The COVID-19 CARE Study

INITIAL SURVEY REPORT
As communities around Australia and the world continue to cope with the unprecedented challenges of COVID-19, our need to protect the most vulnerable members of our community has never been greater.

Our experiences during the first wave of COVID-19 lockdowns has shown that policies designed to protect public health and ensure our collective safety, such as quarantine and social distancing, have had great costs on a personal level. Data from the Australian Bureau of Statistics and other international surveys around Australia and the world has provided clear evidence of collective increases in loneliness, social isolation, anxiety, and depression.

We urgently need to understand who is vulnerable to adverse mental health impacts of quarantine and social distancing, and what governments, workplaces, schools, universities and communities can be doing to support them. While initial responses can be made by informed judgement and intuition, in the longer term we need our responses to be based on an understanding of precisely which psychological and behavioural factors are protective and increase resilience. To do this requires fine-grained data at the psychological and behavioural level. And so the COVID-19 CARE Study was borne.

Led by a team of psychological scientists at The University of Western Australia, in collaboration with the Forrest Research and Minderoo Foundations, the COVID-19 CARE (Connected, Active, Resilient, and Engaged) Study is a Western Australian-led ongoing research project investigating the psychological and behavioural implications of COVID-19, with a focus on factors underpinning mental health risk and resilience.

Findings from the Initial Registration Survey of the CARE Study are presented in this report. The results provide initial insight into our experiences of self-isolation/quarantine and social distancing during the first wave of lockdowns in Australia, between April to June this year. While our results mirror other research showing concerns and worries about becoming isolated and lonely and mentally unwell, our data also captured resilience and silverlinings.

The Initial Registration Survey was followed by a further fourteen days of surveys with participants. The analysis and findings from the larger survey results will follow, and will inform the next phase of investigations designed to increase preparedness and coping with further waves of COVID-19 in Australia and around the world.

By sharing their first-hand experiences during COVID-19, every individual who has participated in the CARE Study has contributed to the collective endeavours to overcome challenges posed by the current pandemic. We thank you for your altruistic efforts, and hope you and others will continue to support research efforts that help to enhance our collective resilience and wellbeing.

Dr Nicola Forrest
Co-Founder and Co-Chair, Minderoo Foundation
Aim
This Report presents data from the Initial Registration Survey of the COVID-19 CARE (Connected, Active, Resilient, and Engaged) Study, a Western Australia-led research initiative that aims to understand people’s first-hand experiences of self-isolation/quarantine and social distancing during COVID-19 in Australia, with a focus on the impact of such experiences on their mental health, and the psychological and behavioural resilience factors that mitigate the adverse mental health outcomes.

The aim of this Report is to present a fine-grained snapshot of CARE Study participants’ first-hand experiences of self-isolation/quarantine or social distancing during April to June of 2020.

Survey respondents
Data presented in this Initial Survey Report was collected from 13th April to 4th June 2020, reflecting responses from two distinct groups of participants: a) 132 respondents who were engaging in strict self-isolation/quarantine; and b) 2393 respondents who were engaging in social distancing.

We reached out to people across Australia by spreading word about the study via word-of-mouth, NGOs, social media platforms such as Twitter and relevant Facebook groups, and by attracting media attention (coverage by the West Australian, the Australian Financial Review, ABC Radio Perth, amongst others).

Data collection period context
At the start of the data collection period, Australia was just beginning to succeed at flattening the curve as a result of government restrictions implemented on 31st of March, following the initial major spike in COVID-19 cases in March. Between 13th April1 and 4th June2, the total number of confirmed COVID-19 cases in Australia rose from 6,359 to 7,240, and the total number of deaths rose from 61 to 102.

Responses from individuals undergoing self-isolation or quarantine are presented in the Self-isolation/Quarantine part of the report (pages 5-19). Self-isolation/quarantine involved individuals staying in their accommodation or a designated quarantine facility for 14 days or more, and not leaving such accommodation unless it is to get essential medical care or supplies, to avoid injury or illness, or to escape a risk of harm.

Responses from individuals engaging in social distancing are presented in the Social Distancing part of the report (pages 20-34). Social distancing regulations at the time included practicing good hygiene and maintaining physical distance (at least 1.5 metres away) from others, staying at home except when shopping for food, exercising, and medical appointments.

Data presented in this report therefore capture a unique point in time in Australia, reflecting relative calm following the first storm, adjusting to a new normal of locked-down living, and an emergent, cautious optimism as the situation stabilised across the country.

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About the CARE Study
Initial Survey
The Initial Survey of the CARE Study took approximately 20 minutes to complete, and involved questions about who the participants were, what their living situation was, and what impacts, concerns, and silverlinings were experienced at the time.

Mental health focus
The CARE Study focuses on social isolation as loneliness is a significant risk factor for mental health deterioration. Reflecting this overall study aim, findings from the Initial Survey presented in this report have a special focus the relationship between loneliness and other outcomes of interest, and mental health vulnerabilities.

Specific questions asked in the survey:
The survey asked respondents questions regarding the following areas:

a) Demographics and background factors
b) Level of impact on quality of life
c) Level of concern about negative outcomes
d) Perceived risk of specific negative outcomes
e) Worry & anxiety about specific negative outcomes
f) Perceived risks versus benefits of activities outside the home (Social Distancing group only)
g) Specific silverlinings experienced

Analysis approach
We analysed the relationship between responses to the survey questions and demographic and contextual factors. Specifically, the factors examined were: age, gender, education level, mental health diagnosis status, employment status, living status (whether living alone, whether living with kids under 18 years of age, type of isolation/quarantine accommodation where applicable), and duration of social distancing or self-isolation/quarantine.

Data visualised in the report reflect a) factors found to have statistically significant relationships* to questions with numerical responses; and b) represent the top 5 most endorsed responses for questions with categorical (Yes/No) answers. Given mental health is a primary focus of the CARE Study, we highlight responses as a function of mental health diagnosis status for questions with numerical responses. Finally, not every respondent completed every question, thus we report the number of participants who responded to each question.

*Statistical significant relationships as indicated by Fisher’s exact test of independence p < 0.05 for Self-isolation/quarantine group data (due to small sample size) and Pearson’s chi-square test of independence p < 0.05 for Social distancing group data.
Table of contents

Who responded 6-7
Self-isolation/quarantine context 8-9
Impact on quality of life 10-11
Concern about negative outcomes 12-13
Perceived risk of specific negative outcomes 14-15
Worry & anxiety about specific negative outcomes 16-17
Specific silverlinings experienced 18-19
WHO RESPONDED?

