

Mental health impact of COVID-19

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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 SARS-CoV-2 virus itself, some of the measures necessary to contain its spread were also expected to negatively impact mental health (NMHC 2020). Widespread restrictions of movement, social distancing measures, physical isolation and lockdowns were widely implemented from March 2020. The sudden loss of employment and social interaction, with added stressors of moving to remote work or schooling, and more recently, impacts of sudden, localised lockdowns to prevent further outbreaks have negatively impacted the mental health of many Australians. There have been reports of stress, confusion, and anger due to the pandemic (Brooks et al. 2020) and, while many people may not experience any long-term issues, the pandemic has the potential to contribute to or exacerbate mental illness.

Throughout 2020 and 2021, many researchers gathered evidence revealing heightened levels of psychological distress during the pandemic. While there was a rise in the use of mental health services and an increase in psychological distress over this time, the pandemic has not been associated with a rise in suspected deaths by suicide. The heightened usage of mental health services continued through 2021 and at the time of writing (February 2022). 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 the Mental Health Services in Australia report, a range of 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 pandemic. Data is reported via two dashboards and includes information from the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS), crisis and support organisations (Lifeline, Kids Helpline, Beyond Blue), and analyses 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, with the arrangement expanding to include Western Australia from March 2022. Importantly, this involves a two-way sharing of data with the Australian Government.

Data downloads:

PDF: Mental Health Impact of COVID-19

This section of Mental Health Services in Australia (MHSiA) will be updated quarterly during the pandemic and was last updated in March 2022. It presents information reported via the mental health COVID-19 dashboards and focuses on activity during the 4-week period from 13 December 2021 to 9 January 2022.

- 'The same period 1 year ago' refers to the period 14 December 2020 to 10 January 2021.
- 'The same period 2 years ago' refers to the period 16 December 2019 to 12 January 2020, except where otherwise noted.

Events that may have impacted on service use over the period March 2020 to January 2022 across Australia, include:

- March 2020 – national lockdown introduced
- June 2020 – second wave of COVID-19 cases in Victoria
- August 2020 – Lockdown in Victoria
- October 2020 – Victorian lockdown eased
- December 2020 – outbreak of cases in Sydney's Northern Beaches
- January to March 2021 – brief snap lockdowns in some states and territories to contain COVID-19 spread
- July to October 2021 – a series of extensive lockdowns and/or extended lockdowns in New South Wales, Victoria, and Australian Capital Territory
- December 2021 and January 2022 – this period includes the Christmas and New Year public holidays. During this period there were widespread restrictions due to outbreaks of the Omicron variant across the nation.

MBS statistics are based on claims for services processed within a particular reporting period. Further information on mental health-related MBS items can be found in the Medicare-subsidised mental health-specific services section of MHSiA. Statistics relating to PBS scripts dispensed may be subject to change due to late claims and adjustments; over-the-counter medicines, medicines supplied to public hospital inpatients and private scripts (i.e., pharmacy prescriptions not dispensed under the PBS) are not included. Population rates are calculated using Australian Bureau of Statistics (ABS) estimated resident populations for the relevant periods.

Key points

- Between 16 March 2020 and 9 January 2022, almost **25 million** MBS-subsidised mental health-related **services** were processed.
- MBS-subsidised mental health services delivered via telephone or videoconference peaked during April 2020 when about half were delivered via **telehealth**. In the four weeks to 9 January 2022, **30.2%** of 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 mid-November 2021, weekly volume tracked above the same week one year prior. These patterns were observed across all jurisdictions.
- In the four weeks to 9 January 2022:
 - **Lifeline** received **89,679** calls, up **6.5%** and **16.0%** from the same periods 1 and 2 years ago respectively;
 - **Kids Helpline** received **22,935** answerable contact attempts, up **1.8%** and **0.4%** from the same periods 1 and 2 years ago respectively;
 - **Beyond Blue** received **21,425** contacts, down **5.7%** and up **26.7%** from the same periods 1 and 2 years ago respectively.

Mental Health Service Activity in Australia

Medicare-subsidised mental health-specific services

During the COVID-19 pandemic, the Australian Government introduced a wide range of additional services 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 by reducing the need for face-to-face contact. These MBS 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 response to the COVID-19 pandemic, the Government has invested \$195.1 million (combined total: DoH 2020a, DoH 2020b, DoH 2021b) to double the number of Medicare-subsidised psychological therapy sessions to 20 per year until 31 December 2022, and to make these available to residents of aged care facilities for the first time. Future arrangements under the initiative, including the number of sessions, will be guided by the outcomes of the Better Access evaluation currently underway. The evaluation is due for completion in 2022.

MBS mental health service activity in Australia

Between 16 March 2020 and 9 January 2022, about 25.0 million MBS-subsidised mental health-related services were processed nationally (and \$2.8 billion in benefits were paid). About 7.3 million (29.2%) of these services were delivered via telehealth (either telephone or videoconference) with \$877.5 million in benefits paid for telehealth services.

In the week beginning 16 March 2020 there were 238,044 services processed, increasing 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 and New Year period, which is consistent with seasonal patterns observed in previous years. Variability in the statistics 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 four weeks to 9 January 2022, 644,690 services were processed, 7.9% lower and 11.6% higher than the same periods 1 and 2 years ago, respectively. A drop was observed during March and April 2020 and 2021, which is consistent with previous years and is likely due to the Easter public holidays.

