

# Mental health impact of COVID-19

The potential for COVID-19 to impact mental health and wellbeing was recognised early in the pandemic (WHO 2020a). In addition to concerns around contracting the virus itself, some of the measures necessary to contain its spread were also likely to negatively impact mental health (NMHC 2020). Widespread restrictions of movement, social distancing measures and physical isolation, or 'lockdowns', were implemented from March 2020. The sudden loss of employment and social interaction, and the added stressors of moving to remote work or schooling, and more recently, impacts of sudden, localised 'lockdowns' to prevent further outbreaks have impacted the mental health of many Australians. Stress, confusion and anger are commonplace as a result of the pandemic (Brooks et al. 2020) and, while many people may not experience any long-term concerns, COVID-19 has the potential to contribute to or exacerbate long-term mental illness including anxiety, depression, PTSD, and substance misuse (WHO 2020b).

The AIHW has been assisting the Australian Government Department of Health to curate, analyse and report on COVID-19 mental health-related data to governments regularly since April 2020. Data reported includes information from the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS), crisis and support organisations (Lifeline, Beyond Blue, Kids Helpline), and analysis of emerging research findings. There is a national version of the mental health COVID-19 reporting dashboard and a jurisdictional version that focuses on Victoria and New South Wales.

## Data downloads:

PDF: Mental Health Impact of COVID-19

This MHSA section was last updated in July 2021 and summarises the activity reported via mental health COVID-19 dashboards as at 25 April 2021. It will be updated quarterly during the pandemic. MBS statistics reported are based on claims processed within reporting periods. PBS scripts dispensed are subject to change due to late claims and adjustments; private scripts are not included. Population rates are calculated using Australian Bureau of Statistics estimated resident populations at 30 June 2019 for 2019 and at 30 June 2020 for 2020 onwards.

## Key points

- Between 16 March 2020 and 25 April 2021, over **15.0 million** MBS-subsidised mental health-related **services** were processed.
- MBS mental health services delivered via telephone or videoconference peaked during April 2020 when about half of MBS mental health services were delivered via **telehealth**. In the 4 weeks to 25 April 2021, **20.0%** of MBS mental health

services were delivered via **telehealth**.

- The volume of mental health-related PBS prescriptions dispensed spiked in March 2020 when restrictions were first introduced, followed by a dip in April. From mid-May 2020 to mid-Feb 2021 weekly volume tracked above the same period one year prior. These patterns were observed across all jurisdictions.
- In the 4 weeks to 25 April 2021:
  - **Lifeline** received almost **82,000** calls (a decrease of **2.3%** from the 4 weeks to 26 April 2020 and an increase of **18.4%** from the 4 weeks to 28 April 2019).
  - **Kids Helpline** received almost **26,000** answerable contact attempts (a decrease of **26.6%** from the 4 weeks to 26 April 2020 and an increase of **10.5%** from the 4 weeks to 28 April 2019).
  - **Beyond Blue** received over **22,000** contacts (a decrease of **14.9%** from the 4 weeks to 26 April 2020 and an increase of **30.7%** from the 4 weeks to 28 April 2019).
- In 2020 the number of suspected or confirmed deaths by suicide in New South Wales (**897**) and Victoria (**708**) were similar to 2019.

## Impacts on Australian Government-funded mental health service activity

### Use of Medicare-subsidised mental health-specific services

During the course of the COVID-19 pandemic, the Australian Government introduced a wide range of additions to the Medicare Benefits Schedule (MBS) to support provision of care via telehealth. This was intended to help reduce the risk of community transmission of COVID-19 and provide protection for both patients and health care providers. These items include mental health services provided by GPs, psychiatrists, psychologists and other allied health workers.

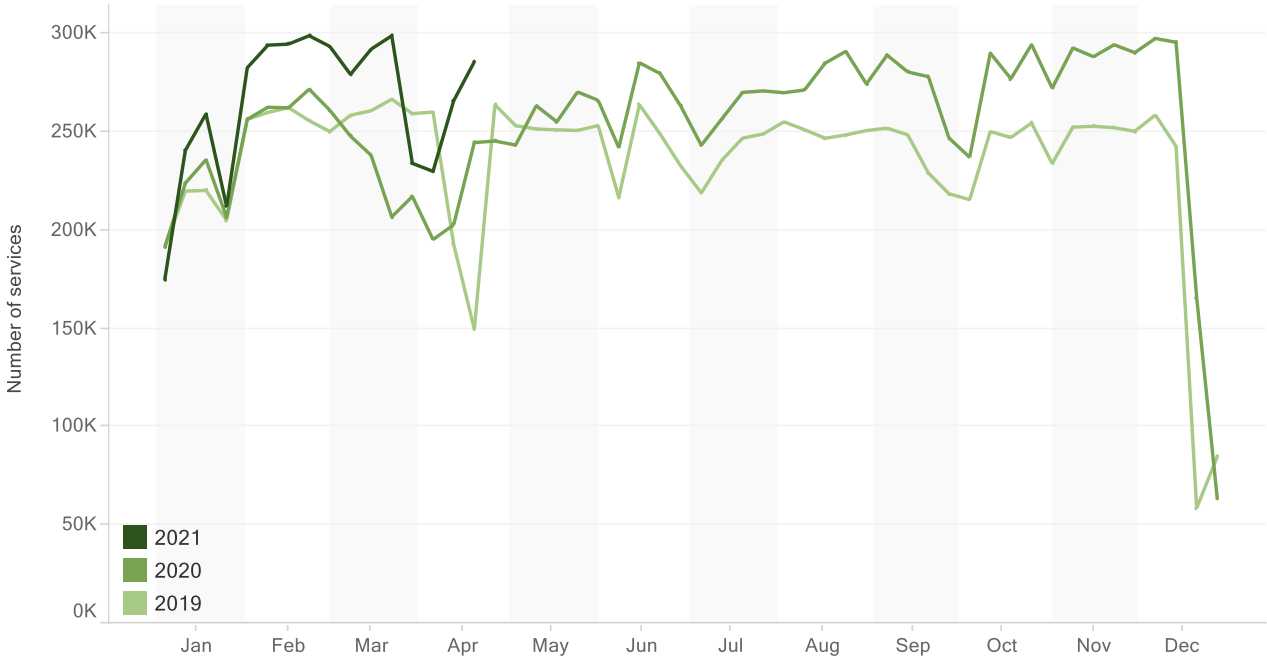
MBS-subsidised services under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS* (Better Access) initiative are available for people with a clinically diagnosed mental disorder to receive up to ten individual and ten group mental health services per calendar year (DoH2021a). In August 2020, the Better Access initiative was expanded to provide 10 additional MBS-subsidised individual psychology sessions for people in areas subject to lockdown restrictions due to the pandemic. As part of the 2020–21 Federal Budget in October 2020, the Australian Government expanded access to these 10 additional sessions to all Australians.