Reflecting the small proportion of individuals in society undergoing strict self-isolation/quarantine, 132 individuals responded to the CARE Study Initial Survey. The majority of respondents were female, and about half never had a mental health condition diagnosis. The majority of respondents were between 24-65 years of age. There was a good spread of respondents across levels of education attained and type of employment status.
### WHO RESPONDED?

#### Gender
- Female: 69.70%
- Male: 30.30%

*132 respondents answered this question

#### Age
- 18-24: 8.30%
- 25-44: 37.10%
- 45-64: 34.10%
- 65-79: 18.90%
- 80+: 1.50%

*132 respondents answered this question

#### Education level
- High school graduate or lower: 17.40%
- Technical School (e.g. TAFE): 25.80%
- Bachelor University Degree(s): 31.80%
- Postgraduate University Degree(s): 25.00%

*132 respondents answered this question

#### Mental health condition diagnosis status
- Never diagnosed: 51.30%
- Current diagnosis: 24.30%
- Past diagnosis: 19.10%
- Not sure: 5.20%

*115 respondents answered this question

#### Living status
- Living alone: 34.17%
- Living alone with pets: 9.17%
- Living with family/partner: 53.33%
- Living with children under 18: 15.83%
- Living with housemates: 7.50%
- Other: 5.00%

*120 respondents answered these questions

*Some responses overlap and therefore do not add to 100%

#### Employment status
- Employed full time: 33.30%
- Employed part time: 12.90%
- Student: 5.30%
- Unemployed looking for work: 16.70%
- Unemployed not looking for work: 7.60%
- Retired: 24.20%

*132 respondents answered this question

*132 respondents answered this question
Respondents undergoing strict self-isolation/quarantine were doing so for a range of reasons, with a good spread between mandatory quarantine (40.80%) and voluntary self-isolation (69.20%), see "Definition of reasons for self-isolation/quarantine" below for a breakdown of reasons.

On average, respondents had been in self-isolation/quarantine for about a month. The majority of respondents undergoing mandatory self-isolation/quarantine had been doing so for 14 days, and those undergoing voluntary self-isolation/quarantine had been doing so for longer than 14 days. The majority of respondents were living in their own home, although a third were in quarantine facilities such as quarantine hotels.
Days in Self-Isolation/Quarantine

24.2 Average number of days

50% of respondents had self-isolated/quarantined for 14 days

Duration of self-isolation/quarantine as a function of reason for self-isolation/quarantine

<table>
<thead>
<tr>
<th>Reason for Self-Isolation/Quarantine</th>
<th>0-14 days</th>
<th>More than 14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mandatory/Voluntary COVID-19 exposure</strong></td>
<td>3.30%</td>
<td>96.70%</td>
</tr>
<tr>
<td><strong>Mandatory - travel</strong></td>
<td>37.50%</td>
<td>62.50%</td>
</tr>
<tr>
<td><strong>Voluntary - symptoms (self/other)</strong></td>
<td>5.00%</td>
<td>95.00%</td>
</tr>
<tr>
<td><strong>Voluntary - vulnerable member (self/other)</strong></td>
<td>40.00%</td>
<td>60.00%</td>
</tr>
<tr>
<td><strong>Voluntary - precautionary</strong></td>
<td>14.20%</td>
<td>85.80%</td>
</tr>
</tbody>
</table>

Type of Self-Isolation/Quarantine Dwelling

- **My own place/family home**: 63.30%
- **Quarantine residence (hotel/cruise ship/government facility)**: 30.80%
- **Share house**: 5.80%

Duration of self-isolation/quarantine as a function of reason for self-isolation/quarantine

- **Mandatory - COVID-19 exposure**: have a positive COVID-19 diagnosis / close contact with a confirmed case of COVID-19
- **Mandatory - travel**: travelled recently from overseas or interstate
- **Voluntary - symptoms (self/other)**: having flu-like symptoms but are untested / waiting for test results
- **Voluntary - vulnerable member (self/other)**: are/live with someone who is in the government’s list of vulnerable groups (compromised immune system / 65 years and older with chronic medical conditions / 70 years and older / Aboriginal and Torres Strait Islander 50 years and older with one or more chronic medical conditions)
- **Voluntary - other**: participants’ own reasons, primarily precautionary

*120 respondents answered these questions

*120 respondents answered this question
More than two-thirds of respondents (62.50%) engaging in self-isolation/quarantine reported that restrictions due to COVID-19 and the pandemic more generally has had a negative impact on their quality of life, whereas only a quarter of respondents (24.20%) reported positive quality of life impacts.

Perhaps not surprisingly, those in mandatory quarantine were more likely to report negative impact than those in voluntary self-isolation. It is also worth noting that the vast majority of respondents living in a quarantine facility reported negative quality of life impacts (83.80%), compared to about half of respondents living in their own home (52.60%).

The impact of self-isolation/quarantine on quality of life was not statistically related to participants’ demographic and background variables. The data therefore indicates that the impact of strict self-isolation/quarantine was primarily negative, and similarly so irrespective of one’s age group, gender, mental health diagnosis status, employment status, education level, whether one lived alone (with or without pets), or whether one lived with kids under 18.
3 IMPACT ON QUALITY OF LIFE

Question:
“How has having to engage in self-isolate/quarantine (due to COVID-19) impacted your quality of life so far?”

Quality of life impact as a function of Self-Isolation/Quarantine Reason
Those undergoing mandatory quarantine were most likely to report negative impact, and those undergoing voluntary isolation (except those experiencing COVID-19 related symptoms) were most likely to report positive impact.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Negative</th>
<th>Positive</th>
<th>Neither negative nor positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory - COVID-19 exposure</td>
<td>75.00%</td>
<td>0.00%</td>
<td>25.00%</td>
</tr>
<tr>
<td>Mandatory - travel</td>
<td>82.20%</td>
<td>4.40%</td>
<td>13.30%</td>
</tr>
<tr>
<td>Voluntary - symptoms (self/other)</td>
<td>66.70%</td>
<td>0.00%</td>
<td>33.30%</td>
</tr>
<tr>
<td>Voluntary - vulnerable population (self/other)</td>
<td>44.70%</td>
<td>21.30%</td>
<td>34.00%</td>
</tr>
<tr>
<td>Voluntary - precautionary</td>
<td>52.90%</td>
<td>23.50%</td>
<td>23.50%</td>
</tr>
</tbody>
</table>

Quality of life impact as a function of Self-Isolation/Quarantine Dwelling Type
Those in a quarantine residence (hotel or government facility) were most likely to report negative impact, and those in their own place/family home were most likely to report positive impact.

