IN THE MATTER OF the *Inquiries Act* 2014

AND IN THE MATTER OF a Board of Inquiry into the COVID-19 Hotel Quarantine Program

STATEMENT OF DR ROB GORDON

1. I am a psychologist registered with the Psychology Registration Board of Australia.

2. My qualifications are as follows

   2.1. Bachelor of Arts (with Honours) from Adelaide University;

   2.2. A PhD from the University of Melbourne on the topic of "A Study of Group Psychotherapy";

   2.3. Fellow of the College of Clinical Psychology, Australian Psychological Society.

3. I have worked as a psychologist since 1976 and I have worked in various capacities in disaster and trauma since the Ash Wednesday Bushfires in 1983 and other Victorian disasters since that time including bushfires, flood, drought, wind storm, community events such as murder and large scale sexual abuse.

4. My curriculum vitae is attached as **Annexure A** to this statement.

Questions I have been asked to consider

5. The Board has asked me for my professional opinion on the following questions:

   5.1. What would be the potential psycho-social stressors likely to occur in hotel quarantine?

   5.2. What would reduce those stressors?

Materials made available to me for the purposes of this statement

6. For the purposes of making this statement I have had access to a copy of the Detention Notice and attached information pack that I understand was given to returned travellers entering hotel quarantine on around March to April 2020.

7. I have also been provided with a summary of evidence given to the Board by witnesses who experienced hotel quarantine, as well as some general, deidentified notes from a counsellor engaged by the Board who spoke with those witnesses, by way of a debrief, after they gave their evidence. I looked at the summary and notes after I had initially considered the questions posed to me, so that I could first form a view of what I would expect people in quarantine to experience.

8. I am not familiar with the details of the Hotel Quarantine Program or the extent of any psychosocial supports that were offered other than what has been reported in the media. In this statement, I give my opinion about what issues could be expected to arise for travellers detained in such a program and ways in which those issues could be planned for and managed.

Relevant professional background

9. I am a Clinical Psychologist and began working with disasters as part of a Royal Children's Hospital team responding to the Ash Wednesday Bushfires in 1983. After providing services in several other fires, the Queen Street Shootings (1987) and the Manresa Kindergarten Siege (1989) I was asked to take a role with the then Department of Health as a psychological consultant for disaster recovery in 1989. I have retained this role with the now Department of Health and Human Services (**DHHS**) since that time. I have also been a consultant to the Emergency Services Department of Australian Red Cross since 1995.

10. I have worked in the field of emergency and disaster recovery since 1983. This has included the following:

10.1. Involvement in most Victorian Emergencies since that time and in many other events throughout Australia and New Zealand under the auspices of Australian Red Cross or local recovery agencies.

10.2. These roles have included preparedness and planning, training, advice and consultation on services and the provision of community consultation and education and information sessions to affected communities throughout their recovery.

10.3. As part of my consultation to DHHS, I participated in the Medical Displan, later the Field Emergency Medical service to advise on psychosocial aspects of mass casualty events. This role included various public health emergencies. In 2006-08 I was involved in pandemic preparation and training and planning regarding the psychological effects of chemical, biological and radiological incidents and associated recovery services.

10.4. I was heavily involved in the Victorian and Tasmanian recovery from the Port Arthur shootings, the Bali bombing, the East Asian Tsunami and the Bourke Street tragedy among numerous other emergencies. I was involved with bushfire recovery after Black Saturday and worked with Emergency Management Victoria, DHHS, the Australian Red Cross, as well as with flood recovery after 2010, and recovery programs associated with the Morwell Coal Mine Fire and the Victorian Thunderstorm Asthma event.

10.5. I also often receive referrals for my clinical practice of people affected by large and small traumatic events and disasters whom I treat if possible.

