

Australian National University RESEARCH & METHODS

Tracking wellbeing outcomes during the COVID-19 pandemic (January 2022): Riding the Omicron wave

ANU Centre for Social Research and Methods

Professor Nicholas Biddle $^{\rm 1}$ and Professor Matthew ${\rm Gray}^{\rm 1}$

1 ANU Centre for Social Research and Methods

Australian National University

14th February 2022

Acknowledgements

The authors would like to thank a number of people who were involved in the development of the ANUpoll questionnaires, including Diane Herz, Dr Benjamin Phillips, Dr Paul Myers, Matilda Page, Diana Nguyen, Anna Lethborg and Charles Dove from the Social Research Centre, and Professor Ian McAllister from the ANU. Kate Sollis provided outstanding research assistance.

Abstract

This paper provides a summary of COVID-19 and wellbeing data from the January 2022 ANUpoll, the tenth poll in the ANU Centre for Social Research and Methods COVID-19 Impact Monitoring Survey program. The January 2022 survey collected data from 3,472 Australians aged 18 years and over. We show a significant lowering in the per cent of Australians thought that 'the worst of the pandemic is behind us' (to two-in-five Australians). The proportion of the adult population who expected to be infected in the next six months increased from 40.0 per cent in October 2021 to 80.3 per cent in January 2022. As far as we are aware, this is the first data in Australia which enables a detailed analysis of the social determinants of COVID-19 infection during the Omicron wave, with the survey estimating that 7.7 per cent of Australians having received a positive COVID-19 test results in the three months leading up to the January 2022 survey. Another key finding was that between October 2021 and January 2022 there was a large decline in satisfaction with the direction of the country. There has also been a significant decline in confidence in hospitals and the health system, though in absolute terms, confidence still remains high.

The data is available through the Australian Data Archive (DOI: doi:10.26193/2MX3D0) with data visualisation and stories on this and other papers available through https://whataustraliathinks.org.au/

Executive summary

This paper provides a summary of COVID-19 and wellbeing data from the January 2022 ANUpoll, the tenth poll in the ANU Centre for Social Research and Methods COVID-19 Impact Monitoring Survey program.

The January 2022 survey collected data from 3,472 Australians aged 18 years and over. The data collection occurred between the 17th and 31st of January 2022 with 61.5 per cent completing the survey between the 18th and 20th of January. On the day upon which the highest proportion of respondents completed the survey (January 18th), there were approximately 105,000 new confirmed cases of COVID-19 in Australia.

Covid specific measures

- In January 2022, 40.0 per cent of Australians thought that 'the worst of the pandemic is behind us.' This is substantially lower than in October 2021 when 54.6 per cent thought the worst of the pandemic was behind us.
- The proportion of the adult population who expected to be infected in the next six months increased from 40.0 per cent in October 2021 to 80.3 per cent in January 2022.
- 56.0 per cent of adult Australians had undertaken a COVID-19 test (Rapid Antigen Test (RAT) or a Polymerase Chain Reaction (PCR test) in the previous 3 months.
 - However, it is estimated that 22.4 per cent of adult Australians over the same period had not been able to get tested when they needed or wanted to get a test.
 - For three-quarters (75.6 per cent) of those who had issues accessing a test, the reason was 'I was unable to find a Rapid Antigen test in my local area.'
- 7.7 per cent of Australians had received a positive COVID-19 test results in the three months leading up to the January 2022 survey. This is very similar to the estimated number of cumulative cases for all Australians as of January 18th 2022 (7.6 per cent).
 - The age group with the highest rate of COVID-19 during the Omicron period was far and away those aged 18 to 24 years, with almost double the rate (14.4 per cent) of the national population. COVID-19 positive rates were also higher for those aged 25 to 34 and to a lesser extent 35 to 44 years, with all other age groups having a lower rate than the national average.
- Household income is a strong predictor of the COVID-19 measures, with those in lowincome households having a significantly and substantially lower expected likelihood of infection and lower testing rates than those in the middle-income category. However, those in low or high income households are no more or less likely to have needed/wanted a test but not been able to obtain one.

Wellbeing and mental health

- In January 2022, the average level of life satisfaction was 6.61, on a scale from 0 to 10, statistically equivalent to the value observed in October 2021 (6.63).
 - In NSW, there was very little change in life satisfaction from October 2021, whereas in Victoria life satisfaction increased by 0.21 on average. In a third set of jurisdictions Queensland, South Australia, and Western Australia there was a very large decline in life satisfaction between October 2021 and January 2022

- While levels of psychological distress in January 2022 were not above the April and October 2020 peaks or the October 2021 level, they were significantly above the levels found in November 2020 to August 2021, as well as in February 2017 (our pre-COVID baseline).
- Loneliness appears to have declined slightly between October 2021 and January 2022. It should be noted though that loneliness in January 2022 still appears to be above the November 2020 to April 2021 lows, potentially reflecting people self-isolating to avoid infection

Views on the country and institutions

- Between October 2021 and January 2022 there was a large decline again in satisfaction with the direction of the country (63.6 per cent of Australians satisfied or very satisfied).
 - Levels of satisfaction have now returned to what they were during the third wave of infections in Australia and are only just above what they were prior to the pandemic and during the Black Summer bushfire crisis (in January 2020)
- In January 2022 only 34.5 per cent of adult Australians had a great deal or quite a lot of confidence in the federal government. This is down from a peak of 60.6 per cent in May 2020, and only slightly above the 27.3 per cent observed prior to the pandemic during the Black Summer bush fires.
- There has been a significant decline in confidence in hospitals and the health system, though in absolute terms, confidence still remains high.