Between 16 March 2020 and 25 April 2021, over 15.0 million MBS-subsidised mental health-related services were processed nationally (almost \$1.7 billion benefits paid). Almost 4.5 million (29.5%) of these services were delivered via telehealth (as opposed to face to face) and over \$515 million benefits paid for telehealth services. In the 4 weeks

to 25 April 2021, over 1.0 million services were processed , 18.1% and 17.8% higher than the 4 week periods to 26 April 2020 and 28 April 2019 (noting that in 2019, 2020, and 2021 these weeks include the Easter national public holidays). The drops in March/April are consistent with previous years and are likely due to the Easter holidays, however the drops in 2020 and 2021 are not as pronounced as 2019 which may be due to the increased availability of telehealth services.

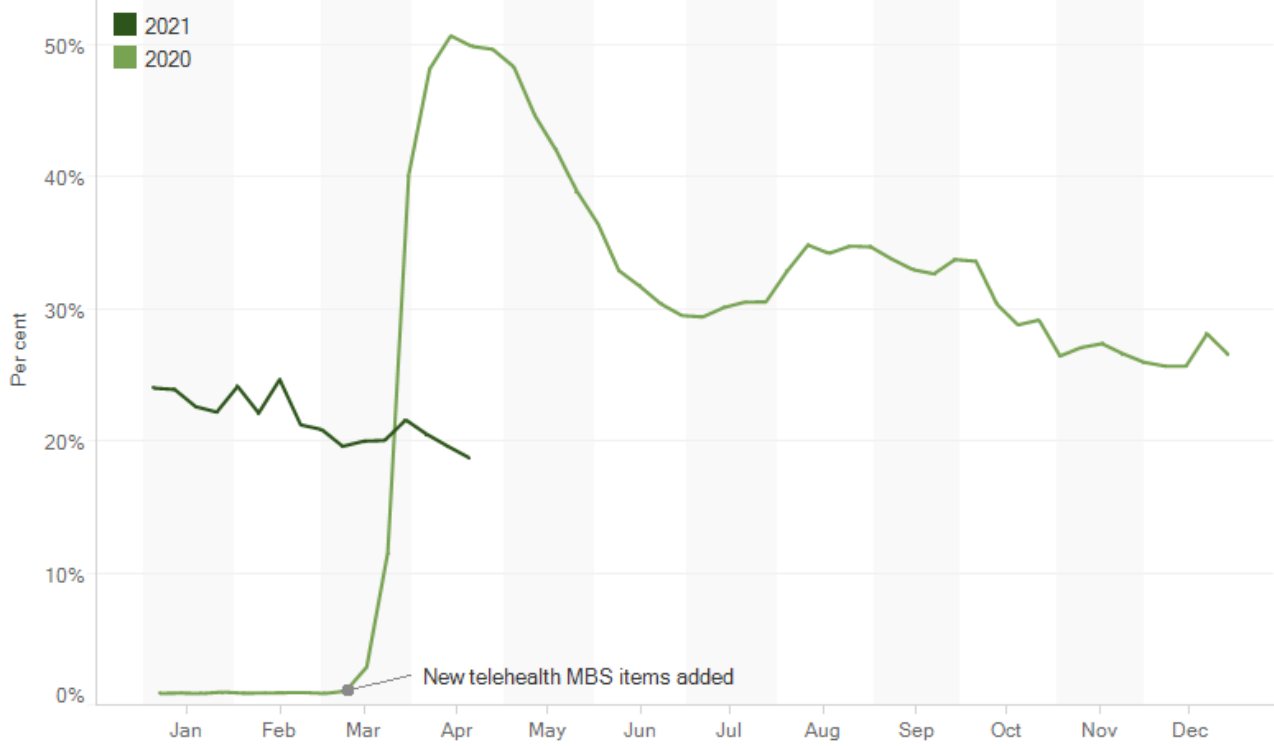
The number of services delivered via telehealth peaked during April 2020 when about half of the MBS-subsidised mental health services were provided remotely. A sharp dip in services occurred during the Christmas period, which is consistent with patterns in previous years. In the 4 weeks to 25 April 2021, 20.0% of MBS mental health services were delivered via telehealth (Figure COVID.1). Small increases in the use of telehealth services align with localised lockdowns in response to COVID-19 outbreaks.

**Figure COVID.1: Number of MBS mental health services, by week of processing, January 2019 - April 2021**



*Notes:*  
 1) The drop in service numbers in late December 2020 - early January 2021 is similar to that observed for the same time period in previous years.  
 2) Data points represent week commencing date.  
 Source: Medicare Benefits Schedule data.

**Figure COVID.2: Proportion (per cent) of MBS mental health services delivered by telehealth, by week of processing, January 2020 - April 2021**



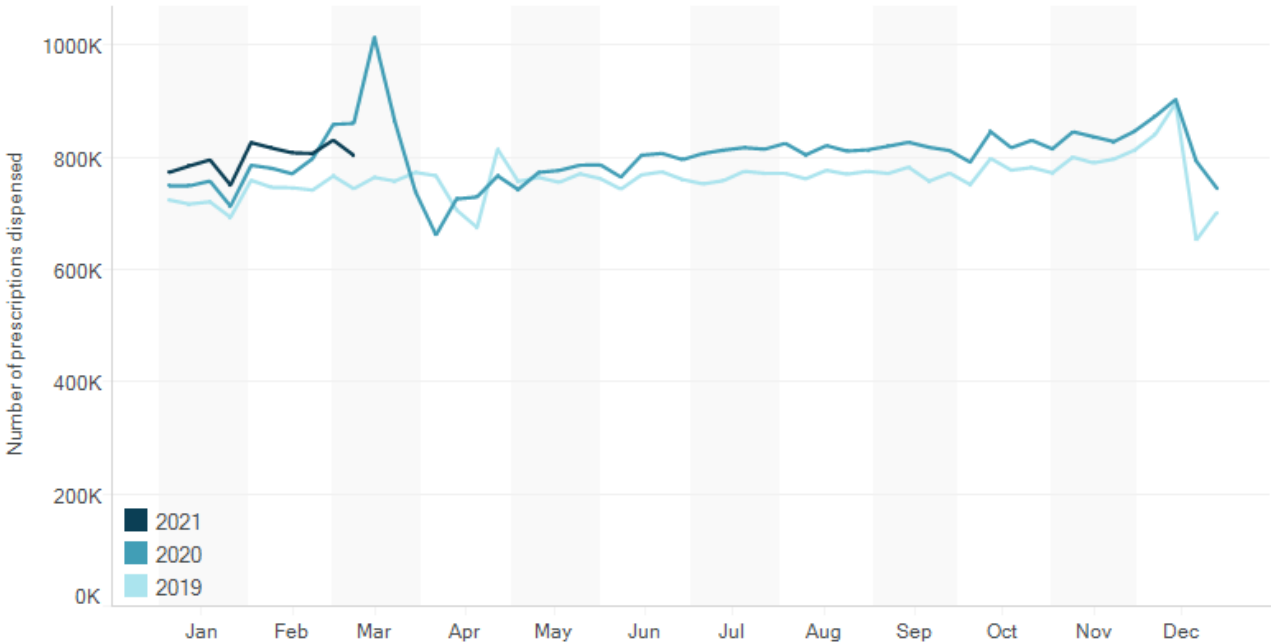
*Note:* Data points represent week commencing date.  
*Source:* Medicare Benefits Schedule data.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