<table>
<thead>
<tr>
<th>Dwelling Type</th>
<th>Negative</th>
<th>Positive</th>
<th>Neither negative nor positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarantine residence</td>
<td>83.80%</td>
<td>2.70%</td>
<td>13.50%</td>
</tr>
<tr>
<td>My own place/family home</td>
<td>52.60%</td>
<td>18.40%</td>
<td>28.90%</td>
</tr>
<tr>
<td>Other</td>
<td>57.10%</td>
<td>14.30%</td>
<td>28.60%</td>
</tr>
</tbody>
</table>

*120 respondents answered this question
CONCERN ABOUT NEGATIVE OUTCOMES

In terms of levels of concern about negative outcomes relating to being in self-isolation/quarantine and the COVID-19 pandemic more generally, almost half of respondents engaging in self-isolation/quarantine (44.10%) were very to extremely concerned about negative outcomes relating to COVID-19, which is higher than the rate amongst social distancing respondents (28.90%).

Importantly, for self-isolation/quarantine respondents, levels of concern were similar irrespective of whether the respondent was engaging in voluntary self-isolation or mandatory quarantine, or whether the respondent lived in their own place or a quarantine facility, in contrast to quality of life impacts (see previous page).

Concern levels also did not differ as a function of demographic factors. The data therefore indicates that levels of concern were similar irrespective of one’s age group, gender, mental health diagnosis status, employment status, education level, whether one lived alone (with or without pets), or whether one lived with kids under 18.
Question:
“How concerned are you about the impact of undergoing self-isolation and the COVID-19 pandemic (on you, people you care about, and more generally)?”

- Very to extremely concerned: 44.10%
- Slightly to moderately concerned: 39.20%
- Not at all concerned: 16.70%

*102 respondents answered this question
PERCEIVED RISKS OF SPECIFIC NEGATIVE OUTCOMES

To understand how respondents, while engaging in self-isolation/quarantine, perceived the threat level of not only negative physical and mental health outcomes, but also problems in the social, behavioural and financial domains, we asked respondents to rate their perceived risks of a range of known reported COVID-19 related negative outcomes.

For respondents in self-isolation/quarantine, the negative outcomes they perceived to be at highest risk of occurring were physical inactivity, loneliness, anxiety and stress, losing motivation and direction, and job insecurity.

In terms of the perceived risk of becoming isolated & lonely, of those with a current mental health diagnosis, half (50%) perceived their risk of becoming isolated and lonely as “high” to “very high”. The rate for those without any mental health diagnosis history was 23.30%, only slightly lower to those with a past (but not current) mental health diagnosis (30%). Thus, isolation and loneliness was perceived to be a highly likely threat for many, particularly for those with a current mental health condition.

In terms of the risk of becoming mentally unwell, of those with a current mental health diagnosis, about half (51.20%) perceived their risk of becoming mentally unwell as “high” to “very high”, compared to 10% for those without any mental health diagnosis history or a past (but not current) diagnosis. Thus, the risk of becoming mentally unwell was perceived to be a highly likely threat, particularly for those with a current mental health condition.
5 PERCEIVED RISK OF SPECIFIC NEGATIVE OUTCOMES

Question:
“Objectively, how high is the risk that each of these could happen to you in the near future?”

List of COVID-19 related negative outcomes

<table>
<thead>
<tr>
<th>Physical health</th>
<th>The top 5 negative outcomes most likely to occur (rated as “high” or “very highly” risk) were:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becoming ill due to the virus</td>
<td>Becoming physically inactive 36.50%</td>
</tr>
<tr>
<td>People you care about becoming ill due to the virus</td>
<td>Being isolated &amp; lonely 33.30%</td>
</tr>
<tr>
<td></td>
<td>Experiencing high anxiety/worry/stress 33.30%</td>
</tr>
<tr>
<td>Social and behavioural</td>
<td>Becoming unmotivated &amp; listless 33.30%</td>
</tr>
<tr>
<td>Conflict &amp; strain in family/close relationships</td>
<td>Becoming job insecure/unemployed 22.60%</td>
</tr>
<tr>
<td>Becoming physically inactive</td>
<td></td>
</tr>
<tr>
<td>People you care about becoming ill due to the virus</td>
<td>Being isolated &amp; lonely 33.30%</td>
</tr>
<tr>
<td>Experiencing high anxiety/worry/stress 33.30%</td>
<td></td>
</tr>
<tr>
<td>Becoming unmotivated &amp; listless 33.30%</td>
<td></td>
</tr>
<tr>
<td>Becoming job insecure/unemployed 22.60%</td>
<td></td>
</tr>
</tbody>
</table>

Risk of becoming isolated & lonely
The perceived risk of becoming isolated & lonely was highest amongst those with a current mental health condition diagnosis.

<table>
<thead>
<tr>
<th>Mental Health Diagnosis Status</th>
<th>High to very high risk</th>
<th>Moderate risk</th>
<th>Low to very low risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never diagnosed</td>
<td>23.30%</td>
<td>13.30%</td>
<td>63.30%</td>
</tr>
<tr>
<td>Current diagnosis</td>
<td>50.00%</td>
<td>38.90%</td>
<td>11.10%</td>
</tr>
<tr>
<td>Past diagnosis</td>
<td>30.00%</td>
<td>10.00%</td>
<td>60.00%</td>
</tr>
</tbody>
</table>

Risk of becoming mentally unwell
The perceived risk of becoming mentally unwell was highest amongst those with a current mental health condition diagnosis.

<table>
<thead>
<tr>
<th>Mental Health Diagnosis Status</th>
<th>High to very high risk</th>
<th>Moderate risk</th>
<th>Low to very low risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never diagnosed</td>
<td>10.00%</td>
<td>20.00%</td>
<td>70.00%</td>
</tr>
<tr>
<td>Current diagnosis</td>
<td>33.30%</td>
<td>44.40%</td>
<td>22.20%</td>
</tr>
<tr>
<td>Past diagnosis</td>
<td>10.00%</td>
<td>20.00%</td>
<td>70.00%</td>
</tr>
</tbody>
</table>

*61 respondents answered this question

*63 respondents answered this question
WORRY AND ANXIETY ABOUT SPECIFIC NEGATIVE OUTCOMES

In addition to assessing the perceived risk levels of a range of physical, mental, social, behavioural and financial negative outcomes, we also examined which of these negative outcomes were causing the most worry and anxiety.

For respondents engaging in self-isolation/quarantine, the negative outcomes they are most worried/anxious about were loneliness, physical inactivity, anxiety and stress, losing motivation and direction, and the health of loved ones. Thus, what was causing the most worry and anxiety were primarily those negative outcomes perceived to be at highest risk of occurring. Understandably, worry/anxiety about loved ones becoming ill due to the virus ranked highly even though the perceived risk of it occurring was not high.

