

Submission to Commonwealth Government COVID-19 Response Inquiry

I would like to say that overall in my opinion all levels of governments did an excellent job, given the circumstances and kept Covid at low levels until most were vaccinated.

The comments below are intended towards improvements and do not represent an overall criticism.

This is an individual response reflecting both my experience as a mental health professional (clinical psychologist) and as an individual with long covid.

Mental Health professional comments in relation to Key Health Responses

1. Training and information

In my experience there was little practical information and help from governments

- **Telehealth** – it was invaluable but like many I had not practiced this way before. I had very steep learning curve for learning how to do therapy and build a therapeutical alliance over video and how to treat more experientially in this medium. Also to select and learn to use appropriate platforms and changing things like consent forms. Like many others I was overwhelmed seeing more clients than usual and then spending my evenings tracking down webinars and sorting technical issues. This was exacerbated, as due to a health condition, I moved to telehealth a week earlier than others and I also had to move my internet connection from adsl to nbn

Recommendations

- The government (through AHPRA) advise practitioners about any change in practice as soon as it is as a possibility so that practitioners can prepare ahead rather than trying to sort it out in the middle of an increased demand for services
- The government (in conjunction with universities) provide a comprehensive series of videos about all aspects of telehealth so that people who are not currently using it have an immediate resource in the event of another pandemic. This is very cheap to do and important as the newer practitioners may now not have experience of telehealth
- More generally, that in the event of another emergency, the government make it a high priority to think how best to support health practitioners and include this as part of their decision making

Equipment and masks

- Although this was not my situation, many mental health practitioneres wanted to return to face to face sessions. They required information about masks, ventilation and the use of, and recommendations about air purifiers. This did not appear to be available with people resorting to asking around for advice.

Recommendation

- In a similar situation the government identify the operational needs of practitioners and produce clear and up to date information and make practitioners aware that this is available eg through emails to each practitioner

2. Referrals

- Psychologists work under an already complicated GP referral system, with 10 rebated sessions available per year but with a new referral required after every 4-6 sessions depending on how the GP had referred them. During Covid the government introduced an additional 10 pandemic sessions which was welcome. However, rebate access for these sessions required a referral letter

from a GP that specifically referred to a to these special pandemic sessions. This new requirement was confusing for GP's, who were already struggling with a Covid workload, and necessitated psychologists making follow up phone calls and letters to get the appropriate referral at a time of already increased workload.

Medicare also required that clients complete the available 10 sessions under the usual system and then get another referral for the 10 pandemic sessions. Due to the timing of visits this resulted in some clients at 8 or 9 sessions having to see their GP to get a new referral under the regular system which they could only use for 1 or sessions and then they had to see their GP again to get another referral for the pandemic sessions. Each referral also requires the treating psychologist to write a progress letter back to the GP. It was also complicated for the psychologist to keep track of and explain to clients.

- Medicare also allocated a different item number for the pandemic sessions (although the rebate was the same) which required additional tracking.

So although the extra sessions were useful and a good idea the way they were implemented seem to reflect a bureaucratic desire to try and extend the additional onerous requirements with no thought about the implications about the effects on psychologists, GPs and clients.

In practice, they could have just made a simple change and extended the sessions available under the existing scheme. Medicare already recorded the date of the session and the date of the referral it was under, so that it would have been easy to work out how many additional "pandemic" sessions each person had without any need for a new numbering or referral system

(I think initially the pandemic sessions were reserved for people whose mental health was affected by Covid in some way, which may explain why it was set up in this way (but even at this it was unnecessary. In practice practically everybody was affected by Covid and this requirement was quickly dropped, and this complicated system could also have been dropped)

- The additional pandemic sessions were introduced for a limited time, and despite still being in the middle of the pandemic we did not know until mid December if they would be extended ie just 2 weeks before their projected end at December 30. This made it very difficult to plan client treatment and meant because it was the end of the year that we had to discuss with each client the possibility that the number of sessions would be reduced to 10 the following year particularly as it affected the scheduling of the first session the next year. For psychologists trying to do the best for their clients this was very stressful on top of all the other Covid problems.

Recommendations

When the government introduces emergency provisions they make them as operationally simple as possible talk to people who will be using them about the impact rather than just following bureaucratic advice.

When a time limited measure be introduced, make provision to advise whether it will be extended at least 6 weeks in advance.

Vaccine hesitancy

- Psychologists treat anxiety and see people who are anxious and during Covid saw a number of clients with irrational fears often based on some conspiracy theories about vaccines and these fears stopped them from making an appointment with their GP to discuss them . Psychologists are thus very well placed to address clients irrational fears of vaccines Although of course psychologists do not have the skills to make medical recommendations and indeed do not know if a vaccine is suitable for a particular client.

It would have been helpful to have had a FAQ sheet from the department of health that provided information we could discuss with clients with the aim of encouraging them to make an

appointment with their GP's to discuss vaccination. There was some information on the Department of Health's website and although it was helpful it did not address all client concern.

Eventually I did find the answer to clients' concerns on other reputable websites and could show them this, but it would have been easier to have had it all from the Department of Health.

Recommendations

The government consider how to use psychologists to address vaccine anxiety and provide them with suitable material

Personal perspective in response to Broader health supports for people impacted by COVID-19

Generally I found the initial responses including lockdowns and the availability of vaccines good.

However I got Long Covid in April 2022 and am still only working a few hours a week.

I was lucky to get into a long covid clinic which has provided a lot of help in helping me manage my condition as it is not well understood in general practice. I understand that these are now being closed down which means that there is no place for people with long covid to have expert input into diagnosing and managing their condition.

The long covid clinic have told me that if I get Covid again there is a significant possibility that significantly worsen my condition ie the message is protect yourself from getting Covid.

However, the government has jettisoned practically all measures to prevent the spread including no requirement to mask in any situation including public transport and no requirement to self isolate.

Although I mask, my understanding of the research is that it is important for an infected person to also be masked.

Recommendations

Long covid clinics in some form are continued so that people with long covid can access expertise that is not widely available in general practice.

Masking on public transport and key essential areas such as pharmacies and supermarkets be reintroduced to provide some protection to people who are vulnerable to Covid infection.