Figure COVID.1: Number of MBS mental health services, by week of processing, January 2020 – January 2022

SWITCH TO PROPORTION OF SERVICES

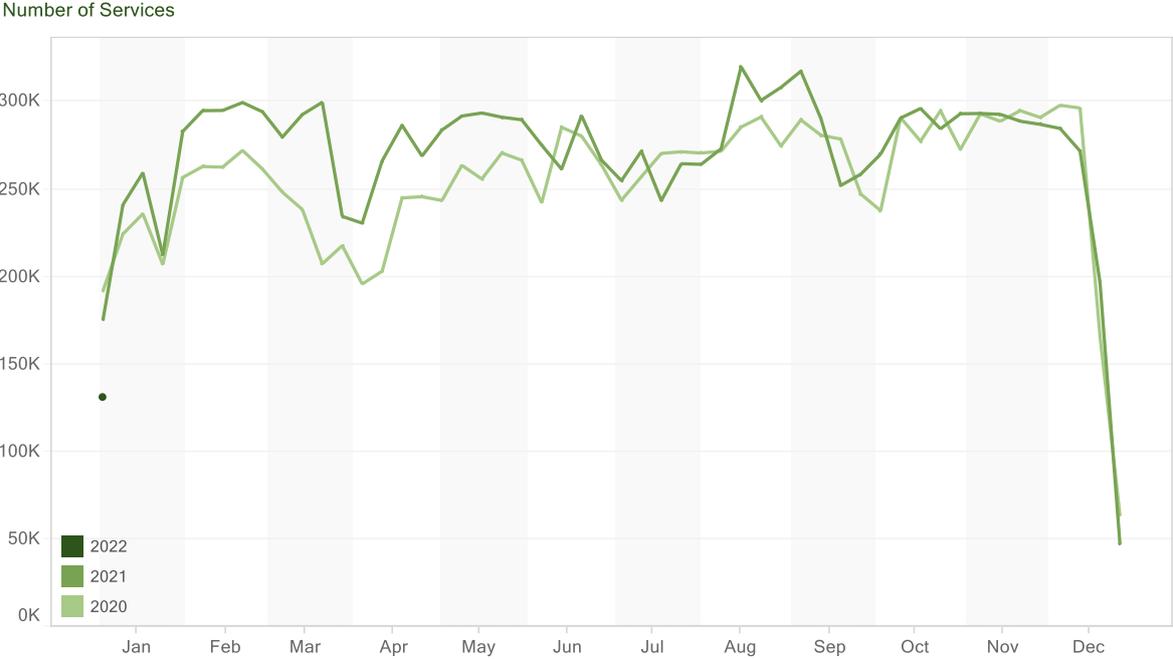


Figure COVID.1: Number of MBS mental health services, by week of processing, January 2020 - January 2022

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

Notes:

Figure COVID.1:

- 1. The drop in service numbers in late December 2021 – early January 2022 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.1.1: Per cent of MBS mental health services delivered by telehealth, by week of processing, January 2020 – January 2022

SWITCH TO NUMBER OF SERVICES



Figure COVID.1.1: Proportion (per cent) of MBS mental health services delivered by telehealth, by week of processing, January 2020 - January 2022 <http://www.aihw.gov.au/mhsa>

Notes:

Figure COVID.1.1:

- 1. Data points represent week commencing date.

Source: Medicare Benefits Schedule data.

The proportion of services delivered via telehealth peaked during April 2020 (Figure COVID.1.1) when about half were provided remotely. There was an uptrend in the use of telehealth services from late May 2021 to early October 2021 corresponding with lockdowns in response to COVID-19 outbreaks. The proportion of services delivered via telehealth in 2021 peaked in the week commencing 6 September 2021, with 38.0% of MBS services delivered via telehealth (Figure COVID.1.1). In the four weeks to 9 January 2022, 30.2% 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) mental health-related prescriptions

In March 2020, responding first to the bushfire crisis and then the COVID pandemic the Australian Government temporarily expanded existing Continued Dispensing arrangements through the Continued Dispensing (Emergency Measures) for most PBS and RPBS medicines supplied through community pharmacies to support Australians' continued access to PBS medicines in response to the pandemic (Services Australia 2021, DoH 2022a). These Continued Dispensing emergency arrangements were further expanded until 30 June 2022. These changes have 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 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 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 four weeks to 31 March 2019. In the four weeks to 28 November 2021, there was a 3.9% increase in mental health-related prescriptions dispensed under the PBS compared to the four weeks to 29 November 2020 (Figure COVID.2). Prescriptions for antidepressants increased by 5.0% between these periods. PBS data reported in fortnightly dashboards lag other sources by six 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 – November 2021

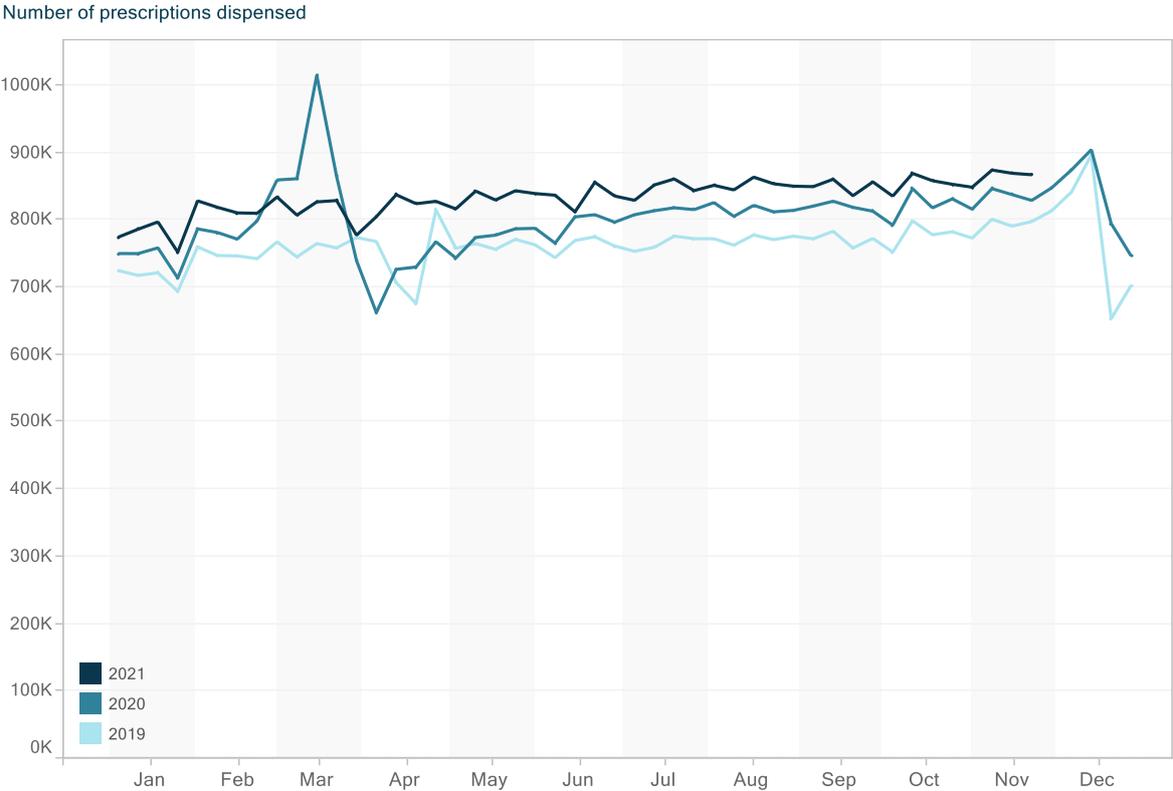


Figure COVID.2: Number of PBS mental health-related prescriptions dispensed, by week, January 2019 - November 2021 <http://www.aihw.gov.au/mhsa>

