

# Mental health impact of COVID-19

The potential for COVID-19 to impact mental health and wellbeing was recognised early in the pandemic (WHO 2020). 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.

Throughout 2020 and in the early months of 2021, many researchers gathered evidence revealing heightened psychological distress during the pandemic (Aknin et al. 2021). While there was a rise in the use of mental health services and an increase in psychological distress during 2020 COVID-19 has not been associated with a rise in suspected deaths by suicide. The heightened usage of mental health services continued in 2021 and at the time of writing (October 2021) was ongoing. More information on data on suspected deaths by suicide during 2020 and 2021 can be found on the AIHW's [Suicide & Self-harm monitoring](#) website.

As outlined in other sections of Mental Health Services in Australia, a range of mental health-related services provided by various levels of government are available to support Australians experiencing mental health issues. Since April 2020, the AIHW has been assisting the Australian Government Department of Health to curate, analyse and report on mental health-related service activity during the course of the COVID-19 pandemic. Data is reported via 2 dashboards and includes information from the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS), crisis and support organisations (Lifeline, Kids Helpline, Beyond Blue), and analysis of emerging research findings. In addition, the AIHW has facilitated the sharing of detailed data on the use of mental health services with the New South Wales, Victorian and Queensland governments. Importantly, this involves a two-way sharing of data with the Australian Government.

There is a national version of the mental health COVID-19 reporting dashboard and a jurisdictional version that focuses on service activity in New South Wales, Victoria, and Queensland.

## Data downloads:

PDF: Mental Health Impact of COVID-19

This Mental Health Services in Australia (MHSA) section will be updated quarterly during the pandemic and was last updated in December 2021. It presents information reported via the mental health COVID-19 dashboards issued on 29 September 2021. Reporting focuses on activity during the 4-week period from 23 August 2021 to 19 September 2021. During this 4-week period New South Wales was in a state-wide lockdown that began on 14 August 2021 (NSW Health 2021a) and Victoria was under lockdown restrictions that began mid July 2021. During the four-week period, Queensland had no pandemic-related restrictions in place.

'The same period in 2020' refers to the period 24 August to 20 September 2020 and 'the same period in 2019' refers to the period 26 August to 22 September 2019, except where otherwise noted in text. MBS statistics are based on claims for services processed within a particular reporting period. Mental health-related MBS items are listed in the [Medicare-subsidised mental health-specific services](#) section of MHSA. 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 (ABS) estimated resident populations at 31 December 2018 for 2019, 31 December 2019 for 2020, and 31 December 2020 for 2021.

## Key points

- Between 16 March 2020 and 19 September 2021, almost **21 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 19 September 2021, **37.0%** of MBS mental health services were delivered via **telehealth**.
- The volume of mental health-related PBS prescriptions dispensed spiked in March 2020 when COVID-19 restrictions were first introduced, followed by a dip in April 2020. From mid-May 2020 to early-August 2021 weekly volume tracked above the same week one year prior. These patterns were observed across all jurisdictions.
- In the 4 weeks to 19 September 2021:
  - **Lifeline** saw several historical record high daily call volumes, and **96,273** calls were offered in total, up **14.1%** and **33.1%**

from the same periods in 2020 and 2019 respectively;

- **Kids Helpline** received **32,572** answerable contact attempts, up **4.6%** and **16.7%** from the same periods in 2020 and 2019 respectively;
- **Beyond Blue** received **27,099** contacts, down **2.7%** and up **20.9%** from the same periods in 2020 and 2019 respectively.

## Mental Health Service Activity in Australia

### 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 health care via telehealth (telephone and videoconference). 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 MBS-subsidised items include mental health services provided by GPs, psychiatrists, psychologists and other allied health workers.

Services under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS initiative* (Better Access) are available for people with a clinically diagnosed mental disorder to receive up to 10 individual and 10 group mental health services per calendar year (DoH 2021a). In August 2020, the Better Access initiative was expanded to provide 10 additional MBS 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 regardless of location.

### MBS mental health service activity in Australia

Between 16 March 2020 and 19 September 2021, 21.0 million MBS mental health-related services were processed nationally (\$2.3 billion in benefits paid). About 6.0 million (28.8%) of these services were delivered via telehealth (as opposed to face-to-face) with \$714.3 million in benefits paid for telehealth services.

In the week beginning 16 March 2020 the total number of weekly MBS mental health services was 238,044. This increased to 297,631 in the week beginning 7 December 2020. The number of weekly services increased again from a low of 174,933 in the week beginning 4 January 2021 to peaks of 319,648 and 317,080 in the weeks beginning 16 August 2021 and 6 September 2021, respectively (Figure COVID.1). A decline in services occurred during the Christmas/New Year period, which is consistent with seasonal patterns observed in previous years. Variability can be due to the administrative arrangements associated with the processing of claims as well as practitioner/practice leave arrangements associated with public

holidays.

In the 4 weeks to 19 September 2021, 1,215,475 MBS mental health-related services were processed, 7.1% and 21.8% higher than the same periods in 2020 and 2019, respectively. There was a drop in March and April of these years which is consistent with previous years and is likely due to the Easter holidays.