1 Introduction and overview

Since the initial identification of the SARS-CoV-2 virus (the virus that causes coronavirus disease 2019 or COVID-19) in Wuhan, China in December 2019, several variants of the virus have emerged. These variants differ in terms of transmissibility (the ability of the virus to spread), virulence (the degree of damage to the infected person), and efficacy of the vaccines.¹ There have been five identified Variants of Concern, with the first (Alpha), identified in the United Kingdom in September 2020, and the most recent (Omicron), identified in a number of southern African countries in November 2021. While the Omicron variant appeared very early on to be quite infectious, there was initial evidence that the rates of serious illness, hospitalisation and mortality were if anything lower than for previous variants.²

The first infections from Omicron in Australia, as in many other countries outside of Africa, were identified in late-November 2021. Unlike most other countries, the arrival of Omicron in Australia coincided with the opening of international borders after being essentially closed since early 2020, and the continued easing of lockdown restrictions in New South Wales, Victoria and the Australian Capital Territory. These restrictions had been in place since the middle of 2021 in order to combat the increase in infections and mortality due to the arrival of the Delta variant in the country and to allow time for a high proportion of the population to be fully vaccinated. While most states and territories were opening up to each other and to the rest of the world, Western Australia continued to maintain a very strict border with the rest of the country, and was not allowing international arrivals without long quarantine periods.

This easing of restrictions is reflected in the decline in the Oxford Stringency Index (Hale et al. 2021) between late October and mid-November 2021, and then again from mid-December 2021 to mid-January 2022 (Figure 1). Remembering that the Australian value for the index reflects the strictest set of conditions in place for sub-regions, these declines understate the easing that was occurring upon arrival of the Omicron variant.

Figure 1 Oxford Stringency Index for Australia and comparable countries – October 1st to January 26th



Tracker). Nat Hum Behav 5, 529–538 (2021). https://doi.org/10.1038/s41562-021-01079-8 Note: If policies vary at the subnational level, the index shows the response level of the strictest subregion.

Australia also differed to some other countries in that in November 2021 there were few Australians that had been exposed to earlier variants of the virus due in large part to the effectiveness of the restrictions (around one-half of one per cent of the population). When the Omicron variant arrived, Australia did, however, have very high vaccination rates, at least for those aged 16 years and over.

Towards the end of 2021, therefore, much of Australia was in the position of substantially easing restrictions, just as the new, more contagious variant was emerging. It is perhaps not surprising then that infection rates increased substantially from early December, reaching a peak in Australia of around 4,000 per one million Australians in mid-January roughly double that of the UK and the US, about four times that of Canada (though all three countries also experienced an increase in infections), and many multiple times more than New Zealand and Japan, two countries that Australia had been roughly tracking throughout the pandemic.

Figure 2 Confirmed cases per million people for Australia and comparable countries – October 1st to January 26th



While there was an inevitable increase in deaths as infections increased in Australia, deaths per million people from COVID-19 remained lower than in the US, the UK, and Canada (Figure 3). Given the much lower infection rate in Australia throughout much of 2021 and 2020 cumulative deaths in Australia are but a fraction of those in the US, UK and Canada. Deaths in New Zealand and Japan, on the other hand, have remained close to zero even during the Omicron wave.

Figure 3 Confirmed COVID-19 deaths per million people for Australia and comparable countries – October 1st to January 26th



In January 2022, as Australia was approaching what appears to be the peak-Omicron infections (Figure 2), the Social Research Centre on behalf of the ANU Centre for Social Research and Methods, undertook the January 2022 wave of the ANUpoll series of surveys, which forms part of the ANU Centre for Social Research and Methods' COVID-19 Impact Monitoring survey program (the tenth survey as part of the program). Respondents are from the Life in Australia[™] panel, Australia's only probability-based source of online and offline survey participants.

The January 2022 survey collected data from 3,472 Australians aged 18 years and over. The data collection occurred between the 17th and 31st of January 2022, with 61.5 per cent of the eventual sample completing the survey between the 18th and 20th of January. The vast majority (96.4 per cent) of interviews were completed online, with 3.6 per cent being completed over the phone. More details on the survey are available in Appendix 1. The survey data is available for download through the Australian Data Archive.

Surveys had also been conducted with the same group of respondents in January and February 2020, just before the COVID-19 pandemic started in Australia. Combined, data from these surveys allows us to track how outcomes have changed for the same group of individuals from just prior to COVID-19 impacting Australia, as well as during the most impactful times for the country.

Of the January 2022 sample, 2,233 respondents (64.3 per cent) had completed the October 2021 survey, with a further 375 respondents (10.8 per cent) having completed a previous COVID-19 survey. The remaining 864 respondents (24.9 per cent) had not completed a previous survey.

The structure of the remainder of the paper is as follows. Section 2 summarises the trends in several COVID-19 specific measures, with section 3 focusing on measures of life satisfaction. In section 4 we present results on mental health, with section 5 providing a summary of views on the direction of the country and confidence in key institutions. Section 6 provides some concluding comments, with Appendix 1 providing more detail on the survey itself.

2 COVID-19 specific measures

In mid-January 2022, 40.0 per cent of Australians thought that 'the worst of the pandemic is behind us', with the remaining 60.0 per cent thinking that 'the worst is still to come.' This is substantially lower than in October 2021, when 54.6 per cent of adult Australians thought that the worst of the pandemic was behind us. This appears to reflect the very rapid increase in cases since October 2021 which has pushed out expectations of when the effects of the pandemic will start to diminish.

2.1 Infection expectations

The increasing view that the worst of the pandemic is yet to have passed is consistent with the dramatic increases in the infection rates and the perception of an increased risk of infection between October 2021 and January 2022.

