Inquiry into the Victorian Government's COVID-19 Contact Tracing System and Testing Regime

[redacted]

Organisation Name:
Your position or role:

YOUR SUBMISSION

Submission:

My submission is informed by my personal experience of contracting COVID-19 at my public hospital workplace, as well as professional knowledge derived from my role as a Psychologist and healthcare worker. I hope that sharing my insights may improve the experience for others.

1. Communication from DHHS could have been significantly improved. Please consider the patient experience and seek input from clinicians when designing future verbal scripts and written communication. I believe this would both make the experience less traumatic for those affected and also improve engagement and compliance with your messages. For example, train staff to use phrases such as "how are you?" "I'm sorry you're unwell" and "thank you for doing the right thing and staying home". In contrast, the communication I received was largely focused on compliance and I experienced it as quite punitive on the whole. While ensuring compliance is clearly important, from a psychological perspective, compliance is more likely to occur if the person feels listened to and empathized with. Additionally, DHHS written communication should be reviewed. The language used in DHHS written communications was frequently dehumanizing, for example "information for confirmed cases of COVID". Changing this to "Information for people with COVID" would be both easier to understand and less dehumanizing.

2. Processes seemed poorly coordinated and inefficient. For example, our family of 5 (2 positive to COVID and 3 in quarantine) all received calls, sms messages and visits from multiple separate people. This was intrusive and frustrating for us during this stressful time. If we had a question regarding another family member, we were instructed to call a switchboard number because the person on the phone was unable to access their file. Several times we called the number provided only to be unable to get through to anyone. Other times we were given conflicting information by different people we spoke to. Linking files of family members and allocating a case manager or central contact point for families would result in a better experience for patients, less opportunity for confusion, and greater efficiency.

3. The contact tracing and isolation monitoring process is likely to be experienced as stigmatizing by some. Even as a well educated healthcare worker I felt shame at catching COVID. I found the contact tracing process confronting and also felt embarrassment at having people dressed in army uniforms come to our house multiple times. I can imagine that this would be a disincentive for some people to come forward for testing. Please consider ways to reduce the experience of stigma. For example, could defense force personnel visiting homes come in plain clothes rather than uniforms.

I do appreciate that I contracted COVID at a time when the system was struggling to meet the demand, and would like to acknowledge that the people I dealt with were working extremely hard and trying their best. I hope that we can all learn from this experience and improve the systems that support them and our public health response.

FILE ATTACHMENTS

File1:
File2:

File3:

Confidentiality:

[redacted]

Signature:

[redacted]