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

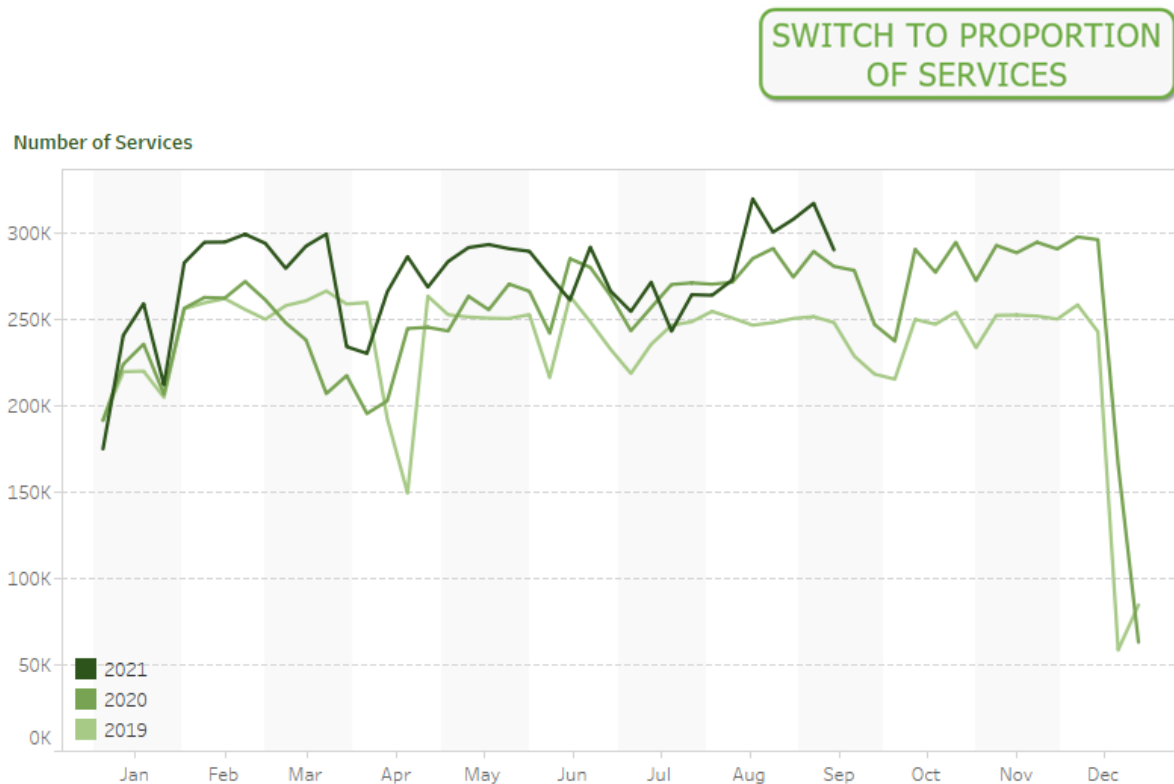


Figure COVID.1: Number of MBS mental health services, by week of processing, January 2019 – September 2021

<http://www.aihw.gov.au/mhsa>

Notes:

**Figure COVID.1:**

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.

**Figure COVID.1.1:**

1. Data points represent week commencing date.

Source: Medicare Benefits Schedule data.

Figure COVID.1.1 can be found on the [MHSa website](#).

The proportion of mental health services delivered via telehealth peaked during April 2020 (Figure COVID.1.1) when about half of the MBS mental health services were provided remotely. There was an uptrend in the use of telehealth services

from late May 2021 to late September 2021 corresponding with lockdowns in response to COVID-19 outbreaks. The proportion of services delivered via telehealth reached a 2021-to-date high in the week commencing 6 September 2021, with 38.0% of MBS services delivered via telehealth (Figure COVID.1.1). In the 4 weeks to 19 September 2021, 37.0% of MBS mental health services were delivered via telehealth. More information can be found in the [Mental Health Service Activity in New South Wales, Victoria and Queensland](#) section of this report.

## **Pharmaceutical Benefits Scheme (PBS) prescriptions**

In March 2020, the Australian Government implemented temporary changes to medicines regulation to support Australians' continued access to PBS medicines in response to the COVID-19 pandemic (Services Australia 2021). These temporary changes allowed pharmacists to dispense up to a one-month supply of most mental health-related PBS medicines without a prescription if the medical need was deemed urgent and the medicine had been previously prescribed. Other temporary changes to support people in isolation included a home delivery service of PBS medicines and digital prescriptions sent from telehealth appointments directly to pharmacists to dispense (Services Australia 2021).

A spike in PBS-subsidised and under co-payment prescriptions, including all mental health-related prescriptions, was observed in March 2020 during the first wave of the pandemic and the nationwide lockdown in 2020. This represented an 18.6% increase in the number of mental health-related prescriptions dispensed in the 4 weeks to 29 March 2020 compared to the 4 weeks to 31 March 2019. In the 4 weeks to 8 August 2021, there was a 3.9% increase in mental health-related prescriptions dispensed under the PBS compared to the 4 weeks to 9 August 2020. Prescriptions for antidepressants increased by 5.0% between these periods (Figure COVID.2). PBS data reported in fortnightly dashboards lag other sources by 6 weeks to reduce the effect of administrative arrangements including late claims, updates to claims and cancellations.

**Figure COVID.2: Number of PBS mental health-related prescriptions dispensed, by week, January 2019 – August 2021**

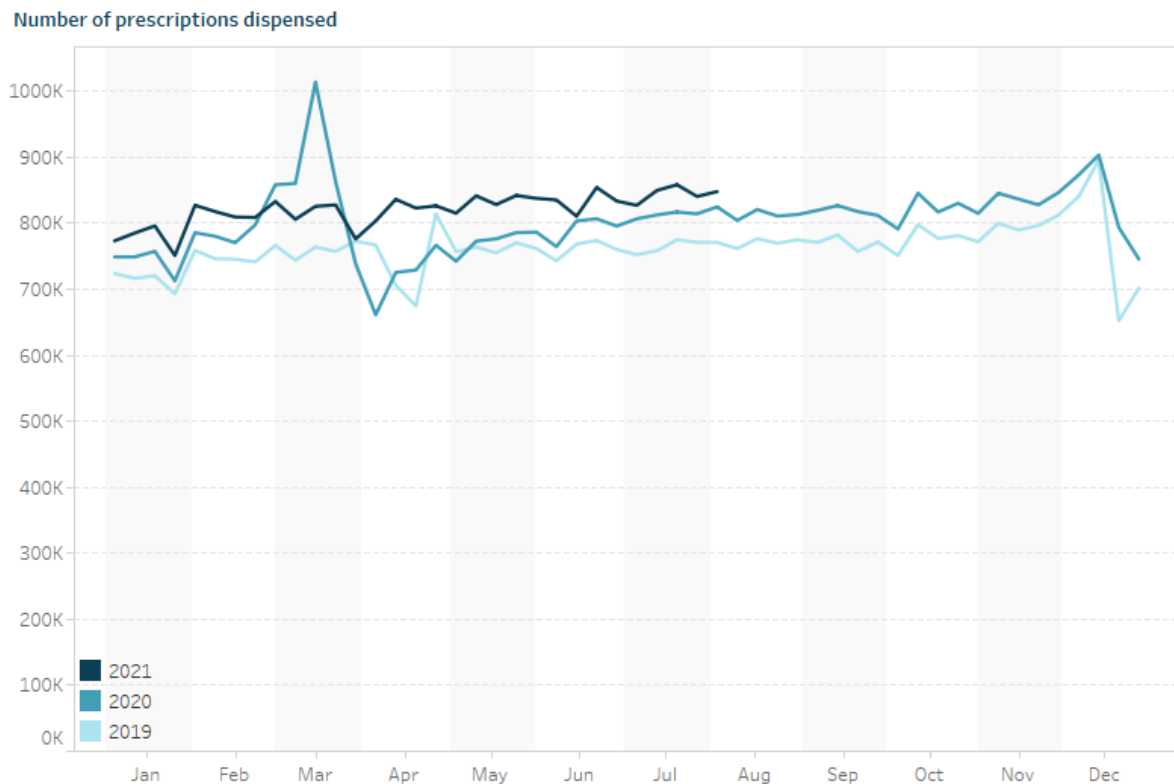


Figure COVID.2: Number of PBS mental health-related prescriptions dispensed, by week, January 2019 – August 2021  
<http://www.aihw.gov.au/mhsa>

*Notes:*

- 1) Mental health-related prescriptions include medications labelled as antidepressants (N06A); antipsychotics (N05A); anxiolytics (N05B); hypnotics and sedatives (N05C); and psychostimulants, agents used for ADHD and nootropics (N06B).
  - 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.