In terms of worry/anxiety about becoming isolated & lonely, of those with a current mental health diagnosis, 55.60% were “quite to very” worried/anxious about becoming isolated and lonely. The rate for those without any mental health diagnosis history was 23.30%, slightly high than those with a past (but not current) mental health diagnosis (20%). Thus, isolation and loneliness was a highly likely threat for many, but particularly those currently dealing with a mental health condition.

In terms of worry/anxiety about becoming mentally unwell, of those with a current mental health diagnosis, about half (50%) were “quite” to “very” worried/anxious about becoming mentally unwell, compared to 13.30% for those without any mental health diagnosis history, and 10% for those with a past (but not current) diagnosis. Thus, the risk of becoming mentally unwell was causing high levels of worry/anxiety, particularly for those with a current mental health condition.
### Worry & Anxiety About Specific Negative Outcomes

**Question:**
Of the list of negative outcomes (see page 15), we asked respondents “Subjectively, how worried/anxious do you feel about these happening to you in the near future?”.

The top 5 negative outcomes most frequently endorsed as causing the most worry/anxiety (“quite” to “very” worried/anxious) were:

- Becoming physically inactive: 35.50%
- Being isolated and lonely: 33.90%
- Experiencing high anxiety/worry/stress: 29.00%
- Becoming unmotivated and listless: 29.00%
- People you care about becoming ill due to the virus: 29.00%

*63 respondents answered this question

#### Worry/anxiety about becoming isolated and lonely
Respondents with a current mental health condition diagnosis were most worried/anxious about becoming isolated and lonely.

<table>
<thead>
<tr>
<th>Mental Health Diagnosis Status</th>
<th>Quite to very worried/anxious</th>
<th>Somewhat to moderately worried/anxious</th>
<th>Not at all worried/anxious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never diagnosed</td>
<td>23.30%</td>
<td>40.00%</td>
<td>36.70%</td>
</tr>
<tr>
<td>Current diagnosis</td>
<td>55.60%</td>
<td>33.30%</td>
<td>11.10%</td>
</tr>
<tr>
<td>Past diagnosis</td>
<td>20.00%</td>
<td>50.00%</td>
<td>30.00%</td>
</tr>
</tbody>
</table>

*61 respondents answered this question

#### Worry/anxiety about becoming mentally unwell
Respondents with a current mental health condition diagnosis were most worried/anxious about becoming mentally unwell.

<table>
<thead>
<tr>
<th>Mental Health Diagnosis Status</th>
<th>Quite to very worried/ anxious</th>
<th>Somewhat to moderately worried/ anxious</th>
<th>Not at all worried/ anxious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never diagnosed</td>
<td>13.30%</td>
<td>30.00%</td>
<td>56.70%</td>
</tr>
<tr>
<td>Current diagnosis</td>
<td>50.00%</td>
<td>33.30%</td>
<td>16.70%</td>
</tr>
<tr>
<td>Past diagnosis</td>
<td>10.00%</td>
<td>50.00%</td>
<td>40.00%</td>
</tr>
</tbody>
</table>

*61 respondents answered this question
In addition to concerns, risks and worry about negative outcomes, it was also important to understand whether the experience of self-isolation/quarantine during COVID-19 came with any positive silverlinings, as these may be indicators of resilience.

We provided a list of seven silver linings based on media reports of people’s experiences during lock down, which were “Doing things I wanted to do but didn’t have time to do before”; “Enjoying spending time at home more”; “Developing new interests and hobbies”; “Reinvigorating old interests and hobbies”; “Rekindling friendships/relationships”; “Learning & using new technologies to connect with others”. Participants also had the option to report three additional ones if they were not captured in the list.

Despite being in self-isolation/quarantine, almost half of respondents reported experiencing between 2 to 4 silverlinings from their experience. The most common silver linings were to do with spending time at home or on their own, having more time to spend on hobbies and things that they didn’t have time to do before, and learning new technology-enabled ways of connecting with others.

Interestingly, the number of silver linings experienced was not related to age, education level, mental health status, employment status, type of self-isolation/quarantine dwelling, whether respondents lived alone, whether respondents lived with kids under 18, or the level of concern about negative outcomes.

These results suggest that across sections of society, many are resilient and were able to find the positives even when going through a pandemic and experiencing major disruptions to their normal lives.
We asked respondents about the more positive silverlinings they have experienced in relation to physical distancing during the current COVID-19 pandemic.

Of the 10 silverlinings we asked about, the top 5 most frequently endorsed were:

- Enjoying spending time at home more: 56.16%
- Enjoying spending time on my own more: 47.95%
- Reinvigorating old / developing new interests & hobbies: 46.58%
- Doing things I wanted to do but didn’t have time to do before: 39.73%
- Learning & using new technologies to connect with others: 39.73%

17.80% of respondents reported 1 silverlining.

Of the 10 silverlinings we asked about, the top 5 most frequently endorsed were:

- Enjoying spending time at home more: 56.16%
- Enjoying spending time on my own more: 47.95%
- Reinvigorating old / developing new interests & hobbies: 46.58%
- Doing things I wanted to do but didn’t have time to do before: 39.73%
- Learning & using new technologies to connect with others: 39.73%

47.90% of respondents reported 2-4 silverlinings.

28.80% of respondents reported 5-7 silverlinings.

5.50% of respondents reported 8-9 silverlinings.

The average number of silverlinings reported by respondents was four.

17.80% of respondents reported 1 silverlining.

47.90% of respondents reported 2-4 silverlinings.

28.80% of respondents reported 5-7 silverlinings.

5.50% of respondents reported 8-9 silverlinings.

Number of silverlinings as a function of quality of life impact

On average, those reporting negative impact reported fewer silverlinings than those reporting positive impact.

<table>
<thead>
<tr>
<th>Impact of self-isolation/quarantine on quality of life</th>
<th>Number of silverlinings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negatively impacted</td>
<td>3.18</td>
</tr>
<tr>
<td>Neither negative nor positively impacted</td>
<td>4.19</td>
</tr>
<tr>
<td>Positively impacted</td>
<td>5.23</td>
</tr>
</tbody>
</table>

On average, those reporting negative impact reported fewer silverlinings than those reporting positive impact.

