

# The COVID-19 Pandemic in Australia: Lessons Learnt

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This paper evaluated the unique challenges of Australians in relation to the global novel coronavirus (COVID-19) pandemic. The 2019–2020 bushfires and COVID-19 outbreak have increased rates of anxiety and distress in Australia. On the contrary, unprecedented spending by the Australian Government on health care, employment, and housing has potentially lowered anxiety and stress for some Australians. Research is required to monitor the potential long-term mental health consequences of COVID-19 in Australia.

*Keywords:* COVID-19, Australia, pandemic, mental health, response

In Australia, contraction rates of novel coronavirus (COVID-19) have not been as high as levels in Italy, the United Kingdom, the United States, and China (World Health Organization, 2020). Similarly, the death rate and rate of Australians becoming critically ill from COVID-19 has been significantly lower than many other countries (World Health Organization, 2020). Most likely, this is because of a delayed onset, which provided the Australian government an opportunity to learn from government reactions elsewhere. Lockdown procedures have been swift and decisive, relative to other countries (Ainge Roy & Doherty, 2020), and included the shutting down of schools and universities, aged care facilities, restaurants, sporting events, and shopping malls. Current restrictions dictate that there are only five reasons for Australians to leave their homes; shopping for essential supplies, visiting family or friends (with restrictions on the number of visitors and social distancing encouraged), medical or care needs, exercise, and work or study (if this cannot be done remotely). Police have been given the power to issue on-the-spot fines of over AUD\$1,000 for individuals who fail to comply with these directions. All travelers returning from overseas are placed in enforced quarantine for a period of 14 days. These measures have resulted in a decline in the rate of infection. Due to the success of such measures in Australia and New Zealand discussions around lifting travel restrictions and reopening the borders between the two countries have occurred (Ainge Roy, 2020). Thus, in many ways, Australia appears to be doing well.

Nonetheless, research related to other pandemics has shown that people do not need to be living in areas with high rates of infection

to experience anxiety and stress. Indirect exposure through media reporting and the perception of risk are important factors in determining psychological health during pandemics (Blendon, Benson, DesRoches, Raleigh, & Taylor-Clark, 2004). Moreover, the loss of personal autonomy and social connectedness afforded by COVID-19 restrictions and the stress caused by unemployment or loss of income have the potential to adversely impact the populations' mental health and well-being (Brooks et al., 2020). The distress of many Australians is further complicated by having experienced one of the most catastrophic bushfires in history, in the months preceding the pandemic. The fires resulted in a loss of 34 lives, and extensive loss of wildlife, homes, businesses, and important community infrastructure (Australian Government, 2020a). Australian Prime Minister Scott Morrison highlighted the economic and employment challenges for Australia as a result of both the bushfires and COVID-19 (Hutchens, 2020).

One study conducted recently found that the majority of 1,200 surveyed Australians registered mild-level anxiety and depression during the pandemic, while 30% reported moderate to high levels of anxiety and depression (Scott & Kinsella, 2020). Specific concerns have been raised regarding the negative mental health effects of COVID-19 on disadvantaged and homeless Australians, the elderly, frontline medical workers, and school teachers (some of whom need to physically attend school to supervise children of essential workers), and for people who are now unemployed as a result of COVID-19 restrictions. Further documenting the complications of the pandemic for the community, there has been an estimated 25% surge in calls to help lines during this time (during the bushfires there was an increase between 10 and 15%; Lifeline, 2020). For those who are not as vulnerable to the consequences of COVID-19, the swift actions of government, including policing enforcements for social distancing have not only improved public compliance, but for some, strengthened feelings of belonging to a cohesive, functional society working as one (Carroll, 2020).

The government's response to the mental health needs of the population have been slower than their response to providing economic packages for people who have become unemployed due to the outbreak, but comprehensive nonetheless. In late March 2020 the federal government announced an AUD \$1 billion package for telehealth, crisis support and suicide prevention telephone

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*Editor's Note.* This commentary received rapid review due to the time-sensitive nature of the content. It was reviewed by the special section guest editors and the journal Editor.—KKT

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services, domestic violence support, and mental health services, including a dedicated coronavirus well-being support line (Grattan, 2020). The government also provided an additional AUD\$10 million for a community visitors scheme to train volunteer visitors to connect with elderly people online and over the telephone. Together with massive efforts to support the unemployed and businesses adversely impacted by the pandemic, the government's support has been targeted and responsive. The government was arguably slower in providing accommodation for the homeless (deemed to be at high risk of contraction because they are unable to socially distance themselves) and in funding mental health care for people under 16 years of age. The Australian Psychological Society lobbied the Australian Government for several weeks before people under 16 years could access the same telehealth services available to those over 16 years of age.

What has also been less helpful in Australia are the sometimes inconsistent or contradictory messages between officials (government and health) and between federal and state governments about COVID-19 restrictions, especially in regard to rules around attending schools and social gatherings. This confusion is further compounded because different Australian states have different rules and restrictions. For example, the state of Victoria has maintained its hardline approach to lockdown laws throughout May, while New South Wales, with a higher overall rate of contraction from COVID-19, relaxed restrictions around students attending school. Sensational media reports have also not been helpful. One prominent Australian radio commenter, Alan Jones, was reported to have said to his mostly elderly audience that the virus is "the health version of global warming . . . exaggeration in almost everything" (Secombe, 2020). Australian celebrity chef, Pete Evans, was charged by the Therapeutic Goods Administration for promoting a device that he claimed could help in relation to the "Wuhan Coronavirus" (Australian Government, 2020b). We know that community fear and panic can be heightened by misinformation, sensationalised media reports, and confusing information and messaging (Zhu, Wu, Miao, & Li, 2008). A federal, coordinated public health campaign that included clear, accessible and factual information in regard to promoting both mental health alongside physical health, would have been helpful earlier in the pandemic.

Likewise, coordinated, online mental health services incorporating mobile apps, telehealth, and online interventions, that are easily accessible across many services in community are needed for supporting and intervening with different population groups in Australia (Reupert et al., 2020). Online interventions and programs in Australia tend to be delivered independently from face-to-face services (Price-Robertson, Reupert, & Maybery, 2019) which has meant that some sectors were ready to transfer their services online, while others, especially school-based counseling services, were less able or willing. Training the Australian workforce to deliver online interventions and supports is another priority area; while some mental health practitioners are open to the idea of delivering services online, they have indicated some reluctance pre-COVID-19, highlighting skill and confidence issues (Price-Robertson et al., 2019; Reupert et al., 2019). COVID-19 has forced many of these once-reluctant practitioners to move their counseling and support services online, though the efficacy of these (forced) adaptations remains to be seen.

The long-term impacts of the pandemic, especially economic problems, and the success of the Australian government's mea-

asures in alleviating the psychological stress of members of the community has yet to be gauged. Research comparing Australia with other countries, given Australia's control of the COVID-19 spread, would be of international interest to determine what factors, other than high contraction rates, predict psychological distress.

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Received April 27, 2020

Revision received May 14, 2020

Accepted May 18, 2020 ■