## National use of crisis and support organisations and online mental health information services

There are a range of crisis, support and information services available to support Australians experiencing mental health issues, such as Lifeline, Kids Helpline, Beyond Blue, and ReachOut. [Head to Health](#) is a website created 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. The Australian Government also 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.

These crisis support services reported an increased demand for their services in March 2020 and have recorded fluctuations in activity during the course of the pandemic. Total demand for crisis and support organisations has trended upward since June 2021, with Lifeline reaching record call demand in September 2021 (Figure COVID.3). Direct comparisons between organisations are not meaningful due to differences in populations being serviced, service models, funding envelopes, workforce availability and information systems.

**Figure COVID.3: Crisis and support organisation contacts, by week, January 2019 – September 2021**

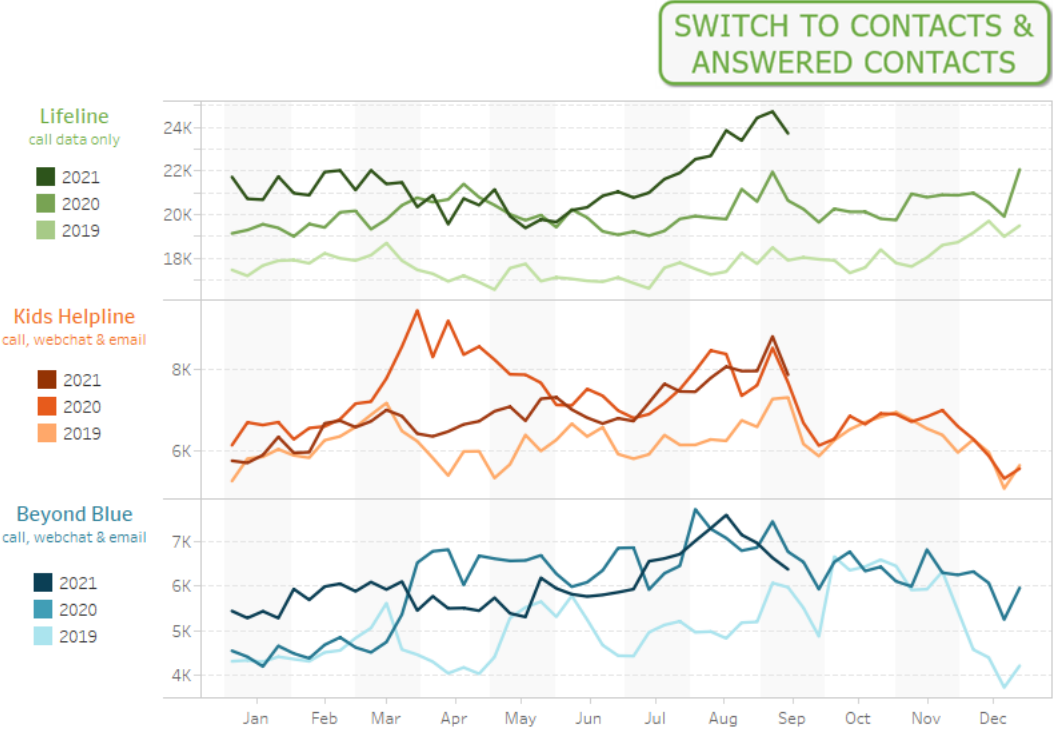


Figure COVID.3: Crisis and support organisation contacts, by week, January 2019 – September 2021 <http://www.aihw.gov.au/mhsa>

**Notes:**

**Figure COVID.3:**

- 1) Direct comparisons between organisations are not meaningful 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.

**Figure COVID.3.1:**

- 1) Direct comparisons between organisations are not meaningful 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 24 Aug – 20 Sep 2020, and the period in 2019 refers to 26 Aug – 22 Sep 2019.

Sources: Lifeline; Kids Helpline; Beyond Blue.

Figure COVID.3.1 can be found on the [MHSa website](#).



## Recent activity

In the 4 weeks to 19 September 2021, crisis organisation activity varied with different overall trends in demand by organisation in comparison to previous years. Lifeline saw demand that exceeded the same period in both 2019 and 2020 by a substantial margin, while Kids Helpline and Beyond Blue saw similar demand to the same period in 2020, but exceeded 2019. In the 4 weeks to 19 September 2021:

- 96,273 calls were offered by Lifeline, which is a 14.1% and 33.1% increase from the same periods in 2020 and 2019, respectively. Note that calls offered represent the number of callers who stayed on the line after listening to the announcements in the online menu.
- 85,908 calls were answered by Lifeline, which is an 11.7% and 47.8% increase from the same periods in 2020 and 2019, respectively.
- Kids Helpline received 32,572 answerable contact attempts (call, webchats and email), which is a 4.6% and 16.7% increase from the same periods in 2020 and 2019, respectively.
- 12,265 contacts were answered by Kids Helpline. This is a 14.1% decrease and a 19.8% increase from the same periods in 2020 and 2019, respectively. Of note is the fact that Kids Helpline have experienced remote working and workforce issues due to the lockdowns, resulting in decreased answered contacts compared to the same period in 2020. They have also noted increased vigilance and responses to duty of care related contacts, which take longer to handle and can impact overall responses. It should be noted 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 in April 2020.
- 15.1% of Kids Helpline answered and outbound contacts were related to COVID-19.
- 27,099 contacts were made to Beyond Blue (calls offered, webchats and email), which is a 2.7% decrease and a 20.9% increase from the same periods in 2020 and 2019, respectively (Figure COVID.3).
- 22,404 contacts were answered by Beyond Blue which is a 13.0% decrease and an 11.8% increase from the same periods in 2020 and 2019, respectively (Figure COVID.3.1).
- Contacts to the *Coronavirus Mental Wellbeing Support Service* accounted for 21.1% of all contacts to Beyond Blue.

The ReachOut and Head to Health websites saw increased activity during the first wave of the pandemic, peaking in March 2020 amid nationwide lockdown restrictions, with subsequent fluctuations. Since early July 2021, there has been a gradual uptrend in Head to Health activity, and ReachOut has seen an increase in mid-July from a seasonal low in late June and early July, followed by a



relatively steady period to mid-September. In the 4 weeks to 19 September 2021:

- ReachOut reported an average of 7,581 website users per day, a decrease of 34.9% and 14.9% compared to the same periods in 2020 and 2019, respectively.
- Head to Health received an average of 2,393 users per day, a decrease of 21.7% and an increase of 115.0% compared to the same periods in 2020 and 2019, respectively (Figure COVID.4).

