harder to find opportunities for social connection as you get older.

We heard that loneliness feels like a loss of connection, or a sense that the world is hard, inconsistent, unpredictable, and unsafe. Loneliness can make it exhausting to leave the house and difficult to plan for the future, echoing research that loneliness impacts how people anticipate and interpret social experiences (Campaign to End Loneliness, 2020). The visibility of death and despair on mainstream and social media can foster the existential malaise that leaves people asking, “why try?” We heard how this affects consumers and staff alike – for staff, it makes it harder to hold hope, which can contribute to burnout and distress. At its most acute, loneliness can drive suicidal thoughts – which we heard were less about a will to die than a desire to feel less alone. These views were heightened by the COVID-19 context but are historically familiar to people Neami supports, with people sharing that COVID-19 has raised the visibility and ordinariness of loneliness, the impacts of which they have always known about.

We heard there’s a difference between isolation and loneliness and it has to do with agency – when it stops being a choice it starts being a problem. Connection is possible when people feel safe, but for many, staying home is the route to safety – avoiding the stigma, social pressure, violence, and judgement many have experienced. Histories of vulnerability can keep people isolated because they don’t want to be hurt again. In calibrating the choice between predictable loneliness or uncertain risk, assured safety regularly wins, even in the knowledge that the choice might sustain isolation or cede some gains to sense of self and mental health. This can impact motivation, self-worth, and self-compassion.

There is diversity in how the drivers and impacts of social isolation and loneliness are felt by different people. Some people need many close connections, whilst others are happy living relatively isolated lives or have developed strategies to maintain wellbeing with limited social connections (Flourish et al., 2020). The COVID-19 pandemic has generated many discussions about how we live and connect, but overarching statements that suggest a universally distressing experience can perpetuate feelings of isolation and disconnection for those with a different experience. In remembering that we’re all in this together but we’re all experiencing it differently, we can create space for, and validate, many different experiences, which can decrease stigma and disconnect.



## What contributes to a sense of social isolation and loneliness?

Consumers suggest that loneliness can be countered by meaningful, purposeful, and shared connections which support a sense of worth and value. In contrast, social isolation and loneliness are often associated with feeling devalued, disconnected, and worthless. Individual, interpersonal, and structural factors contribute to these feelings. Participants noted the interplay between mental illness and isolation, where experiences of stigma and discrimination were common as other people couldn't see past their diagnosis. Additional contributors include experiences of domestic/family violence; poverty; living in a rural/regional setting; unemployment; lack of, or isolation from, family; physical health challenges; problematic alcohol and other drug use; and caring responsibilities.

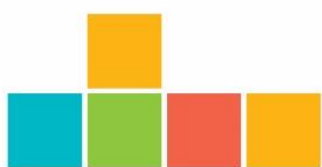
Many of these factors were exacerbated as a result of COVID-19 – we heard of an increased sense of hopelessness and the end of the world; increased alcohol and other drug use; job losses; people experiencing distress at not being able to see their families either locally, interstate or internationally, and especially relatives in aged care. Connect to Wellbeing, a central intake and referral service delivered in partnership by Neami and the Northern Queensland Primary Health Network, saw increased numbers of children needing support, indicative of the reach of COVID-19's impacts.

We heard how messages of worthlessness can be communicated through policies and service systems. We heard of:

- People exiting corrections settings into isolation, poverty, and insecure housing
- A widespread lack of affordable housing
- Inadequate government benefits
- Inequitable service access in regional and remote areas

The absence of questions relating to LGBTIQ+ people in the recent census perpetuated experiences of invisibility and marginalisation in this community (Stephenson & Hayes, 2021). The inaccessibility of the NDIS was of particular concern for consumers. Repeated rejections on the grounds of not being disabled enough, prohibitively expensive assessments to demonstrate eligibility, and a lack of information on, or availability of, alternate or shorter-term support options made people feel worthless and exhausted. The prevailing sense of scarcity in service systems – housing, support, mental health, financial support - contributes to people feeling undeserving and unworthy of support, perpetuating feelings of loneliness.

Vulnerability to loneliness is elevated by compounded experiences of trauma. Queenslanders have seen more than their fair share of adversity over the past few years, including bushfires, floods, drought, and COVID-19. These environmental stressors are on top of the everyday experiences of judgement, violence, disconnection, and abuse some Neami consumers reported. Staff also reported burnout, in part due to the fatigue of holding hope for others when you see little hope for yourself. In surviving these events people demonstrate tremendous resilience, but they are often exhausted and at their limits. Additional hurdles to accessing opportunities for connection can be devastating. Our focus groups highlighted the necessity of holistic solutions that communicate meaning, value, purpose, and connection on individual and structural levels.



# What helps to minimise social isolation and loneliness, and what should the Queensland Government invest in?

Consumers and staff offer the following insights and suggestions to address social isolation and loneliness:

## ***Promoting dignity and worth in every encounter***

When society and services send messages that you – or people like you - are not valued or burdensome, people either won't reach out to connect, or must muster tremendous bravery to seek connection. Connection is possible when people feel safe, demonstrating the necessity of services, policies and systems that promote the dignity and worth of the people they are designed to support. We heard that support must be:

- *Flexible* – assertive outreach to meet people where they're at, whether that be home or hospital, to ensure continuity of care and relationships
- *Individualised* – not only to meet people's needs but to ensure people know they matter. This includes offering support to people on waitlists to promote transparency, manage expectations, and provide alternate support options where appropriate (Farmer, 2021).
- *Consistent and persistent* – to foster safety, connection, and repeated opportunities for people to explore their passions
- *Expansive* – where appropriate, support is provided to entire family units
- *Non-judgemental, holistic, and accessible* – to ensure physical, mental, financial, housing, and other needs are met in a timely, integrated manner by a well-resourced, free/affordable service. Service application processes must be clear, well-supported, and foster hope, not despair and humiliation. Hurdles to accessing opportunities for connection and support must be removed to minimise further distress.
- *Embodying an ethos of care* – where people are genuinely valued and celebrated.