## Pharmaceutical Benefits Scheme (PBS) prescriptions

A spike in PBS-subsidised and under co-payment prescriptions, including all mental health-related prescriptions, was observed in March 2020 at the peak of the pandemic. This represented an 18.6% increase in the number of prescriptions dispensed in the 4 weeks to 29 March 2020 compared to the 4 weeks to 31 March 2019. In the 4 weeks to 14 March 2021, there was a 1.2% decrease in mental health-related prescriptions dispensed under the PBS compared to the 4 weeks to 15 March 2020 because of the spike in the previous year. Prescriptions for antidepressants decreased by 0.8% between these periods (Figure COVID.3).

**Figure COVID.3: Number of PBS mental health-related prescriptions dispensed, by week, January 2019 - March 2021**



*Notes:*  
 1) Mental health-related prescriptions include medications labeled as antidepressants; antipsychotics; anxiolytics; hypnotics and sedatives; and psychostimulants, agents used for ADHD and nootropics.  
 2) Data points represent week commencing date.  
 Source: Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data maintained by the Department of Health and sourced from Services Australia.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

## Use of crisis and support organisations and online mental health information services

There are a range of crisis, support and information services to support Australians experiencing mental health issues, such as Lifeline, Kids Helpline, Beyond Blue, and ReachOut. [Head to Health](#) is a website provided by the Australian Government that brings together apps, online programs, online forums, phone services, and digital

information resources to help people find the digital mental health services most suited to their needs.

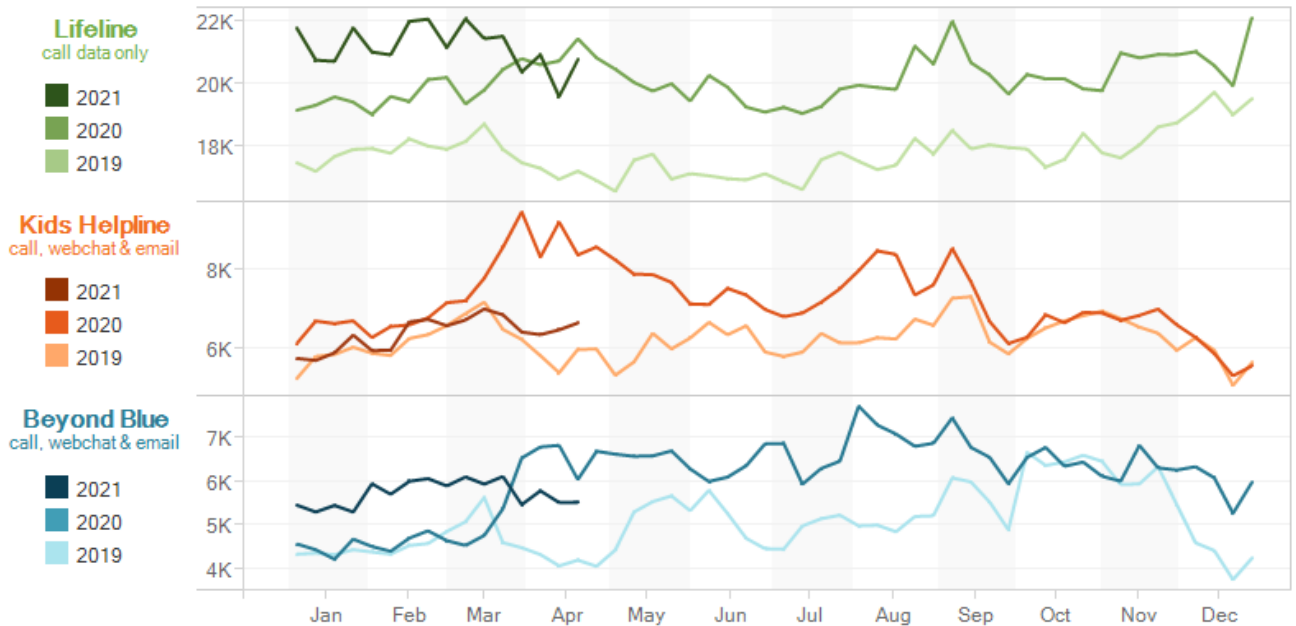
These services have reported substantial increases in demand during the COVID-19 pandemic. The Australian Government funded Beyond Blue to create a dedicated *Coronavirus Mental Wellbeing Support Service* to provide free 24/7 mental health support, particularly for people not already connected to the mental health system. Other support organisations have incorporated COVID-19 support into their day-to-day services.

In the 4 weeks to 25 April 2021:

- Almost 82,000 calls were made to Lifeline (call data only), which is a 2.3% decrease from the 4 weeks to 26 April 2020 and an 18.4% increase from the 4 weeks to 28 April 2019. Note that calls represent the number of callers who stayed on the line after listening to the announcements in the menu.
- Kids Helpline received almost 26,000 answerable contact attempts (call, webchat and email), which is a 26.6% decrease from the 4 weeks to 26 April 2020 and a 10.5% increase from the 4 weeks to 28 April 2019. In the same period in 2021, 1.1% of contacts with Kids Helpline were related to COVID-19 (inclusive of outbound contacts). Note that answerable contact attempts exclude phone contact attempts abandoned during the privacy message, which cannot be skipped. This message was increased from 22 to 48 seconds during April 2020.
- Over 22,000 contacts were made to Beyond Blue (call, webchat and email), which is a 14.9% decrease from the 4 weeks to 26 April 2020 and 30.7% increase from the 4 weeks to 28 April 2019 (Figure COVID.4). Contacts to the *Coronavirus Mental Wellbeing Support Service* accounted for 8.2% of all contacts to Beyond Blue in the 4 weeks to 25 April 2021 (Figure COVID.5).

Direct comparisons between organisations are not appropriate due to differences in populations being serviced, service models, funding envelopes, workforce availability and information systems.

**Figure COVID.4: Crisis and support organisation contacts, by week, January 2019 - April 2021**



*Notes:*

- 1) Direct comparisons between organisations are not appropriate due to differences in populations being serviced, service models, funding envelopes, workforce availability and information systems.
- 2) Comparisons with previous years should be made with caution as historical trends may be impacted by a range of events, including planned awareness raising campaigns.
- 3) Kids Helpline contacts presented in this graph exclude phone contact attempts abandoned during the privacy message.
- 4) Data points represent week commencing date.