**Figure COVID.4: Average number of daily website users, by website, week, January 2019 – September 2021**

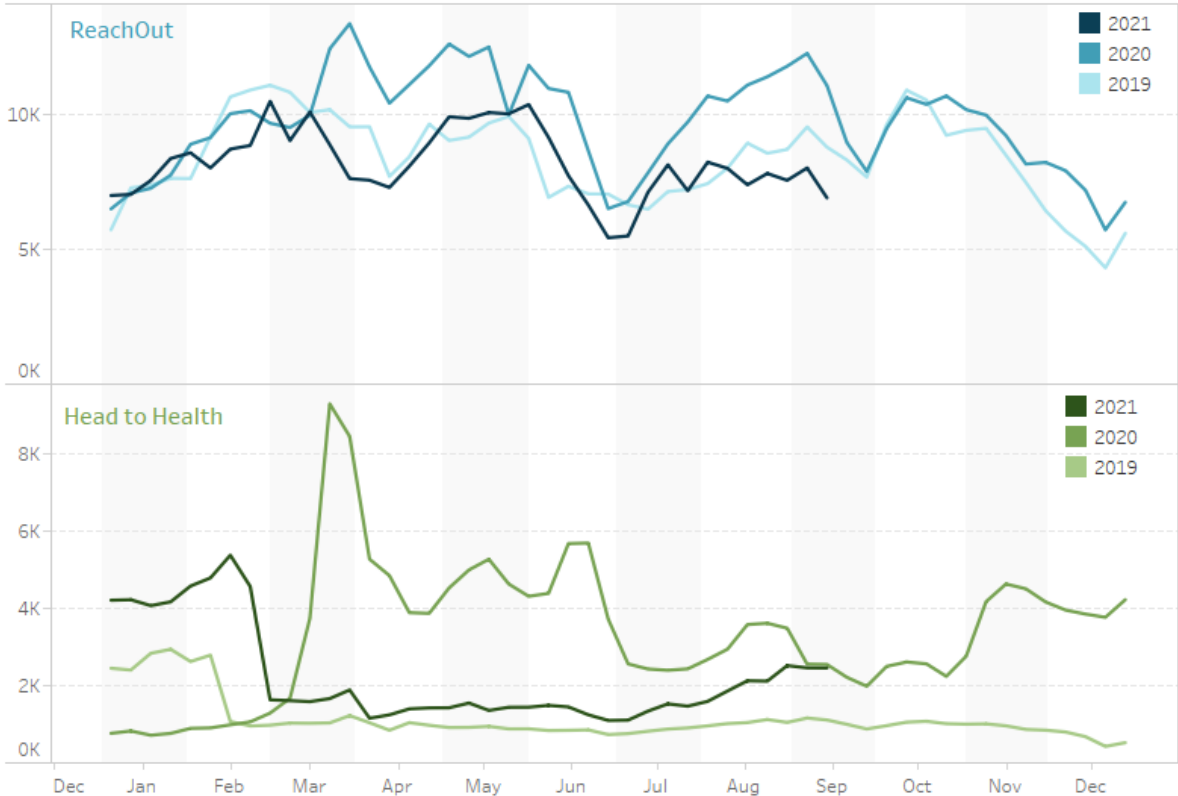


Figure COVID.4: Average number of daily website users, by website, week, January 2019 – September 2021

<http://www.aihw.gov.au/mhsw>

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

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

A key observation during the course of the pandemic has been the pattern of differential use of mental health-related services by state and territory residents. As at December 2020, New South Wales, Victoria and Queensland comprised 78.0% of Australia's population. However, New South Wales, Victoria and Queensland combined reported 96.3% of Australia's COVID-19 cases to 19 September 2021 (DoH 2021b). The jurisdictional version of the dashboard has focused on the mental health service use by residents of these 3 states.

## **Chronology of COVID-19 Pandemic Restrictions – New South Wales, Victoria, and Queensland**

### **New South Wales**

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 (NSW Health 2020). There was an outbreak in mid-June 2021 in Sydney's Eastern Suburbs, which spread from there to West and South Western Sydney (NSW Health 2021b).

Clusters developed in the Central Coast, Hunter New England, Western NSW, Far Western NSW, and Southern NSW regions. The NSW government reimposed strict lockdowns during this time across all regional NSW. This lockdown was extended throughout August 2021 and was partially lifted on 11 September 2021. (NSW Health 2021c, NSW Health 2021d).

### **Victoria**

On 4 August 2020, 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 far from home a person could travel, and on people gathering. Restrictions gradually lifted in Victoria as there were no newly diagnosed cases in the state for 6 weeks from 27 October 2020 to 10 December 2020 (Vic DHHS 2020). However, they were reintroduced over the New Year period following a cluster of community acquired cases. Over January and February there were locally acquired cases linked to hotel quarantine, sparking further lockdown restrictions (Vic DHHS 2021a). Lockdown restrictions were put in place across Victoria in mid July 2021 and continued into October 2021 for metropolitan Victoria, however restrictions have been eased in regional Victoria since early September (Vic DHHS 2021b, Vic Premier 2021).

## Queensland

The first restrictions were introduced in Queensland on 23 March 2020 with some businesses being required to close; restrictions tightened further, with stay-at-home rules and excluding non-Queensland residents from entering the state commenced from 3 April 2020 (APH 2021). As the state's first COVID-19 wave was controlled, restrictions began to ease from 26 April 2020 (APH 2021). However, many snap lockdowns were implemented in Greater Brisbane and South East Queensland throughout 2021, including from 8 to 11 January in Greater Brisbane, 29 March to 1 April in Greater Brisbane, 29 June to 2 July in South East Queensland, Townsville, and Palm Island, 29 June to 3 July in Brisbane and Moreton Bay, 31 July to 8 August in South East Queensland, and 8 to 11 August in Cairns (Qld Gov 2021).

## MBS mental health service activity in New South Wales, Victoria, and Queensland

In the 4 weeks to 19 September 2021 MBS service use increased in New South Wales (9.3%), Victoria (2.6%), and Queensland (7.9%), from the same 4-week period in 2020 (Figure COVID.5). Per capita, Victorians had the highest rate of MBS service use (5,525 services per 100,000 population), which is consistent with pre-pandemic service use trends. People in New South Wales (4,449 services per 100,000 population) and Queensland (4,778 services per 100,000) had higher rates of MBS service use compared to the rest of Australia (4,163 services per 100,000 population, excluding Victoria) (Figure COVID.5).

These states have seen differing demand for MBS services throughout the pandemic. The 4-week period with the highest mental health-related MBS service use during the pandemic to 19 September 2021 for each state was the 4 weeks to 12 September 2021 with 4,557 services per 100,000 population in New South Wales, 5,660 in Victoria, and 4,898 in Queensland.