10.6. Further details of my experience are provided in the attached CV.

11. I did not have any involvement with planning or service delivery for the Hotel Quarantine Program.

Basic principles of disaster psychology

12. The principles of how to assist people who have experienced a disaster or emergency arise from the body of knowledge around trauma and post-traumatic stress disorder (**PTSD**). Psychologists have developed a broad set of understandings about the social implications of a disaster and the extended stress state that people are in during both the disaster itself and the recovery process.

13. A lot of psychological problems which people involved in a disaster experience are related to them being in a state of extended stress in a socially disrupted environment which presents multiple, simultaneous problems. In this way being involved in a disaster (like a fire or flood) is very different to a discrete traumatic event which affects one aspect of life but leaves the rest intact. For instance, a car accident is distressing but it is only one event and the home, family and ordinary patterns of life remain intact around the affected person while they deal with the effects of that one event. This is very different to something which forces a person out of their home and ordinary routines and completely disrupts their life.

14. A significant emergency therefore is a social as well as a psychological event and has social as well as psychological stress effects.

Preliminary considerations

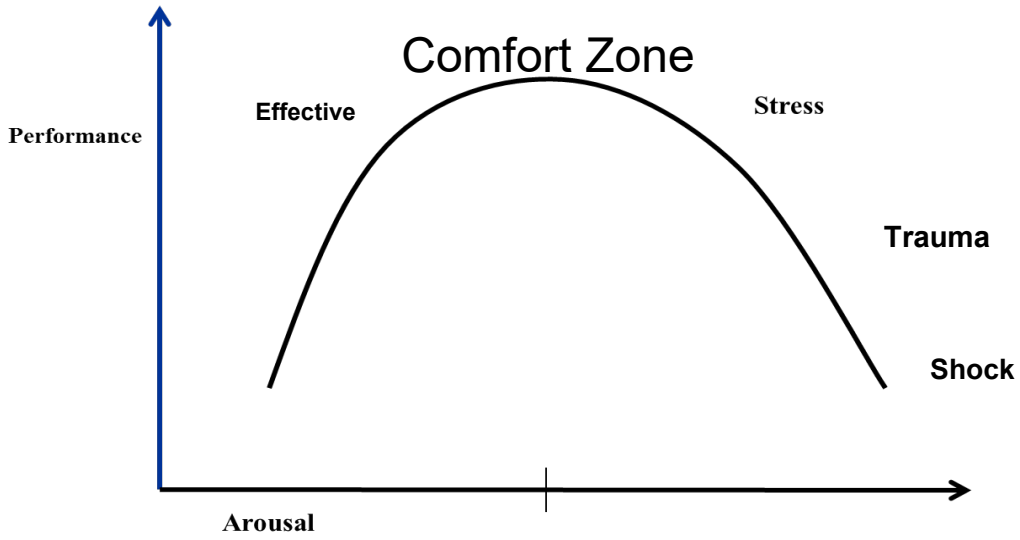
15. Before considering the stress that may be caused by being in hotel quarantine, I want to first comment on key characteristics of normal life and the impact of them being disrupted.

16. For every person, a stable social structure is very important; their community, family, routines of life, and familiar activities. These provide a frame for normal mental and emotional life. They contribute to a sense of social embeddedness – of feeling of belonging, being part of a unit or community.

17. Any significant disruption of one's social structure leads to uncertainty, insecurity and arousal. When psychologists speak of arousal (or stress), we use the term to include increased activation of all aspects of the person, including physical, neurological, emotional and mental.

18. If one then adds to that disruption and consequent arousal, the existence of a specific threat (such as illness) then this further heightens arousal. The more threatened a person feels, the more stressed or aroused they will become.

19. When a person's level of arousal increases, for a time their level of performance increases too. They cope with the added stress. However, if arousal continues to increase, then their performance deteriorates. It can be pictured as an inverted "U" or bell curve; performance increasing for a time, peaking, and then decreasing as the level of stress or arousal keeps increasing, until (in extreme cases) people can't function at all. This is shown in the following graph.