Since April 2021 the proportion of Australians thinking it is likely or very likely that they would be infected by COVID-19 over the next six months increased from 10.7 per cent to 30.8 per cent in August 2021, to 40.0 per cent in October to 80.3 per cent in January 2022 (Figure 4).





Note: The "whiskers" on the bars indicate the 95 per cent confidence intervals for the estimate.

Source: ANUpoll: April, May, August, and November 2021; January, April, August, and October 2021; and January 2022

Since the arrival of the Omicron variant in Australia, there has been some changes in the extent to which women and men think it likely that they will be infected. In the early stages of the pandemic, women were more likely to think they would be infected than men. By October

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2021 there was no statistically significant difference between men and women, whereas by January 2022 women were again significantly more likely to think they would be infected – 82.4 per cent compared to 78.1 per cent. Age patterns have stayed a little more consistent, with older Australians (aged 75 years or more in particular) and to a lesser extent young adults (aged 18 to 24 years) less likely to think they would be infected.

Figure 5 Per cent of Australians who thought it was likely or very likely that they would be infected by COVID-19 in the next six months by age and sex, April 2020, October 2021, and January 2022





Source:

ANUpoll: April, May, August, and November 2020; and January, April, August, and October 2021; January 2022

2.2 COVID-19 testing

The increasing numbers of COVID-19 cases has resulted in a large increase in COVID testing and for periods over the summer there were very long queues at testing sites, with in some cases significant delays in receiving results. The January 2022 survey asked respondents whether in the last three months (that is since the October 2021 survey) they had undertaken a PCR test for COVID-19. We estimate that almost half (46.5 per cent) of Australian adults had undertaken a PCR test in the previous three months.

On the 1st of November 2021, just after our previous survey but prior to the spread of the Omicron variant in Australia, the Therapeutic Goods Administration (TGA) approved the introduction of Rapid Antigen Tests (RATs) in Australia. Unlike PCRs, these can be undertaken at home without laboratory analysis. This rapidity does come at a cost though, with a much higher frequency of false negative results. As of mid-January 2022, 32.8 per cent of Australians reported having undertaken a RAT in the previous three months.

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Combined, 56.0 per cent of adult Australians had undertaken a RAT or a PCR in the previous 3 months. While Australia has had a relatively high rate of testing internationally over the period (though much lower than the UK as a proportion of the population), the demand for testing has been very high throughout the recent period, and supply of either tests or testing facilities has not always been able to reach this demand. We asked respondents whether in the previous 12 months 'You have needed or wanted to get a test for COVID-19 but haven't been able to', with 22.4 per cent of adult Australians estimated to have not been able to get tested when needed. It would appear that most of those who had access issues were tested at some stage over the previous 3 months (84.8 per cent), however that still leaves a significant number of people who were either not tested at all, or who may only have been able to be tested at a time when it was not useful.

The most common reason given for access issues was 'I was unable to find a Rapid Antigen test in my local area.' This was given by almost three-quarters of those who had access issues (75.6 per cent). Of the other reasons asked about, 43.9 per cent said that 'The line-up for a PCR test was too long' 29.4 per cent said that 'I was turned away from a PCR test due to capacity limits' and' and 22.9 per cent said that 'The cost of the Rapid Antigen test was too high.'

As shown in Figure 6, testing rates were much higher for females compared to males, and young Australians compared to older Australians. The per cent of the demographic groups that had wanted or needed a test but were unable to obtain one was also higher for those two groups.



Figure 6 Per cent of Australians who had been tested for COVID-19 or who had not been able to get tested despite wanting/needing one, by age and sex, January 2022

Note:

The "whiskers" on the bars indicate the 95 per cent confidence intervals for the estimate.

Source: ANUpoll: January 2022

2.3 COVID-19 infections

For the first time during the COVID-19 Impact Monitoring series, rates of infection are high enough to enable us to analyse variation in infection rates across population groups. For those who had undertaken either a PCR or RAT over the previous three months, we asked: 'What was the result of the test or tests for COVID-19?' Amongst those who had been tested, 13.7 per cent of adults were estimated to have been 'Positive for COVID-19 for at least one of the tests (you have had or currently have COVID-19)'; whereas 84.4 per cent were 'Negative for COVID-19 for all of the tests (you have not had COVID-19).' This leaves only 1.9 per cent who are 'Awaiting results for your most recent test and no other positive results (you have not had COVID-19 that you are aware of).'

When we include all adult Australians in the denominator, that is those who had not been tested, we estimate that 7.7 per cent of Australians had received a positive COVID-19 test results in the three months leading up to the January 2022 survey. This is very similar to the estimated number of cumulative cases for all Australians as of January 18th 2022 (7.6 per cent) confirming on this metric at least the representativeness of our sample.

Figure 7 shows that the age group with the highest rate of COVID-19 during the Omicron period was far and away those aged 18 to 24 years, with almost double the rate (14.4 per cent) of the national population. COVID-19 positive rates were also higher for those aged 25 to 34 and to a lesser extent 35 to 44 years, with all other age groups having a lower rate than the national average.







The "whiskers" on the bars indicate the 95 per cent confidence intervals for the estimate.

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Source: ANUpoll: January 2022

2.4 Factors associated with COVID-19 measures

One of the strengths of asking such COVID-related questions on a social survey like ANUpoll is that it is possible to measure the social predictors of key aspects of the experience of COVID-19 in Australia. In particular, it is possible to look at predictors that are not available in the administrative data systems. Appendix Table 1 gives the factors associated with four outcome variables (summarised and discussed in the earlier parts of this section), with results presented as marginal effects or the difference in the predicted probability of reporting that particular outcome, holding constant other variables in the model.

