CHRISTIAN VOICE AUSTRALIA
Advocacy from a Biblical Perspective

Submission into
The COVID-19 Response Inquiry Taskforce

Who is Christian Voice Australia (CVA)?

CVA is a national non-denominational Christian organisation advocating on issues of family, faith, and freedom with a view to defending and promoting life. We work to ensure that those in power respect human dignity and individuals' rights.

About the Australian Director

Greg Bondar is a social, political, economic, and faith commentator advocating for pro-life issues. He has been quoted in most national newspapers, heard on national radio ABC, 2GB, and 6PR, and has appeared before numerous state and federal committees of inquiries.

Greg has been CEO of major national and international advocacy, industry, professional, and charity organisations. He was also at one time a Senior Adviser to a federal government Minister.

He has worked for numerous pro-life and Christian organisations and is the national Media Spokesman for the advocacy organisation Christian Voice Australia (CVA).

Our Submission

It's so important that we as individuals or organisations each have our say on the ***COVID-19 Response Inquiry Taskforce*** inquiry.

This submission is in two Parts:

1. Five Reasons Why Vaccine Passports are an Ethical Disaster

See the attached PDF file.

2. Research

The research below shows the impact of COVID-19 on Mental Health given that the mental health impact of COVID-19 was the most overlooked issue by the government and our health services.
OVERVIEW

In the near future, efforts will be necessary to help the frontline helpers, i.e., to assist staff by increased guidance from managers, supervision and spaces to unwind in order to lessen staff burden and prevent burnout. The government needs to focus specific attention in pandemic regulations as their role in helping some of the most vulnerable groups to endure such a time of crisis cannot be underestimated.

What impact has the COVID-19 epidemic had on mental health?

In a USA 2021 study, nearly half of those surveyed reported recent symptoms of an anxiety or depressive disorder, and 10% of respondents felt their mental health needs were not being met. Rates of anxiety, depression, and substance use disorder have increased since the beginning of the pandemic.

The COVID-19 pandemic hit most parts of the world at the beginning of 2020 unpreparedly. When countries decided on measures to protect the population from the spread of the virus and healthcare systems from collapsing under the burden of too many patients in need of intensive care, many aspects of daily life changed.

Public health crises are disproportionally associated with an increasing burden of psychological suffering and mental health (MH) problems in the population, especially among those with pre-existing psychological vulnerabilities. Recent research is showing that the psychological effects of the COVID-19 pandemic and the restrictive measures are far-reaching for the general population, for healthcare professionals and for people with pre-existing MH problems.

In humanitarian crisis and public emergency situations, protocols recommend an increased focus on psychological support.

However, in the COVID-19 pandemic the primary response across most countries seems to have been a segmented medical response – the focus was mostly on preventing the spread of the virus rather than a unified response of all healthcare sectors addressing the emergency situation in a way that included its potential psychological effects.

Christian Voice Australia (CVA) wrote to the Prime Minister at the time without even an acknowledgment of our concern about the impact of the pandemic on Mental health.

Mental health services (MHS) encompass any intervention or therapy, including the assessment, diagnosis, treatment, or counselling, offered in inpatient, outpatient, private, or public settings for the maintenance or enhancement of MH or the treatment of psychological disorders. The organisation of MHS differ within and across countries, varying from community-based services to psychiatric hospital-based care. More details on MHS globally can be found in the **Mental Health Atlas**, published by the WHO which provides up-to-date information on MHS, MH policy and MH systems worldwide since 2001 (WHO, 2021).

Already before the COVID-19 pandemic, the WHO found a substantiated MH treatment gap between the number of people with psychological disorders and the number receiving treatment.

The challenges posed for healthcare systems by the COVID-19 pandemic are unprecedented. However, research on other major crises, such as the Ebola virus disease, has shown that these emergency situations tend to result in impaired provision of healthcare and of mental healthcare in particular, while at the same time increasing the need for adequate responses of MHS.

Although being a respiratory disease, COVID-19 has affected the services caring for the needs of people with MH problems around the world. In Germany, for instance, psychiatric clinics reduced their inpatient treatment capacity by 40% relative to the time before the onset of the pandemic and length of hospital stays as well as emergency hospital admissions decreased significantly in the first phase of the pandemic. At the same time, around the world, MHS tried to guarantee continuity of care by introducing telepsychiatry which might represent a historical transformation emerging from the crisis. The term telepsychiatry (TP) is used here to refer to MHS (including psychosocial care and psychotherapy) that are provided via digital means (e.g., video call) or telephone.

While the move to TP seems to have been an overarching response of MHS globally, there is still little systematic knowledge about the positive and negative impacts of the pandemic on MHS provision.

Next Steps

By conducting a systematic review of the COVID-19 pandemic in Australia, the Review needs to ask the following question:

> *Which changes did mental health services experience during and due to the COVID-19 pandemic?*

Greg Bondar
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