## ***A diversity of support options to meet different needs***

Reflecting the Campaign to End Loneliness (2020), we heard that both internal and external aspects of loneliness must be addressed when developing policies and interventions. This could include:

- Individual support such as psychoeducation and coaching to challenge some of the negative thoughts that attend loneliness and build motivation, as well as practical and emotional support so people are able to take the risk and give things a try
- Normalising the experience of loneliness
- Supporting social media literacy to empower people to engage critically with online content
- Group programs where people can practice social skills – including relationship, health, and wellbeing groups. It can include creative or playful activities like board games, community choir, yoga, or outdoor workouts
- Free and supported access to sport and exercise, especially for people receiving the Disability Support Pension, or other government payments
- Accessible and affordable public transport or transport options in rural and remote areas
- Telehealth support options – with supported access to devices, data, and digital skills. Telehealth practice should not replace face-to-face support, but offered and resourced as a complementary practice (Venville et al., 2021)





- The creation and maintenance of safe, inclusive spaces that support connection, such as the Living and Learning Centres the Federal Government funds Neami to deliver. Consumers value both informal and structured activities in these spaces, relishing opportunities to hear and connect with other people, without having to hide mental health challenges. They are “spaces to not be lonely.”
- Accessible, well-resourced systems that promote the dignity and worth of consumers, carers, and staff, and minimise worker burnout.

Participants emphasised that safe relationships underpin all the above. People need to feel accepted, free from judgement, valued and cared for, and a sense of trust in a place or service before the work to diminish isolation can occur.

### ***Solidarity and connection – the power of peers***

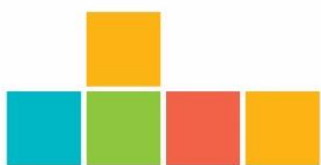
Consumers unanimously expressed the value of peer work. Receiving support based on hope and mutuality, from someone who’s “been there and got to the other side” is incredibly powerful and enables people to envision new possibilities that might have previously been hidden. Consumers highlighted that regular outreach support from peer workers can provide the “social connection that gives the strength to go on”. We encourage the Queensland Government to continue to invest in the peer workforce, in line with the guidance provided by Byrne and colleagues in the *Queensland Framework for the Development of the Mental Health Lived Experience Workforce* (2019).

### ***Addressing loneliness means addressing its structural drivers***

Government must invest in policies that equitably address the structural drivers of social isolation and loneliness. Ensuring people’s primary needs such as food, shelter and safety are met lays the foundation for the meaningful connections that minimise isolation and loneliness. Inadequate or unstable incomes can prevent people from investing emotional or financial resources into opportunities for connection. We encourage the Queensland Government to support ACOSS’s campaign to permanently raise the rate of Newstart, youth allowance and the Disability Support Pension, or genuinely explore ideas such as Universal Basic Income so no Australian is forced to live below the poverty line (ACOSS, 2020; O’Connell & Coonan, 2021). We heard how initiatives launched during the pandemic such as increased jobseeker rate, free public transport, payphones, and data, alongside brokerage funds for services helped people access the connections that minimise loneliness. This is especially crucial in regional and remote areas where huge catchment areas mean that people are genuinely isolated from support services. We encourage the Queensland Government to extend, or advocate for, funding for these initiatives.

Unaffordable, insecure, or poor-quality housing can negatively affect mental health, a situation exacerbated during the COVID-19 pandemic where such housing arrangements left people feeling ‘trapped’, ‘helpless’, and ‘traumatised’ (Bower et al., 2021). We echo Bower and colleagues’ (2021) findings when we call on the Queensland Government to invest in affordable, high-quality housing with access to local amenities (Bower et al., 2021). Investment in public transport should be expanded to increase services and develop cashless payment options, especially in regional and remote areas with limited ATMs.

We heard that support is often only available at the most acute end of the spectrum. Hospitalisation can include daily access to psychological and physical therapeutic support as well as social programs. Prison can provide the space to forge strong family-like bonds. We heard that some people struggle or even fear transitioning from these settings because they are exiting into isolation and poverty. Transition periods are critical if people are to find ways to connect back into society; intensive support during this period can set people up for greater connection and wellbeing and reduce the likelihood of reoffending. We need to ensure that people can access support and a sense of community in less



acute settings, where less distress needs to be endured, at less personal, community, and financial expense. Holistic social and financial support structures that allow people's basic needs to be met are critical to minimise the replication of trauma that the current system allows.

***Ask people about the issues that affect them, and provide real opportunities to design and deliver solutions***

This submission would not have been possible without the expertise and creativity of people who access Neami services. Paid, accessible opportunities for meaningful contribution not only communicate to people that their ideas and experiences matter, they also centre the very people the solutions are designed to impact, increasing the relevance of proposed solutions. We encourage the government to include people with lived experience of social isolation and loneliness in the design, delivery, and evaluation of the initiatives that result from this inquiry.



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