The relationship between arousal and performance, described as a 'bell curve' or 'inverted U' (Schönpflug, 1983; Staal, 2004) or 'Yerkes-Dodson law' (Yerkes & Dodson, 1908) is shown above (adapted from McEwan & Lasley, 2002).

20. There are well-researched effects of high arousal. The most common is an increase in a person's self-centred focus; this has survival value in that if you focus on yourself you are better placed to safeguard yourself against the threat.

21. Linked to this self-centred focus is a focus on loved ones. One of the first things a person will do in a situation of increased arousal is to try to reunite with loved ones. This means that any separation from loved ones during a period of increased stress will itself be an added stress. That added stress will lead to an impact on attachments. In research done by Melbourne University in the aftermath of the Black Saturday bushfires *(www.beyondbushfires.com)*, a strong predictor of psychological problems 3 to 5 years later was whether the person had been separated from loved ones at the time of the fire. A person's attachments are the anchor to their mental health. If those attachments are disturbed, a person can become vulnerable to a range of psychological problems.

22. The strength of person's attachments is expressed through communication. It is the process of communication, interaction and social exchange with significant others that conveys a person's sense of value, security and connectedness.

23. The requirement to quarantine away from one's loved ones and out of one's normal patterns and connections is thus directly opposed to the normal instinctive reaction to find and re-join loved ones in a time of crisis. It also deprives people of the social structures that would ordinarily help them deal with that crisis.

24. Any quarantine program must therefore consider how to preserve capacity to interact with loved ones and peers and how to maintain or restore social connectedness.

25. The more dangerous a person perceives a situation to be, the higher the arousal and the stronger will be their desire to find and re-join their loved

ones. If a person is deprived of their ordinary social structures, there is the potential for them to distrust or lack confidence in the system they are being asked to participate in.

26. The fundamental task of quarantine belongs to social psychology: how to manage people's perception of the risks which have led to the establishment of the quarantine system and the ordinary desires which those risks will create; in particular, to manage the social urges to communicate and re-join those they need.

The cohort of returned travellers

27. A number of fundamental characteristics of populations have proved valuable in understanding, predicting and managing communities following disasters.

28. My understanding that that the cohort of returned travellers who entered quarantine reflected the spectrum of people in the Victorian community.

29. On average, about 20% of the community have various forms of need, instabilities or personal issues which mean that they have an increased need for support, often including government support, and will for that reason have an increased level of contact with government agencies or bodies. This includes those living with

    29.1. Diagnosed mental health problems

    29.2. Undiagnosed mental health problems

    29.3. Disabilities

    29.4. Social disadvantage

    29.5. Other problems, such as loss, illness, or various forms of crisis.

    29.6. It also includes those who, by reason of being active in an area of community life or advocacy, have a lot of contact with services.

30. The remaining 80% of the population will be likely to have little or no contact with government services and usually see themselves as independent and not needing such support.

31. Social psychology tells us that when members of a community can meet together, the more functional members of the 80% have a supportive and containing effect on the 20%. They are able to share information, offer advice, clarify or resolve fears, and can reduce members of the 20%'s level of concern or need for external assistance.

32. An important resilience factor is creating a sense of community and belonging among people who have been involved in a particular situation, including a traumatic one like a shooting or a fire. Where those who share such an experience are able to develop a common identity as members of a group who lived through or are living through such an experience, they can learn from each other, support each other, and through that collective identity can feel greatly supported. People who have been through such events spontaneously form groups and associations and meet at anniversaries because then know that only they understand the experience.

33. People in hotel quarantine would inevitably be expected to reach out to each other to make contact, if the opportunity was there. If contact between people in quarantine was facilitated in a constructive way, my view is that it would be supportive to them. Such contact could be by means of social media or some other appropriate channel.

