

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 there is no evidence to date that COVID-19 has 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 (September 2021) was ongoing. More information on data on suspected deaths by suicide during 2020 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, Beyond Blue, Kids Helpline), 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 2-way sharing of data: the Australian Government shares data in confidence with these jurisdictions and they share their data in return.

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 October 2021. It presents information reported via the mental health COVID-19 dashboards issued on 7 July 2021. Consequently, reporting focuses on activity during the four-week period from 31 May 2021 to 27 June 2021. During this four-week period New South Wales was experiencing a tightening of social distancing restrictions for Greater Sydney, Blue Mountains, Central Coast, Wollongong, and Shellharbour and Victoria had circuit breaker restrictions in place. The circuit breaker activities begun to ease in Victoria on 17 June 2021 and were further eased on 24 June 2021. During the four-week period, Queensland had no restrictions in place.

The same period in 2020' refers to the period 1–28 June 2020 and 'the same period in 2019' refers to the period 3–30 June 2019, except where specifically noted in text. Note these periods all contain the Queen's Birthday public holidays for all jurisdictions except Queensland and Western Australia. MBS statistics are based on claims processed within reporting periods. 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 30 June 2019 for 2019 and at 30 June 2020 for 2020 onwards.

Key points

- Between 16 March 2020 and 27 June 2021, almost **17.6 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 27 June 2021, **22.0%** 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 mid-May 2021 weekly volume tracked above the same period for the year prior. These

patterns were observed across all jurisdictions.

- In the 4 weeks to 27 June 2021:
 - **Lifeline** had **81,033** calls offered, up **2.9%** and **19.1%** from the same periods in 2020 and 2019 respectively;
 - **Kids Helpline** received **27,807** answerable contact attempts, down **4.5%** and up **7.5%** from the same periods in 2020 and 2019 respectively;
 - **Beyond Blue** received **23,326** contacts, down **5.5%** and up **11.0%** 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. 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 subsidised MBS items include mental health services provided by GPs, psychiatrists, psychologists and other allied health workers.

MBS-subsidised services under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS 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-subsidised individual psychology sessions for people in areas subject to lockdown restrictions due to the pandemic. As part of the 2020–21 Federal Budget in October 2020, the Australian Government expanded access to these 10 additional sessions to all Australians regardless of location.

MBS mental health service activity in Australia

Between 16 March 2020 and 27 June 2021, 17.6 million MBS-subsidised mental health-related services were processed nationally (\$1.9 billion benefits paid). 4.9 million (28.1%) of these services were delivered via telehealth (as opposed to face to face) with \$576.8 million 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 174,933 in the week beginning 4 January 2021 to peaks of 299,197 and 299,330 in the weeks beginning 22 February 2021 and 22 March 2021, respectively (Figure COVID.1). A sharp dip in services occurred during the Christmas period, which is consistent

with seasonal patterns observed in previous years. Variability can be due to administrative arrangements associated with the processing of claims as well as practitioner/practice leave arrangements associated with public holidays.

In the 4 weeks to 27 June 2021, 1,116,998 MBS-subsidised mental health-related services were processed, 4.1% and 13.9% 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 – June 2021

