



Media Release
Issued: 1 July 2020

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Chair: Aaron Harper MP
Parliament House Brisbane

Committee to consider mental health impacts of COVID-19

Queensland's mental health commissioner will give evidence before a parliamentary committee inquiry into the Queensland Government's health response to COVID-19.

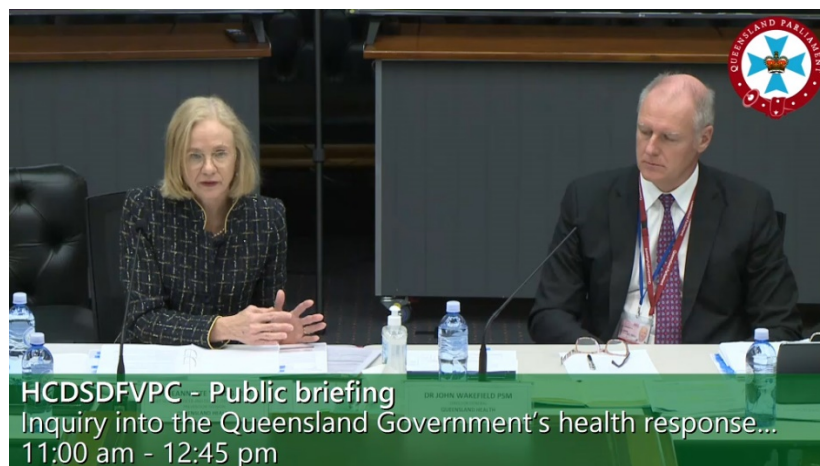
The Queensland Parliament's Health Committee will also hear from the Director-General of the Department of Premier and Cabinet, the Commissioner for Ambulance and representatives from the state's primary health networks at the briefing to be held on Friday 3 July.

Committee Chair Aaron Harper MP says the committee will be exploring how demands for a range of mental health services linked to COVID-19 have increased, the pressures on the state's ambulance services and paramedics caused by the virus and how the state and federal governments coordinate their health responses.

"There are clear indications that COVID-19 has triggered a range of problems in the community linked to job loss, anxiety, isolation and depression. Many people are drinking more and using drugs, some at risky levels. There is also evidence of increases in domestic violence" Mr Harper said.

"These are difficult and unsettling times, and many Queenslanders are struggling to comprehend the direct and indirect effects of the pandemic. This is despite the state's enviable record in terms of moving quickly and decisively to contain the spread of the virus."

Despite early fears that up to 30,000 Queenslanders could die from COVID-19 virus, the virus has to date claimed the lives of six people across the state. Queensland Health Director-General, Dr John Wakefield, and Chief Health Officer, Dr Jeannette Young shared these statistics as part of a briefing for the committee about the state's health response.



A summary of key points from the department's briefing is **attached** to this media release. The committee has published the transcript of the briefing and three background papers prepared by the government. These are available from the [inquiry webpage](#).

The inquiry by the Health Committee is considering all aspects of the Queensland Government's health response to COVID-19, including how it links to the Federal Government's health response.

Call for submissions

Queenslanders are encouraged to make a written submission to the inquiry on any aspects of the Queensland Government's health response to COVID-19.

The deadline for making a submission is **3 July 2020**.

Submissions should be sent either by:

- email to health@parliament.qld.gov.au or
- by post to Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
Parliament House
George Street
Brisbane QLD 4000

Briefing on 3 July 2020

The briefing on 3 July will be held in the Undumbi Room from 12.30pm to 4.30pm. The proceedings will be broadcast live via Parliament TV. The program is available [here](#).

Inquiry terms of reference

On 22 April 2020, the Legislative Assembly referred an inquiry to the committee with the following terms of reference:

1. That the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee inquire into and report to the Legislative Assembly on the Queensland Government's Response to COVID-19 in relation to the health response only;
2. That in undertaking the inquiry, the Committee should take into account the Australian Government's health response to COVID-19 and its impacts on the Queensland Government's response;
3. That in conducting the inquiry the Committee is to be conscious of any requests for witnesses or materials and ensure that any requests do not unreasonably divert resources from the immediate COVID-19 response; and
4. That the Committee report to the Legislative Assembly by no later than 3 months after the conclusion of the Public Health Emergency declared under the Public Health Act 2005 regarding COVID-19.

