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Distancing measures in the face of COVID-19 in Australia Summary of national survey findings

Survey Wave 1, May 2020

Freya M. Shearer, Lisa Gibbs, Eva Alisic, Katitza Marinkovic Chavez, Niamh Meagher, Phoebe Quinn, Lauren Carpenter, Colin MacDougall, David J. Price

Doherty Institute for Infection and Immunity, The Royal Melbourne Hospital
And Melbourne School of Population and Global Health
The University of Melbourne



OVERVIEW

An online survey was conducted from April 3 to 6 to gain understanding of how people in Australia are thinking, feeling, and behaving in relation to the COVID-19 pandemic and the “social distancing” measures progressively implemented by government from 16 to 29 March.

The aim of this project is to guide decision-making on how we manage disease transmission and promote community resilience.

This “rapid report” on the survey findings has been prepared to inform current debate. More detailed analyses will be provided in follow-up reports.

Key findings from April 3 to 6

1. How did Australians perceive the risk and consequences of COVID-19 infection at the time of data collection?
 - **83.2%** reported **being worried** about the COVID-19 outbreak in Australia.
 - **38.1%** who had not tested positive for COVID-19 believed it was **likely they would be infected** at some point in the future.
2. What measures were Australians taking to protect themselves and others from COVID-19 infection at the time of data collection?
 - A high proportion of respondents reported applying social distancing measures (ranging from 88.0 to 96.7%) and personal hygiene measures (ranging from 77.3 to 96.2%), and **63.1%** reported having **contact with fewer than two people** outside of their household unit in the previous 24 hours.
 - Respondents reported high **willingness (96.1%) and ability (93.3%) to self-isolate** for 14 days if advised to do so by a health professional.
3. What were the social and emotional impacts of COVID-19 on Australians at the time of data collection?
 - **24.2%** of respondents reported symptoms indicating **high levels of anxiety** and **17.5%** reported symptoms indicating **high levels of depression**.
 - Higher feelings of **hope, connectedness, self-and community efficacy, calm and safety** were significantly associated with **lower levels of anxiety and depression**.

4. What was the impact of COVID-19 on Australians affected by the 2019–20 bushfires at the time of data collection?
- Relatively small numbers of respondents were affected by the bushfires (severely 4.1%, n=41; a fair amount 6.3%, n=63; slightly 18.5%, n=184). Further sampling is therefore required to confirm any trends.
 - Nonetheless, there are early indications of potentially important links between **bushfire affectedness and experiences of COVID-19**. Bushfire affectedness appears to be linked with: being affected by other disasters that summer; experiencing difficulties when self-isolating; and experiencing events including **assault or violence** and **changes to accommodation** as a result of COVID-19 and measures to prevent its spread.

OVERVIEW OF METHODOLOGY

Background

From 16 March 2020, the Government of Australia progressively implemented “social distancing” measures to reduce community transmission of COVID-19 in Australia. These measures directly affected the entire Australian population. By 29 March, all Australians were strongly advised to leave their homes only for limited essential activities and public gatherings were limited to two people. These measures were in addition to self-isolation advice for (mild) confirmed cases and their contacts, as well as for returned travellers. The specific measures, the intensity and timing of their implementation, and the level of government enforcement varied across states/territories.

Project Aims

This project aimed to gain real-time understanding of how people in Australia were thinking, feeling and behaving in relation to the COVID-19 pandemic and distancing measures.

Study Design Summary

- A baseline survey (survey wave 1) was carried out online from 3–6 April 2020
- The sample size of the baseline survey was 999 Australian residents aged 18 years and over
- Results were weighted and are representative of the adult population in Australia
- A second wave survey of the same individuals (where possible) was conducted from 30 April to 6 May 2020 (results not reported here)
- Surveys were timed to occur in response to key changes in epidemic activity and public health policy

Methodology

The survey is based on research developed and conducted by Imperial College in the UK in mid-March 2020 [1]. Some questions in the Australian version were modified slightly to reflect local measures and terminology. Additional questions were also added in the Australian version to capture social and emotional impacts. Data collection in both the UK and Australia was conducted by the online market research agency YouGov.

We used a structured questionnaire addressing four domains (listed below), with one open-ended question to allow people to express their main concern.