**Figure COVID.5: MBS mental health services per 100,000 population, by jurisdiction, week of processing, January 2019 – September 2021**

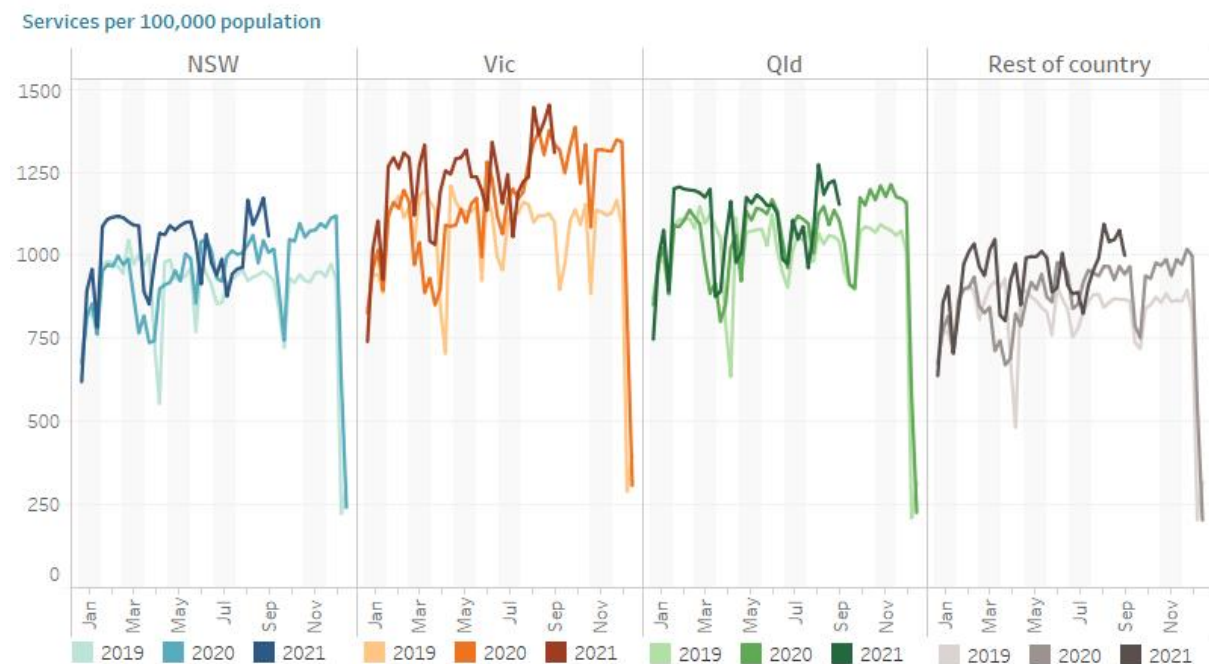


Figure COVID.5: MBS mental health services per 100,000 population, by jurisdiction, week of processing, January 2019 – September 2021

<http://www.aihw.gov.au/mhsa>

*Notes:*

- 1) Rest of country refers to MBS services identified as having been delivered for people usually residing in WA, SA, Tas, ACT and NT.
- 2) Rates are based on estimated resident populations as at 31 December 2018 for 2019, 31 December 2019 for 2020, and 31 December 2020 for 2021.
- 3) Data points represent week commencing date.

*Source:* Medicare Benefits Schedule data.

## MBS mental health telehealth services in New South Wales, Victoria, and Queensland

In the 4 weeks to 19 September 2021, just over half (53.3%) of services in New South Wales were delivered via telehealth, compared to half (49.6%) in Victoria, 15.8% in Queensland, and 14.7% in the rest of Australia excluding missing and unknown jurisdiction (Figure COVID.6).

Early in the pandemic there was a steep increase nationally in the proportion of mental health-related MBS services delivered via telehealth between March and April 2020 (corresponding with the introduction of a range of temporary telehealth items to the MBS), followed by a gradual decline through May and June 2021 for all states and territories except Victoria. There was a small peak in the proportion of services delivered via telehealth in New South Wales for the week beginning 21 December 2020 which corresponds with the start of the 3 week lockdown following the outbreak of COVID-19 in Sydney's Northern Beaches

(NSW Health 2021e). There has also been a large increase since 16 June 2021 when strict lockdown restrictions were reintroduced following the outbreak in Sydney's Bondi Beach (NSW Health 2021f). This increase grew to a record high in the proportion of services delivered via telehealth in New South Wales, with 54.0% in the weeks commencing 30 August 2021 and 6 September 2021.

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 gradually declined after peaking during August–September 2020, but remained higher than New South Wales and the rest of Australia until mid 2021. Spikes occurred in February, May/June and July coinciding with brief restrictions. From August to September of 2021, the proportion of telehealth services rose in line with state wide lockdowns implemented across the state from early August 2021 (44.1% of MBS services were delivered via telehealth in the week beginning 16 August 2021 and 51.5% in the week beginning 6 September 2021) (Vic DHHS 2021b, Vic DHHS 2021c).

The small peak in the proportion of services delivered via telehealth in Queensland at the end of March 2021 corresponds to a lockdown in Greater Brisbane (Qld Gov. 2021). A year-to-date high was seen in the week beginning 2 August 2021 with 30.4% of MBS services delivered via telehealth following the implementation of an 8 day lockdown in South East Queensland (Qld Gov 2021).

**Figure COVID.6: Proportion (per cent) of MBS mental health services delivered via telehealth, by jurisdiction, week of processing, March 2019 – September 2021**