34. Being isolated increases one's sense of vulnerability, since everyone must take care of themselves and feels themselves to be the only one having a particular experience. Once a person feels themselves to be part of a group with shared experiences, that shared identity reduces the sense of isolation and people can help each other.

Specific psycho-social threats of quarantine

35. I would expect a person detained in the hotel quarantine program to perceive the following three key threats:

35.1. the threat posed by the **illness** itself, which is likely to evoke a range of anxieties (noting that such anxieties can be modified by provision of information);

35.2. the threat posed by **isolation,** loss of freedom of movement and reduced spontaneous activity, which can undermine the sense of identity - people may variously react with overt anxiety, withdraw, feel depersonalised, shut down and detach, or go into classic "fight or flight" mode;

35.3. the threat posed by the **disruption** of lifestyle, which can undermine important stabilising resources such as routines, predictability and security, and it is important to prompt people to develop their own routines for the isolation situation, to ask them to think about how they can design routines to protect what is important for them and offer help with things they can do.

The threat posed by illness

36. The threat of illness is not a "physical" threat – it cannot be seen like (for example) the threat posed by a fire. Since the virus cannot be perceived with the senses, unless a person suffers the illness or sees another person suffering from the illness, it remains an abstract idea.

37. Such a threat is not usually communicated to the person through the medium of their own senses (unlike a fire, snake or gunman) but instead is communicated as information about ideas from other people. I call this an *informational trauma* or threat, to distinguish it from a sensory trauma which is perceptible.

38. Giving reality to such a threat depends on giving credence to the people communicating the ideas that constitute the threat. Some people readily give credence to the idea and regard the threat as serious. Others can be expected not to take it seriously because they cannot perceive it with their senses – there is no sensory information they can use to process the threat. Helping people understand the threat of illness requires careful provision of

information and preferably providing this in a graphic, concrete manner to appeal to images rather than abstract concepts.

39. The greater the sense of anxiety associated with the threat, the higher the arousal and the less able the person is to process verbal, abstract ideas, and the more they seek out concrete visual or other sensory information to confirm it and if it is not found, they are less able to make it real. Under these circumstances, people are less likely to understand or agree with the communications about the virus.

The threat posed by isolation

40. The threat of **isolation** brings with it the loss of the ordinary, spontaneous social interactions which provide a continuous flow of social information about the self: for example, if the neighbour who says hello, the work mate who asks for advice and the barista at the coffee shop are all pleasant, that conveys to the person a sense of being a good person whom others appreciate.

41. When this flow of feedback about the self is suddenly taken away, it can be very upsetting for some people. People with a strong internalised sense of their identity can manage, since they carry their sense of identity within themselves. They can be rational and reassure themselves that the people they can no longer see or have contact with do still like them and care for them. But people with a less well-formed internal identity depend on those social interactions to maintain their sense of being valued. When it is lacking, they are likely to feel uneasy, anxious or restless, because of that lost stream of social identity information. For some this is quite a significant threat and disturbance

The threat posed by disruption

42. The threat of **disruption** of normal routines disturbs everything in which we ground our sense of confidence - our habits are the things that contain our anxiety. The broader implications are that these routines are usually formed to give expression to values that are central to our lives. Such values

include the role or exercise, diet, self-care, social relationships and the balance between private and social time. Routines form spontaneously and gradually to give expression to these values. When the structure of routines is disrupted, as in the period after a natural disaster, the loss of routines can lead to loss of the values for which they are created and result in *degraded quality of life.* This term refers to the result of letting go of routines and therefore of features of daily life that preserve important values. Any disruption of lifestyle and routines creates a situation which puts quality of life at risk. It can be easily mitigated by information and advice.