Questionnaire domains:

- Risk and consequences of COVID-19 infection
- Measures taken by individuals to protect themselves and others from COVID-19 infection

- Ability and willingness to self-isolate
- Social and emotional impact

The questionnaire was administered online to members of the YouGov Plc Australia panel of individuals who have agreed to take part in surveys of public opinion (over 120,000 Australian adults). Panellists, selected at random from the base sample, received an email inviting them to take part in a survey, which included a generic survey link. Once a panel member clicked on the link and logged in, they were sent to the survey that they were most required for out of the surveys available on the platform at the time, according to the sample definition and quotas based on census data.

For the purposes of this initial rapid report, a descriptive analysis of the results was conducted, and we have reported some initial associations between relevant variables.

Strengths

YouGov conducts its public opinion surveys online using a method called Active Sampling for all nationally representative research. Restrictions are put in place to ensure that only the people contacted are allowed to participate. This means that all the respondents who complete YouGov surveys have been identified by YouGov as meeting the criteria for inclusion in the sample.

Panel members are recruited using a range of methods: including standard advertising and strategic partnerships with a broad range of websites. Socio-demographic information is recorded when a new panel member is recruited. For nationally representative samples, YouGov draws a sub-sample of the panel that is representative of Australian adults in terms of age, gender, region and education.

Weaknesses

The study sampling strategy did not allow for surveying individuals without internet access, low literacy or limited English language skills, or communication or cognitive difficulties.

Sub-group analyses of at-risk groups may be limited by small numbers of participants from those groups.

The only unstructured component of the survey was an open text response to a relatively specific question, limiting the scope of the qualitative analysis of respondents' accounts of their concerns.

It is acknowledged that people who register to do YouGov surveys may be different from the general population in ways that we cannot identify, and this may influence the findings.

1. HOW DID AUSTRALIANS PERCEIVE THE RISK AND CONSEQUENCES OF COVID-19 INFECTION AT THE TIME OF DATA COLLECTION?

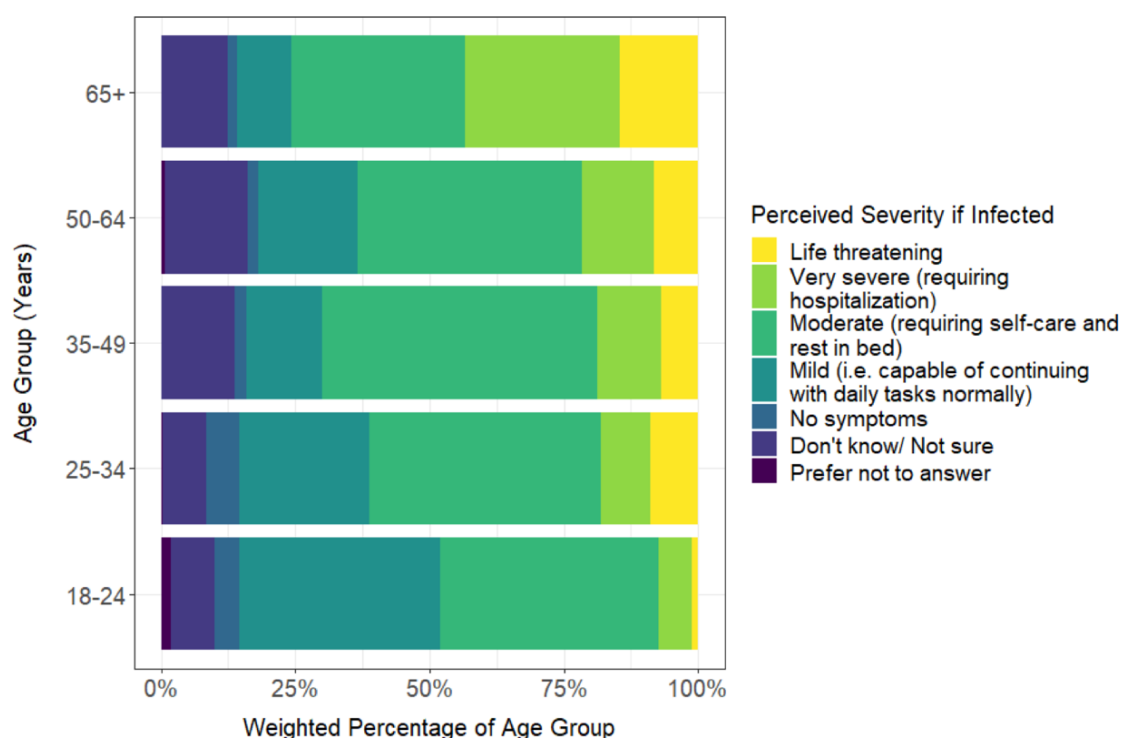
83.2% of respondents reported **being worried** about the COVID-19 outbreak in Australia. Respondents aged 65+ years were most likely to report being worried compared to other age groups.