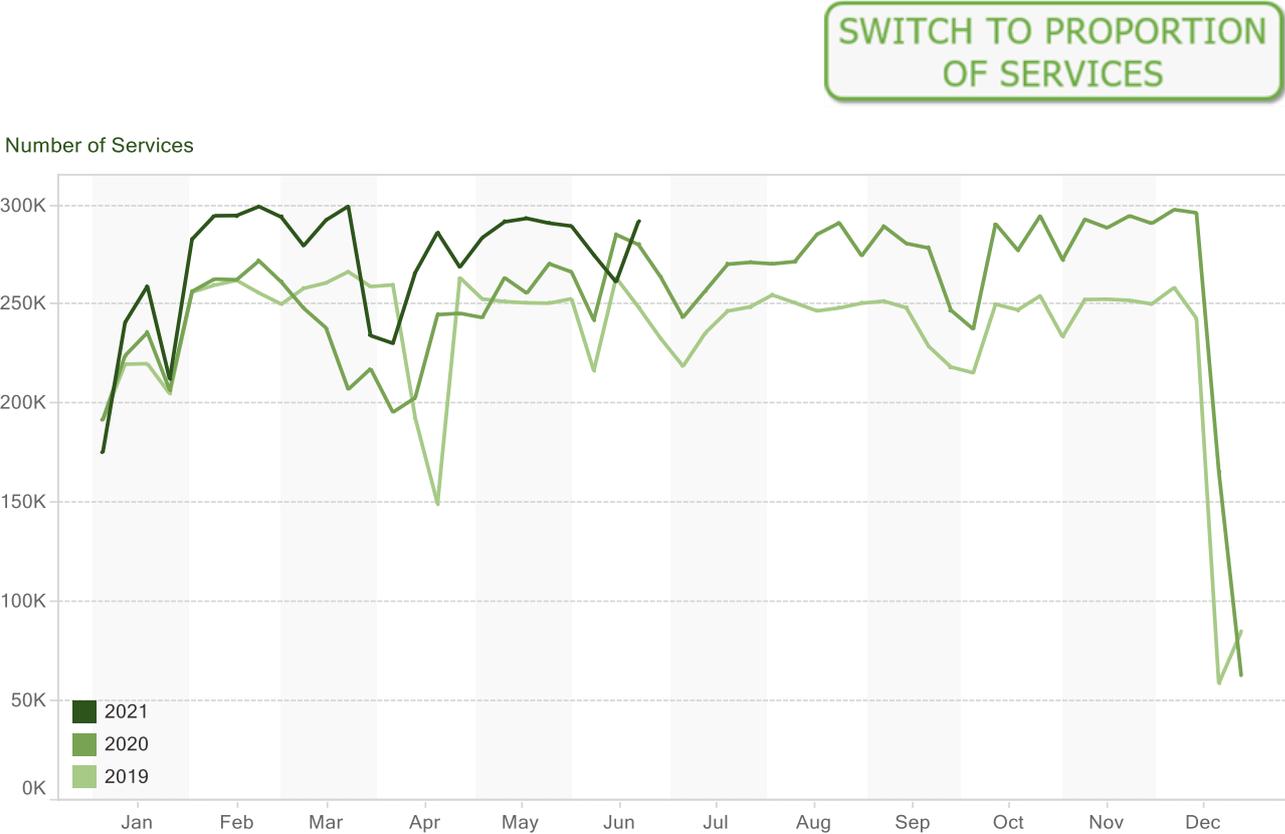


Figure COVID.1: Number of MBS mental health services, by week of processing, January 2019 - June 2021

<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-subsidised mental health services were provided remotely. Small increases in the use of telehealth services over 2021 appear to align with localised lockdowns in response to COVID-19 outbreaks (Figure COVID.1.1). In the 4 weeks to 27 June 2021, 22.0% 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 issue patients up to a one-month supply of most mental health related PBS medicine 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 first of the nationwide lockdowns 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 23 May 2021, there was an 8.0% increase in mental health-related prescriptions dispensed under the PBS compared to the 4 weeks to 24 May 2020. Prescriptions for antidepressants increased by 9.7% 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 – May 2021