43. Research on stress indicates there is no direct relationship between a stressor and its effect. The subjective meaning of the stressor mediates this effect for each person, and so the nature of the stressor does not predict what the impact and effects will be. An 80:20 divide, as discussed above, applies here. For 80% of the population, a stressor will cause varying but manageable forms of discomfort while the remaining 20%, for various reasons, will feel a significant impact. It will not always be the same 20% who have high or increased needs – in some cases, people with pre-existing high needs might actually cope better with a crisis than someone who has not yet had to develop resilience to such things. It is a matter of the subjective meaning of the particular situation – in this case, quarantine isolation.

Reducing stress posed by these threats

44. Where quarantine is felt as threatening and causes a state of high arousal, the best way to reduce the stress caused by the combination of these three threats is to hold on to the illness as the major threat, and to view the other problems as safety procedures designed to protect from the threat, rather than impositions which are felt as threats in themselves.

45. This means that, to the extent the quarantine program is communicated as being linked to, and protective against the real threat of potentially dangerous illness, the isolation and disruption will be more readily accepted and interpreted as safety actions. The fact that they too pose threats will be

offset by the subjective meaning given to them as conditions for the protection from the illness.

46. As a general principle, a state of heightened arousal reduces the ability to think conceptually and process higher order cognitive material in favour of emotionally charged, sensory-motor thinking. Observations from many different types of emergency show that people in a state of heightened arousal have difficulty taking in information they receive, especially if it is presented in a conceptual, abstract form. They feel they understand the language spoken to them and are often focussed on specific information, such as what it means they have to do next, rather than understanding the whole situation. Later, when they come to reflect on the situation, it becomes clear that they have not properly understood why they have been asked to do things and the situation does not make sense to them.

47. Over many emergencies, I have observed a general principle that if people are not able to do something to reduce their sense of threat, gain a reassuring understanding the situation, and if they feel helpless and that their concerns are not understood or respected, the heightened arousal is converted away from thinking and action and into emotion. They then become angry, upset, anxious, distressed and some people are inclined to become suspicious of the motivations of those who are in control.

Reactions to specific threats

48. A range of typical reactions to these stressors can be anticipated. They include:

48.1. resilience;

48.2. need for social contact;

48.3. anxiety;

48.4. interpersonal conflict;

48.5. withdrawal and detachment; and

48.6. behavioural responses to control or manipulate their circumstances

49. Elements of **resilience** include acceptance based on trust and understanding and personal problem solving. People differ in their ability to accept difficult circumstances. Those who can accept their situation are often able to do so because they connect their personal situation to a broader picture or goal. A major resilience resource is the time and effort (if any) spent in helping them understand and process the information about the situation.

50. Personal problem-solving means taking active steps to manage problems and find solutions to the issues being faced. It is important, wherever possible, to augment people's own problem-solving capacity to build resilience.

51. Other elements of resilience include initiating contact with, and availing oneself of available services, and allowing oneself to be helped. This is promoted by making it clear that services are available, promoting clear conditions for the use of services and making services acceptable and meaningful. Generally, people who are resilient seek and accept help when they need it. But the knowledge about help-seeking arising from emergency research shows that people's understanding of their problems and reactions has to match the function of the services available for them to be used.

52. **Anxiety** might include specific anxieties such as becoming infected, how loved ones are at home, or responsibilities that have been disrupted. More general expressions of anxiety may also be activated such as free-floating anxiety or generalised anxiety.

53. **Withdrawal and detachment** as a stress response is a coping device often employed to distance the person from their concerns. However, it also tends to distance them from sources of assistance and can lead to a tendency to shut down personal initiative and internal resources and then is often expressed as boredom and emptiness. For some people, this may lead to a risk of depression, loss of meaning and perhaps (in a small proportion of people) to additional feelings of despair and even suicidal ideation.

54. **Behavioural responses** are likely to occur when people are not able to cope with the emotional responses described above and convert them into some form of action. Because of the tendency for states of high arousal to stimulate action in preference to emotion, anything that provokes stress, threat or high emotion is likely to increase arousal and may involve a loss of internal emotional regulation and consequent impulsive action. Such action may include complaints, protest, attempts to rebel, subvert or avoid the rules or outright aggression. It is a common finding that some people manage intolerable emotion by causing conflict with those around them, or in authority, to substitute the conflict for the internal state of emotion. In this way, people attempt to convert a "passive state" (where they are under the control of others) into an active state (where they can exert their own control over events).