Notes:

- 1) Mental health-related prescriptions include medications classified as antidepressants (N06A); antipsychotics (N05A); anxiolytics (N05B); hypnotics and sedatives (N05C); and psychostimulants, agents used for ADHD and nootropics (N06B).
- 2) Data include PBS subsidised (above-co-payment) and under-co-payment prescriptions.
- 3) 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 pandemic support into their day-to-day services.

These crisis support services reported increased demand for their services in March 2020 and have since reported fluctuations in activity during the pandemic. Total demand for crisis and support organisations trended upward from June 2021 to early September 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 2020 – January 2022

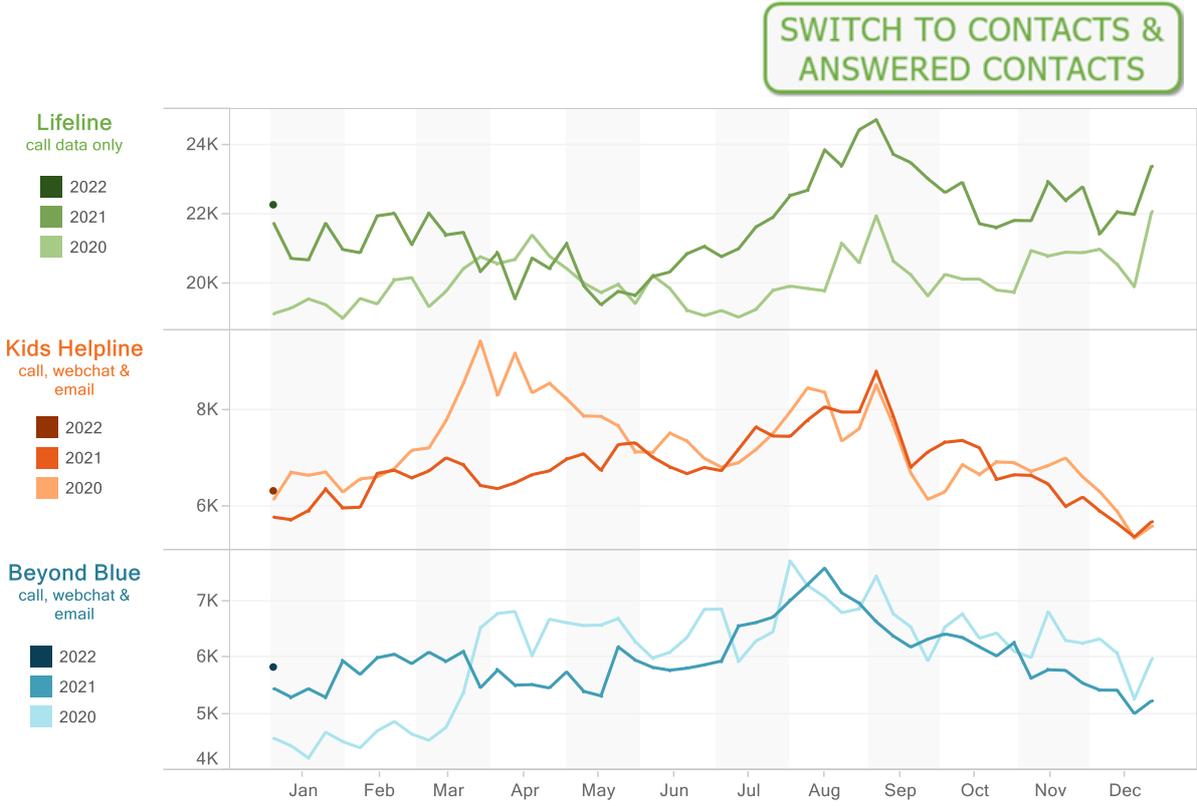


Figure COVID.3: Crisis and support organisation contacts, by week, January 2020 - January 2022

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

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.

Sources: Lifeline; Kids Helpline; Beyond Blue.

Figure COVID.3.1: Crisis and support organisation contacts and number of answered contacts for the four weeks from 13 December 2021 to 9 January 2022

SWITCH TO CONTACTS
BY WEEK

	Contacts			Answered contacts			Website
	Count	1-year change	2-year change	Count	1-year change	2-year change	Average users per day
Lifeline call data only	89,679	↑ 6%	↑ 16%	77,156	↑ 2%	↑ 22%	5,181
Kids Helpline call, webchat & email	22,935	↑ 2%	0%	11,172	↓ 16%	↓ 2%	5,327
Beyond Blue call, webchat & email	21,425	↓ 6%	↑ 27%	17,905	↓ 15%	↑ 13%	9,577

Figure COVID.3.1: Crisis and support organisation contacts and answered contacts, 13 December 2021 – 9 January 2022
<http://www.aihw.gov.au/mhsa>

Notes:

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 1 year ago refers to dates 14 December 2020 – 10 January 2021, and the period 2 years ago refers to 16 December 2019 – 12 January 2022.

Sources: Lifeline; Kids Helpline; Beyond Blue.

Recent activity

In the four weeks to 9 January 2022, crisis organisation activity varied with different overall trends in demand by organisation in comparison to previous years. Lifeline and Kids Helpline saw demand that exceeded the same period 1 year ago. While Lifeline demand exceeded the same period 2 years ago, Kids Helpline saw almost no change in demand from the same period 2 years ago. Beyond Blue saw decreased demand from the same period 1 year ago, but demand exceeded the same period 2 years ago.