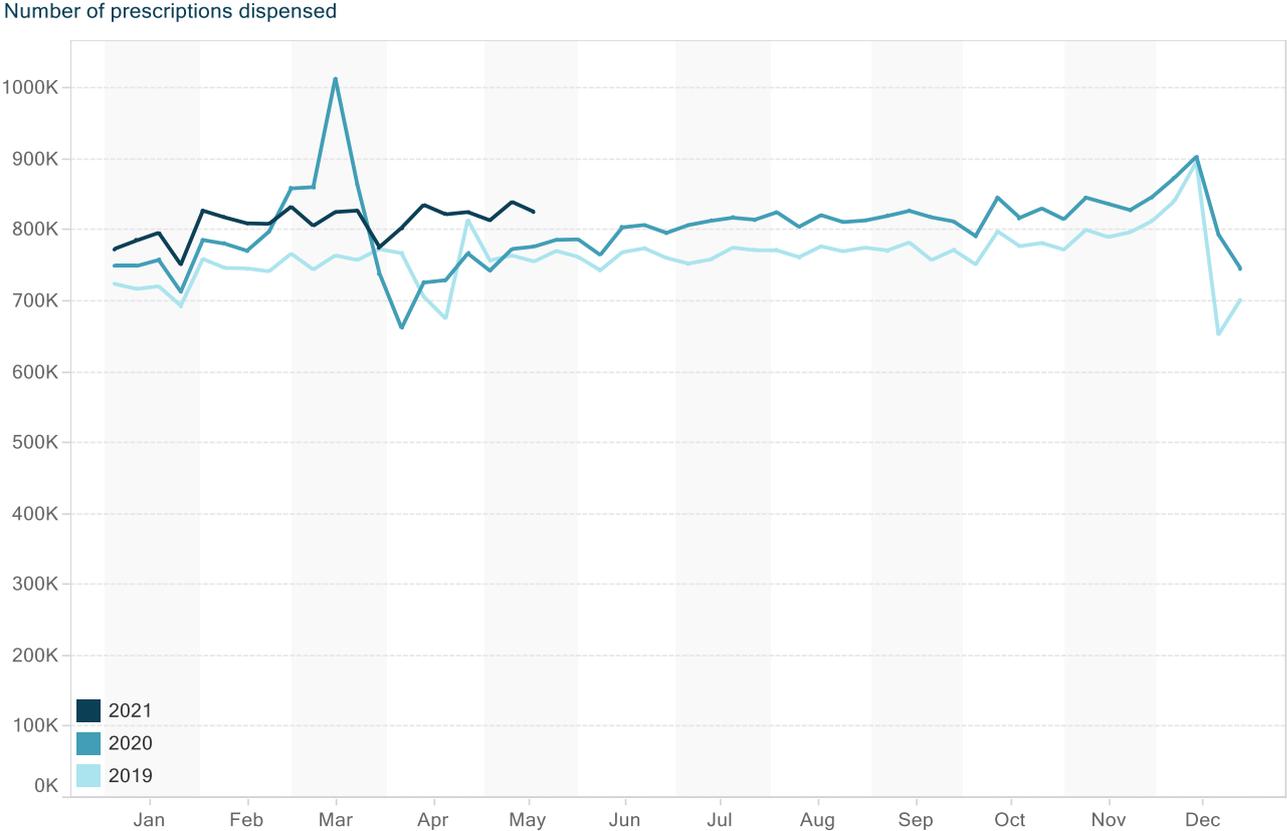


Figure COVID.2: Number of PBS mental health-related prescriptions dispensed, by week, January 2019 - May 2021 <http://www.aihw.gov.au/mhsa>

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 COVID-19 pandemic (Figure COVID.3). Direct comparisons between organisations are not appropriate due to differences in populations being serviced, service models, funding envelopes, workforce availability and information systems.