For media comment: please contact the Committee Chair, Aaron Harper MP on (07) 4766 3100

For further information: please phone the Committee secretariat on (07) 3553 6626

Email: health@parliament.qld.gov.au or visit the [committee's website](#)

Committee Members

Aaron Harper MP, Member for Thuringowa

Mark McArdle MP, Member for Caloundra

Michael Berkman MP, Member for Maiwar

Martin Hunt MP, Member for Nicklin

Barry O'Rourke MP, Member for Rockhampton

Joan Pease MP, Member for Lytton

Key points from the Queensland Health briefing – 23 June 2020 [transcript](#)

- **Early modelling of potential COVID-19 cases and deaths in Queensland** – “We started our planning based on around 20 per cent of our population, or one million Queenslanders, contracting the virus in the first wave, which we thought would last around six months. We estimated, again based on the information out of China, that 80 per cent would get mild disease, not requiring hospital treatment; 20 per cent would need to be hospitalised, so 200,000 people across the six months; and five per cent, or 50,000 people, would need intensive care and probably ventilation.” (Dr Jeannette Young, Transcript p.5)
- “Estimates of deaths were very unsure at that time. They varied from around one per cent, or 10,000 Queenslanders, up to three per cent, or 30,000 Queenslanders. That first modelling suggested that the first wave would really start to escalate in late April, peak around two to three months later and gradually reduce.” (Dr Jeannette Young, Transcript p.5)
- **Queensland COVID-19 cases and deaths** – “Today in Queensland we have had 1,066 positive COVID-19 cases. Today in Queensland two of those 1,066 are active cases, with one of them currently receiving treatment in hospital. Unfortunately, six Queenslanders have died of COVID-19 to date. Two of them died while interstate. Five of the six acquired their infection on a cruise ship, and I do of course extend my deepest sympathies to every one of those people's families. – (Dr Jeannette Young, Transcript p.3)
- **Queensland infections and deaths compared to other jurisdictions** – “Comparing our response in Queensland to other states' responses is difficult. We know that Queensland has some unique geographical challenges compared to some of our other states that are quite compact, such as Victoria. Perhaps if I compare our response to that of New Zealand. It is possibly a reasonable benchmark, given their population is a bit smaller than ours. They too have a dispersed population, a bit like ours in Queensland, so I will compare those two. Queensland has had a total of 1,066 cases compared to New Zealand, which has had a total of 1,513—a total of 447 more cases. We have had six deaths, and of course every one of those I would prefer not to have happened. We have had six deaths, equating to a rate of 0.11 per 100,000 people. New Zealand has had 22 deaths, or 0.44 per 100,000 people. I might suggest those numbers show that we have done very well in avoiding a lot of that morbidity and mortality here in Queensland, particularly when we look at places like the United States, Spain or Italy.” (Dr Jeannette Young, Transcript p.3)
- **Community transmission risks in Victoria compared to Queensland** – “Dr Young: I am concerned. Victoria had a similar process to the rest of the country. We all agreed to close down quite significantly to gatherings of two people. Victoria put that all in place. Here in Queensland when we started removing those restrictions we had had quite a period without cases. We were in a good position to remove those restrictions. We lifted them stage 1; we lifted them stage 2. Victoria never got down to that same level. They still had active cases in their community—quite significant numbers of active cases—which made it very difficult for them as they were removing those restrictions because then they had ongoing numbers of cases and ongoing numbers of clusters. (Dr Jeannette Young, Transcript p.23)

In the last week, for instance, just to compare Victoria to the rest of the country, 83 per cent of Australia's total number of cases—so acquired overseas, in quarantine, and those sorts of cases never concern me; that is why quarantine is there—were reported in Victoria, with only 25 per cent of them in hotel quarantine acquired overseas, 29. The 87 remainder were associated with community transmission, so acquired in their community. We have always, as a group at AHPPC, thought that that tipping point would be really concerning. When more than 50 per cent of your cases are acquired locally in your own community you are in strife. If we think about here in Queensland, 80 per cent of our cases as of today have been acquired overseas or interstate; only 20 per cent have been acquired locally. That is a really important figure. ((Dr Jeannette Young, Transcript p.23)