The first dependent variable that we consider in the analysis is whether someone thinks it is likely or very likely that they will be infected by COVID-19 in the next six months. Results confirm that females are more likely to think they will be infected, whereas older Australians think it is less likely. However, the results show that there are other groups or geographic areas that have a different probability. Those born overseas in a non-English speaking country are less likely to think they will be infected, as are those who have not completed Year 12. Interestingly, there are no differences by the socioeconomic characteristics of the area in which a person lives. The highest probability in terms of geographic region is those who live in NSW or Victoria, but outside of Sydney/Melbourne. The biggest socioeconomic difference, however, is by the income of the household in which the person lives, with those in the bottom income quintile having a significantly and substantially lower expected likelihood of infection than those in the middle income category.

The second dependent variable is whether or not a person has been tested for COVID-19. We confirm that females and young Australians are more likely to have been tested. However, we also show that those with low education are less likely to have been tested, with weak evidence that those who have an undergraduate degree are more likely to have been tested than the base case, though the p-value is 0.107 so the difference is not quite statistically significant.

Those in the most advantaged areas in Australia appear less likely to have been tested, with Sydney and Melbourne (the base case) having far and away the highest testing rate. Household income once again matters, with those in the first two quintiles having much lower testing rates and those in the highest income quintile the highest testing rate.

Some of the same variables were also associated with not being able to obtain a test despite wanting needing one (sex, age, geographic region). However, the big difference between the third model estimated and the second one (discussed above) is that those in low or high income households are no more or less likely to have needed/wanted a test but not been able to obtain one. It would appear from this evidence at least that conditional on needing or wanting a test, there does not appear to be socioeconomic barriers to obtaining one.

In the final model we confirm that younger Australians have a higher rate of positive-COVID tests, with older Australians having a lower rate. We also find, however, that conditional on these and other characteristics those who were born overseas in a non-English speaking country are less likely to have tested positive, as were those who lived in a disadvantaged area or household. This latter finding may reflect testing rates, with those in relatively disadvantaged areas less likely to have been tested (as discussed above). It is interesting, therefore, that despite having a higher testing rate, those who lived in the most advantaged households were no more likely to have tested positive to COVID-19 than those who lived in the middle-income households.

3 Life satisfaction

Each of the ten ANU COVID-19 Impact Monitoring surveys has asked respondents 'The following question asks how satisfied you feel about life in general, on a scale from 0 to 10. Zero means you feel 'not at all satisfied' and 10 means 'completely satisfied'. Overall, how satisfied are you with life as a whole these days?' We asked the same question in January 2020 during the Black Summer bushfire crisis and in October 2019 prior to either of these events.

January 2022 is an interesting and important time to be re-asking this question. On the one hand, case numbers had reached their highest level of any time during the pandemic, but with very substantial differences across states and territories. At the same time, for much of the country, there was an easing of restrictions (in particular domestic and international borders), with the Australian Prime Minister and many state and territory leaders arguing that it was necessary to reduce COVID-19 related restrictions.

A key question is what has happened to life satisfaction during this period. The answer, it would seem, is very little, at least nationally. In January 2022, the average level of life satisfaction was 6.61, on a scale from 0 to 10, virtually unchanged from October 2021 when it was 6.63 (no statistically significant difference). Moreover, the average level of life satisfaction in January 2022 is similar to what it was in October 2020 as Australia was emerging from its second wave of infections, but still well below the October 2019 pre-COVID level of life satisfaction, as well as the COVID-life satisfaction-peak in November 2020 to April 2021 when infection rates were low and most restrictions (apart from international border closures) had been eased.



Figure 7 Life satisfaction in Australia, October 2019 to January 2022

Note: The "whiskers" on the bars indicate the 95 per cent confidence intervals for the estimate.

Source: ANUpoll: October 2019; January, April, May, August, October, and November 2020; January, April, August, and October 2021; and January 2022

The ANUpoll has sufficient numbers of respondents in NSW and Victoria to allow some estimates to be made for these states. For the other states and territories the sample size is

too small to allow estimates for the state and territory. When we look at the change in life satisfaction for the longitudinal sample by state/territory three groups emerge amongst the jurisdictions where sample sizes are large. In NSW, where restrictions had already begun to be eased in October 2021 and case load during January 2022 was highest, there was very little change in life satisfaction (decline by 0.07, not significantly different from zero).

In Victoria, on the other hand, restrictions were still in place in October 2021 and had been in place for a much longer period of time. Here, life satisfaction increased by 0.21 which was not only significantly different from zero, but also quite large in a qualitative sense. It should be noted, however, that life satisfaction was still lowest in Victoria amongst all the states and territories in January 2022 (6.44), it is just that life satisfaction was so low in 2021.

The third set of jurisdictions – Queensland, South Australia, and Western Australia – all experienced a very large decline in life satisfaction between October 2021 and January 2022. When combined, this difference was statistically significant. These jurisdictions had low case numbers throughout 2021 and very few internal restrictions, but often quite strict border restrictions, particularly with the south-east corner of the country. For Queensland and South Australia, border restrictions had eased by January 2022, but case numbers had risen substantially. Whereas in Western Australia border restrictions had remained in place, and case numbers had stayed low.

Who then, was most satisfied with their life in January 2022, as Australia experienced its highest rate of infections, but had substantially eased many COVID-19 restrictions? We can begin to answer this question using a linear regression analysis with life satisfaction in January 2022 as the dependent variable (Table 2).