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

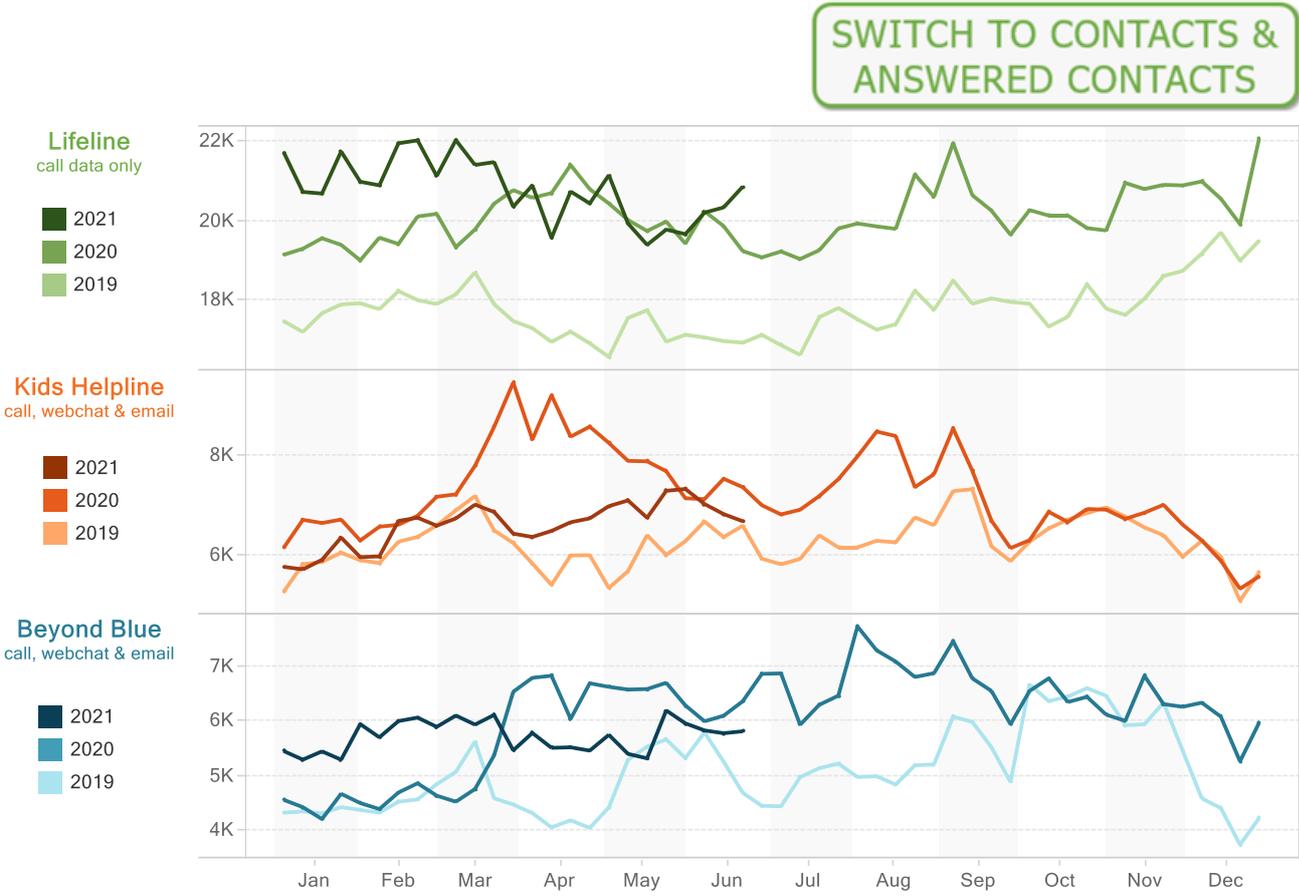


Figure COVID.3: Crisis and support organisation contacts, by week, January 2019 - June 2021

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

Notes:

Figure COVID.3:

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

Figure COVID.3.1:

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

- 2) Comparisons with previous years should be made with caution as historical trends may be impacted by a range of events, including planned awareness raising campaigns.
- 3) Kids Helpline contacts exclude phone contact attempts abandoned during the privacy message.
- 4) The period in 2020 refers to dates 1 – 28 Jun 2020, and the period in 2019 refers to 3 – 30 Jun 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 27 June 2021, crisis organisation activity varied with no clear overall trend in demand which varied by organisation in comparison to previous years.