Number of silverlinings as a function of gender

Females: 4.20 silverlinings
Males: 2.72 silverlinings

Number of silverlinings as a function of self-isolation/quarantine reason

- Voluntary - vulnerable member (self/other): 4.46 silverlinings
- Mandatory - travel: 3.29 silverlinings
- Voluntary - precautionary: 3.4 silverlinings
- Voluntary - symptoms (self/other): 2.33 silverlinings
- Mandatory - COVID-19 exposure: 1 silverlining

Few respondents in the self-isolation/quarantine group wrote about their own silverlinings in addition to the list of 10 silverlinings asked about, therefore the most commonly used words were not analysed for this group (in contrast to the social-distancing group).
SOCIAL DISTANCING GROUP

Table of contents
Who responded 21-22
Impact on quality of life 23-24
Concern about negative outcomes 25-26
Perceived risk of specific negative outcomes 27-28
Worry & anxiety about specific negative outcomes 29-30
Perceived risks vs. benefits of activities outside the home 31-32
Specific silverlinings experienced 33-34
WHO RESPONDED?

A large sample of 2393 individuals engaging in social distancing responded to the CARE Study Initial Survey. Similar to the self-isolation/quarantine group, the majority of respondents were female, were between 24–65 years of age, and employed (either full-time or part-time). About half have never had a mental health condition diagnosis. There was a good spread of respondents across levels of education attained. Half of respondents had been social-distancing for at least 49 days.
**WHO RESPONDED?**

**Gender**
- Female: 81.00%
- Male: 18.80%
- Other: 0.20%
*2393 respondents answered this question*

**Age**
- 18-24: 6.20%
- 25-44: 29.30%
- 45-64: 45.30%
- 65-79: 18.30%
- 80+: 1.00%
*2394 respondents answered this question*

**Education level**
- High school graduate or lower: 18.70%
- Technical School (e.g. TAFE): 22.70%
- Bachelor University Degree(s): 35.10%
- Postgraduate University Degree(s): 23.50%
*2391 respondents answered this question*

**Days distancing**
- Average number of days: 47.8

**Mental health condition diagnosis status**
- Never diagnosed: 57.50%
- Current diagnosis: 18.40%
- Past diagnosis: 2.20%
- Not sure: 21.90%
*2279 respondents answered this question*

**Living status**
- Living alone: 13.70%
- Living alone with pets: 8.50%
- Living with family/partner: 73.73%
- Living with children under 18: 25.30%
- Living with housemates: 8.01%
*between 2353 to 2365 respondents answered these questions*

**Employment status**
- Employed full time: 34.40%
- Employed part time: 20.90%
- Student: 5.60%
- Unemployed looking for work: 11.30%
- Unemployed not looking for work: 4.00%
- Retired: 23.80%
*2389 respondents answered this question*
More than half of social-distancers (55.70%) reported experiencing negative quality of life impacts. This was lower than the self-isolation/quarantine group (62.50%).

In contrast to the self-isolation/quarantine group, quality of life impact for the social distancing group was modulated by demographic and contextual factors. Being male, having a current mental health diagnosis status, or not living with kids under 18 were associated with greater likelihood of experiencing negative quality of life impacts. Impact on quality of life did not differ as a function of education level, age bracket, employment status, or whether participants lived alone.
Question:
“How has having to practice social distancing (due to COVID-19) impacted your quality of life so far?”

Quality of life impact as a function of Mental Health Status
Those with a current mental health condition diagnosis were most likely to report negative impact, and those without a mental health condition least likely to report negative impact. The proportion of respondents positive impacts were similar across group.

<table>
<thead>
<tr>
<th></th>
<th>Negative</th>
<th>Positive</th>
<th>Neither negative nor positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never diagnosed</td>
<td>54.00%</td>
<td>29.50%</td>
<td>16.60%</td>
</tr>
<tr>
<td>Current diagnosis</td>
<td>59.80%</td>
<td>30.00%</td>
<td>10.20%</td>
</tr>
<tr>
<td>Past diagnosis</td>
<td>57.90%</td>
<td>28.70%</td>
<td>13.40%</td>
</tr>
</tbody>
</table>

*2278 respondents answered this question

Quality of life impact as a function of Gender
Females were more likely to report positive impact, whereas Males were more likely to report negative, or neither negative nor positive, impact.

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>55.1%</td>
<td>57.9%</td>
</tr>
<tr>
<td>Positive</td>
<td>30.8%</td>
<td>23.8%</td>
</tr>
<tr>
<td>Neither positive nor negative impact</td>
<td>14.1%</td>
<td>18.3%</td>
</tr>
</tbody>
</table>

*2369 respondents answered this question

Quality of life impact as a function of Living with Kids (aged 18 or younger)
Those living with kids were more likely to report positive impact, whereas those without kids were more likely to report negative impact.

<table>
<thead>
<tr>
<th></th>
<th>Negative</th>
<th>Positive</th>
<th>Neither positive or negative impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living with kids</td>
<td>53.10%</td>
<td>33.20%</td>
<td>13.60%</td>
</tr>
<tr>
<td>Living without kids</td>
<td>56.90%</td>
<td>28.10%</td>
<td>15.00%</td>
</tr>
</tbody>
</table>

*2370 respondents answered this question
Almost a third of social distancers (28.90%) were very to extremely concerned about negative outcomes relating to COVID-19. This is lower than the rate for respondents engaging in self-isolation/quarantine (44.10%).

For social distancers, the level of concern about negative outcomes was modulated by demographic and circumstance factors, such that being female, having a current mental health diagnosis, being young (aged 18-24), being a student or unemployed, was associated with greater likelihood of being very to extremely concerned.

Level of concern about negative outcomes did not differ as a function of education level, age bracket, employment status, or whether participants lived alone.
Question:
“How concerned are you about the impact of having to practice social distancing and the COVID-19 pandemic (on you, people you care about, and more generally)?”

Concern level as a function of Age
Young people ages 18–24 were most likely to be very to extremely concerned and least likely to be not at all concerned.

Concern level as a function of Gender
Females were most likely to report being very to extremely concerned and least likely to report being not at all concerned, whereas males were the opposite.

Concern level as a function of Mental Health Diagnosis Status
Those with a current mental health condition diagnosis were most likely to report being very to extremely concerned and least likely to report being not at all concerned.

Concern level as a function of Employment Status
Students and those unemployed and looking for work were most likely to report being very to extremely concerned, whereas retirees were most likely to report being not at all concerned.

Concern level as a function of Education Level
Those with a current mental health condition diagnosis were most likely to report being very to extremely concerned and least likely to report being not at all concerned.