Lifeline

In the four weeks to 9 January 2022:

- 89,679 calls were offered to Lifeline, which is a 6.5% and 16.0% increase from the same periods 1 and 2 years ago, respectively. Note that calls offered represent the number of callers who stayed on the line after listening to the announcements in the online menu.
- 77,156 calls were answered by Lifeline, which is a 1.5% and 21.7% increase from the same periods 1 and 2 years ago, respectively.

Kids Helpline

In the four weeks to 9 January 2022:

- Kids Helpline received 22,935 answerable contact attempts (call, webchats and email), which is a 1.8% and 0.4% increase from the same periods 1 and 2 years ago, respectively.
- 11,172 contacts were answered by Kids Helpline. This is a 15.7% and 2.1% decrease from the same periods 1 and 2 years ago, respectively. Of note is 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.
- 3.3% of Kids Helpline answered and outbound contacts were related to COVID-19, compared to 15.0% in the four weeks to 19 September 2021.

Beyond Blue

In the four weeks to 9 January 2022:

- 21,425 contacts were made to Beyond Blue (calls offered, webchats and email), which is a 5.7% decrease and a 26.7% increase from the same periods 1 and 2 years ago, respectively (Figure COVID.3).
- 17,905 contacts were answered by Beyond Blue which is a 15.4% decrease and a 13.3% increase from the same periods 1 and 2 years ago, respectively (Figure COVID.3.1).
- Contacts to the *Coronavirus Mental Wellbeing Support Service* accounted for 15.6% of all contacts to Beyond Blue compared to 21.1% in the four weeks to 19 September 2021.

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. From early July 2021 to early October

2021, there has been a gradual uptrend in Head to Health activity followed by a gradual down trend to January 2022, which may be due to the Christmas period. ReachOut saw an increase in mid-July 2021 from a seasonal low in late June 2021 and early July 2021, followed by a gradual decrease from early October 2021 to January 2022. In the four weeks to 9 January 2022, which may be due to the Christmas period:

- ReachOut reported an average of 4,654 website users per day, **a decrease of 30.2% and 13.6%** compared to the same periods 1 and 2 years ago, respectively.
- Head to Health received an average of 966 users per day, **a decrease of 76.0% and an increase of 60.8%** compared to the same periods 1 and 2 years ago, respectively (Figure COVID.4).

Figure COVID.4: Website users per day (weekly average), January 2020 – January 2022

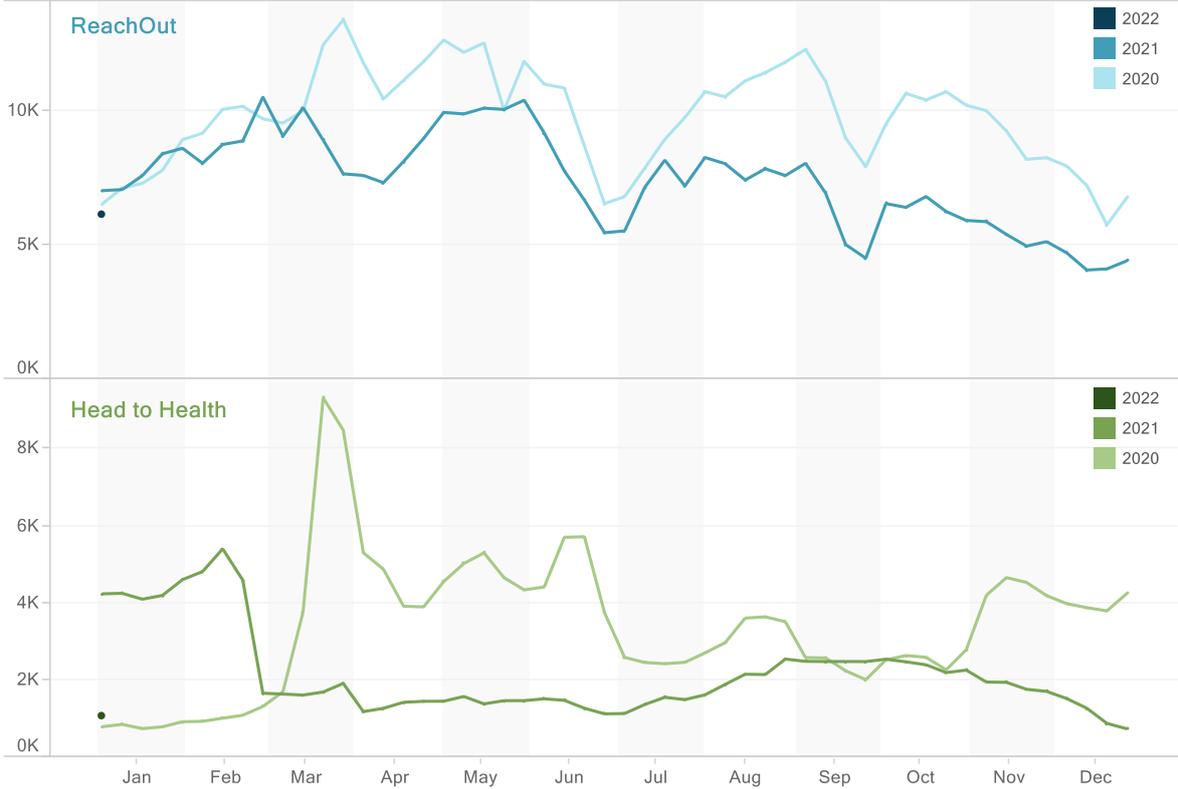


Figure COVID.4: Average number of daily website users, by website, week, January 2020 - January 2022

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

Note:

1. Data points represent week commencing date.
2. Spike in March 2020 for Head to Health likely relates to the release of COVID-19 page on 20 March 2020 and a direct link from the Department of Health website.
3. Since July 2021, several factors have contributed to a decrease in ReachOut website users, including seasonal decreases during school holiday periods, Google search algorithm changes, reductions in external marketing support and funding from Google, Facebook, NSW, and Beyond Blue, and an administrative error which resulted in some under-reporting. ReachOut is working to address these factors.