- 81,033 calls were offered by Lifeline (call data only), which is a 2.9% and 19.1% 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. In the same period in 2021, 72,547 calls were answered by Lifeline, which is a 0.4% and 28.4% increase from the same periods in 2020 and 2019, respectively.
- Kids Helpline received 27,807 answerable contact attempts (call, webchats and email), which is a 4.5% decrease and a 7.5% increase from the same periods in 2020 and 2019, respectively. In the same period in 2021, 13,855 contacts were answered by Kids Helpline. This is a 7.1% decrease and a 17.8% increase from the same periods in 2020 and 2019, respectively. 2.7% of the answered and outbound contacts were related to COVID-19. Note that answerable contact attempts exclude phone contact attempts abandoned during the privacy message, which cannot be skipped. This message was increased from 22 to 48 seconds in April 2020.
- 23,326 contacts were made to Beyond Blue (calls offered, webchats and email), which is a 5.5% decrease and an 11.0% increase from the same periods in 2020 and 2019, respectively (Figure COVID.3). In the same period in 2021, contacts to the *Coronavirus Mental Wellbeing Support Service* accounted for 10.5% of all contacts to Beyond Blue. In the 4 weeks to 27 June 2021, 21,576 contacts were answered by Beyond Blue which is a 6.0% decrease and a 31.6% increase from the same periods in 2020 and 2019, respectively (Figure COVID.3.1).

The ReachOut and Head to Health websites saw an uptick in activity during the first wave of the pandemic, peaking in March 2020 amid nationwide lockdown restrictions, with subsequent fluctuations. In the 4 weeks to 27 June 2021:

- ReachOut reported an average of 8,480 website users per day, a decrease of 19.8% and an increase of 11.4% compared to the same periods in 2020 and 2019, respectively.

Head to Health received an average of 1,409 users per day, a decrease of 72.0% and an increase of 64.5% 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 – June 2021

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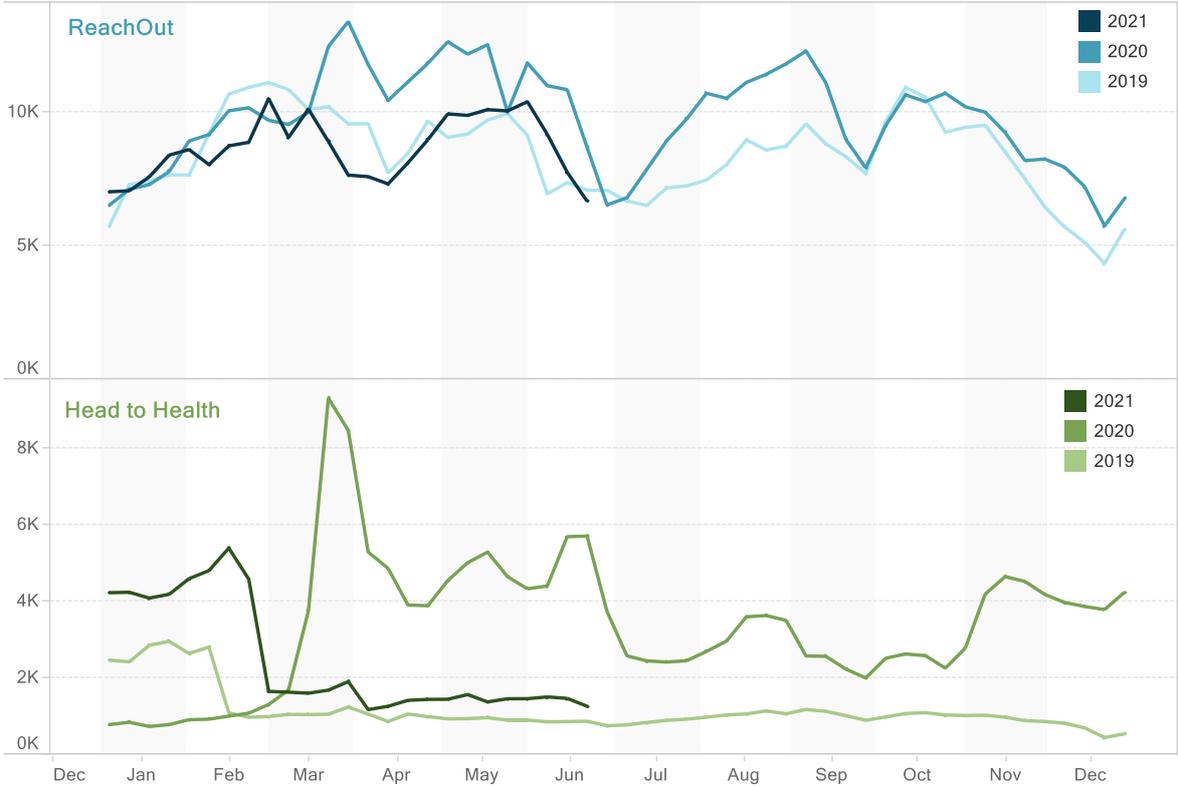