Concern level as a function of Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Very to extremely concerned</th>
<th>Slightly to moderately concerned</th>
<th>Not at all concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>30.10%</td>
<td>62.00%</td>
<td>8.00%</td>
</tr>
<tr>
<td>Male</td>
<td>23.80%</td>
<td>65.00%</td>
<td>11.20%</td>
</tr>
</tbody>
</table>

Concern level as a function of Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Very to extremely concerned</th>
<th>Slightly to moderately concerned</th>
<th>Not at all concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–24</td>
<td>33.60%</td>
<td>63.60%</td>
<td>2.80%</td>
</tr>
<tr>
<td>25–44</td>
<td>31.00%</td>
<td>61.90%</td>
<td>7.10%</td>
</tr>
<tr>
<td>45–65</td>
<td>28.90%</td>
<td>63.40%</td>
<td>7.70%</td>
</tr>
<tr>
<td>65–79</td>
<td>24.30%</td>
<td>61.20%</td>
<td>14.40%</td>
</tr>
<tr>
<td>80+</td>
<td>26.10%</td>
<td>60.90%</td>
<td>13.00%</td>
</tr>
</tbody>
</table>

Concern level as a function of Mental Health Diagnosis Status

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Very to extremely concerned</th>
<th>Slightly to moderately concerned</th>
<th>Not at all concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never diagnosed</td>
<td>24.70%</td>
<td>65.50%</td>
<td>9.80%</td>
</tr>
<tr>
<td>Current diagnosis</td>
<td>38.30%</td>
<td>54.50%</td>
<td>7.10%</td>
</tr>
<tr>
<td>Past diagnosis</td>
<td>29.50%</td>
<td>63.10%</td>
<td>7.40%</td>
</tr>
</tbody>
</table>

Concern level as a function of Employment Status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Very to extremely concerned</th>
<th>Slightly to moderately concerned</th>
<th>Not at all concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>28.20%</td>
<td>64.60%</td>
<td>7.20%</td>
</tr>
<tr>
<td>Student</td>
<td>34.90%</td>
<td>57.40%</td>
<td>7.80%</td>
</tr>
<tr>
<td>Unemployed looking for work</td>
<td>38.10%</td>
<td>54.00%</td>
<td>7.90%</td>
</tr>
<tr>
<td>Unemployed not looking for work</td>
<td>33.00%</td>
<td>62.80%</td>
<td>4.30%</td>
</tr>
<tr>
<td>Retired</td>
<td>24.40%</td>
<td>62.80%</td>
<td>12.70%</td>
</tr>
</tbody>
</table>

Concern level as a function of Education Level

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Very to extremely concerned</th>
<th>Slightly to moderately concerned</th>
<th>Not at all concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduate or lower</td>
<td>32.1%</td>
<td>59.0%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Technical School (e.g. TAFE)</td>
<td>29.7%</td>
<td>58.4%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Bachelor University Degree(s)</td>
<td>26.3%</td>
<td>66.8%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Postgraduate University Degree(s)</td>
<td>26.5%</td>
<td>63.4%</td>
<td>10.1%</td>
</tr>
</tbody>
</table>

*2363 respondents answered this question

*2367 respondents answered this question

*2279 respondents answered this question

*2229 respondents answered this question

*2085 respondents answered this question
PERCEIVED RISK OF SPECIFIC NEGATIVE OUTCOMES

For social distancers, the negative outcomes they perceived to be at highest risk of occurring were anxiety and stress, losing motivation and direction, the health of loved ones, job insecurity. These top concerns are almost identical to the self-isolation/quarantine group, except the self-isolation/quarantine group perceived their risk of becoming physically inactive as higher.

Of those with a current mental health diagnosis, 36.60% perceived their risk of becoming isolated and lonely as “high” to “very high”. This is lower than the self-isolation/quarantine group (50%).

Critically, 45.10% of those with a current mental health diagnosis perceived the risk of themselves becoming mentally unwell as “high” to “very high”. This is higher than the self-isolation/quarantine group (33.30%).
Question:
“Objectively, how high is the risk that each of these could happen to you in the near future?”

### List of COVID-19 related negative outcomes

#### Physical health
- Becoming ill due to the virus
- People you care about becoming ill due to the virus

#### Mental health
- Experiencing high anxiety/worry/stress
- Being isolated & lonely
- Becoming mentally unwell
- Difficulty accessing mental health support & services
- Becoming unmotivated & listless

#### Social and behavioural
- Conflict & strain in family/close relationships
- Becoming physically inactive
- Developing unhealthy habits (eating, drinking, substance use)

#### Financial
- Becoming job insecure/unemployed
- Running into financial difficulties

### The top 5 negative outcomes perceived as most likely to occur (rated as “high” or “very highly” risk) were:

- Experiencing high anxiety/worry/stress: 26.80%
- Becoming unmotivated & listless: 26.20%
- People you care about becoming ill due to the virus: 24.50%
- Becoming job insecure/unemployed: 23.00%
- Being isolated & lonely: 21.30%

### Perceived risk of becoming isolated and lonely

The perceived risk of becoming isolated & lonely was highest amongst those with a current mental health condition diagnosis.

<table>
<thead>
<tr>
<th>Mental Health Diagnosis Status</th>
<th>High to very high risk</th>
<th>Moderate risk</th>
<th>Low to very low risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never diagnosed</td>
<td>15.10%</td>
<td>23.70%</td>
<td>61.20%</td>
</tr>
<tr>
<td>Current diagnosis</td>
<td>36.60%</td>
<td>29.50%</td>
<td>33.90%</td>
</tr>
<tr>
<td>Past diagnosis</td>
<td>22.20%</td>
<td>29.30%</td>
<td>48.50%</td>
</tr>
</tbody>
</table>

*1933 respondents answered this question

### Perceived risk of becoming mentally unwell

The perceived risk of becoming mentally unwell was highest amongst those with a current mental health condition diagnosis.

<table>
<thead>
<tr>
<th>Mental Health Diagnosis Status</th>
<th>High to very high risk</th>
<th>Moderate risk</th>
<th>Low to very low risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never diagnosed</td>
<td>6.30%</td>
<td>17.70%</td>
<td>76.00%</td>
</tr>
<tr>
<td>Current diagnosis</td>
<td>45.10%</td>
<td>31.10%</td>
<td>23.80%</td>
</tr>
<tr>
<td>Past diagnosis</td>
<td>15.20%</td>
<td>33.70%</td>
<td>51.10%</td>
</tr>
</tbody>
</table>

*1932 respondents answered this question
WORRY AND ANXIETY ABOUT SPECIFIC NEGATIVE OUTCOMES

For social distancers, the possible negative outcomes that were causing the most worried/anxious about were loved ones becoming ill, the experience of anxiety and stress itself, losing motivation and direction, job insecurity, and loneliness. Again, the list of top concerns were almost identical to the self-isolation/quarantine group, except the self-isolation/quarantine group were more worried/anxious about becoming physically inactive.