Ways to reduce arousal (stress responses)

55. There are some general ways to reduce arousal that would be expected to reduce the intensity of the reactions described above. They are:

55.1. to create a **supportive environment**;

55.2. to create a sense of **community solidarity** and support amongst those in quarantine;

55.3. to provide opportunities for regular, caring, **unsolicited communication**;

55.4. to provide opportunities for people to give **feedback** and communicate their needs

56. Support is a quality of interpersonal contact. It is qualitative not quantitative characteristic of communication. A person will feel supported if they know who to contact with their concerns and if they get timely and consistent responses. Support is created when the person needing support gets a clear

understanding that the person they are talking to understands their experience, even if they cannot do anything to change the situation.

57. Everyone working in a hotel quarantine program could be briefed on how to present a supportive style of interaction. This could include brief training packages on psychological first aid, personal support and helpful listening skills, de-escalation skills, etc.

58. Creating a sense of community solidarity and support amongst quarantined people would give the 80% of the quarantine population who are more resilient opportunities to support and reassure the 20% who are more likely to be struggling with the situation. The constructive effects of promoting community formation and interactions for supporting and managing distress are well understood in the emergency management context. Emergency management workers use information, humour, satire, shared experiences, problem solving and morale boosting. Communication networks encouraging them to express their fears, which helps to think about them and manage them. Being part of a group reduces the sense of solitary exposure.

59. Within hotel quarantine, community solidarity and support could be facilitated through moderated discussion groups, for instance.

60. Opportunities for regular, caring, informal unsolicited communication support a person's sense of identity, as well as providing emotional support and confidence. Methods of doing this might include:

    60.1. A daily check in – this should be a genuine chat in which being a human being is the focus rather than just checking for symptoms or needs.

    60.2. Provision of regular updates and repeats of basic information. There is a need to constantly repeat fundamental information in emergency situations - people in a heightened state of arousal tend to be looking through a narrow focus of attention for the specific information they need at that time and do not take in information if they feel it is not relevant; some time later, when their focus or needs or level of arousal

change, they need different information and cannot remember it was given to them and may not even think to re-read handouts that were given at an earlier time.

60.3. Recognition that people's needs will change over 14 days and reflecting this back to them. This can help people understand their situation, especially if it conforms to a familiar pattern.

61. There is a need to process and make sense of important information. When people are in a state of high arousal, there is no guarantee that they will assimilate and correctly interpret information that they are told.

62. People need to be active participants in discussions about important information that concerns them. They need opportunities to ask questions and personalise information. In hotel quarantine, it would be crucial for people to understand why quarantine is necessary, why it is 14 days and what is the reason for all the protective routines. Personalised assimilation includes opportunities in which they can express their views and have their questions and concerns answered.

63. Every opportunity should be taken for this discussion and possible points at which it could be undertaken are:

63.1. on the plane on way home;

63.2. at the airport;

63.3. in transit to buses;

63.4. at hotels when people arrive; and

63.5. with contacts in hotel;

64. When people have invested emotional trust in the procedure, the system can capitalise on this to communicate to them that they are part of community-wide process to deal with the problem and help them see their experience as part of a general communal response to protect everyone.

65. It is important that any quarantine system anticipate and accommodate people's information needs and that it do so in a consistent manner. Stress is generated by the way people experience the system they are in – when the communication fails or they no longer feel trust in the situation, people lose faith, lack confidence in the process, and what they might otherwise have been willing to tolerate becomes a source of resentment.