Sources: Lifeline; Kids Helpline; Beyond Blue.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

**Figure COVID.5: Crisis and support organisation contacts and answered contacts, 29 March 2021 – 25 April 2021**

	Contacts			Answered contacts		
	Count	Change from the same 4 weeks 2020	Change from the same 4 weeks 2019	Count	Change from the same 4 weeks 2020	Change from the same 4 weeks 2019
<b>Lifeline</b> call data only	81,521	↓-2%	↑18%	71,915	↓-4%	↑32%
<b>Kids Helpline</b> call, webchat & email	25,903	↓-27%	↑10%	13,670	0%	↑16%
<b>Beyond Blue</b> call, webchat & email	22,229	↓-15%	↑31%	20,811	↓-15%	↑57%

*Notes:*

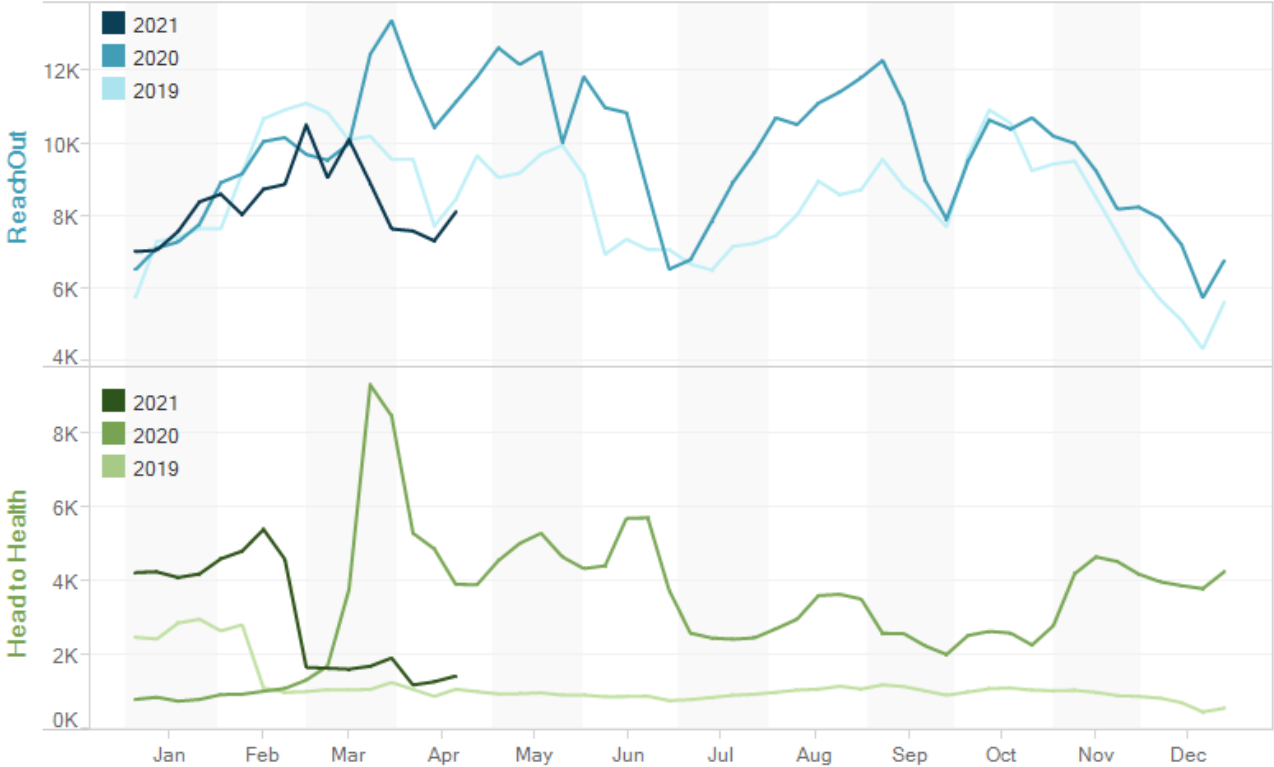
- 1) Direct comparisons between organisations are not appropriate due to differences in populations being serviced, service models, funding envelopes, workforce availability and information systems.
  - 2) Comparisons with previous years should be made with caution as historical trends may be impacted by a range of events, including planned awareness raising campaigns.
  - 3) Kids Helpline contacts exclude phone contact attempts abandoned during the privacy message.
  - 4) The period in 2020 refers to dates 30 Mar – 26 Apr 2020, and the period in 2019 refers to 1 – 28 Apr 2019.
- Sources: Lifeline; Kids Helpline; Beyond Blue.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

The ReachOut and Head to Health websites each saw an uptick in activity early in the pandemic, peaking in March 2020, with subsequent fluctuations. ReachOut reported an average of about 7,600 website users per day in the 4 weeks to 25 April 2021, a decrease of 34.5% compared to the 4 weeks to 26 April 2020 and a decrease of 13.2% compared to the 4 weeks to 28 April 2019. In the same 4 week period, Head to Health received an average of about 1,400 users per day, a decrease of 74.7% compared to the 4 weeks to 26 April 2020 and an increase of 37.0% compared to the 4 weeks to 28 April 2019 (Figure COVID.6).



**Figure COVID.6: Average number of daily website users, by website, week, January 2019 - April 2021**



*Note:* Data points represent week commencing date.  
*Sources:* Head to Health; ReachOut.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

## Emerging research

Since April 2020, surveys have been conducted by the Australian Bureau of Statistics (ABS) and several Australian universities to investigate the impacts of the COVID-19 pandemic on the mental health of Australians. See AIHW's [Suicide & self-harm monitoring](#) page for more detailed information on these surveys.

The *Household Impacts of COVID-19 Survey*, conducted monthly by the ABS since March 2020, collects information on the impact of COVID-19 across a range of key areas, including psychological distress. During the COVID-19 pandemic, women have consistently reported higher levels of concern due to COVID-19 than men, and people aged 18–64 years have reported higher levels of concern due to COVID-19 than people aged 65 years and over. Women were also nearly twice as likely to have experienced loneliness than men (28% vs 16%) in April 2020 (ABS 2020a) and a higher proportion of women than men (19% vs 10%) surveyed had used a mental health support service between March and July 2020 (ABS 2020b).

Trends in psychological distress have improved over the course of the pandemic. In November 2020 and March 2021, fewer Australians reported feelings that had an adverse impact on emotional and mental wellbeing than in August 2020, however around one in five respondents still reported high or very high levels of psychological distress (ABS 2020c; ABS 2021). In November 2020 and March 2021, the survey showed that women were still more likely than men to have experienced high or very high levels of psychological distress in the past four weeks (25% vs 16% in November, and 22% vs 17% in March). However, in March 2021, fewer respondents (27%) reported feeling nervous at least some of the time, than in August 2020 (46%) and November 2020 (30%).