Of those with a current mental health condition diagnosis, 37.20% were “quite” to “very” worried/anxious about becoming isolated and lonely. This is lower than the self-isolation/quarantine group (55.60%).

Similar to the self-isolation/quarantine group, 42.60% of those with a current mental health diagnosis are “quite” to “very” worried/anxious about becoming mentally unwell.
**Worries and Anxiety about Specific Negative Outcomes**

**Question:**
Of the list of negative outcomes (see page 28), we also asked respondents “Subjectively, how worried/anxious do you feel about these happening to you in the near future?”.

The top 5 negative outcomes causing the most worry/anxiety (“quite” to “very” worried/anxious) were:

- People you care about becoming ill due to the virus: 26.00%
- Experiencing high anxiety/worry/stress: 23.80%
- Becoming unmotivated & listless: 21.80%
- Becoming job insecure/unemployed: 21.80%
- Being isolated & lonely: 19.80%

*1967 respondents answered this question

---

### Worry/anxiety about becoming isolated & lonely

The perceived risk of becoming isolated & lonely was highest amongst those with a current mental health condition diagnosis.

<table>
<thead>
<tr>
<th>Mental Health Diagnosis Status</th>
<th>Quite to very worried/anxious</th>
<th>Somewhat to moderately worried/anxious</th>
<th>Not at all worried/anxious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never diagnosed</td>
<td>12.70%</td>
<td>14.90%</td>
<td>72.30%</td>
</tr>
<tr>
<td>Current diagnosis</td>
<td>37.20%</td>
<td>18.30%</td>
<td>44.50%</td>
</tr>
<tr>
<td>Past diagnosis</td>
<td>19.70%</td>
<td>19.20%</td>
<td>61.00%</td>
</tr>
</tbody>
</table>

*1928 respondents answered this question

---

### Worry/anxiety about becoming mentally unwell

The perceived risk of becoming mentally unwell was highest amongst those with a current mental health condition diagnosis.

<table>
<thead>
<tr>
<th>Mental Health Diagnosis Status</th>
<th>Quite to very worried/anxious</th>
<th>Somewhat to moderately worried/anxious</th>
<th>Not at all worried/anxious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never diagnosed</td>
<td>8.00%</td>
<td>9.30%</td>
<td>82.70%</td>
</tr>
<tr>
<td>Current diagnosis</td>
<td>42.60%</td>
<td>22.10%</td>
<td>35.20%</td>
</tr>
<tr>
<td>Past diagnosis</td>
<td>15.20%</td>
<td>18.70%</td>
<td>66.00%</td>
</tr>
</tbody>
</table>

*1931 respondents answered this question
Given that those engaging in social distancing were allowed to leave the house, we asked social distancing respondents about their perceived risks versus benefits of common activities outside of the house.

Specifically, we asked respondents to evaluate the extent to which the risks outweighed the benefits for activities outside the home, such as going to work, socialising with people, going outside for exercise/walks, going to the shops, and going to medical appointments.

While the majority of social distancing respondents perceived the benefit of going to the shops/mall and attending medical appointments as outweighing the costs, the perception of whether the benefits outweighed the costs of going to work outside the home and going outside for exercise/walks was more divided. In terms of socialising with people outside the home, the majority respondents perceived the risks to be greater than benefits.
**Question:**
We asked respondents to evaluate the extent to which the risks outweighed the benefits for the following activities:

1. **Going to the shops/mall**
   - Risks moderately/much greater than Benefits: 24.20%
   - Risks slightly greater than Benefits: 16.50%
   - Risks about the same as Benefits: 14.20%
   - Benefits slightly greater than Risks: 19.10%
   - Benefits moderately/much greater than Risks: 26.00%

2. **Going to work outside the home**
   - Risks moderately/much greater than Benefits: 30.20%
   - Risks slightly greater than Benefits: 10.70%
   - Risks about the same as Benefits: 27.40%
   - Benefits slightly greater than Risks: 7.00%
   - Benefits moderately/much greater than Risks: 24.70%

3. **Socialising with people outside the home**
   - Risks moderately/much greater than Benefits: 39.20%
   - Risks slightly greater than Benefits: 15.00%
   - Risks about the same as Benefits: 11.00%
   - Benefits slightly greater than Risks: 10.40%
   - Benefits moderately/much greater than Risks: 24.30%

4. **Going to medical appointments**
   - Risks moderately/much greater than Benefits: 7.00%
   - Risks slightly greater than Benefits: 6.30%
   - Risks about the same as Benefits: 14.90%
   - Benefits slightly greater than Risks: 10.60%
   - Benefits moderately/much greater than Risks: 61.10%

*Between 2086 to 2126 respondents answered these questions*
We provided a list of seven silver linings based on media reports of people’s experiences during lockdown, which were “Doing things I wanted to do but didn’t have time to do before”; “Enjoying spending time at home more”; “Developing new interests and hobbies”; “Reinvigorating old interests and hobbies”; “Rekindling friendships/relationships”; “Learning & using new technologies to connect with others”. Participants also had the option to report three additional ones if they were not captured in the list.

More than half of social distancers reported experiencing between 2 to 4 silver linings from their experience. The most common silver linings were to do with spending more time at home, having more time for hobbies and things that they didn’t have time to do before, and learning new technology-enabled ways of connecting with others, and enjoying spending time on their own more. The types of silver linings that were most frequently endorsed were identical to those endorsed by the self-isolation/quarantine group.

Similar to the self-isolation/quarantine group, the number of silver linings was not related to respondents’ age, mental health diagnosis status, employment status, duration of social distancing, or the impact of social distancing on quality of life (negative, positive or neither negative nor positive).

In contrast to the self-isolation/quarantine group, the number of silver linings endorsed were higher for social distancers who were female, or more highly educated, or did not live alone.

Overall, these results suggest that many people across sections of society are resilient and were able to find the positives even when going through a pandemic and experiencing disruptions to their normal lives.
We asked respondents about the more positive silverlinings they have experienced in relation to physical distancing during the current COVID-19 pandemic.

2088 respondents answered this question, and reported between 1-10 silverlinings. The average number of silverlinings reported by respondents was four.