- **Transmitting the virus** – “We now know that you can transmit the infection for up to three days before you show any symptoms and, in fact, you are most infectious in the 24 hours before you have symptoms.” (Dr Jeannette Young, Transcript p.4)
- **Low community transmission risks in Queensland** - “... here in Queensland, 80 per cent of our cases as of today have been acquired overseas or interstate; only 20 per cent have been acquired locally. That is a really important figure.” (Dr Jeannette Young, Transcript p.8)
 “In Queensland, in the current fortnight ending 22 June we reported two newly infectious cases out of 70,000 people who were tested, and they did not arise through community transmission in Queensland.” (Dr Jeannette Young, Transcript p.3)
- **COVID-19 in First Nation communities** - No COVID-19 cases to date (Dr Jeannette Young - Transcript p.2)
- **Testing in Queensland for COVID-19** - “We have now conducted over 327,530 tests since 22 January this year.” (Dr Jeannette Young, Transcript p.3.)
 “In Queensland we are now able to test up to 10,000 people per day, and most of those tests are turned around in 24 hours.” (Dr Young , Transcript p.3)
 “We started testing here in Queensland more broadly much earlier than Victoria and some of the other states. That stood us in good stead because we found the cases.” (Dr Jeannette Young, Transcript p.12)
- **Key factors to prevent the COVID-19 second wave** - “The key factors that we need to have in place so that we can continue to manage, if we do get any cases, are firstly that we need to be able to test. That has become even more important. We can see in Victoria they are going out and testing whole communities to find where the cases are. That is the first thing. That is what we did when we went to Rockhampton when we had the case of the nurse working in the aged-care facility. It is to test. Then it is to contact trace. We have to work and find out every single contact of anyone who tests positive and make sure that they are immediately placed into quarantine. As I have said before, that is probably one of our most important strategies now that we are aware that you can transmit the infection for up to three days before you get symptoms. The third one is to have a really rapid response. You cannot wait to get organised. You cannot wait until it suits. When you find the very first test, it needs to be managed immediately. If you wait for a couple of days, it will not be one case that you are trying to manage; it will be a lot more. That is why you need a really rapid response, which is what we have had in Queensland. When we get each new case, we rapidly respond to that case and sort out who is there. It is through that that we can keep managing and make sure that this virus has a minimal impact on own communities. (Dr Jeannette Young, Transcript p.14)
- **Increased funding for the health system to cope with COVID-19** – “The Queensland government allocated an additional \$1.2 billion over the 2019-20 and 2020-21 financial years to support the health system to cope with that expected wave. Without that support we would have been overwhelmed and we would have seen the outcomes that we are still seeing today across the world in countries that were not able to prepare.” Dr Jeannette Young, Transcript p.5)
- **Screening at international airports** - We had our first [COVID-19] case on 29 January. From 2 February we started screening at our international airports in Queensland.” (Dr Jeannette Young, Transcript p.4)
- **The wearing of face masks** - “Face masks are absolutely critical if you are sick....if you are well, it depends on the community you are in. If you are in a community that has widespread spread of the virus, then to protect yourself, if you can get them it is probably a good idea to wear them....People need to understand how to use them. We know that the virus will stick on the front of the face mask, so if you touch that when you take the mask off you can infect yourself....I do not think in Queensland anyone needs to consider wearing a mask to protect themselves [on public transport].... If we were to have a large number of cases and unmitigated spread in our community and we had the masks and we

properly trained people how to wear them safely, it would be a good thing for people to wear masks.”
(Dr Jeannette Young – Transcript pp.11-2)

- **Clearing the elective surgery backlog due to COVID-19** – “There has been a recent announcement by the Queensland government, which has been fantastic, to allocate \$250 million largely into the next financial year, but covering the last few weeks of June, to enable us to ...be able to catch up with our elective surgery activity because of those non-urgent patients.” (Dr John Wakefield, Transcript p.14)

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