Females have slightly higher life satisfaction than males, though there are larger differences by age. Specifically, we can see the familiar u-shaped age curve with younger Australians (aged under 35) an older Australians (particularly those aged 65 years and over) having a higher life satisfaction than those aged in the middle part of the age distribution (35 to 54). Although the standard errors are large, Aboriginal and Torres Strait Islander Australians appear to have lower life satisfaction than non-Indigenous Australians, whereas those who speak a language other than English at home have higher life satisfaction. There are no differences, however, by education though household income does matter a lot with those who live in the most advantaged households having the highest life satisfaction.

Geographically, the socioeconomic characteristics of the area in which a person lives does not appear to be associated with life satisfaction (controlling for other characteristics). There were, however, large differences by state/territory and between those living in capital cities and those living outside of capital cities. Compared to those who live in Sydney (the base case) those who live in regional NSW had a higher level of life satisfaction. There were no differences between those who lived in Sydney and Melbourne, nor between those who lived in Sydney and another of Australia's six capital cities. Those who lived in regional Victoria had lower life satisfaction than those who lived in regional NSW and those who lived in other regional parts of the country.

4 Mental health and loneliness

4.1 Psychological distress

The ANU CSRM COVID-19 impact monitoring surveys have included the Kessler (K6) scale to measure psychological distress. The K6 comprises six items and has been widely used and validated in many epidemiological studies (Kessler et al. 2002). Specifically, the respondent is asked how often in the last four weeks they felt: 'nervous'; 'hopeless'; 'restless or fidgety'; 'so depressed that nothing could cheer you up'; 'that everything was an effort'; and 'worthless'. There were five response categories, from 'none of the time' to 'all the time', with values ranging from 1 through 5. The K6 items can be summed to produce an index, with potential values ranging from 6 to 30.

Figure 8 reports the average values for the Kessler-6 measure of psychological distress for the ten waves of data collection over the COVID-19 period, as well as pre-COVID data from February 2017. While levels of psychological distress in January 2022 were not above the April and October 2020 peaks or the October 2021 level, they were significantly above the levels founds in November 2020 to August 2021, as well as in February 2017. Just as there has been no change in average life satisfaction between October 2021 and January 2022, there is no evidence of changes in average levels of psychological distress over this period.



Figure 8 Psychological distress in Australia, February 2017 to January 2022



Source: Life in Australia: February 2017. ANUpoll: January, April, May, August, October, and November 2020; January, April, August, and October 2021; and January 2022

The K6 measure of psychological distress is impacted by changes across the distribution of mental health outcomes. While this is useful as a summary measure, from a public health and public policy perspective, it is those who are at risk of severe mental illness that are of most concern. The K6 score can be used to categorise respondents as experiencing moderate or severe psychological distress. The *moderate* psychological distress group can be considered to

be struggling with mental distress levels that indicate a need for mental health support, but are not at risk of clinical levels of mental health problems like those in the serious category (Prochaska et al, 2012). Those categorized as experiencing *severe* psychological distress is consistent with having a 'probable serious mental illness'.

In February 2017, 8.4 per cent of Australians were estimated to be experiencing severe psychological distress. In the initial stages of the pandemic (April 2020), this had increased to 10.6 per cent, with some fluctuation around this level between then and August 2021. Between August and October 2021, however, there was another large increase to 12.5 per cent of Australians experiencing severe psychological distress. This increase was not only statistically significant, but had led to the highest level of severe psychological distress observed over the COVID-19 period. There appears to have been a slight lowering of severe psychological distress between October 2021 and January 2022 (to 11.0 per cent), though this difference is not statistically significant and the January 2022 value is still above pre-pandemic levels.

4.2 Loneliness

Since the start of the pandemic, the ANU Centre for Social Research and Methods has been tracking the level of loneliness Australians have experienced in the week preceding the survey. This has been designed to capture a different aspect of mental health that may be more affected by social distancing (either legislated by government or due to people self-isolating due to fear of infection). Figure 9 presents the trends in loneliness during the pandemic over the period April 2020 to January 2022. Loneliness is measured on a scale of 1 (rarely or none of the time) to 4 (most or all of the time).³ Unfortunately, we do not have a pre-COVID measure of loneliness on the Life in Australia panel.

Loneliness was far and away the highest in Australia during the first wave of infections. This was at a time when social distancing measures were in place across Australia, and alternative modes of interaction had not been established or normalised. Loneliness increased again during the second wave of infections (predominantly in Victoria) and the third wave (in the three South-Eastern jurisdictions of New South Wales, Victoria and the Australian Capital Territory) but appears to have declined slightly between October 2021 and January 2022 as restrictions have eased somewhat. It should be noted though that loneliness in January 2022 still appears to be above the November 2020 to April 2021 lows, potentially reflecting people self-isolating to avoid infection.



Figure 9 Loneliness in Australia, April 2020 to January 2022



Source: ANUpoll: April, May, August, and November 2020; January, April, August, and October 2021; and January 2022

When we analysed the factors that were associated with loneliness (using an ordered probit model with results presented in Appendix Table 3), we found quite large differences across age groups with older Australians significantly and substantially less likely to report having been lonely in the preceding week than younger Australians, and particularly those aged 18 to 24 years. Aboriginal and Torres Strait Islander Australians were more likely to have experienced loneliness than non-Indigenous Australians. This is a potential explanation for the relatively low life satisfaction reported by Aboriginal and Torres Strait Islander Australians by other demographic or education measures. Household income is once again highly predictive, with a reasonably consistent, negative linear relationship between income and loneliness (that is, higher levels of household income are associated with lower levels of loneliness).