The Australian National University's *COVID-19 Impact Monitoring Survey Program* asked Australians about their experience of multiple mental ill health indicators such as anxiety, psychological distress and loneliness between January 2020 and January 2021 (Biddle et al 2020a, 2020b; Biddle & Edwards 2021). The study found that levels of psychological distress in January 2021 have decreased since November 2020, and are now similar to pre-pandemic levels after rising during 2020, as measured by the K6 measure of psychological distress. Psychological distress has decreased for all age groups since the peak observed during the first wave of COVID-19 infections in Australia in April 2020, however the average level of psychological distress among people aged 18–44 is still higher than it was in Feb 2017. In January 2021 respondents in the following demographics reported relatively higher levels of anxiety and worry: females, those aged 18–24 years, Indigenous Australians, and those who speak a language other than English.

The University of Melbourne's Melbourne Institute conducts a weekly *Taking the Pulse of the Nation* survey that began in April 2020. In the initial survey, 20% of respondents reported feeling depressed and anxious most or all of the time. Employed parents whose youngest child was aged 5 to 11 years reported higher levels of mental distress than parents of younger or older children, nearly quadrupling from 7% in April to 27% in

June (Broadway et al. 2020). In December 2020, Melbourne Institute released the report *Coping with COVID-19: rethinking Australia*, which highlighted key findings from the *Taking the Pulse of the Nation* surveys throughout 2020. The report found that rates of mental distress had a similar pattern to financial stress over the course of the pandemic. The rate of mental distress in November 2020 (24%) was higher than in April 2020 (22%), and over double the rate of mental distress in the Australian community prior to the pandemic (10%) (Melbourne Institute 2020). In April 2021, one in three respondents reported financial stress (difficulty paying for essential goods and services) while one in five reported feeling stressed or anxious most/all of the time (Melbourne Institute 2021).

## **Mental Health Service Activity in New South Wales and Victoria**

As at June 2020 New South Wales and Victoria comprised 57.8% of Australia's population. However, New South Wales and Victoria combined reported 87.4% of Australia's COVID-19 cases to 25 April 2021 (DoH 2021b).

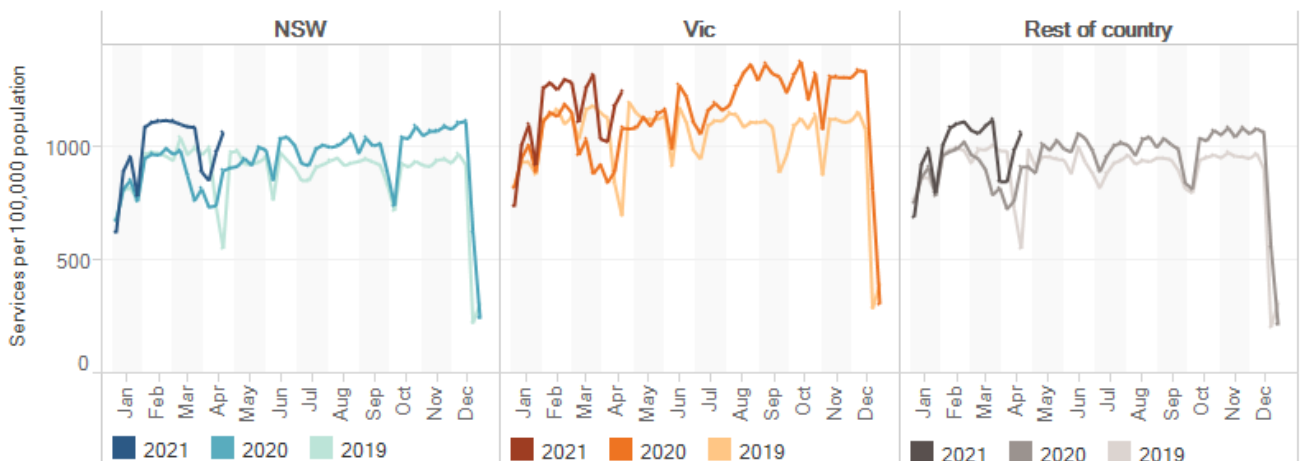
The New South Wales government imposed a number of general restrictions on gatherings and movement during the pandemic and are continuously assessing areas identified as 'hotspots'. Hotspot areas may be subjected to more restrictive measures, such as not being permitted to travel to certain other jurisdictions. These restrictions were tightened in December 2020 after an outbreak of COVID-19 in Greater Sydney following a cluster of cases in Sydney's Northern Beaches (NSW Health 2020). Restrictions eased across New South Wales from 29 March 2021 with changes including the removal of caps on weddings and funerals, 100% seated capacity at entertainment venues, no cap on visitors in the home, and all venues moving from one person per 4m<sup>2</sup> to one person per 2m<sup>2</sup> (NSW Health 2021a).

On 2 August 2020, stage 4 lockdown restrictions began in Melbourne and surrounding Victorian regional areas in an attempt to reduce the number of COVID-19 cases following the start of Victoria's second wave. Restrictions involved curfews, a limit of how many kilometres from home a person could travel, and on people gathering. Restrictions gradually lifted in Victoria as there were no newly diagnosed COVID-19 cases in the state for 6 weeks from 30 October 2020 to 10 December 2020 (Vic DHHS 2020). However, they were reintroduced over the New Year period following a cluster of community acquired COVID-19 cases. Over January and February there were locally acquired cases linked to hotel quarantine, sparking further lockdown restrictions (Vic DHHS 2021a). However, from 9 April 2021 Victorian restrictions eased, for example, limits on hospital visitors were removed, seated capacity at entertainment venues was raised to 100%, and allowed persons per area at all venues to be raised from one person per 4m<sup>2</sup> to one person per 2m<sup>2</sup> (Vic DHHS 2021b).

## MBS mental health services by jurisdiction

In the 4 weeks to 25 April 2021, people in Victoria accessed over 300,000 mental health-related MBS services, or about 4,500 services per 100,000 population, which is higher than New South Wales (almost 3,800 services per 100,000 population) and the rest of Australia (over 3,700 services per 100,000 population, excluding missing and unknown) (Figure COVID.5). The 4 week period with the highest mental health-related MBS service use during the pandemic in Victoria was the 4 weeks to 13 September 2020 with almost 360,000 services, and in New South Wales this was the 4 weeks to 7 March 2021 with almost 360,000 services (almost 5,400 and almost 4,500 per 100,000 population respectively). In the 4 weeks to 25 April 2021 services in New South Wales and Victoria increased by 18.8% and 20.0% respectively, from the 4 weeks to 26 April 2020 (Figure COVID.7).

**Figure COVID.7: MBS mental health services per 100,000 population, by jurisdiction, week of processing, January 2019 - April 2021**



*Notes:*

- 1) "Rest of country" refers to MBS services identified as having been delivered for people usually residing in Qld, WA, SA, Tas, ACT and NT.
- 2) Rates are based on estimated resident populations as at 30 June 2019 for 2019, and 30 June 2020 for 2020 onwards.
- 3) Data points represent week commencing date.