Sources: Head to Health; ReachOut.

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

A key observation during the pandemic has been the pattern of differential use of mental health-related services by state and territory residents. As at June 2021, New South Wales, Victoria and Queensland comprised 77.9% of Australia's population. However, New South Wales, Victoria and Queensland combined reported 93.1% of Australia's COVID-19 cases to 9 January 2022 (DoH 2022b). The jurisdictional version of the dashboard has focused on the mental health service use by residents of these three states.

Chronology of COVID-19 Pandemic Restrictions

New South Wales

The New South Wales government imposed a number of general restrictions on gatherings and movement during the pandemic. Areas identified as 'hotspots' were 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 (NSW Health 2021a). This lockdown was extended throughout August 2021 and was partially lifted on 11 September 2021 (NSW Health 2021c, NSW Health 2021d).

From 11 October 2021 state lockdowns were eased, for the fully vaccinated stay at home orders were removed, venues were re-opened, and mask wearing outdoors was no longer required (NSW Health 2021g). From 18 October 2021 mask wearing requirements and restrictions on gathering numbers were further lifted (NSW Health 2021h). From 15 December 2021 density limits were removed, and check-ins were only required for high-risk venues and at the discretion of the proprietor (NSW Health 2021i).

Through the Christmas period and into January the lifting of restrictions, together with the introduction of the Omicron variant of COVID-19 coincided with a significant increase in cases in NSW, from a low of 208 daily case numbers on 5 December 2021 to a peak of 45,098 on 7 January 2022 (NSW Health 2021j, NSW Health 2021k). On 8 January 2022 state-wide restrictions were reintroduced, singing and dancing was banned in large venues, and non-urgent elective surgery was paused (NSW Premier 2021). These restrictions had begun to ease 18 February 2022 (NSW Premier 2022).

Victoria

On 4 August 2020, lockdown restrictions began in Melbourne and surrounding regional areas to reduce the number of COVID-19 cases following the start of Victoria's second wave. Restrictions included 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 six 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). In October 2021 several short-term lockdowns occurred in Greater Shepparton, Moorabool Shire, City of Latrobe, and Mildura (Vic DHHS 2021c, Vic DHHS 2021d, Vic DHHS 2021e, Vic DHHS 2021f).

From 29 October 2021 restrictions were eased across the state (Vic DHHS 2021g). On 26 November evidence of vaccination was required across a wide range of industries (Vic DHHS 2021h). On 24 December mandatory indoor mask wearing was reintroduced (Vic DHHS 2021i).

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 Southeast 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 Southeast 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).

From December 2021 and into January 2022 mandatory mask wearing was introduced across the state in outdoor and indoor spaces.

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

In the four weeks to 9 January 2022, mental health-related MBS service use decreased in New South Wales (8.6%), Victoria (9.3%), and Queensland (9.1%), from the same time 1 year ago (Figure COVID.5). During this period, Victorians had the highest rate of MBS service use per capita (2,908 services per 100,000 population), which has been consistent throughout the pandemic and with pre-pandemic service use trends. In the four weeks to 9 January 2022, people in New South Wales (2,370 services per 100,000 population) and Queensland (2,436 services per 100,000) had higher rates of MBS service use compared to the rest of Australia (2,291 services per 100,000 population, excluding New South Wales, Victoria, and Queensland) (Figure COVID.5).

These states have seen differing demand for MBS services throughout the pandemic. The four-week period with the highest mental health-related MBS

service use during the pandemic to 19 September 2021 for each state was the four weeks to 12 September 2021 with 4,548 services per 100,000 population in New South Wales, 5,671 in Victoria, and 4,873 in Queensland.

Figure COVID.5: MBS mental health services per 100,000 population, by jurisdiction, week of processing, January 2020 – January 2022

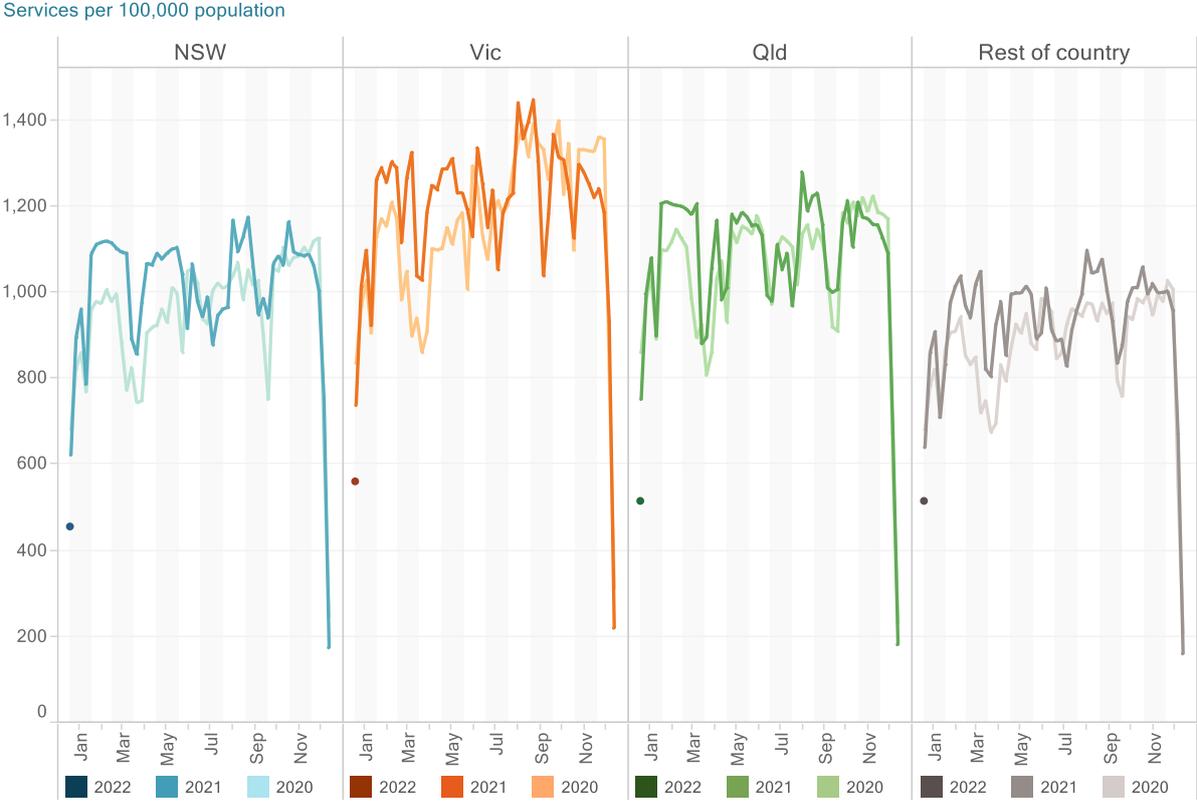


Figure COVID.5: MBS mental health services per 100,000 population, by jurisdiction week of processing, January 2020 - January 2022 <http://www.aihw.gov.au/mhsa>