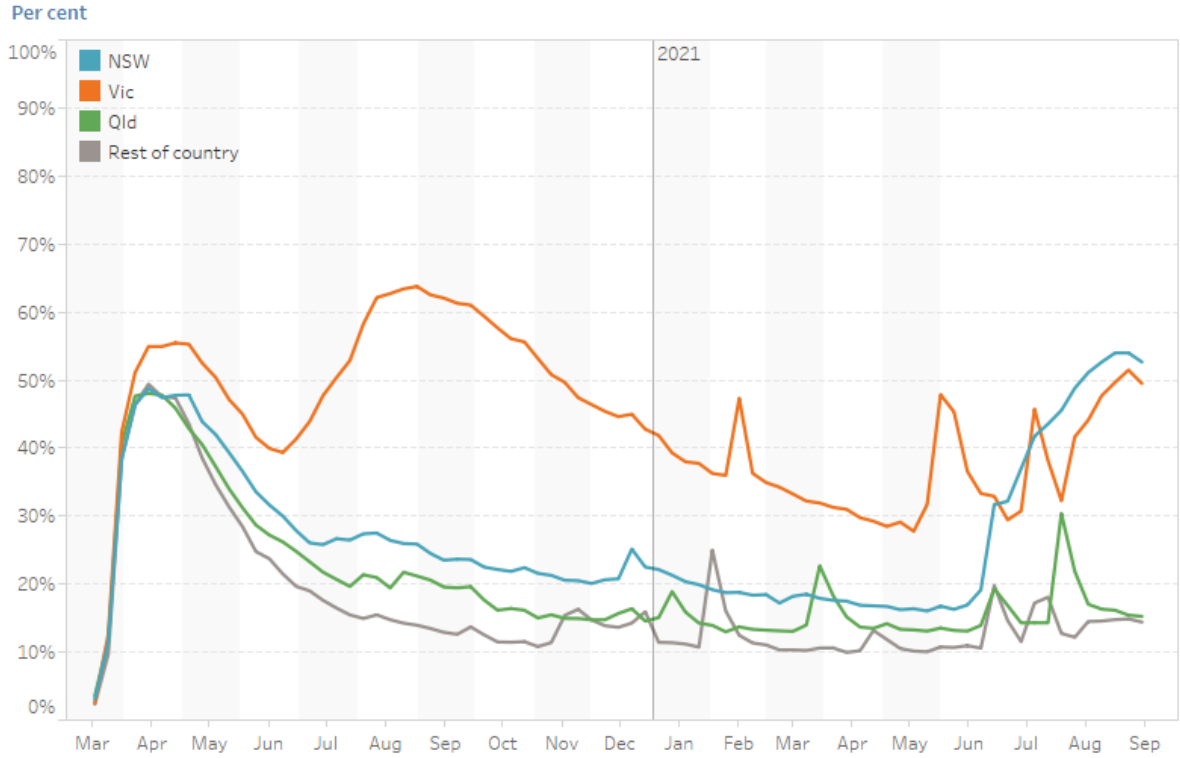


Figure COVID.6: Proportion (per cent) of MBS mental health services delivered via telehealth, by jurisdiction, week of processing, March 2020 – September 2021 <http://www.aihw.gov.au/mhsa>

*Notes:*

- 1) Rest of country refers to MBS services identified as having been delivered for people usually residing in WA, SA, Tas, ACT and NT.
  - 2) Data points represent week commencing date.
- Source: Medicare Benefits Schedule data.

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 until around April 2021. After that, the comparison period one-year prior is also during the pandemic, and the year-on-year comparison tends to differ between jurisdictions and organisations, and over time (Figure COVID.7).

**Lifeline**

In the 4 weeks to 19 September 2021:

- Lifeline answered 30,705 calls from New South Wales. This represented increases of 22.8% and 69.7% from the same periods in 2020 and 2019, respectively.
- Victoria (with 24,534 answered calls) saw increases of 8.5% and 54.8% from the same periods in 2020 and 2019, respectively.

- Queensland (with 12,684 answered calls) saw a decrease of 15.9% and an increase of 2.9% from the same periods in 2020 and 2019, respectively.
- The rest of Australia (with 17,985 answered calls) saw increases of 26.6% and 51.5% from the same periods in 2020 and 2019, respectively.

## **Kids Helpline**

In the 4 weeks to 19 September 2021:

- New South Wales accounted for 3,599 answered calls, webchats, emails, and outbound contacts with Kids Helpline, which is a decrease of 15.5% and an increase of 22.1% from the same periods in 2020 and 2019, respectively.
- Victoria (with 2,989 answered and outbound contacts) saw a decrease of 18.4% and an increase of 28.9% from the same periods in 2020 and 2019, respectively.
- Queensland (with 1,778 answered and outbound contacts) saw decreases of 24.3% and 14.1% from the same periods in 2020 and 2019, respectively.
- The rest of Australia (excluding missing and unknown jurisdiction) accounted for 2,439 answered and outbound contacts, which is a decrease of 1.3% and an increase of 36.0% from the same periods in 2020 and 2019, respectively.
- Of note is the fact that Kids Helpline have experienced remote working and workforce issues due to the lockdowns, resulting in decreased answered contacts compared to the same period in 2020. They have also noted increased vigilance and responses to duty of care related contacts, which take longer to handle and can impact overall responses.

## **Beyond Blue**

In the 4 weeks to 19 September 2021:

- Beyond Blue answered 5,393 calls, webchats, and emails from New South Wales (including the dedicated Beyond Blue COVID-19 Support Service). This represented increases of 8.7% and 36.7% from the same periods in 2020 and 2019, respectively.
- Victoria (with 5,002 answered contacts) saw a decrease of 25.6% and an increase of 31.3% from the same periods in 2020 and 2019, respectively.
- Queensland (with 2,201 answered contacts) saw decreases of 14.7% and 3.1% from the same periods in 2020 and 2019, respectively.
- The rest of Australia excluding missing and unknown jurisdiction (with 2,765 answered contacts) saw a decrease of 7.5% and an increase of 0.7% from the same periods in 2020 and 2019, respectively (Figure COVID.7, Figure COVID.7.1).



**Figure COVID.7: Crisis and support organisation answered contacts per 100,000 population, by jurisdiction, week, January 2019 – September 2021**

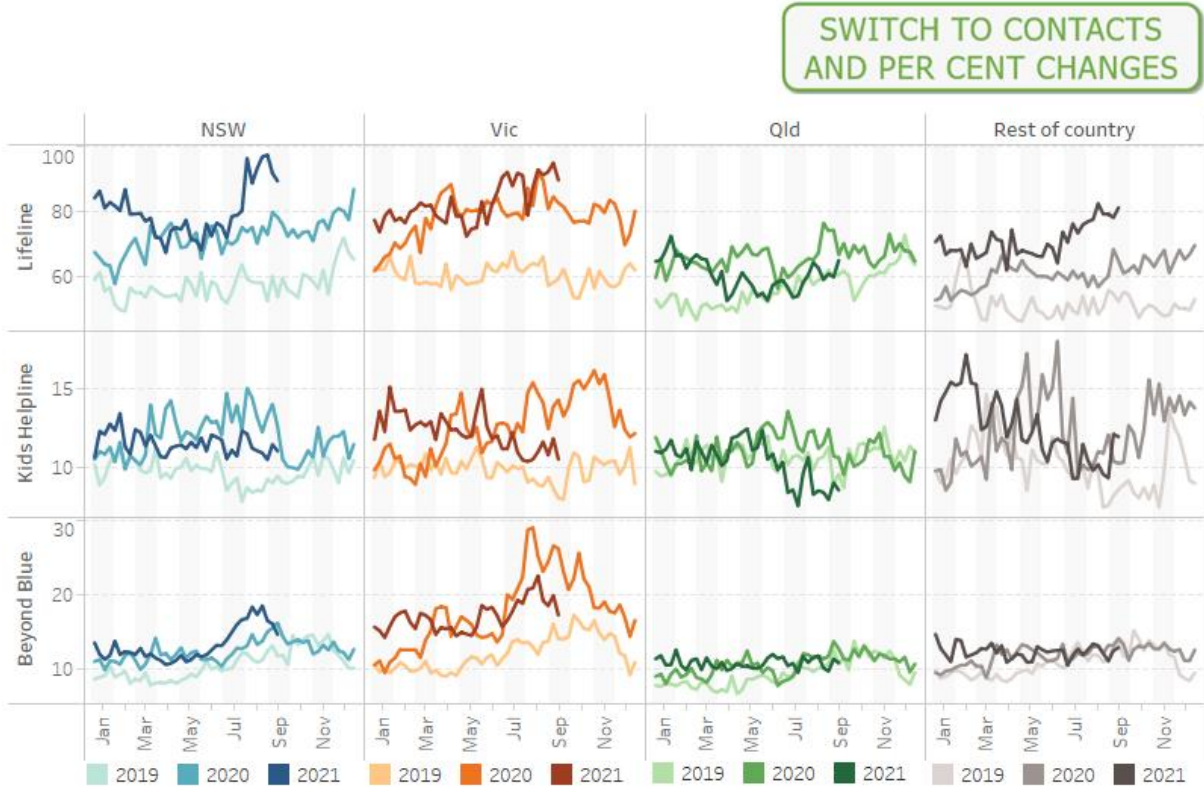


Figure COVID.7: Crisis and support organisation answered contacts per 100,000 population, by jurisdiction, week, January 2019 – September 2021