Source: Medicare Benefits Schedule data.

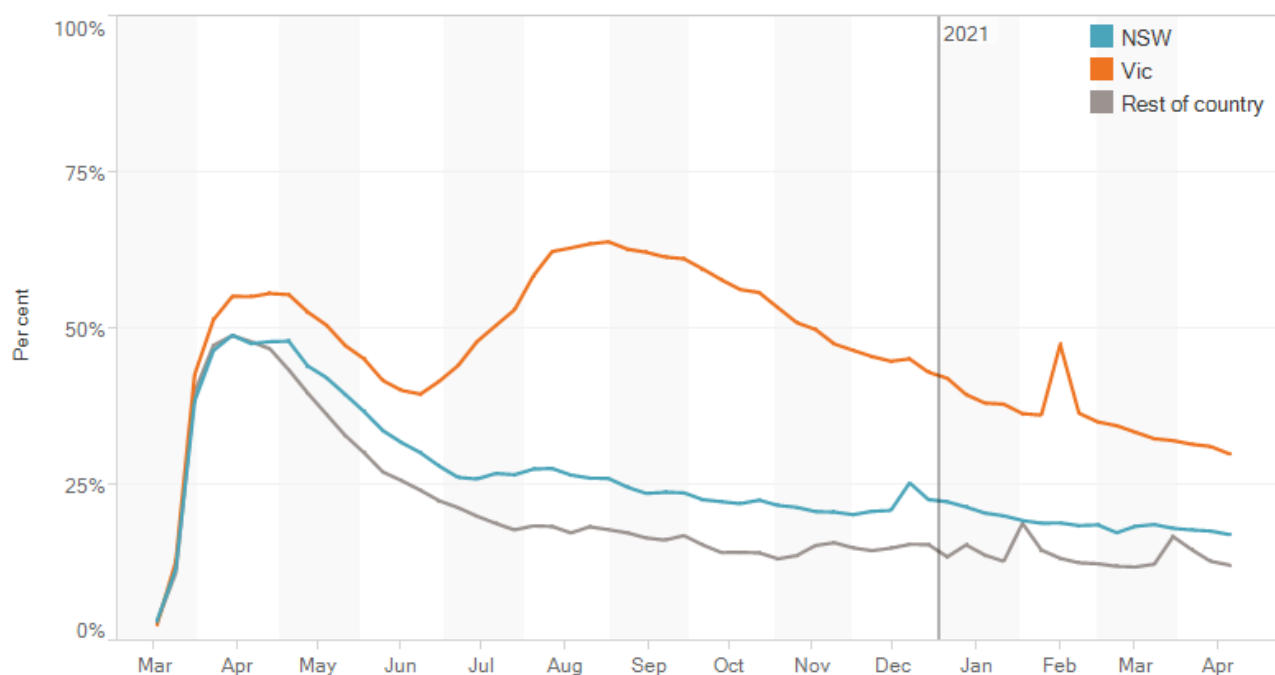
[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

## MBS mental health telehealth services by jurisdiction

There was a steep increase in the proportion of mental health-related MBS services delivered via telehealth between March and April 2020, early in the pandemic, followed by a gradual decline through May and June 2020. Victoria experienced another increase in the proportion of telehealth mental health-related services in July and August 2020 when COVID-19 case numbers began to rise in the state. The proportion of telehealth service use in Victoria has gradually declined since peaking during August–September, but has remained higher than New South Wales and the rest of Australia.

The small peak in the proportion of services delivered via telehealth in New South Wales for the week beginning 21 December 2020 corresponds with the start of the three week lockdown following the outbreak of COVID-19 cases in Sydney's Northern Beaches. The small peak in the proportion of services delivered via telehealth in Victoria in February corresponds with "circuit-breaker actions" implemented across the state from 12 to 17 February 2021 (Vic DHHS 2021c) and the small peak in the proportion of services delivered via telehealth for the rest of the country at the beginning of February 2021 and the end of March 2021 correspond to lockdowns in Western Australia and Queensland, respectively (WA Gov, 2021; Qld Gov, 2021). In the 4 weeks to 25 April 2021, 31.0% of services in Victoria were delivered via telehealth, compared to 17.5% in New South Wales and 13.8% in the rest of Australia excluding missing and unknown (Figure COVID.8).

**Figure COVID.8: Proportion (per cent) of MBS mental health services delivered via telehealth, by jurisdiction, week of processing, March 2020 - April 2021**



**Notes:**

1) "Rest of country" refers to MBS services identified as having been delivered for people usually residing in Qld, WA, SA, Tas, ACT and NT.

2) Data points represent week commencing date.

Source: Medicare Benefits Schedule data.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

## Use of crisis and support organisations and online mental health information services

For New South Wales and Victoria, since the early stages of the pandemic in Australia to March 2021, contacts per 100,000 population answered by Lifeline, Kids Helpline, and Beyond Blue, have tended to be notably higher than the same period one year prior. In April 2021, rates were broadly similar to April 2020 rates, which coincides with the initial increase in calls at the beginning of the pandemic (Figure COVID.9).

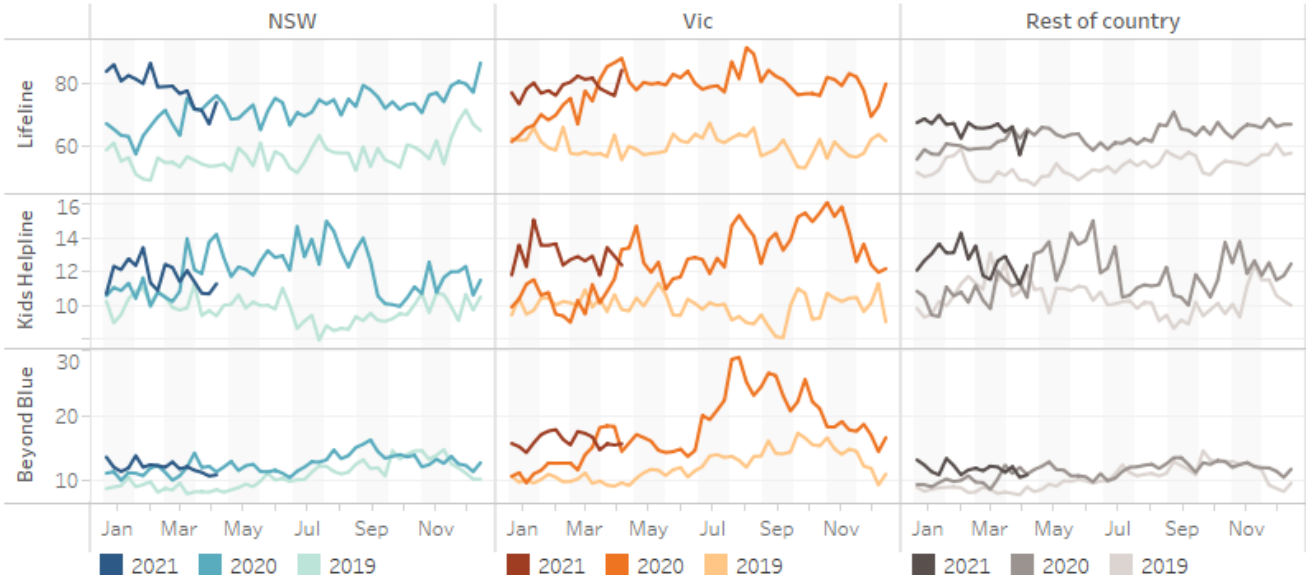
In the 4 weeks to 25 April 2021, Lifeline answered more than 23,000 calls from New South Wales. This was a 3.2% decrease from the 4 weeks to 26 April 2020 and a 32.3% increase from the 4 weeks to 28 April 2019. Victoria (with over 21,000 answered calls) saw a decrease of 7.4% and an increase of 37.5% from the same respective periods. The rest of Australia (over 27,000 answered calls, excluding calls where the location of the caller was missing or unknown) saw a decrease of 1.2% and an increase of 27.3% from the same respective periods.

