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COVID-19 Attitudes, Resilience and Epidemiology

October 2020 | Report 3

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COVID-19 Attitudes, Practices and Impacts: The Victorian Experience

Overview and Key Insights

- This study combined a representative survey of Victorians with targeted surveys of people from migrant and refugee groups to provide important insights into how Victorians were thinking, feeling and behaving in response to COVID-19 and the associated public health measures.
- In September 2020, around a quarter of Victorians reported high levels of anxiety or depression and 69% reported having experienced major life change due to COVID-19.
- 56% of migrant/refugee respondents needed financial assistance and almost half were not confident that they would have enough money to meet their needs in the next 6 months.
- While adherence to public health measures was high, we have detected multiple barriers to following isolation and quarantine regulations.
- This rapid report can inform current decision-making and more detailed analyses will be provided in follow-up reports and academic articles.

Study Design Summary

Part I: Victoria-wide survey

- Self-administered online in English from 7– 15 September 2020.
- 1006 adults (18+ years) with 303 from non-English speaking backgrounds (as a proxy for people from multicultural backgrounds) and 700 who speak only English at home¹.
- Proportional sampling quotas ensured that respondents represented the Victorian adult population based on age, gender, metropolitan/regional, multicultural background, and household income. The sample was then weighted according to census data.

Part II: Survey of targeted groups

- Interviewer-assisted surveys in the respondent's language of choice from 22 September–14 October 2020.
- 146 adults from migrant and refugee backgrounds (48 Dinka speakers, 48 Arabic speakers, and 50 international students).
- Respondents recruited and data collected through Centre for Culture, Ethnicity and Health.

Summary of Preliminary Findings

Herein we provide summary statistics. Formal hypothesis testing and qualitative findings will be provided in follow-up reports.

¹ Three respondents declined to report on languages spoken at home.

Isolation and Quarantine: Adherence & Barriers

Victoria-wide survey

344 of the 1006 respondents had been required to quarantine or isolate in the previous 7 days. Many completely (70%), or mostly (20%) followed regulations. However, 7.8% and 1.5% reported that they adhered to regulations “a little bit” and “not at all”, respectively.

Many respondents encountered barriers when isolating or quarantining. Negative effects on mental health (49%) and social life (45%) were the most common difficulties. At least 25% of respondents reported barriers to isolation or quarantine including loss of income, getting essential supplies, and separating from other household members.

The multicultural background sub-group were more likely than the English-only sub-group to report these barriers to isolation and quarantine:

- maintenance of education (28% vs. 16%);
- income loss (40% vs. 35%);
- getting essential supplies (37% vs. 26%).

Migrant/refugee surveys

The small number (12) of the 146 migrant/refugee interviewees who had been required to quarantine or isolate had similar difficulties to the online respondents.

Major Life Events Caused by COVID-19

Victoria-wide survey

69% of respondents experienced at least one major life event because of COVID-19 or subsequent measures to control the spread. Income change was reported by 37%, while changes in mental health were reported by 34% of all participants.

The online multicultural background sub-group were more likely to have experienced changes related to employment than the English-only subgroup, including change in income (40% vs. 35%), change in work environment (35% vs. 27%) and change in employment status or hours worked (31% vs. 24%).

Migrant/refugee surveys

These issues were even greater for the migrant/refugee interviewees with 95% experiencing at least one major life event including mental health changes (49%), income changes (42%), and change in employment status or hours worked (36%).

Most (56%) of the migrant/refugee interviewees needed financial assistance due to COVID-19 and yet 40% of those needing help were not able to access assistance. Many were not confident that they would have enough money to meet their needs in the next month (24%) or in the next 6 months (49%).

Mental Health & Resilience

Victoria-wide survey

More people reported high levels of anxiety and depressive symptoms² than in our previous two surveys³. In September, 25% of Victorians reported high levels of symptoms of anxiety, compared to 24% and 20% of Australians in April and May³, respectively. Similarly, 24% of Victorians reported

² Hospital Anxiety and Depression Scale

³ We conducted two nationwide online surveys in early April and early May using a similar survey instrument

high levels of depressive symptoms in September, compared to 18% of Australians in April and 17% in May.

Migrant/refugee surveys

21% of migrant/refugee interviewees reported high levels of symptoms of anxiety, and 30% reported high levels of depressive symptoms.

3.4% reported not having anyone to rely on for assistance or emotional support during the pandemic, while 21% reported having just one person.

Collective efficacy

On a scale of 1–10 (where 1 = not confident at all and 10 = extremely confident), 65% of respondents reported they were confident (6–10 on the scale) that Victoria could manage until the restrictions due to COVID-19 were over. Confidence was higher among the sub-group from multicultural backgrounds (75%) compared to the English-only sub-group (62%).

67% of the migrant/refugee interviewees reported they were confident that Victoria could manage.

