

Series 5 – Quick COVID Clinician Survey Summary (Australia)

Series 5 of the Quick COVID-19 Clinician Survey was fielded from 24th to 30th of July 2020 and received 81 responses. Confirmed cases of COVID-19 in Australia increased by 2,997 over this period to 16,303. Cases in Victoria, which now comprise 61% of all Australian cases, have continued to increase despite lockdown measures, with 96% of new cases reported in this state. There have been 56 deaths due to COVID-19 reported within this survey period, all within Victoria, and of the 40 Australians in ICU, 34 of these are in Victoria.

Demographics All 81 participants were general practitioners, of whom 26 (32%) were practice owners. 18 participants (22%) worked in a rural practice. All jurisdictions other than the Northern Territory were represented in this survey: NSW 23%; Victoria 23%; Queensland 12%; SA 7%; WA 4%; Tasmania 2%; ACT 9%.

Strain on practice continued to be reported across the board. Unsurprisingly, a higher proportion of Victorian GPs reported severe impact on their practice compared to those in the rest of the country (35% vs 10%).

Personal protective equipment can be difficult to acquire; while only 26% report financial barriers, 73% of respondents experienced supply challenges.

Consultations Face-to-face consultations remain the predominant format. However, in Victoria only 39% of participants reported face-to-face consultations for more than half of appointments (compared to 76% across the rest of the country). Unsurprisingly, telephone consultations are more common in Victoria than other jurisdictions (52% vs 24% reporting more than half of consultations being conducted by telephone). Video consultations remain uncommon with 51% reporting no video consults at all.

Supervision Fewer than half of our respondents were involved in clinical supervision or training during COVID-19 lockdown. One-third (33%) supervised registrars, one-quarter supervised medical students (28%), and just 2 respondents supervised nursing students.

Mental health presentations Three-quarters of respondents noted an increase in mental health presentations to their practice. This was more commonly seen for existing patients, with both new and known mental health complaints.

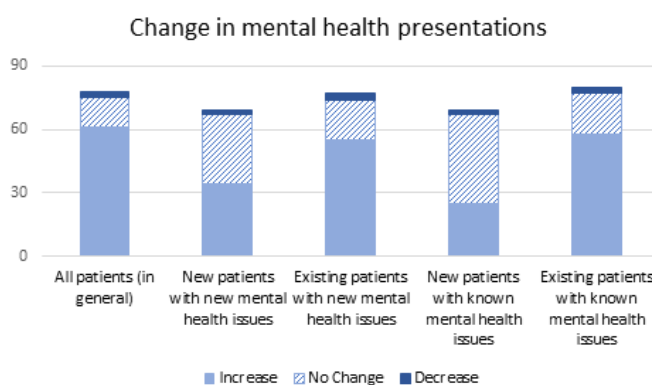
COVID-19 testing and treatment Over the previous fortnight, just over a quarter of respondents (27%) reported testing people for SARS-CoV-2 infection in their practice.

- 90% triaged and referred patients for COVID-19 testing
- 31% treated patients through their practice
- 27% sent patients to hospital for treatment for suspected or confirmed COVID-19
- 61% recommended patients with suspected or confirmed COVID-19 symptoms or risk self-quarantine

Open Text Questions: We asked GPs to describe differences in mental health presentations since COVID-19 started to impact Australia. All participants responded (n=81), with two themes emerging:

Increased anxiety, stress and worry of patients was noted among two-thirds of participants (n=53; 65%). Increased depression and low mood was also noted, though less frequently (n=13; 16%).

- *“I think there is a marked increase in anxiety - even in people not previously diagnosed/affected or some previously depressed patients are also changing to a more anxious presentation”*
- *“Many new onset cases of Adjustment Disorder, Anxiety and depression affecting all ages : from teenagers to the very elderly. Patients are having difficulties to get family or network support”*



- *“High degree of anxiety/worry due to rapid changes encompassing all facets of life ie health, life expectancy, family, social, finance, isolation, inability to work/travel, global current affairs eg violence, etc”*

Loss of effective supports and strategies due to changing environments was a commonly noted contributing factor to declining mental health in stable patients.

- *“People who previously had well managed mental health have lost their supports and activities that are protective factors and have reduced ability to cope. There’s also a background anxiety about the lockdown.”*
- *“There are new pressures on people (workplace, family, financial) for which they don’t have strategies in place to manage, hence anxiety, mood changes etc. In addition, the strategies that they have used in the past (eg. distraction, holidays, travel, exercise, socialising, family contact) have been restricted, so they are without tools to cope.”*
- *“Decreased support networks, people not able to engage in healthy coping methods e.g. walks. Exacerbation of anxiety due to COVID-19 or new anxieties associated with loss of jobs or health concerns regarding COVID-19.”*

Barriers and enablers for focussed psychological strategies were mentioned by all participants (n=81). Many participants commented that the barriers and enablers encountered were not unique to the pandemic; however, circumstances have exacerbated existing issues making the barriers and enablers more prominent.

Enablers include access to psychologists, local mental health programs, and GPs confident in focussed psychological strategies.

- *“My preferred providers are more busy / booked out but have still been able to get treatment for all who need it. - mainly through the GP mental health / private system.”*
- *“Wait times in my area are longer than normal...LHD and organisational (headspace) support has been useful.”*
- *“Referral ok we have a psychologist in our practice. GPS in the practice are skilled in the management of anxiety”*

Telehealth is considered both an enabler and a barrier. Participants reported **telehealth allows connection with and monitoring of patients more frequently.**

- *“Tele health has been absolutely invaluable in this regard and has enabled me to reach out to patients even when they have been in rural or other settings isolating elsewhere and would normally not have been able to attend the practice. It has been fantastic”*
- *“Telehealth has allowed ‘easy’ follow up and ongoing discussion, helping people see the importance of seeking professional help for the mental health. Also allowed helpful, timely titration of any pharmacotherapy, particularly when medications are introduced and being able to coach/reassure people through the initial side effects (vs previously hoping a patient would present to talk about medications at the 2 and 6 week mark)”*

However, participants reported **lack of face-to-face psychology appointments as a barrier for patients.**

- *“Frustration around lots of psychologists not providing face to face sessions- this is a barrier for new patients to seek help as they struggle with rapport via Telehealth.”*
- *“Few doing face to face. Impossible to get suicidal patients admitted or to see a psychiatrist”*
- *“chaotic patients difficult to manage via telephone consultations. Very few F2F psychological or psychiatric consultations available”*
- *“Patients who have not previously seen a psychologist can feel discouraged as the consultations are telehealth, not face to face.”*

Out-of-pocket costs and waiting times are barriers for psychologist support.

- *“Cost of accessing psychological therapy always an issue but amplified by people losing their jobs and not being able to pay for therapy.”*
- *“Wait times for psychologist appointments have blown out to several months.”*
- *“Cost of psychologist in my local area charging gap \$80-100 ++ per session even with private insurance extra cover/care plans. I bulk bill so patients prefer to see me (GP) and talk to me for 30 - 40 minutes instead!”*

For questions, comments, or to pose a “Flash question” please contact Professor Kirsty Douglas at

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