

19 December 2023

Dear COVID-19 Response Inquiry Panel,

Firstly, thank you for considering this late submission. I did not know about this inquiry panel until [REDACTED] informed me yesterday.

I'm a healthcare worker who works as a [REDACTED] as a Clinical Psychologist. I see a diverse range of people aged 12 and up, primarily under the Better Access Initiative and the National Disability Insurance Scheme. [REDACTED]

[REDACTED] who is very anxious about COVID-19.

In my professional experience, I observe that so many people were impacted by COVID-19 in terms of their mental health for various reasons. Some people noted that the lockdowns exacerbated their pre-existing mental health issues; for example, some of my clients had their Obsessive-Compulsive Disorder and health anxiety worsen, some clients were further isolated from their communities due to lockdowns, and a few clients were disenfranchised by the unclear and rushed messaging from the Government about vaccines (e.g., they viewed the virus, public health safety measures, and vaccinations with much distrust).

In my personal experience, I worry about [REDACTED] whose anxiety has increased significantly due to their fear of COVID-19. They do not engage as much with their previous interests outside of the house anymore, such as eating at restaurants or attending large social events. I worry about their mental health and how this has made us clash a bit because we have different ways we manage our risk of exposure to COVID-19. I also worry about [REDACTED], who, on the other end of the spectrum, is not entirely convinced that COVID-19 is real. She'll take safety measures because [REDACTED] I talk her into it, but she seems vulnerable to a lot of misinformation.

Here are my suggestions and feedback below.

Public health messaging and key medical supplies

The Federal public health messaging and help available for people who were distrustful about COVID-19 could have been improved. I remember wishing at the time that there was a hotline or person in my city [REDACTED] where some of my distrustful clients – and [REDACTED] – could talk to health experts in the know. I think it was unhelpful and further alienating that some public discourse was disparaging at times of people who were sceptical about COVID-19 as ignorant, uneducated, or silly.

The Federal Health department could improve Public Health messaging by transparently addressing some of the common fears and concerns – e.g., how did scientists come up with

vaccinations so fast and who stands to gain from that, is COVID-19 real, what are the risks and benefits of vaccines, how can mask wearing help us, long-term effects of COVID-19, how the virus came to be instead of blaming China and stigmatising Asian people. (These are just some of the questions that I've received over the last few years, both personally and professionally.) It would be helpful to link to reputable studies about COVID-19 and summarising the important ones in everyday language – or if this was already available, then I was not aware of it. I think what was needed was a lot more empathy - the acknowledgement of disenfranchised people's concerns, having somewhere to direct questions to, and more funding for mental health supports. There are some parallels between the COVID-19 discourse and that of the AIDS epidemic, for example, stigmatisation of certain groups, lack of helpful messaging, who or what is considered "clean/dirty", the panic. Could the Australian Government learn from what worked and didn't work there?

I am also concerned about the current apathy surrounding COVID-19. While I try not to let it limit my life personally, I do notice that it is not easy for people to do the right thing – e.g., staying home if sick, wearing a mask, and taking anti-virals to combat the ill effects and stop spreading. I believe that better access to personal protective equipment, RATs, and anti-virals would strengthen the message the COVID-19 is to be taken seriously. I understand that it is very expensive to buy anti-viral medication if you don't fall in a vulnerable group – I think this is prohibitive and discourages people from helping themselves and the more vulnerable in the community. I also feel that the free RAT program discourages testing and wish this program was up and running again.

Given that much of the research and messaging suggests that COVID-19 is an airborne virus, I would also like to see better rules about adequate ventilation in public venues and financial support given to organisations to ensure they are compliant. It may help to have rules about wearing a mask on public transport, hospitals, and GP clinics again, as these are all high traffic situations and the medical settings have already unwell people. As much as I dislike wearing a mask, for example, I believe these measures would make it safer for the most vulnerable and anxious people to enjoy their communities more, as well as reduce the stigma for wearing a mask.

Financial and community supports

In my job, I noticed that so many clients were impacted by financial difficulties. There was a large disincentive to stay home from work when money was tight, especially when income support was removed. I don't know how to remedy this, but I think that reviewing minimum Centrelink payments might be a good place to start, as is making employers have COVID-19 or more sick leave available for employees.

I also notice the financial strain impact people's ability to access mental health support. It was a very good step that the Government increased the number of Medicare-rebated sessions from 10 to 20 under the Better Access Pandemic Support Measures. It was also a bonus that

Telehealth was made permanent. I saw firsthand how the increased number of sessions relieved many clients who were struggling with the mental health and finances; many clients made their best improvements without the fear of finances cutting their affordable sessions short. I believe that it also prevented clients who were most at risk of suicide and self-harm from going to hospital or having more urgent care. It was very disappointing to myself and many clients that the number of sessions reduced back to 10 per calendar year. Although I advocate for the number of sessions and the Medicare rebate for psychologists to be increased for reasons beyond COVID-19, I see that we can probably reduce the load on the overworked public health system (e.g., hospitals, community mental health services) if the Government were to make it more accessible for people to access help privately. It would help me a [REDACTED] too – I work in a low socioeconomic area and have chosen to [REDACTED] [REDACTED]. Some of these clients choose between paying for the fuel to get to the counselling session or eating. But with the rising cost of living, I have had to reduce the number of people I bulk-bill.

Thank you for considering my submission.

Regards,

[REDACTED]
Clinical Psychologist
[REDACTED]