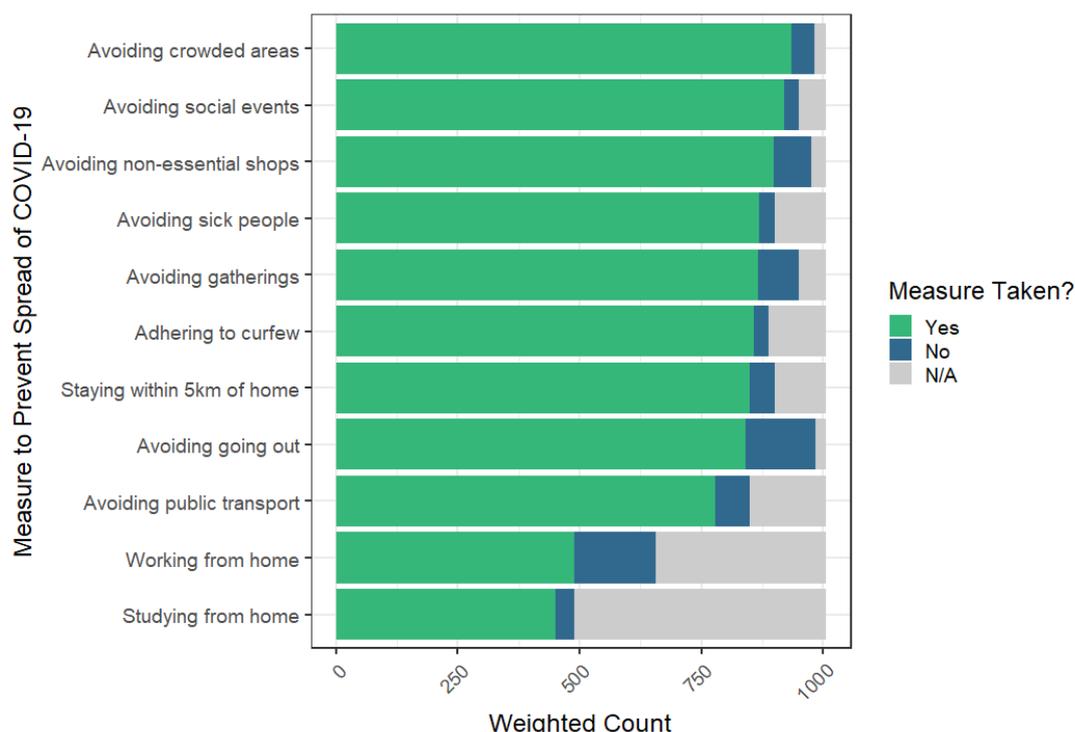
Measures Taken to Prevent the Spread of COVID-19

92% of Victorians “always” and an additional 5.6% “often” reported wearing a face covering outside their homes.

68% reported always adhering to the recommended “1.5m rule”, although many reported following this guideline often, but not always (25%).

Most online survey respondents reported washing their hands or using hand sanitiser either straight after being in public (70%) or as soon as was feasible (23%).

The next chart shows the degree to which Victorians adopted behaviours to prevent disease transmission. However, some of the measures were not applicable to everyone’s circumstances. Migrant/refugee interview participants reported similar levels of adherence to these prevention measures.



Overview of methodology

The questionnaire was administered online to members of the YouGov 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 survey link. Once a panel member clicked on the link and logged in, they were directed to the survey most relevant to them available on the platform at the time, according to the sample definition and quotas based on census data. A plain language statement appeared on screen and respondents were required to electronically consent prior to the survey questions appearing.

Interview participants from targeted migrant/refugee groups were recruited through the Centre for Culture, Ethnicity and Health (CEH) to provide indicative results from community members who may not be reached through standard YouGov survey methods. Data collection was conducted by bilingual staff (via telephone or online platform such as Zoom), using the same questionnaire as for the Victoria-wide survey. The CEH staff member used the English version of the documents, read them to the participant in their language of choice and recorded their responses into an online form on behalf of the participant, including verbal consent to participate.

The study was approved by the University of Melbourne Human Research Ethics Committee (2056694.3).

In comparing online survey results from the multicultural background sub-group with the English-only sub-group, it is important to consider demographic differences in these populations. The multicultural background sub-group is younger and more metropolitan than the English-only sub-group. This sub-group may be more vulnerable to study disruptions and loss of income or work hours, such as international students or casual workers.

As the migrant/refugee interviewees were recruited from specific community groups of interest, this sample is non-representative of the Victorian adult population. This group is considerably younger than the Victoria-wide survey (mean ages of 32.6 and 46.3, respectively) and consists of a higher proportion of female respondents (62% and 51%, respectively). It should be noted that interviewee responses may have been influenced by concern about their visa status and by others present in the household during the interview.

Funders & Collaborators

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The Peter Doherty Institute for Infection and Immunity
The Burnet Institute
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