<http://www.aihw.gov.au/mhsw>

*Notes:*

**Figure COVID.7:**

- 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 WA, SA, Tas, ACT and NT.
- 4) Rates are based on estimated resident populations as at 31 December 2018 for 2019, 31 December 2019 for 2020, and 31 December 2020 for 2021.
- 5) Data points represent week commencing date.

**Figure COVID.7.1:**

- 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 WA, SA, Tas, ACT and NT.
- 4) The period in 2020 refers to dates 24 Aug – 20 Sep 2020, and the period in 2019 refers to 26 Aug – 22 Sep 2019.

Sources: Lifeline; Kids Helpline; Beyond Blue.

In the 4 weeks to 19 September 2021, 89,452 visits to the ReachOut website originated from New South Wales, a decrease of 24.0% from the same period in 2020. 57,338 visits originated from Victoria in the same period in 2021, a decrease of 38.0% from the same period in 2020. 29,084 visits originated from Queensland in the same period in 2021, a

decrease of 43.5% from the same period in 2020 (Figure COVID.8).

**Figure COVID.8: ReachOut weekly website visits per 100,000 population, by jurisdiction, week, January 2020 – September 2021**

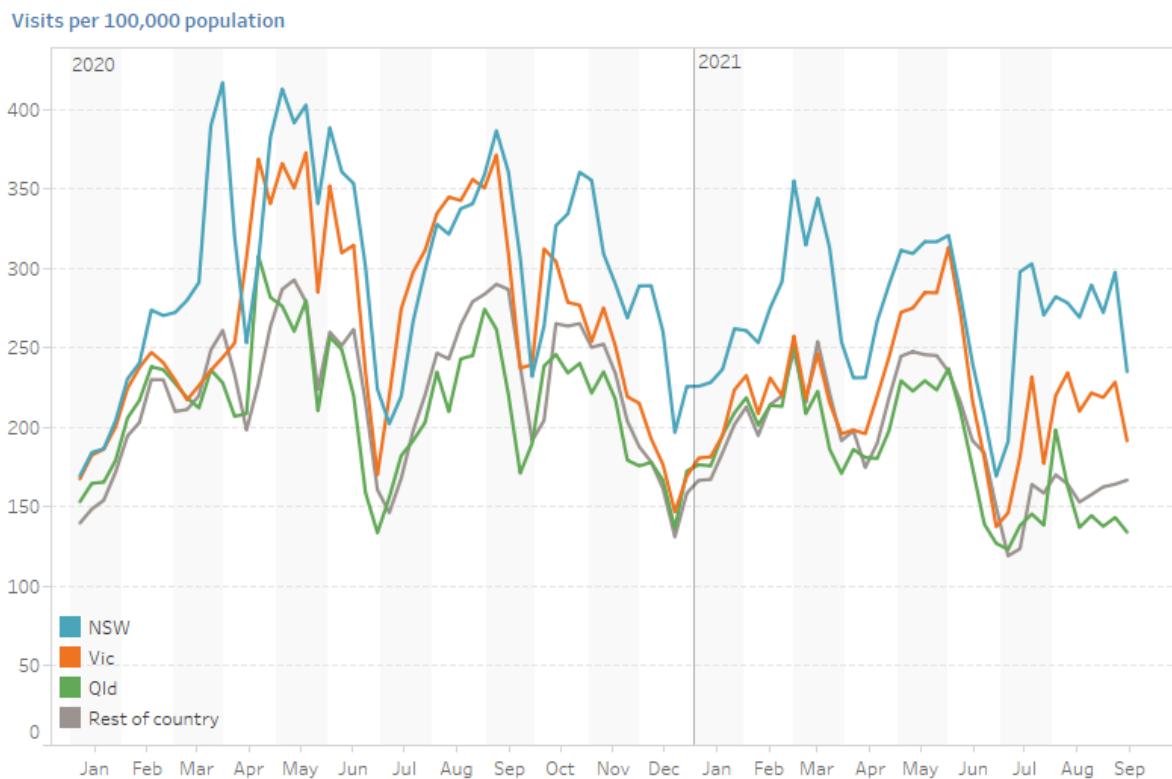


Figure COVID.8: ReachOut weekly website visits per 100,000 population, by jurisdiction, week, January 2020 – September 2021  
<http://www.aihw.gov.au/mhsa>

*Notes:*

- 1) Rest of country refers to visits identified as having originated in WA, SA, Tas, ACT and NT.
- 2) Rates are based on estimated resident populations as at 31 December 2019 for 2020 and 31 December 2020 for 2021.
- 3) Data points represent week commencing date.

Source: ReachOut.

## Emerging Research

A number of organisations have studied the impacts of the COVID-19 pandemic on the mental health of Australians since March 2020. The Australian National University's (ANU) *COVID-19 Impact Monitoring Survey Program* conducted surveys in February, April, May, August and November 2020 and in January, April and August 2021. The ABS has also conducted *The Household Impacts of COVID-19 Survey* on a monthly basis (survey ceased, final release published 14 July 2021) and University of Melbourne's Melbourne Institute has looked at the mental health impacts of COVID-19 in its weekly *Taking the Pulse of the Nation survey*. These surveys show similar findings about the impact of COVID-19 on the mental health of particular groups within the Australian population, for instance, young people and women are more likely to report higher levels of psychological distress.

The ANU's *COVID-19 Impact Monitoring Survey Program* collected information on attitudes to COVID-19, labour market outcomes, household income, financial hardship, life satisfaction and mental health (Biddle et al 2020a, Biddle et al 2020b; Biddle & Edwards 2021). The ANU was able to compare results with data collected via the ANUpoll on psychological distress prior to and during the pandemic. Data on psychological distress were collected from 2,500 respondents in 2017 (February), and over 3,000 respondents in 2020 (April, August, October and November) and 2021 (January and April). More information on the results of the ANUpoll are available on the [AIHW's Suicide and self-harm monitoring website](#), and in the [Australia's welfare 2021: in brief publication](#).