- 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 of 30 June 2019 for 2020 and 30 June 2020 for 2021 and 30 June 2021 for 2022.
 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 four weeks to 9 January 2022, more than one third (36.3%) of services in New South Wales were delivered via telehealth, compared to 40.9% in Victoria, 18.7% in Queensland, and 16.3% in the rest of Australia (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.

New South Wales

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 from June 2021 to September 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. Following this there was a gradual decrease with easing restrictions, to November 2021. There has been rise in services delivered via telehealth through December and early January aligning with the recent increase in COVID-19 Omicron case numbers, with 39.2% of MBS mental health-related services delivered via telehealth in the week commencing 3 January 2022. A similar rise can also be observed across the other states.

Victoria

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). Victoria has seen a decline through October, stabilising at approximately 40 per cent November 2021 with a small increase in late December 2021 and Early January 2022 related to an increase in COVID-19 Omicron case numbers (43.2% of MBS mental health-related services delivered via telehealth in the week commencing 3 January 2022) (Vic DHHS 2021b, Vic DHHS 2021c).

Queensland

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 Southeast Queensland (Qld Gov 2021).

From mid-August 2021 to late December 2021, the proportion of telehealth services remained relatively stable around 15%, before increasing to 24.9% in the in the week commencing 3 January 2022.

Figure COVID.6: Proportion (per cent) of MBS mental health services delivered via telehealth, by jurisdiction, week of processing, March 2019 – January 2022

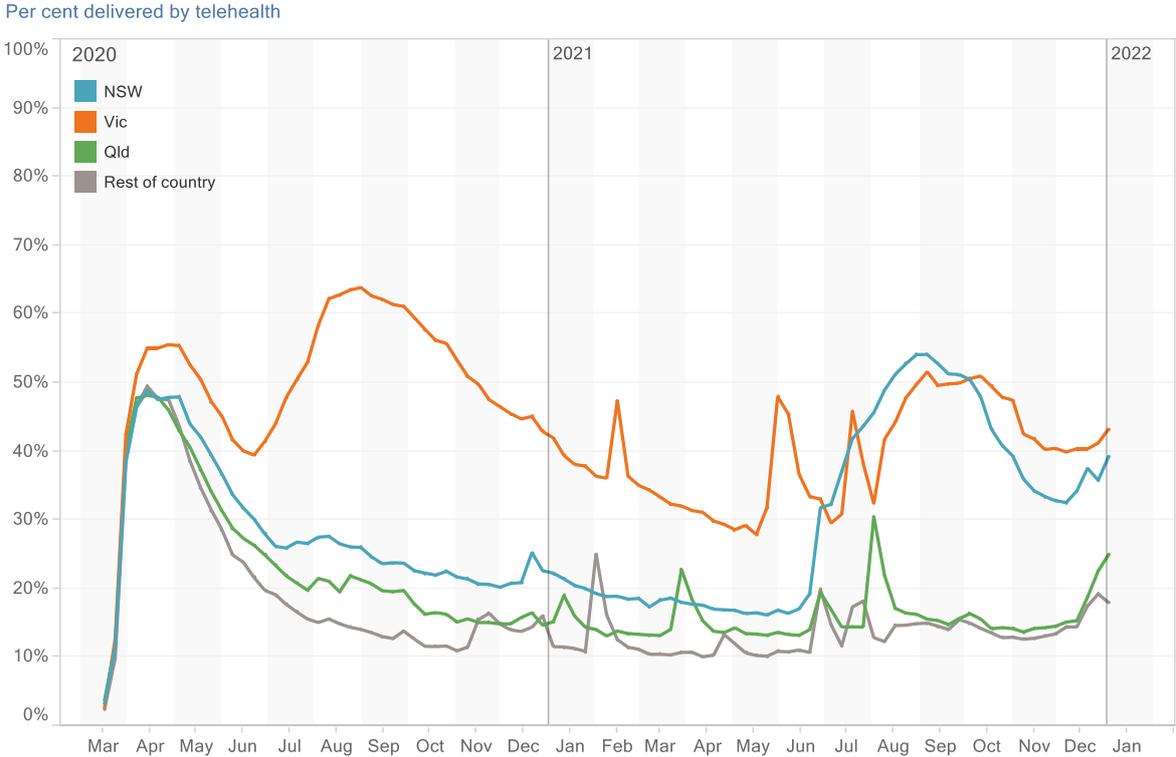


Figure COVID.6: Proportion (per cent) of MBS mental health services delivered via telehealth, by jurisdiction, week of processing, March 2020 - January 2022

<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.

Crisis and support organisation activity in New South Wales, Victoria, and Queensland

For New South Wales and Victoria, from the early stages of the pandemic in Australia to March 2021, contacts per 100,000 population answered by Lifeline, Kids Helpline and Beyond Blue, tended to be higher than the same period one-year prior until around April 2021. After that, as the comparison periods also occurred during the pandemic, year-on-year comparisons tend to differ between jurisdictions and organisations, and over time (Figure COVID.7).

Lifeline

In the four weeks to 9 January 2022:

- Lifeline answered 26,735 calls from New South Wales. This represented a decrease of 0.4% and an increase of 21.4% from the same periods 1 and 2 years ago, respectively.