Of those who had not tested positive for COVID-19, **38.1%** of respondents believed it was **likely they would be infected** at some point in the future. Perceived severity of COVID-19 infection:

- 8.4% believed that COVID-19 infection would be life-threatening.
- 14.4% believed that it would be very severe (requiring hospitalisation).
- 42.5% believed that it would be moderate (requiring self-care and rest in bed).
- 22.1% believed they would have no symptoms or mild symptoms (*i.e.*, capable of continuing with daily tasks).

Older adults were more likely than younger adults to believe that COVID-19 infection would be **life-threatening or very severe** (Figure 1).

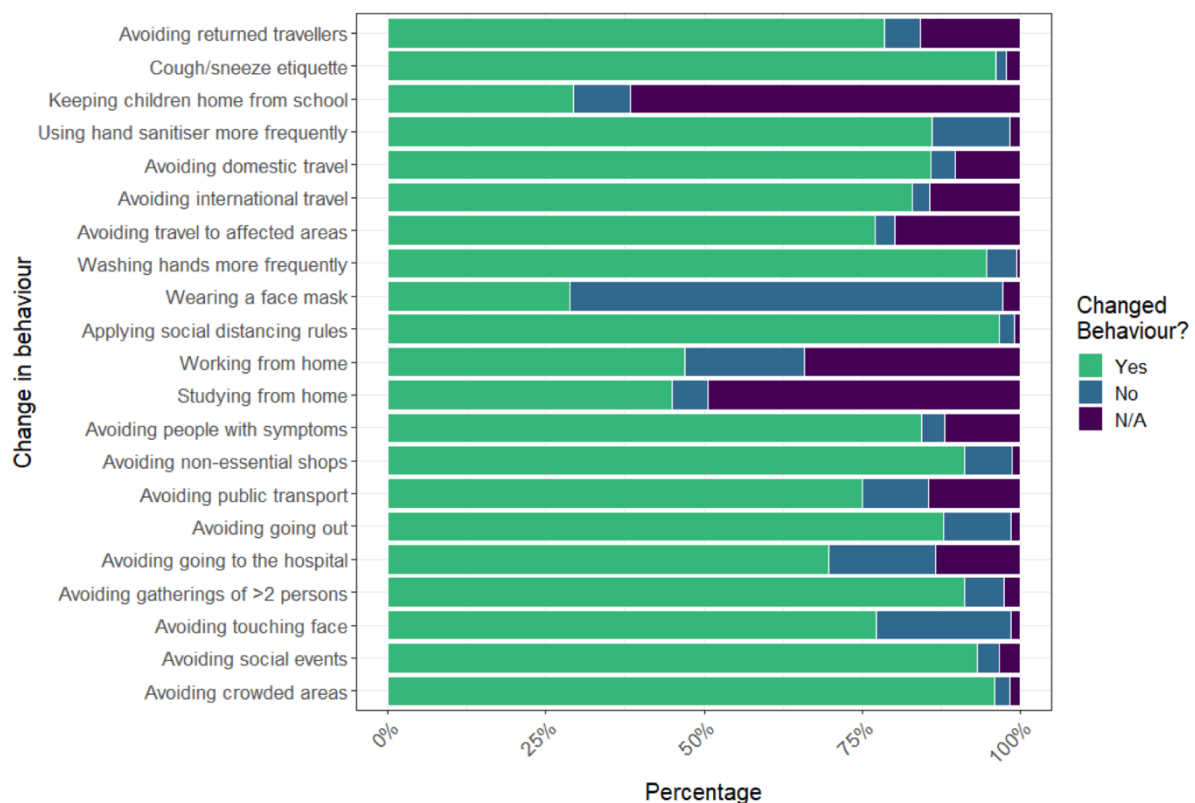
Figure 1: Perceived severity of COVID-19 infection by age group.



2A. WHAT MEASURES WERE AUSTRALIANS TAKING TO PROTECT THEMSELVES AND OTHERS FROM COVID-19 INFECTION AT THE TIME OF DATA COLLECTION?