There were no major differences in loneliness by the socioeconomic characteristics of the area in which a person lives, apart from the most advantaged areas having lower rates of loneliness. There were, however, some regional and state and territory differences. In particular, those who lived outside of capital cities tended to have lower rates of loneliness than those who lived in a capital city, and those who lived outside of the three states and territories most impacted by lockdown restrictions in 2021 (New South Wales, Victoria, and the Australian Capital Territory) all had lower rates of loneliness.

5 The views of Australians towards the country and key institutions

5.1 Satisfaction with the direction of the country

Between October 2021 and January 2022, there were competing pressures on individual wellbeing and mental health. Many restrictions were eased, but case numbers increased

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substantially. In net terms, it would appear from the data presented in the previous two sections that these changes balanced out with improvements in wellbeing/mental health for some being counterbalanced by worsening for others. We can assume, however, that when making a judgement about the overall impact of changes in policy and changes in circumstance, people take into account more than just their own wellbeing and health. It is interesting, therefore, to test whether the view of Australians on the overall situation is worsening or improving.

Respondents were therefore asked at the start of the January 2022 survey (and in every survey since October 2019) 'Firstly, a general question about your views on living in Australia. All things considered, are you satisfied or dissatisfied with the way the country is heading?' Combining those who were satisfied or very satisfied, a previous paper in this series showed that there was a significant and substantial decline in satisfaction between April and August 2021 as lockdown restrictions were put in place in the south-east of the country and internal borders tightened (Figure 10), but a small and statistically significant increase between August and October 2021 as these restrictions were eased.

Between October 2021 and January 2022, as lockdown restrictions were eased further but case numbers increased substantially, there was a large decline again in satisfaction with the direction of the country with 63.6 per cent of Australians satisfied or very satisfied with the direction of the country in January 2022 compared to 69.8 per cent in October 2021. Levels of satisfaction have now returned to what they were during the third wave of infections in Australia and are only just above what they were prior to the pandemic and during the Black Summer bushfire crisis (in January 2020)





Note: The "whiskers" on the bars indicate the 95 per cent confidence intervals for the estimate.

Source: ANUpoll: October 2019; January, April, May, August, October, and November 2020; January, April, August, and October 2021; and January 2022

5.2 Confidence in key institutions

One of the potential reasons for the drop in satisfaction with the direction of the country is that Australians feel that key institutions are not handling the pandemic as well as they have in the past, or as well as they should be doing given the current circumstances. One of the aspects of the pandemic in Australia and some other countries, at least early on, is that it provided what has turned out to be a temporary boost to confidence in government and other institutions, as the general public saw that policy settings were on balance leading to much better outcomes than were being observed in other countries, or might have been the case in Australia. As shown in Figure 11, however, this confidence has gradually eroded such that by January 2022 only 34.5 per cent of adult Australians had a great deal or quite a lot of confidence in the federal government. This is down from a peak of 60.6 per cent in May 2020, and only slightly above the 27.3 per cent observed prior to the pandemic during the Black Summer bush fires.



Figure 11 Per cent of Australians who were confident or very confident in the Federal Government, January 2020 to January 2022.

Note: The "whiskers" on the bars indicate the 95 per cent confidence intervals for the estimate.

Source: ANUpoll: January, April, May, August, October, and November 2020; January, April, August, and October 2021; and January 2022

While confidence has remained higher for other institutions, there was still a drop in confidence in some key institutions between October 2021 and January 2022. Confidence in the public service declined from 61.5 per cent to 57.6 per cent (Figure 12), and confidence in state/territory governments declined from 61.1 per cent to 52.3 per cent (Figure 13).





Note: The "whiskers" on the bars indicate the 95 per cent confidence intervals for the estimate.

Source: ANUpoll: January, April, May, August, October, and November 2020; January, April, August, and October 2021; and January 2022







Source: ANUpoll: January, April, May, August, October, and November 2020; January, April, August, and October 2021; and January 2022

For the first time since we have been tracking this data during the COVID-19 period, there was also a statistically significant drop of confidence in hospitals and the health system to below less than three-in-four Australians – from 78.0 per cent in October 2021 to 73.3 per cent in

January 2022, and compared to a high of 89.5 per cent in May 2020 (Figure 14). While the health system still has a lot of confidence in it, it would appear that the Omicron wave and the increase in cases/deaths has dented that confidence somewhat.





Note: The "whiskers" on the bars indicate the 95 per cent confidence intervals for the estimate.

Source: ANUpoll: January, April, May, August, October, and November 2020; January, April, August, and October 2021; and January 2022

6 Concluding comments

In mid-2021 the National Cabinet announced a number of targets for vaccination rates in Australia which needed to be met in order to allow restrictions to be eased, particularly with regards to internal and external borders.⁴ To many people's surprise, these targets were met and exceeded and after an extended lockdown period in the south-eastern states (New South Wales, Victoria and the Australian Capital Territory) to combat an outbreak of the Delta variant of the SARS-CoV-2 virus, restrictions were eased in October 2021, beginning with Australian citizens and permanent residents able to return to Australia and then a limited number of students and other visa holders. At the time of writing this paper, the final opening of borders to tourists and foreign workers was announced, as long as inbound travellers have received at least two doses of a recognised vaccination.

The easing of restrictions was always going to lead to a large increase in COVID-19 cases, but it was not anticipated that the opening would coincide with the new Omicron variant of the virus that, while milder in terms of health consequences was far more infectious. While mortality rates have remained relatively low, rates of infection increased dramatically such that by mid-January 2022 Australia had one of the highest daily case numbers (per capita) in the world. Furthermore, with the exception of Western Australia, these cases have been spread widely across Australia, unlike the previous two waves.