66. Accordingly, any quarantine system should plan to:

66.1. cater to information needs by providing clear and repeated information which prevents passengers being vulnerable to rumour or conspiracy theories;

66.2. provide clarity on the limits of their situation, their rights, what they can influence and what they cannot influence;

66.3. provide channels to communicate emotions and reduce arousal;

66.4. provide advice on ways of dealing with interpersonal conflict;

66.5. provide advice and support on issues passengers are likely to experience. This might be by way of recorded short talks by psychologists on hotel TV channels on topics like:

(a) sleep;

(b) conflicts;

(c) managing emotions;

(d) boredom; and

(e) anxiety management;

66.6. monitor for detachment and withdrawal amongst passengers, as this can be an indicator of increased risk.

67. Consistency of information and approach is important. Inconsistency undermines trust that people know what they are doing. The aim should be to convey the sense that the person in quarantine is surrounded and supported by benign authority figures who have a clear plan for how to care for them. If that sense is reduced, there is the increased distrust or fear which undermines morale.

Hypothesis on phases during 14 days

68. In my view, it is likely that most returned travellers would have progressed through a number of distinct emotional phases during their 14 days of quarantine. How acute those phases were will have varied according to the individual's personal circumstances and their level of vulnerability to heightened arousal. Documenting and understanding these phases would be great help to those coming after, to know what to expect and understand their responses.

69. For the first few days, the experience would be something new and different. For some passengers, this newness would have been experienced as exciting or exotic. For others, it would have been frightening and confusing.

70. Then, by the middle of the first week, there is likely to have been a sense of things becoming settled and more routine. This would be a time of adjustment.

71. Around the half-way point there would be likely to have been feelings of frustration and hopelessness and a sense that there was still so long to go. This was likely to be a time of increased need for support.

72. I would then expect the first half of the second week to be people's lowest point before their mood began to improve as they got closer to reaching their day of release.

73. This emotional journey would be made easier and more manageable if the supports that I have referred to in this statement were in place.

The importance of a debriefing process

74. One of the learnings of trauma psychology is the importance of a debrief or reflection process after the trauma has passed. Experiences in a state of high arousal are not registered in an even and connected way. They are often recorded in memory as a series of disconnected and emotionally charged moments. Without an opportunity to integrated them into a coherent narrative they tend to remain emotionally charged, easily evoked and the disturbing experiences are retained at the expense of what they did to adjust and achieve.

75. Many people benefit from the opportunity to go back over a traumatic experience, and to reflect on the emotions they experienced and what they discovered about themselves during the period of stress.

76. In a state of extended stress, a person mobilises themselves to deal with it but can be vulnerable once the stress has passed. This can be likened to the *decompression response* – like a deep-sea diver whose body is able to cope deep down in the ocean, but vulnerable to “the bends” if they surface too quickly. While the crisis is occurring, people cope and make many large and small adjustments in mind, body, emotions and social interactions. Many of these changes are made without full awareness but just responding to feelings or demands.

77. Once the crisis has passed, they may need additional supports to deal with the adjustments they have made which may make it difficult to adapt back to normal life. Opportunities to reflect and consider what they did for themselves to adjust and manage the stress period brings the changes to mind and provides a basis for them to reverse the changes and link the otherwise fragmented high-arousal memories into a more coherent narrative. They need to be made aware of the possibility of this, and of where and how they can obtain those supports.

78. It is also possible that, for a small number of people, the experience may have activated previous traumatic experiences where there were experiences of loss of control, coercive control and feelings of helplessness.

The situation may have derived from early childhood, in which case strong emotion may be evoked without clearly defined memories. Although it is likely to be a small number of people the provision of some form of standardised debriefing or reflective session would allow such needs to be identified and followed up.

79. Finally, the request for feedback in the form of a conversation provides the feeling that their experience is valued for the authorities to learn and enables a feeling of a participation in an important new initiative which the authorities are still learning about.

Signature _____

Print name Rob Gordon

Date 14/09/20

References:

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