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Submission to the Department of Prime Minister and Cabinet Commonwealth Government COVID-19 Response Inquiry

Professor Deborah Lupton MPH PhD

UNSW Centre for Social Research in Health, UNSW Sydney

Summary

This submission addresses the following Inquiry Terms of Reference: **governance; key health response measures; and mechanisms to better target future responses to the needs of particular populations**. It outlines the key relevant findings from the 'Australians' Experiences of COVID-19' project conducted across all four years of the pandemic to date (2020-2023) and makes recommendations based on this research.

Overview of project

The 'Australians' Experiences of COVID-19' project has completed four stages, conducted in each year of the pandemic. Participants for all stages were recruited from across Australia, including those living in regional cities and towns as well as major cities, and span a wide range of ages from people in their early adulthood to those in their 80s. Stages 1-3 each involved 40 qualitative interviews, conducted in May-July 2020 (Stage 1), September-October 2021 (Stage 2) and September 2022 (Stage 3). Stage 4 was a representative online survey with 1,000 respondents, conducted in September 2023. Publications from this project to date have shown how factors such as age, place of residence and health status have had an impact on people's concepts of risk, preventive behaviours and wellbeing during the pandemic [1-9]. Key findings from these outputs that are relevant to this Inquiry are outlined below, followed by recommendations based on these findings.

Key findings relevant to the Inquiry

Increased complacency, uncertainty and lack of trust: As the pandemic has worn on, complacency or uncertainty has set in with many Australians. This has been associated with the progressive withdrawal of strong public health measures to educate and warn the public about the continuing risks posed by COVID-19 and much less mainstream news media attention paid to the pandemic. Australians have lost a great deal of trust in COVID-19 information sources such as news media reports and government leaders and health agencies. At the same time, the news media and government leaders and health agencies have played less of an active public role in conveying information about COVID-19, leading to uncertainty about the extent to which COVID-19 is still a risk and lack of incentive to engage in protective actions such as mask wearing and vaccination.

Responses to health/risk communication: A constantly changing news environment raised challenges for effective communication of risk. In the early months on the pandemic, some Australians reported becoming confused, distressed and overwhelmed by the plethora of information sources and fast-changing news environment. On the other hand, seeking out information provided reassurance and comfort in response to anxiety and uncertainty. Australians relied heavily on news reports and government announcements in the first two years of the pandemic. Regular briefings from Premiers and Chief Health Officers in particular were highly important for how they learned what was happening, as were updates in the news media on case numbers, hospitalisations, deaths and progress towards vaccination targets. Australians have lost trust in information

sources over time. The 2023 survey found that doctors were considered the most trustworthy sources of COVID-19 information (60%), followed by experts in the field (53%), Australian government health agencies (52%), global health agencies (49%), scientists (45%), community health organisations (35%), Australian government leaders (31%) and other healthcare providers (28%). News reports (17%), friends and family (13%), social media (7%) and religious institutions (3%) were considered the least trustworthy.

Trust in government: Australians' trust in and support of their federal and state/territory governments' management of the pandemic have fluctuated over time. Early strong support of their governments in recognition of how well the pandemic was controlled in 2020-21 has led to much lower support in more recent times in an environment in which the pandemic is far less controlled and government leaders are far less proactive in informing citizens and implementing protections against infection. In 2023, respondents were mixed in their assessments of how well their federal and state/territory governments were currently managing COVID-19. They were evenly divided between positive assessments (36% for both federal and state/territory governments) and more equivocal assessments: 34% (federal) and 32% (state/territory).

Experiences of lockdown: While extended lockdowns did cause difficulties for some people, including loneliness and feelings of isolation, loss of employment and stress from dealing with children learning from home, most people understood why these lockdowns were important and how effective they were as a way of containing the spread of COVID-19 and preventing needless deaths and severe illness before vaccines were available. The 'silver-linings' of lockdowns were recognised. Research participants described the benefits of providing support to and developing stronger relationships with friends, family and neighbours, and having more leisure time when working from home. Some people with existing mental health conditions found that these improved during lockdowns. They appreciated being able to access telepsychology services. People with other existing health conditions appreciated being protected from COVID infection and being able to access telehealth services. The income support payments provided in 2020-21 (JobKeeper and JobSeeker supplement) to eligible Australians affected by governments' COVID protection measures were very important to preventing despair and poverty.