Around the peak of the Omicron wave, the ANU Centre for Social Research and Methods undertook the tenth COVID-19 Impact Monitoring survey, which has formed a part of the

ANUpoll series of surveys of attitudes, outcomes, and behaviours during the COVID-19 period. A key question guiding the analysis in this paper was whether the positive impact of the easing of restrictions would outweigh the negative impact of increased infection rates.

On balance, we find that Australians have worse outcomes and more negative views in January 2022 compared to October 2021. The key metric for this is that when asked in mid-January 2022, 40.0 per cent of Australians thought that 'the worst of the pandemic is behind us', a significant and substantial decline from October 2021, when more than half (54.6 per cent) of adult Australians did so. There were also, however, no improvement in life satisfaction or psychological distress, declines in satisfaction with the direction of the country, and declines in confidence in key institutions. A key finding is that there has been a significant decline in confidence in hospitals and the health system, though in absolute terms, confidence still remains high.

It was always going to be necessary to open the country and ease restrictions that have been some of the strictest in the developed world. All countries that have pursued a COVID-zero strategy have faced or will face such a transition. And, in Australia's case, the opening coincided with the emergence of the Omicron variant. It would appear from the data presented in this paper that at least in the short term the positive impact of the easing of restrictions (combined with other circumstances) have not outweighed the impact of a dramatic increase in infections and a smaller, but still considerable increase in hospitalisation and mortality. It will be important in the medium-long term to continue tracking outcomes to see whether outcomes will become more positive once the Omicron wave has subsided.

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Appendix 1 About the survey

Data collection for the January 2022 ANUpoll commenced on the 17th of January 2022 with a pilot test of telephone respondents. The main data collection commenced on the 18th of January and concluded on the 31st of January. The final sample size for the survey is 3,472 respondents. 61.9 per cent of the sample had completed the survey by the 20th of January and the average interview duration was 21.5 minutes.

The Social Research Centre collected data online and through Computer Assisted Telephone Interviewing (CATI) in order to ensure representation from the offline Australian population. Around 3.2 per cent of interviews were collected via CATI. The contact methodology adopted for the online Life in Australia[™] members is an initial survey invitation via email and SMS (where available), followed by multiple email reminders and a reminder SMS. Telephone nonresponse of panel members who have not yet completed the survey commenced in the second week of fieldwork and consisted of reminder calls encouraging completion of the online survey.

The contact methodology for offline Life in Australia[™] members was an initial SMS (where available), followed by an extended call-cycle over a two-week period. A reminder SMS was also sent in the second week of fieldwork.

A total of 4,199 respondents were invited to take part in the survey, leading to a wave-specific completion rate of 82.7 per cent. Taking into account recruitment to the panel, the cumulative response rate for this survey is around 7.0 per cent. Of those who had completed the January 2022 survey, 2,233 respondents (64.3 per cent) had completed the October 2021 survey

Unless otherwise stated, data in the paper is weighted to population benchmarks. For Life in Australia[™], the approach for deriving weights generally consists of the following steps:

- 1. Compute a base weight for each respondent as the product of two weights:
 - a. Their enrolment weight, accounting for the initial chances of selection and subsequent post-stratification to key demographic benchmarks
 - b. Their response propensity weight, estimated from enrolment information available for both respondents and non-respondents to the present wave.
- 2. Adjust the base weights so that they satisfy the latest population benchmarks for several demographic characteristics.

The ethical aspects of this research have been approved by the ANU Human Research Ethics Committee (2021/430).

Appendix 2 Regression Appendix Tables

Table 1Factors associated with COVID-19 variables, January 2022

	Expected COVID li	kelihood	Te	sted				
Explanatory variables	M. Effect	Signif.	M. Effect	Signif.	M. Effect	Signif.	M. Effect	Signif.
Female	0.047	***	0.060	***	0.074	***	0.028	
Aged 18 to 24 years	-0.054		0.168	***	0.153	***	0.119	**
Aged 25 to 34 years	0.001		0.074	**	0.100	***	0.044	
Aged 45 to 54 years	0.011		0.016		-0.046		-0.041	
Aged 55 to 64 years	-0.019		-0.011		-0.043		-0.052	
Aged 65 to 74 years	-0.046		-0.006		-0.111	***	-0.087	*
Aged 75 years plus	-0.154	***	-0.008		-0.153	***	-0.076	
Indigenous	-0.016		0.057		0.129		0.003	
Born overseas in a main English-speaking country	-0.002		-0.019		0.026		-0.011	
Born overseas in a non-English speaking country	-0.070	**	-0.041		-0.042		-0.082	**
Speaks a language other than English at home	0.001		0.026		-0.009		0.010	
Has not completed Year 12 or post-school qualification	-0.095	***	-0.070	*	-0.030		0.008	
Has a post graduate degree	-0.012		0.022		0.040		0.018	
Has an undergraduate degree	-0.012		0.053		0.031		-0.039	
Has a Certificate III/IV, Diploma or Associate Degree	-0.029		-0.011		0.020		-0.005	
Lives in the most disadvantaged areas (1st quintile)	0.023		-0.030		0.004		-0.105	***
Lives in next most disadvantaged areas (2nd quintile)	-0.008		-0.015		-0.041		-0.039	
Lives in next most advantaged areas (4th quintile)	0.011		-0.042		0.030		-0.078	**
Lives in the most advantaged areas (5th quintile)	0.026		-0.071	**	-0.001		-0.069	**
Lives in another capital city	0.012		-0.346	***	-0.159	***	-0.132	***
Lives in non-capital city outside of NSW/Victoria	0.031		-0.307	***	-0.108	***	-0.083	**
Lives in regional NSW/Victoria	0.056	***	-0.098	***	-0.059	**	-0.111	***
Lives in lowest income quintile	-0.169	***	-0.113	***	-0.008		-0.089	**
Lives in second income quintile	-0.098	***	-0.108	***	0.028		-0.010	
Lives in fourth income quintile	-0.004		0.016		-0.005		-0.035	
Lives in fifth income quintile	0.026		0.068	**	0.047		-0.035	
Probability of base case	0.858		0.699		0.246		0.209	
Sample size	3,143		3,151		3,150		3,147	