- Victoria (with 20,975 answered calls) saw increases of 4.4% and 26.9% from the same periods 1 and 2 years ago, respectively.
- Queensland (with 14,835 answered calls) saw increases of 8.4% and 10.8% from the same periods 1 and 2 years ago, respectively.
- The rest of Australia (excluding missing and unknown jurisdiction, with 14,610 answered calls) saw a decrease of 4.9% and an increase of 27.4% from the same periods 1 and 2 years ago, respectively.

Kids Helpline

In the four weeks to 9 January 2022:

- New South Wales accounted for 3,343 answered calls, webchats, emails, and outbound contacts with Kids Helpline, which represents decreases of 9.2% and 0.4% from the same periods 1 and 2 years ago, respectively.
- Victoria (with 2,597 answered and outbound contacts) saw decrease of 19.7% and 2.7% from the same periods 1 and 2 years ago, respectively.
- Queensland (with 1,829 answered and outbound contacts) saw decreases of 13.2% and 20.1% from the same periods 1 and 2 years ago, respectively.
- The rest of Australia (excluding missing and unknown jurisdiction, with 2,348 answered and outbound contacts) saw a decrease of 23.4% and an increase of 8.2% from the same periods 1 and 2 years ago, 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 four weeks to 9 January 2022:

- Beyond Blue answered 4,011 calls, webchats, and emails from New South Wales (including the dedicated Beyond Blue COVID-19 Support Service). This represented a decrease of 1.8% and an increase of 16.1% from the same periods 1 and 2 years ago, respectively.
- Victoria (with 3,714 answered contacts) saw a decrease of 13.0% and an increase of 31.1% from the same periods 1 and 2 years ago, respectively.
- Queensland (with 2,043 answered contacts) saw a decrease of 9.4% and an increase of 12.8% from the same periods 1 and 2 years ago, respectively.
- The rest of Australia (excluding missing and unknown jurisdiction, with 2,599 answered contacts) saw a decrease of 7.6% and an increase of 27.0% from the same periods 1 and 2 years ago, 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 2020 – January 2022

SWITCH TO CONTACTS AND PER CENT CHANGES

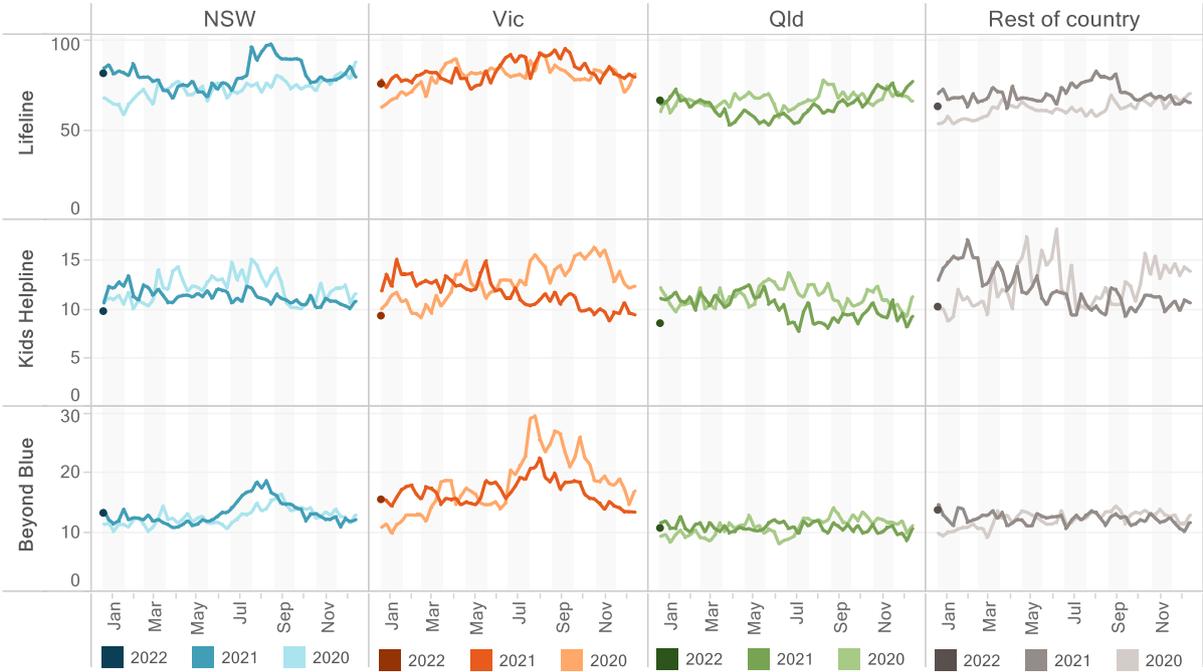


Figure COVID.7: Crisis and support organisation answered contacts per 100,000 population, by jurisdiction, week, January 2020 - January 2022 <http://www.aihw.gov.au/mhsa>

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. Interpretation of Beyond Blue answered contacts should be made with caution 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 30 June 2019 for 2020 and 30 June 2020 for 2021 and 30 June 2021 for 2022.
- 5) Data points represent week commencing date.

Sources: Lifeline; Kids Helpline; Beyond Blue.

Figure COVID.7.1: Crisis and support organisation answered contacts in the four weeks to 9 January 2022, by jurisdiction

SWITCH TO CONTACTS BY WEEK

	NSW	Vic	Qld	Rest of country
Lifeline				
Answered contacts	26,735	20,975	14,835	14,610
1-year change	0%	4%	8%	-5%
2-year change	21%	27%	11%	27%
Kids Helpline				
Answered contacts	3,343	2,597	1,829	2,348
1-year change	-9%	-20%	-13%	-23%
2-year change	0%	-3%	-20%	8%
Beyond Blue				
Answered contacts	4,011	3,714	2,043	2,599
1-year change	-2%	-13%	-9%	-8%
2-year change	16%	31%	13%	27%

Figure COVID.7.1: Crisis and support organisation contacts and per cent changes from comparison periods, by jurisdiction, 13 December 2021 - 9 January 2022

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

Alt Text 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. 13 Dec to 9 Jan
4. The same period 1 year ago' refers to the period 14 December 2020 to 10 January 2021. 'The same period 2 years ago' refers to the period 16 December 2019 to 12 January 2020.