ANU's *COVID-19 Impact Monitoring Survey Program* study found that psychological distress fell from November 2020 to April 2021 (Biddle & Gray 2021). In August 2021, following the most recent outbreak of COVID-19, psychological distress worsened but remained lower than April to October 2020. The increase in psychological distress between April and August 2021 was greater for women than men (after controlling for levels of psychological distress in April 2021). Also, after controlling for other factors, women had higher levels of psychological distress in August 2021 compared with men (Biddle & Gray 2021). Psychological distress in August 2021 was not significantly different to the pre-pandemic level observed in February 2017 (Biddle & Gray 2021). In other words, the average level of psychological distress had returned to pre-COVID-19 levels. However, there were differences by age.

In August 2021, ANU published *The impact of COVID-19 on child mental health and service barriers: The perspective of parents* which focused on the effect of the pandemic on children (18 years and under). The report stated that less than half (about 2 in 5) of parents/carers of children aged 2–4 years saw a negative impact from the pandemic on mental health. Whereas a majority of parents/carers reported a negative mental health impact for children aged 5–18, with higher proportions reporting this for older children (about 3 in 5 pertaining to children aged 5–10, and about 7 in 10 pertaining to children aged 15–18) (Biddle et al 2021).

The *Household Impacts of COVID-19 Survey*, conducted monthly by the ABS from March 2020 to June 2021, collected information on the impact of the pandemic across a range of key areas, including psychological distress. During the 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 than people aged 65 years and over. The survey also reported:

- 20% of respondents experienced high or very high levels of psychological distress in June 2021, essentially the same as March 2021 (20%) and November 2020 (21%). The groups with the highest levels of reported psychological distress were Australians aged 18–34 years (30%), people living in Victoria (27%) and women (23%).
- 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 1 in 5 respondents still reported high or very high levels of psychological distress (ABS 2020; ABS 2021).

- Women were 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).
- In March 2021, fewer respondents (27%) reported feeling nervous at least some of the time, than in August 2020 (46%) and November 2020 (30%).
- In May 2021, 21% of respondents self-assessed their mental health as fair/poor, essentially the same as January 2021 (22%) and 27% of respondents reported putting more priority on their mental health during the pandemic; with 72% reporting that they used one or more strategies, excluding formal services, to manage their mental health during the pandemic.
- Worse mental health (compared to before the pandemic) was more likely to be reported by: people in Victoria (27%); those aged 18–34 years (24%); people who reported a mental health condition (32%); people with disability (23%); and renters (24%).

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 5–11 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, the 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 slightly 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 2020a).

*Taking the Pulse of the Nation* survey published on 10 July 2021 (reporting on the survey taken in the first week of July 2021) reported 1 in 5 Australians reported depressed or anxious most/all of the time while 23% of Australians reported financial stress (difficulty paying for essential goods and services) (Melbourne Institute 2021a). The survey published on 10 June 2021 was conducted while Victoria was in lockdown. Data collected 31 May 2021 to 5 June 2021 showed that 44% of Victorian respondents reported feeling depressed or anxious some/most of the time, compared with 40% nationally. The highest proportion of respondents feeling depressed or anxious some/most of the time was in South

Australia with 46% and the lowest proportion was in New South Wales with 36% (Melbourne Institute 2021b).

The Headspace *National Youth Mental Health Survey 2020* of 1,035 Australian youth (aged 12–25 years), published 27 June 2021, showed that the proportion of young people feeling lonely (lacking companionship) has been increasing over time, from 49% in 2018 to 54% in 2020. Those aged 12–14 years saw the most substantial increase in feeling they lacked companionship, rising from 41% in 2018 to 52% in 2020. Young women reported higher rates of feeling isolated than young men across every age group except those aged 22–25 years (Headspace 2021).

Studies by other researchers have focussed on the longer term mental health effects of COVID-19-related impacts, restrictions and lockdowns. These studies are reporting that initial increases in distress lessened for some demographics, as evidenced by indicators, such as suicide rates, life satisfaction, social connection and loneliness remaining largely stable throughout the first year of the pandemic into now. However, many pre-existing inequalities in psychological distress remain and being near or experiencing COVID-19 infection, struggling with financial uncertainty introduced by responses to the pandemic, and spending more time home schooling, engaged in chores, or reading pandemic-related media has been associated with more psychological distress and worse subjective well-being (Aknin et al. 2021).

## References

ABS (Australian Bureau of Statistics) 2020. 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.

Aknin, L., De Neve, J., Dunn, E., Fancourt, D., Goldberg, E., & Helliwell, J. et al. (2021). [Mental Health During the First Year of the COVID-19 Pandemic: A Review and Recommendations for Moving Forward](#), *The Lancet*, doi:10.31234/osf.io/zw93g.

APH (Australian Parliament House) 2021. [COVID-19: a chronology of state and territory government announcements \(up until 30 June 2020\) – Parliament of Australia \(aph.gov.au\)](#).

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 2021. [The impact of COVID-19 on child mental health and service barriers: The perspective of parents](#). Viewed 12 October 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 & 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.

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

DoH 2021b. [Coronavirus \(COVID-19\) at a glance – 19 September 2021 | Australian Government Department of Health](#). Viewed 30 September 2021.

Headspace 2021. [headspace National Youth Mental Health Survey 2020](#). Viewed 24 September 2021.

Melbourne Institute 2021a. [Taking the Pulse of the Nation, data 5-9 July 2021](#). Viewed 12 October 2021.

Melbourne Institute 2021b. [Taking the Pulse of the Nation, data 31 May – 5 June 2021](#). Viewed 12 October 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. [Stay-at-home orders for regional NSW from 5pm today](#). Viewed 13 October 2021.

NSW Health 2021b. [COVID-19 weekly surveillance in NSW epidemiological week 37, ending 18 September 2021](#). Viewed 12 October 2021.

NSW Health 2021c. [Media release, Lockdown extended to 30 July 2021](#). Viewed 12 October 2021.

NSW Health 2021d. [Media release Lockdown lifted in parts of regional NSW](#). Viewed 12 October 2021.

NSW Health 2021e. [COVID-19 \(Coronavirus\) statistics - News \(nsw.gov.au\)](#). Viewed 19 October 2021.

NSW Health 2021f. [Public health alert - COVID-19 case - News \(nsw.gov.au\)](#). Viewed 19 October 2021.

Premier of Victoria (Vic Premier) 2021. [Coronavirus Restrictions To Lift For](#)

[Regional Victoria | Premier of Victoria](#). Viewed 19 October 2021.

Qld Gov (Queensland Government) 2021. [Restrictions in Queensland | Health and wellbeing | Queensland Government \(www.qld.gov.au\)](#). Viewed 20 May 2021.

Services Australia (Australian Government) 2021 [Changes to patient services during the coronavirus \(COVID-19\) response](#). Viewed 30 August 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. [Coronavirus update for Victoria – 15 July 2021](#). Viewed 12 October 2021.

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) 2020. [Substantial investment needed to avert mental health crisis](#). Viewed 7 October 2020.