Source: ANUpoll, January 2022

Notes: Probit Regression Models. The base case individual is male; aged 35 to 44 years; non-Indigenous; born in Australia; does not speak a language other than English at home; has completed Year 12 but does not have a post-graduate degree; lives in neither an advantaged or disadvantaged suburb (third quintile); lives in Sydney, Melbourne or Canberra; and in a household in the middle income quintile. Coefficients that are statistically significant at the 1 per cent level of significance are labelled ***; those significant at the 5 per cent level of significance are labelled **.

Explanatory variables	Coeff.	Signif.
Female	0.163	*
Aged 18 to 24 years	0.242	
Aged 25 to 34 years	0.347	**
Aged 45 to 54 years	0.038	
Aged 55 to 64 years	0.478	***
Aged 65 to 74 years	1.141	***
Aged 75 years plus	1.363	***
Indigenous	-0.421	
Born overseas in a main English-speaking country	-0.189	
Born overseas in a non-English speaking country	-0.075	
Speaks a language other than English at home	0.406	***
Has not completed Year 12 or post-school qualification	-0.038	
Has a post graduate degree	-0.165	
Has an undergraduate degree	0.080	
Has a Certificate III/IV, Diploma or Associate Degree	-0.018	
Lives in the most disadvantaged areas (1st quintile)	0.064	
Lives in next most disadvantaged areas (2nd quintile)	-0.062	
Lives in next most advantaged areas (4th quintile)	0.136	
Lives in the most advantaged areas (5th quintile)	0.175	
Lives in non-capital city NSW	0.446	***
Lives in Melbourne	0.029	
Lives in non-capital city Victoria	-0.115	
Lives in another capital city	0.078	
Lives in another non-capital city	0.356	**
Lives in lowest income quintile	-0.663	***
Lives in second income quintile	-0.414	***
Lives in fourth income quintile	0.599	***
Lives in fifth income quintile	0.838	***
Constant	5.825	***
Sample size	3,149	

Table 2Factors associated with life satisfaction, January 2022

Source: ANUpoll, January 2022

Notes: OLS Regression Models. The base case individual is male; aged 35 to 44 years; non-Indigenous; born in Australia; does not speak a language other than English at home; has completed Year 12 but does not have a post-graduate degree; lives in neither an advantaged or disadvantaged suburb (third quintile); lives in Sydney; and lives in a household in the middle quintile of the income distribution. Coefficients that are statistically significant at the 1 per cent level of significance are labelled ***; those significant at the 5 per cent level of significance are labelled **, and those significant at the 10 per cent level of significance are labelled *.

Explanatory variables	Coeff.	Signif.
Female	0.051	
Aged 18 to 24 years	0.315	***
Aged 25 to 34 years	0.045	
Aged 45 to 54 years	-0.202	**
Aged 55 to 64 years	-0.448	***
Aged 65 to 74 years	-0.726	***
Aged 75 years plus	-0.807	***
Indigenous	0.577	***
Born overseas in a main English-speaking country	0.039	
Born overseas in a non-English speaking country	0.114	
Speaks a language other than English at home	-0.095	
Has not completed Year 12 or post-school qualification	0.100	
Has a post graduate degree	0.105	
Has an undergraduate degree	-0.014	
Has a Certificate III/IV, Diploma or Associate Degree	0.064	
Lives in the most disadvantaged areas (1st quintile)	-0.041	
Lives in next most disadvantaged areas (2nd quintile)	-0.117	
Lives in next most advantaged areas (4th quintile)	-0.116	
Lives in the most advantaged areas (5th quintile)	-0.183	**
Lives in state other than NSW/Victoria/ACT	-0.144	**
Lives in non-capital city	-0.174	***
Lives in lowest income quintile	0.235	**
Lives in second income quintile	0.168	**
Lives in fourth income quintile	-0.222	***
Lives in fifth income quintile	-0.486	***
Cut-point 1	-0.066	
Cut-point 2	0.712	
Cut-point 3	1.354	
Sample size	3,151	

Table 3Factors associated with loneliness, January 2022

Source: ANUpoll, January 2022

Notes: Ordered Probit Regression Models. The base case individual is male; aged 35 to 44 years; non-Indigenous; born in Australia; does not speak a language other than English at home; has completed Year 12 but does not have a post-graduate degree; lives in neither an advantaged or disadvantaged suburb (third quintile); lives in Sydney, Melbourne or Canberra; and lives in a household in the middle quintile of the income distribution. Coefficients that are statistically significant at the 1 per cent level of significance are labelled ***; those significant at the 5 per cent level of significance are labelled **.

Endnotes

- https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/
 https://www.euro.who.int/en/health-topics/healthemergencies/pages/news/news/2022/01/the-omicron-variant-sorting-fact-frommyth
- ³ The values and labels given are:
 - 1. Rarely or none of the time (less than 1 day)
 - 2. Some or a little of the time (1 to 2 days)
 - 3. Occasionally or a moderate amount of time (3 to 4 days)
 - 4. Most or all of the time (5 to 7 days)
 - ⁴ https://www.pm.gov.au/media/national-cabinet-statement-10