Experiences of border closures: Australians felt protected by the international and internal border closures implemented by government authorities. For many people in states/territories such as Western Australia, South Australia, Northern Territory and Tasmania, these border closures made them feel safe as they worked well to control community transmission in their region. After the national lockdown in 2020 and until the dropping of most restrictions in late 2021, Australians in these states were hardly affected by the pandemic. They invested high levels of faith and trust in their Premiers' leadership.

Responses to COVID-19 vaccine delivery, mandates and promotion: In 2021, Australians responded very positively to the vaccine targets and the 'road maps' set by governments. These clear guidelines, and especially the promise that the first double dose of vaccines would lead to no more lockdowns and border closures, were strong incentives to get these vaccinations in 2021. Unfortunately, the promises that a vaccine only strategy would control COVID-19 have been shown to be unfounded, leading to disillusionment about their value for many Australians. In the 2023 survey, respondents reported a high take-up of the first three COVID-19 vaccines. The vast majority (93%) responded they had been vaccinated, with 21% having had two doses and 36% reporting three doses. However, after three doses, the proportion drops considerably. A total of 36% said they were planning to get another vaccine in 12 months, a similar proportion (37%) said no, and 27% were unsure.

Responses to face masks as prevention: Mandates and clear rules about face mask wearing worked extremely well – Australians responded positively and for the most part adhered to these. Once mandates were dropped, Australians became far laxer about engaging in this protective strategy. By 2023, they were largely unsupportive of mask wearing. Only 9% of respondents said that they always wore a face mask to protect themselves against COVID-19 when inside public places. A further 26% said that they sometimes used a mask in these settings. In the survey, barely half of the respondents even supported mandated masking in healthcare facilities.

Less visibility of risk and uncertainty about whether the pandemic was ‘over’: By late 2022 there was a significant degree of dissensus among the participants about whether the COVID ‘event’ was continuing or whether it was ‘over’, and life was back to ‘normal’. The willingness to see COVID as an emergency and therefore to continue to engage in preventive actions had indeed diminished for many. Many people now felt protected from COVID, due to vaccination and the withdrawal of public messaging about continued risk and case and death numbers. COVID for them had receded from sight and from their experiences of everyday life. The 2023 survey confirmed that many Australians no longer feel at risk from COVID. A slight majority (59%) thought that COVID-19 was still posing a risk to Australians: 17% said definitely, while a further 42% saw COVID-19 as somewhat of a risk. This left 28% who did not view COVID-19 as much of a continuing risk, and 13% who thought it not a risk at all.

Continuing impacts of COVID infections: Whether or not they feel at continuing risk from COVID, the pandemic is still badly affecting Australians. The 2023 survey found that more than two-thirds of respondents (68%) reported having had at least one COVID-19 infection to their knowledge. One third (32%) reported one infection. A further 22% reported two infections, with a total of 13% experiencing three or more. Of those who reported COVID-19 infections, 40% had experienced long COVID.

Recommendations

This project’s findings show that there is strong evidence of loss of trust even in formerly highly regarded sources of information, such as scientists, experts in the field, Australian public health agencies and government leaders. Australians are currently uncertain and divided about the risks posed to them by COVID-19. They are operating in a vacuum of information from trusted sources. They need much better and more frequent public health campaigns and risk communication from their leaders, including federal and state/territory ministers of health, the Chief Medical Officer and Chief Health Officers. Updated case, hospitalisation, deaths and vaccination numbers should be communicated regularly, as used to be the case. All health advice should be based on the latest robust medical and public health science, rather than perpetuating disinformation, complacency and confusion. Mandates for protective behaviours such as regular vaccination and face mask wearing have worked extremely well. ‘Recommendations’ do not work nearly as well, particularly if there are not regular public communication campaigns and leadership from key figures to model and support these recommendations. Leaders should model protective behaviours, wearing masks whenever they are in crowded indoor spaces and publicising when they receive their COVID-19 boosters (as they once did). If the COVID-19 pandemic loses visibility in public forums, citizens have no way of knowing that the risks of infection continue (including those of long COVID/post-acute COVID-19 sequelae) and are therefore unlikely to take action to protect themselves and others.

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