Sources: Lifeline; Kids Helpline; Beyond Blue.

ReachOut

In the four weeks to 9 January 2022:

- 47,363 visits to the ReachOut website originated from New South Wales, a decrease of 36.0% from the same period 1 year ago.
- 33,542 visits originated from Victoria, a decrease of 25.3% from the same period 1 year ago.
- 24,560 visits originated from Queensland, a decrease of 26.9% from the same period 1 year ago.

25,069 visits originated from the rest of Australia (excluding missing and unknown jurisdiction), a decrease of 28.0% from the same period 1 year ago (Figure COVID.8).

Figure COVID.8: ReachOut weekly website visits per 100,000 population, by jurisdiction, week, January 2020 – January 2022

Visits per 100,000 population

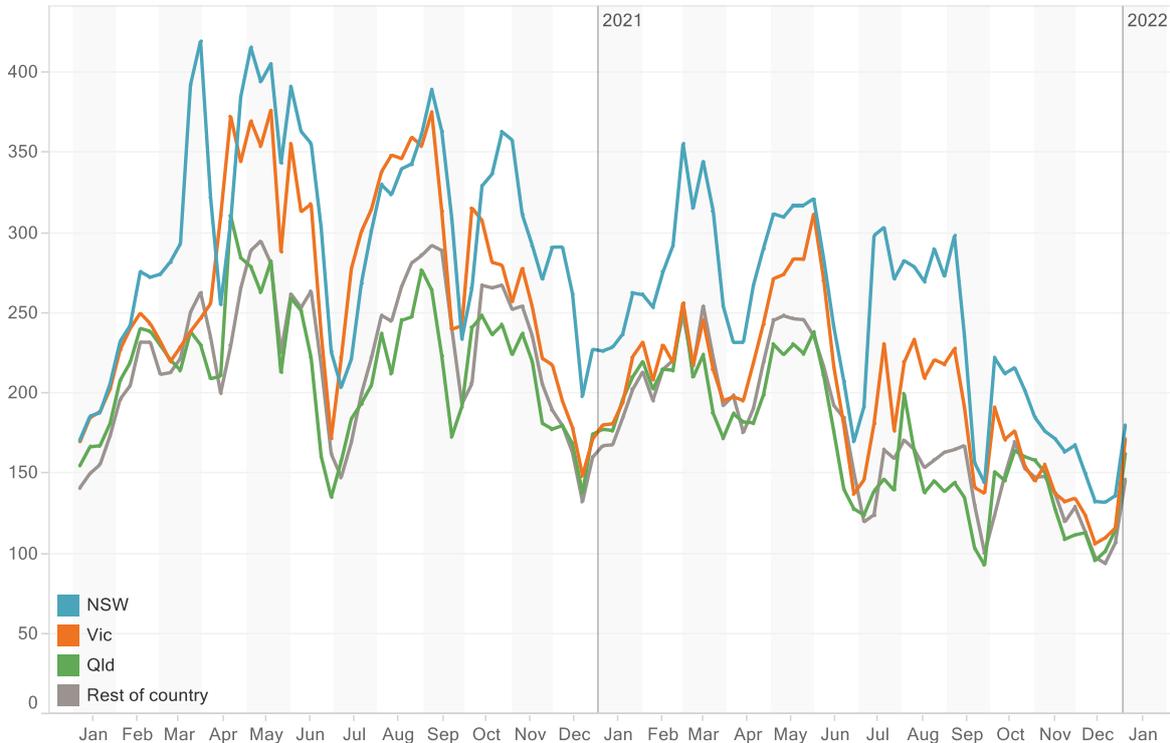


Figure COVID.8: ReachOut weekly website visits per 100,000 population, by jurisdiction, week, January 2020 - January 2022

<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 30 June 2019 for 2020 and 30 June 2020 for 2021 and 30 June 2021 for 2022.
3. Data points represent week commencing date.

Source: ReachOut.

Emerging research

Researchers and other organisations have studied the impacts of the COVID-19 pandemic on the mental health of Australians. The Australian National University's (ANU) *COVID-19 Impact Monitoring Survey Program* conducted surveys in February, April, May, August, and November 2020, in January, April, August and October 2021, and in January 2022. The ABS has also conducted *The Household Impacts of COVID-19 Survey* monthly (survey ceased, final release published 14 July 2021) and University of Melbourne's Melbourne Institute has looked at the mental health impacts of the pandemic in its weekly *Taking the Pulse of the Nation* survey. These surveys show similar findings about the impact of the pandemic 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.

COVID-19 Impact Monitoring Survey Program

The ANU researchers collected information on attitudes to the pandemic, labour market outcomes, household income, financial hardship, life satisfaction and mental health (Biddle et al 2020a, Biddle et al 2020b; Biddle & Edwards 2021). Results were compared 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 researchers found that psychological distress fell from November 2020 to April 2021 (Biddle & Gray 2021). In August 2021, following an 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 report *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 most 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).

In January 2022, ANU published the report *Tracking wellbeing outcomes during COVID-19 pandemic (January 2022): Riding the Omicron wave* which summarises the findings of the 10th ANUpoll conducted January 2022, which include the initial period of the Omicron variant wave. The survey estimates that 7.7% of Australians had received a positive COVID-19 test in the preceding three months. Average levels of psychological distress were significantly above that of between November 2020 to August 2021 as well as the pre-COVID baseline February 2017, but lower than the peaks in April and October 2020 and October 2021 (Biddle & Gray 2022).

Household Impacts of COVID-19 Survey

The Household Impacts of COVID-19 Survey, conducted monthly by the ABS between March 2020 and 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%).

Taking the Pulse of the Nation

Researchers at the Melbourne Institute conducted a weekly Taking the Pulse of the Nation survey between April 2020 and December 2021. 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 2020).

Taking the Pulse of the Nation survey published on 10 July 2021 (reporting on the survey taken in the first week of July 2021) found 1 in 5 Australians reported feeling 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).

National Youth Mental Health Survey 2020

The Headspace National Youth Mental Health Survey 2020 of 1,035 Australian youth (aged 12–25 years) 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 the pandemic 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).

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