Figure COVID.4: Average number of daily website users, by website, week, January 2019 - June 2021

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

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 COVID-19 pandemic has been the differential use of mental health related services by state and territory residents. As at June 2020, New South Wales, Victoria and Queensland comprised 78.0% of Australia’s population. However, New South Wales, Victoria and Queensland combined reported 92.3% of Australia’s COVID-19 cases to 27 June 2021 (DoH 2021b). The jurisdictional version of the dashboard has had a particular focus on the mental health service usage by residents from 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). Restrictions eased across New South Wales from 29 March 2021 however, on 26 June 2021, the NSW government reimposed a strict lockdown in Greater Sydney, the Blue Mountains, the Central Coast and Wollongong after an outbreak of the highly infectious Delta strain in central Sydney on 21 June 2021 (NSW Health 2021a, NSW Health 2021b).

Victoria

On 4 August 2020, stage 4 lockdown restrictions began in Melbourne and surrounding Victorian regional areas in an attempt to reduce the number of COVID-19 cases following the start of Victoria's second wave. Restrictions involved curfews, a limit of how many kilometres from home a person could travel, and on people gathering. Restrictions gradually lifted in Victoria as there were no newly diagnosed COVID-19 cases in the state for 6 weeks from 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 COVID-19 cases. Over January and February there were locally acquired cases linked to hotel quarantine, sparking further lockdown restrictions (Vic DHHS 2021a). Snap lock downs were reimposed from 27 May 2021 to 27 July 2021 following a COVID-19 outbreak in the City of Whittlesea and Port Melbourne (Vic DHHS 2021b).

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, a snap lockdown was implemented in Greater Brisbane from 29 March 2021 to 1 April 2021 following an outbreak of COVID-19 with the highly infectious Alpha strain (Qld Gov. 2021).

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

In the 4 weeks to 27 June 2021 MBS service use increased in New South Wales (5.1%), Victoria (4.9%), and Queensland (1.9%), from the same 4-week period in 2020 (Figure COVID.5). Per capita, Victorians had the highest rate of MBS service

use (4,882 services per 100,000 population), which is consistent with pre-pandemic service use trends. People in New South Wales (4,122 services per 100,000 population) and Queensland (4,616 services per 100,000) had higher rates of MBS service use compared to the rest of Australia (3,800 services per 100,000 population) (Figure COVID.5).

The 3 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 27 June 2021 for each state was as follows:

- in New South Wales was the 4 weeks to 7 March 2021 with 364,028 services (4,459 services per 100,000 population),
- in Victoria was the 4 weeks to 13 September 2020 with 358,909 services (5,361 services per 100,000 population), and
- in Queensland was the 4 weeks to 28 February 2021 with 249,423 services (4,820 services per 100,000 population).