Of the 10 silverlinings we asked about, the Top 5 most endorsed were:

- Enjoying spending time at home more: 64.66%
- Doing things I wanted to do but didn’t have time to do before: 50.81%
- Reinvigorating old/developing new interests & hobbies: 50.81%
- Learning & using new technologies to connect with others: 44.50%
- Enjoying spending time on my own more: 39.85%

People also reported what kind of things they spent more time, the most frequently used words were:

- Garden
- Cleaning
- Reading
- Cooking
- Exercise
- Time
- Work
- Family
- Home
- People

Those with higher education reporting more silverlinings on average:

- Postgraduate university degree: 4.23
- Bachelor university degree: 4.10
- Technical college (e.g. TAFE): 3.80
- High School graduate or lower: 3.80

Those not living alone reporting more silverlinings on average:

- Living alone: 3.74
- Not living alone: 4.04

7 SILVERLININGS

11.2% of respondents reported 1 silver lining
51.8% of respondents reported 2-4 silver linings
29.7% of respondents reported 5-7 silver linings
7.3% of respondents reported 8+ silver linings

Gender

Females: 4.11 silverlinings
Males: 3.52 silverlinings
SUMMARY & CONCLUSION

Data presented in this report captures a unique point in time during the COVID-19 pandemic in Australia.

The data collection period of 13th April to 4th June 2020 was a period of relative calm, following the initial spike in cases that led to the swift implementation of border closures and lockdowns restrictions, and Australians across the country had to rapidly adjust to an instant new normal of social distancing, home working, and home schooling.

Our findings are consistent with other data collected around the same time period, including those of the Australian Bureau of Statistics’ Household Impacts of COVID-19 Survey ¹ as well as peer-reviewed published findings from studies on Australian populations. Collectively, such data reveal widespread negative impacts on mental wellbeing, including loneliness, anxiety, and depressed mood as a result of COVID-19 related negative outcomes ², particularly for young people ³,⁴ and those with a mental health condition ⁵. Concurrently, negative mental wellbeing impacts are related to increased unhealthy coping behaviours such as alcohol use ⁶.

In addition, our data provides the first evidence that despite widespread negative quality of life and mental wellbeing impacts, most respondents reported several silverlinings of their situation. However, not all experiences were the same, and our findings identify key factors relating to greater vulnerability to risks of negative mental wellbeing outcomes.

REFERENCES


KEY TAKEAWAYS

Impact on quality of life
- Overall, the presence of negative quality of life impacts and extreme concerns about negative outcomes was greater for respondents under self-isolation/quarantine than those engaging in social distancing.
- While quality of life impacts for respondents under self-isolation/quarantine were not related to demographic and background factors, negative impacts were much less likely for those engaging in self-isolation/quarantine at their own place/home compared to those doing so inside specialist quarantine residences.
- For those engaging in social-distancing, being male, having a mental health diagnosis, being a young person/student or unemployed were associated with greater likelihood of experiencing negative quality of life impacts.
- In both self-isolation/quarantine and social distancing groups, the negative outcomes perceived as at highest risk of occurring, and causing the most worry and anxiety, were unemployment, loneliness and isolation, loss of motivation and direction, the health and safety of loved ones, as well as high levels of anxiety and stress itself.
- Becoming physically inactive was a unique area of concern that was reported as highly likely and causing high levels of worry and anxiety for those in self-isolation/quarantine.

Perceived risk and worry/anxiety about becoming lonely & becoming mentally unwell:
- The perceived risk of high loneliness and becoming mentally unwell was much higher in those with a current mental health diagnosis relative to those with a past diagnosis, or no mental health diagnosis history, across both self-isolation/quarantine and social-distancing groups.
- However, worry and anxiety about becoming mentally unwell was not the exclusive concern of those with a mental health condition. Almost 40% of respondents without any history of mental health diagnosis perceived their risk of becoming isolated and lonely as “moderate” to “very high”, and this rate was similar for those in self-isolation/quarantine and those engaging in social distancing.

Silverlinings experienced
- Approximately half of all respondents, across both self-isolation/quarantine and social distancing groups, reported experiencing four silverlinings on average, as a result of COVID-19 related changes to their life.
- Most commonly reported silverlinings include spending more time at home and on one’s own, spending more time on one’s interests and hobbies and things that one did not have enough time to do before COVID-19, and learning to use new technologies to connect with others.
- Females tended to report more silverlinings than males.
- For those in self-isolation/quarantine, the number of silverlinings was not related to demographics or background variables. However, those engaging in mandatory self-isolation/quarantine tended to report slightly fewer silverlinings than those doing so for voluntary reasons.
- For those engaged in social distancing, not living alone or having higher education levels were associated with a slightly greater number of silverlinings.
Implications

Our data indicates that undertaking self-isolation/quarantine has predominantly negative impacts on individuals, irrespective of demographic and background variables. However, carrying out self-isolation/quarantine in one’s own place/home, and being allowed physical exercise, may dampen the negative impact of such practices.

- Mental health resources and outreach should prioritise young people, students, and those who are unemployed, as well as those with a current mental health diagnosis, as these groups are experiencing the most negative impacts and at highest risk of loneliness and mental health deterioration.

- Individuals without any history of mental health diagnosis may also benefit from additional mental health knowledge, skills and support as such individuals are reporting significant worry and anxiety about their risk of becoming lonely and becoming mentally unwell.

- To our knowledge, the CARE Study is the first to collect data on silverlinings during COVID-19, with the present findings providing the first evidence of collective behavioural adaptation and resilience across both self-isolation/quarantine and social-distancing cohorts. In the next step of this research, we will assess the relationship between silverlinings and mental wellbeing outcomes across time.

Conclusion and next steps

This report, which presents data from the initial registration survey of the CARE Study (www.thecarestudy.com), is unique in providing a snapshot of the first-hand experiences of Australians who experienced strict self-isolation/quarantine, relative to those who engaged in social distancing, during the same time period when restrictions and the threat of community transmission were similar across Australia. The present data are also the first to capture the silverlinings people experienced during this period.

Of course, as communities enter second and subsequent waves of the pandemic, the types of negative impacts will likely change, and how people cope and respond to these ongoing impacts may also change, including the capacity to find silverlinings.

The CARE Study is an ongoing research project that is continually evolving to answer new and pertinent questions as existing ones are answered. The unique situation we find ourselves in is that although the requirements of each lock-down period will be similar our experiences living under such lock-downs will likely differ depending on how many waves of outbreaks and lock-downs have already experienced.

While disease control and physical health effects of physical distancing continue to be examined extensively, communities will continue to respond to new waves COVID-19 outbreaks under lock-down. Therefore, it is of vital importance that researchers prioritise investigations into the psychological and behavioural factors that influence how individuals and communities can stay resilient and respond adaptively to this global challenge. This is, and will be, the focus of questions examined as part of the ongoing CARE Study project. So stay tuned.

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For a copy of this report, and for further updates and results from the CARE Study, please visit thecarestudy.com