New South Wales accounted for almost 3,600 calls, webchats, emails, and outbound contacts with Kids Helpline in the 4 weeks to 25 April 2021, which is a decrease of 15.2% from the 4

weeks to 26 April 2020, and an increase of 12.1% from the 4 weeks to 28 April 2019. Victoria (almost 3,400 answered and outbound contacts) saw increases of 10.3% and 27.0% from the same respective periods in previous years. The rest of Australia (excluding missing and unknown) accounted for almost 5,300 answered and outbound contacts, which is 9.5% and 7.4% greater than the same respective periods in previous years.

In the 4 weeks to 25 April 2021, Beyond Blue answered over 4,100 calls, webchats, and emails from Victoria (including the dedicated Beyond Blue COVID-19 Support Service), a decrease of 11.4% from the 4 weeks to 26 April 2020, and an increase of 64.7% from the 4 weeks to 28 April 2019. New South Wales (with over 3,600 answered contacts) saw a decrease of 10.8% and an increase of 34.7% from the same respective periods. The rest of Australia excluding missing and unknown (with over 4,800 answered contacts) saw a decrease of 3.6% and an increase of 37.4% from the same respective periods (Figure COVID.9, Figure COVID.10).

**Figure COVID.9: Crisis and support organisation answered contacts per 100,000 population, by jurisdiction, week, January 2019 – April 2021**



*Notes:*  
 1) Lifeline numbers represent answered calls only. Kids Helpline numbers represent answered calls, webchats, emails, and outbound contacts. Beyond Blue numbers represent answered calls, webchats and emails.  
 2) The Beyond Blue COVID line changed their system for collecting information about the caller's state/territory from 6 June 2020. Comparisons to 2019 and 2020 should be made especially cautiously due to high and inconsistent proportions of contacts with unknown jurisdiction.  
 3) "Rest of country" includes Qld, WA, SA, Tas, ACT and NT.  
 4) Rates are based on estimated resident populations as at 30 June 2019 for 2019, and 30 June 2020 for 2020 onwards.  
 5) Data points represent week commencing date.  
*Sources:* Lifeline; Kids Helpline; Beyond Blue.

**Figure COVID.10: Crisis and support organisation contacts and per cent changes from comparison periods, by jurisdiction, 29 March 2021 - 25 April 2021**

	NSW	Vic	Rest of the country	
Lifeline	Answered contacts	23,280	21,233	27,402
	Change from the same 4 weeks in 2020	-3%	-7%	-1%
	Change from the same 4 weeks in 2019	32%	37%	27%
Kids Helpline	Answered contacts	3,595	3,382	5,262
	Change from the same 4 weeks in 2020	-15%	10%	9%
	Change from the same 4 weeks in 2019	12%	27%	7%
Beyond Blue	Answered contacts	3,619	4,118	4,836
	Change from the same 4 weeks in 2020	-11%	-11%	-4%
	Change from the same 4 weeks in 2019	35%	65%	37%

*Notes:*

1) Lifeline numbers represent answered calls only. Kids Helpline numbers represent answered calls, webchats, emails, and outbound contacts. Beyond Blue numbers represent answered calls, webchats and emails.

2) The Beyond Blue COVID line changed their system for collecting information about the caller's state/territory from 6 June 2020.

3) "Rest of country" includes Qld, WA, SA, Tas, ACT and NT.

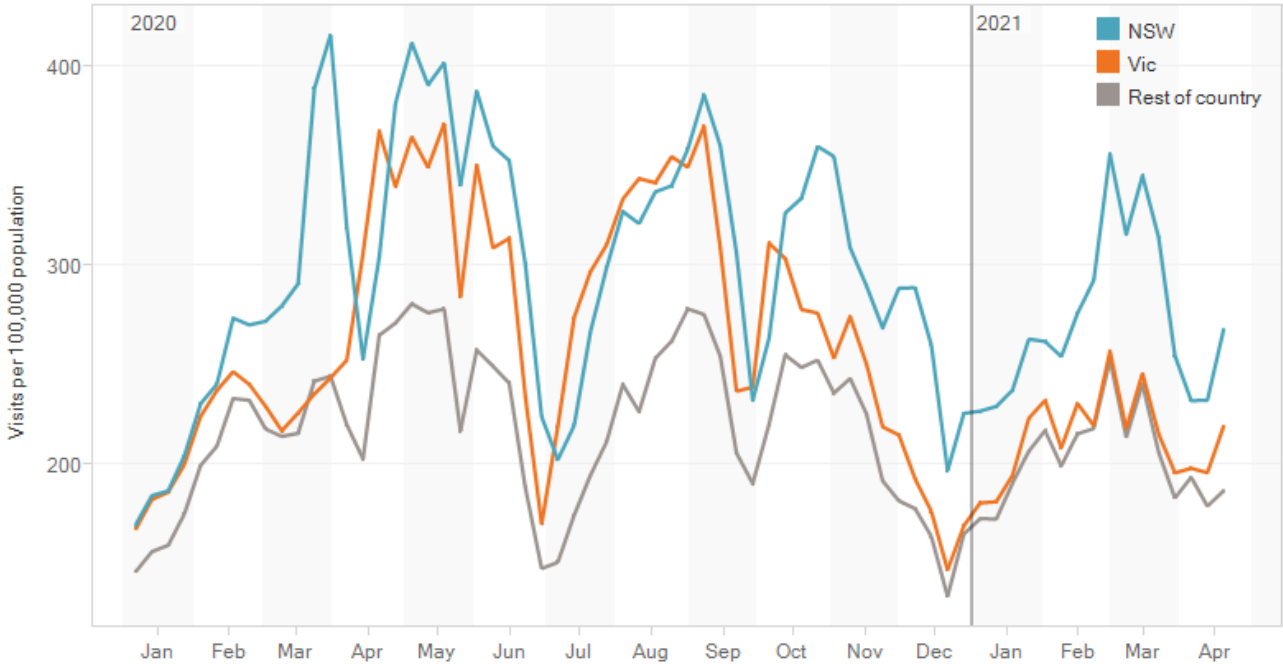
Sources: Lifeline; Kids Helpline; Beyond Blue.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)