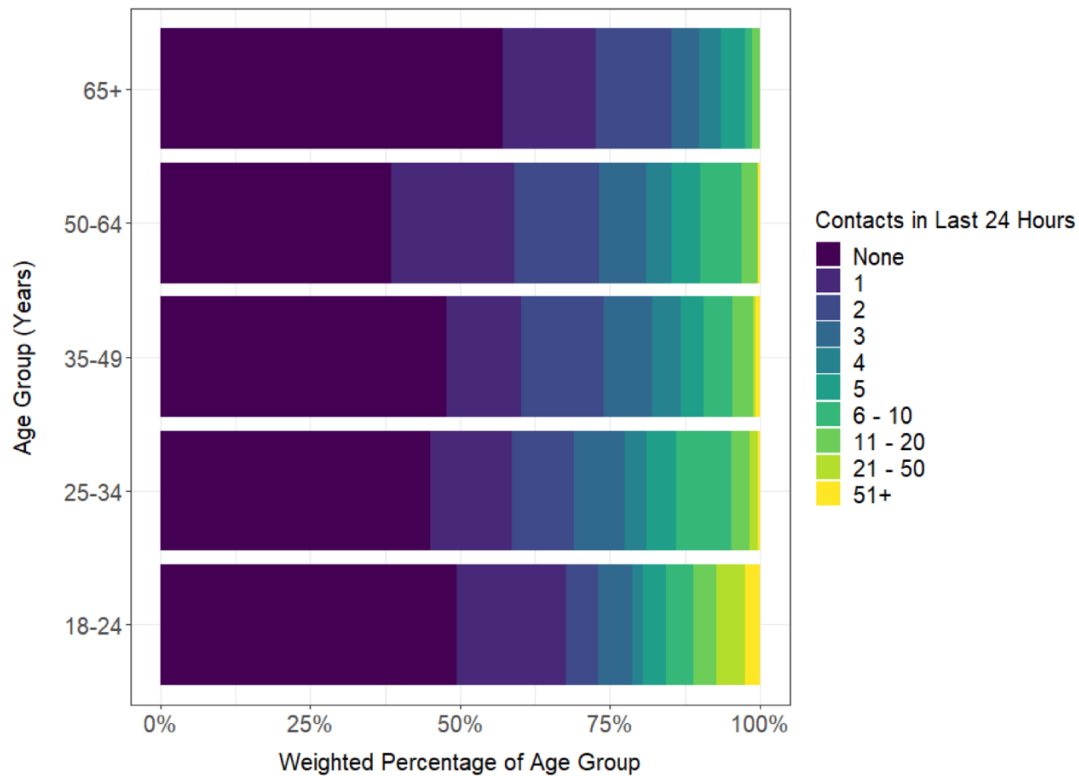
A high proportion of respondents reported **applying social distancing measures (ranging from 88.0% to 96.7%)** and personal hygiene measures (ranging from 77.3 to 96.2%). In particular, 96.7% reported applying social distancing rules, *i.e.*, “keeping 1.5 metres away from others, not shaking hands”, and 91.2% reported avoiding gatherings of greater than two people who were not members of their household (**Figure 2**).

Figure 2: Percentage of respondents taking measures to protect themselves and others from COVID-19 infection. Note that Keeping children home from school = “Keeping your children home from school when the school was open”. N/A = Not applicable to me.



63.1% of respondents reported having **contact with fewer than two people outside of their household** unit in the previous 24 hours. Younger adults were more likely than older adults to report having a high number of contacts (**Figure 2**). However, the number of contacts was also linked to profession, with respondents working in health and medical services, restaurant services and retail more likely to report a high number of contacts outside of their household unit.

Figure 3: Number of reported non-household contacts in previous 24 hours by age group. Note that contact was “considered either a face to face conversation of a least three words or any form of physical contact, such as a handshake”.



2B. WHAT IS THE ABILITY AND WILLINGNESS OF AUSTRALIANS TO SELF-ISOLATE?

Note that self-isolation was defined as “staying at home if you have COVID-19 or have been in close contact with a confirmed case of COVID-19 or meet travel quarantine requirements.”

Of respondents who had been required to self-isolate (13%), 86.5% reported that they **mostly (31%) or completely (51.8%) followed guidelines**. The following difficulties were reported:

- Accessing instructions (40.0%)
- Separating from others in my household (39.4%)
- Getting supplies (50.5%)
- Negative mental health effects (52.4%)
- Negative social life effects (47.4%)
- Income loss (46.1%)
- Caring responsibilities (34.0%)
- Maintaining studies (39.6%)
- Attending medical visits (38.4%)

The 88.1% of respondents who had not been required to self-isolate reported high levels of **willingness (96.1%) and ability (93.3%)** to self-isolate for 14 days if advised to do so by a health professional:

- Most frequently perceived difficulties to self-isolate were “separating from others in my household” (54.3%) and “getting supplies” (53.7%).
- Older adults were more likely than younger adults to report “medical visits” as a perceived difficulty.
- Younger adults were more likely than older adults to report potential “income loss” and “negative effects on their mental health” as perceived difficulties.

3. WHAT WAS THE SOCIAL AND EMOTIONAL IMPACT OF COVID-19 ON AUSTRALIANS AT THE TIME OF DATA COLLECTION?

Mental Health

- 24.2% reported symptoms indicating high levels of anxiety.
- 17.5% reported symptoms indicating high levels of depression.

Five Essential Elements of Psychosocial Support

Based on international consensus, 5 elements are considered essential to supporting people confronted with large-scale disaster and loss in the immediate and mid-term [2]. The data provide insight in each of these elements:

- Hope:
 - **60.8%** were either somewhat or very **optimistic** about **their future**.
 - **56.5%** were either somewhat or very **optimistic** about the **future of Australia**.
 - **46.0%** were either somewhat or very **optimistic** about the **future of the world**.
 - **Higher feelings of hope** (for one's future, Australia's and the world's) were significantly associated **with lower levels of depression and anxiety**.
- Calm:
 - **66.1%** said they definitely or usually **could sit at ease and feel relaxed**.
- Safety:
 - **38.2%** believed that it was **very likely or somewhat likely that they would become infected with COVID-19**, while 36.4% believed it was unlikely.
- Connectedness:
 - Higher levels of community connectedness were significantly associated **with lower levels of depression and anxiety**.
 - Specifically, regarding social support:
 - **67.2% of poll respondents said they could rely on 2 people or more** for assistance or support during the pandemic if they needed it.
 - **10% reported that they had no one to rely on** for assistance or support during the pandemic if they needed it.
 - Being able to **rely on a larger number of people** for assistance or support during the pandemic was significantly associated with **lower levels of anxiety and depression**.