In the 4 weeks to 25 April 2021, over 80,000 visits to the ReachOut website originated from New South Wales, a decrease of 23.7% from the 4 weeks to 26 April 2020 and a 4.8% increase from the 4 weeks to 28 April 2019. This compares to almost 54,000 visits originating from Victoria in the same period, with a decrease of 30.9% and a decrease of 6.7% over the same respective periods. From May 2020 to September 2020, New South Wales and Victoria weekly website visits per 100,000 population tracked similarly; however, since November 2020 Victoria has tracked similarly with the rest of the country while New South Wales has tracked higher than Victoria and the rest of the country (Figure COVID.11).

**Figure COVID.11: ReachOut weekly website visits per 100,000 population, by jurisdiction, week, January 2020 - April 2021**



*Notes:*  
 1) "Rest of country" refers to visits identified as having originated in Qld, WA, SA, Tas, ACT and NT.  
 2) Rates are based on estimated resident populations as at 30 June 2020.  
 3) Data points represent week commencing date.  
 Source: ReachOut.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

**Suspected or confirmed deaths by suicides**

New South Wales, and Victoria have released data on the total number of suspected or confirmed deaths by suicide in 2020.

The total number of suspected or confirmed deaths by suicide in New South Wales in 2020 was 897. This compares to the 944 suspected or confirmed deaths by suicide recorded in 2019 (NSW Health 2021b).

The total number of suspected or confirmed deaths by suicide in Victoria in 2020 was 708. This compares to the 718 suspected or confirmed deaths by suicide recorded in

2019 (Coroners Court of Victoria 2021).

The NSW Suicide Monitoring System reported 154 suspected or confirmed deaths by suicide from 1 January to 28 February 2021. This compares to the 145 suspected or confirmed deaths by suicide recorded over the same period in 2020 and 147 suspected or confirmed deaths by suicide recorded over the same period in 2019 (NSW Health 2021b).

The Coroners Court of Victoria reported 173 suspected or confirmed deaths by suicide from 1 January to 31 March 2021. This compares to the 205 suspected or confirmed deaths by suicide recorded over the same period in 2020 and 188 suspected or confirmed deaths by suicide recorded over the same period in 2019 (Coroners Court of Victoria 2021).

## References

ABS (Australian Bureau of Statistics) 2020a. Household Impacts of COVID-19 Survey, 29 Apr - 4 May. May 2020. Cat. No. 4940.0. Canberra: ABS

ABS 2020b. Household Impacts of COVID-19 Survey, 6 – 10 July. July 2020. Cat. No. 4940.0. Canberra: ABS

ABS 2020c. Household Impacts of COVID-19 Survey, 13 – 23 November 2020. November 2020. Cat. No. 4940.0. Canberra: ABS.

ABS 2021. Household Impacts of COVID-19 Survey, 12 – 21 March 2021. April 2021. Cat. No. 4940.0. Canberra: ABS.

Biddle, N, and Edwards, B. 2021. [Tracking outcomes during the COVID-19 pandemic \(January 2021\) – Cautious optimism](#). Viewed 11 March 2021.

Biddle, N, Edwards, B, Gray, M & Sollis, K 2020a. [Tracking outcomes during the COVID-19 pandemic \(August 2020\) – Divergence within Australia](#). Viewed 14 October 2020.

Biddle, N, Edwards, B, Gray M and Sollis K 2020b. [Tracking outcomes during the COVID-19 pandemic \(November 2020\) - Counting the costs of the COVID-recession](#). Viewed 8 February 2021.

Broadway, B, Mendez, S and Moschion, J. 2020. [Behind closed doors: the surge in mental distress of parents](#). Viewed 28 October 2020.

Brooks, SK, Webster, RK, Smith, LE, Woodland, L, Wessely, S et al 2020. The psychological impact of quarantine and how to reduce it: rapid review of the evidence, *The Lancet*, 395(10227): 912-920. doi:10.1016/S0140-6736(20)30460-8.

Coroners Court of Victoria 2021. [Monthly Suicide Data Report, March 2021 update](#). Viewed 3 May 2021.

DoH (Australian Government Department of Health) 2021a. [Better Access initiative](#). Viewed 29 June 2021.

DoH (Australian Government Department of Health) 2021b. [Coronavirus \(COVID-19\) at a glance – 25 April 2021](#). Viewed 3 May 2021.

Melbourne Institute. 2020a. [Coping with COVID-19: rethinking Australia, Chapter 4: Heightened Mental Distress: Can Addressing Financial Stress Help?](#) Viewed 8 February 2021.

Melbourne Institute. 2020b. [Taking the Pulse of the Nation, data 16–20 November 2020.](#) Viewed 3 May 2021.

NMHC (National Mental Health Commission) 2020. [National mental health and wellbeing pandemic response plan.](#) Viewed 7 October 2020.

NSW Health (New South Wales Department of Health) 2020. [Latest COVID-19 updates.](#) Viewed 15 February 2021.

NSW Health 2021a. [COVID-19 restrictions to ease but compliance must increase.](#) Published 24 March 2021. Viewed 4 May 2021.

NSW Health 2021b. [NSW Suicide Monitoring System Report 6. Data to February 2021.](#) Viewed 3 May 2021.

Qld Gov (Queensland Government) 2021. [Greater Brisbane lockdown and Queensland restrictions.](#) Viewed 20 May 2021.

Royal Commission of Victoria. [Royal Commission into Victoria’s Mental Health System.](#) Viewed 3 May 2021.

Vic DHHS (Department of Health and Human Services Victoria). 2020. [Victorian coronavirus \(COVID-19\) data.](#) Viewed 5 February 2021.

Vic DHHS 2021a. [Coronavirus update for Victoria – 10 February 2021.](#) Viewed 15 February 2021.

Vic DHHS 2021b. [How we live: Information for all Victorians.](#) Viewed 4 May 2021 (note data subject to daily change).

Vic DHHS 2021c. [Coronavirus update for Victoria – 12 February 2021.](#) Viewed 7 May 2021.

WA Gov (Western Australia Government) 2021. [Return to pre-lockdown life from 12.01am Sunday, 14 February.](#) Viewed 28 April 2021.

WHO (World Health Organization) 2020a. [Substantial investment needed to avert mental health crisis.](#) Viewed 7 October 2020.

WHO 2020b. [Mental health and COVID-19.](#) Viewed 7 October 2020.