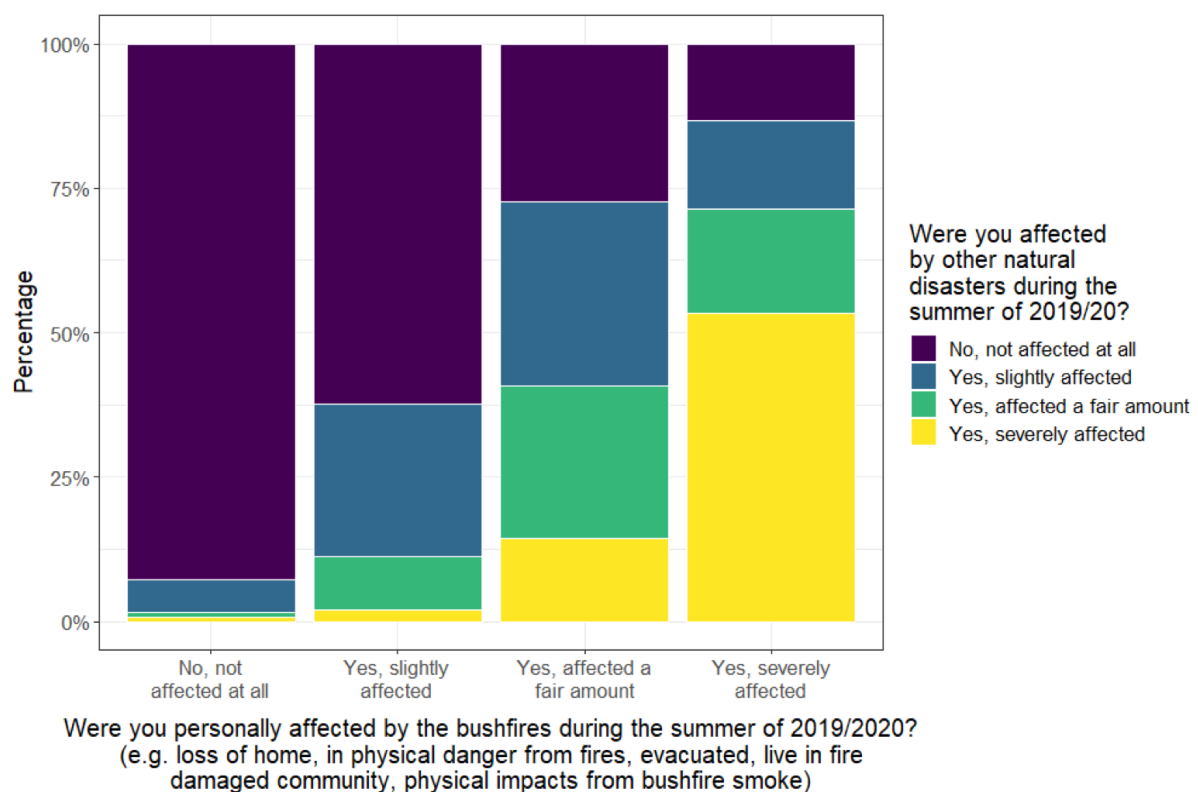
- **68% of respondents said that 2 or more people relied on them** for assistance or support during the pandemic if they needed it.
 - People who had a **larger number of people who relied on them** for assistance or support showed **lower levels of anxiety and depression**.
- Self- and Community Efficacy: On a scale of 1-10, where 1 = not confident at all and 10 = extremely confident:
 - **89.6% were confident that they could manage** until the restrictions due to COVID-19 are over (ranging from 6 – 10 on the scale with 20.3% selecting extremely confident).
 - Higher levels of confidence in being able to manage until restrictions are over were significantly associated with **lower levels of depression and anxiety**.
 - **77.4% were confident that Australia could manage** until the restrictions due to COVID-19 are over (ranging from 6 – 10 on the scale with 9% indicating extremely confident).

4. WHAT IS THE IMPACT OF COVID-19 ON AUSTRALIANS AFFECTED BY 2019–20 BUSHFIRES?

Relatively small numbers of respondents were affected by the bushfires (severely 4.1%, n=41; a fair amount 6.3%, n=63; slightly 18.5%, n=184). Further sampling is therefore required to confirm any trends.

Those affected by the bushfires of the 2019/2020 summer were much more likely to be **affected by other disasters** that summer (**Figure 3**).

Figure 3: Percentage of respondents affected by the bushfires during the summer of 2019/2020 who were affected by other natural disasters that summer.



A high proportion of the **Aboriginal and Torres Strait Islander** respondents (53.2%, n=47) were affected by the bushfires severely or a fair amount, compared to 8.3% amongst non-Indigenous respondents. This pattern persists across metropolitan, provincial and rural locations. As Aboriginal and Torres Strait Islanders reported better self-rated physical health than non-Indigenous respondents, poor health does not appear to explain this link.

Those who had been affected by the bushfires severely or a fair amount were also more likely to report significant life events experienced due to COVID-19 and measures to prevent its spread, compared to those not affected or slightly affected by the bushfires. Concerningly, this included higher proportions

experiencing **assault or violence** (17.3% vs 1.2%); change of **physical health** other than COVID-19 diagnosis (26.0% vs 8.2%); change in **mental health** (38.5% vs 22.8%); and **change of accommodation** (24.0% vs 3.5%). The likelihood of these events was generally even higher amongst respondents who had been required to self-isolate, but the link with bushfire affectedness also appears amongst those not required to self-isolate.

Amongst respondents who had been required to self-isolate, those who had been affected by the bushfires severely or a fair amount (n=47) were more likely to report **more difficulties during self-isolation**. This included mental health effects (66.0%) and difficulty accessing clear instructions about self-isolation (55.3%).

At the time of this survey, there were some early indications of **greater optimism** regarding Australia's future and ability to cope with disasters amongst the severely bushfire affected respondents. This may reflect positive impressions of society and community that can arise in the immediate aftermath of disasters. However, further sampling is required to confirm these trends.

Acknowledgements

The authors acknowledge funding support from the Melbourne School of Population and Global Health, The University of Melbourne. We also thank Professors Nancy Baxter, Jodie McVernon and James McCaw, and Dr Nic Geard, for their support of this project.

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