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

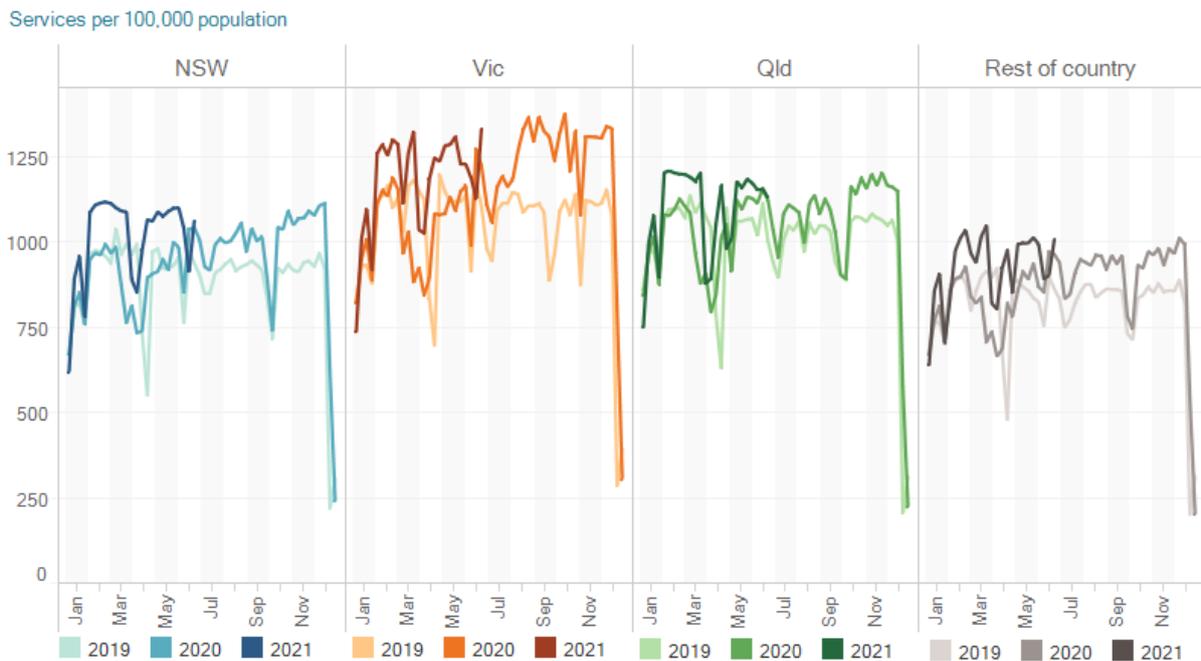


Figure COVID.5: MBS mental health services per 100,000 population, by jurisdiction, week of processing, January 2019 - June 2021
<http://www.aihw.gov.au/mh5a>

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 30 June 2019 for 2019, and 30 June 2020 for 2020 onwards.
- 3) Data points represent week commencing date.

Source: Medicare Benefits Schedule data.

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

There was a steep increase in the proportion of mental health-related MBS services delivered via telehealth between March and April 2020, early in the pandemic, followed by a gradual decline through May and June 2020. Victoria experienced another increase in the proportion of telehealth mental health-related services in July and August 2020 when COVID-19 case numbers began to rise in the state. The proportion of telehealth service use in Victoria has gradually declined since peaking during August–September, but has remained higher than New South Wales and the rest of Australia. In subsequent months, Victoria saw small peaks in the proportion of telehealth services in line with state wide lockdowns implemented across the state from 12 to 17 February 2021 and from 27 May 2021 (47.3% of MBS services were delivered via telehealth in the week beginning 15 February 2021, and 47.9% in the week beginning 31 May 2021) (Vic DHHS 2021b, Vic DHHS 2021c).

The small peak in the proportion of services delivered via telehealth in New South Wales for the week beginning 21 December 2020 corresponds with the start of the three-week lockdown following the outbreak of COVID-19 cases in Sydney's Northern Beaches; there was also a small increase in the two weeks to 27 June 2021 when lockdown restrictions were reintroduced following the outbreak in Sydney's Bondi Beach.

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).

The rest of the country saw a small peak at the beginning of February 2021, corresponding with lockdowns in Perth and Peel in Western Australia (WA Gov. 2021). In the 4 weeks to 27 June 2021, 17.3% of services in New South Wales were delivered via telehealth, compared to 40.7% in Victoria, 13.4% in Queensland, and 10.7% in the rest of Australia excluding missing and unknown jurisdiction (Figure COVID.6).

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

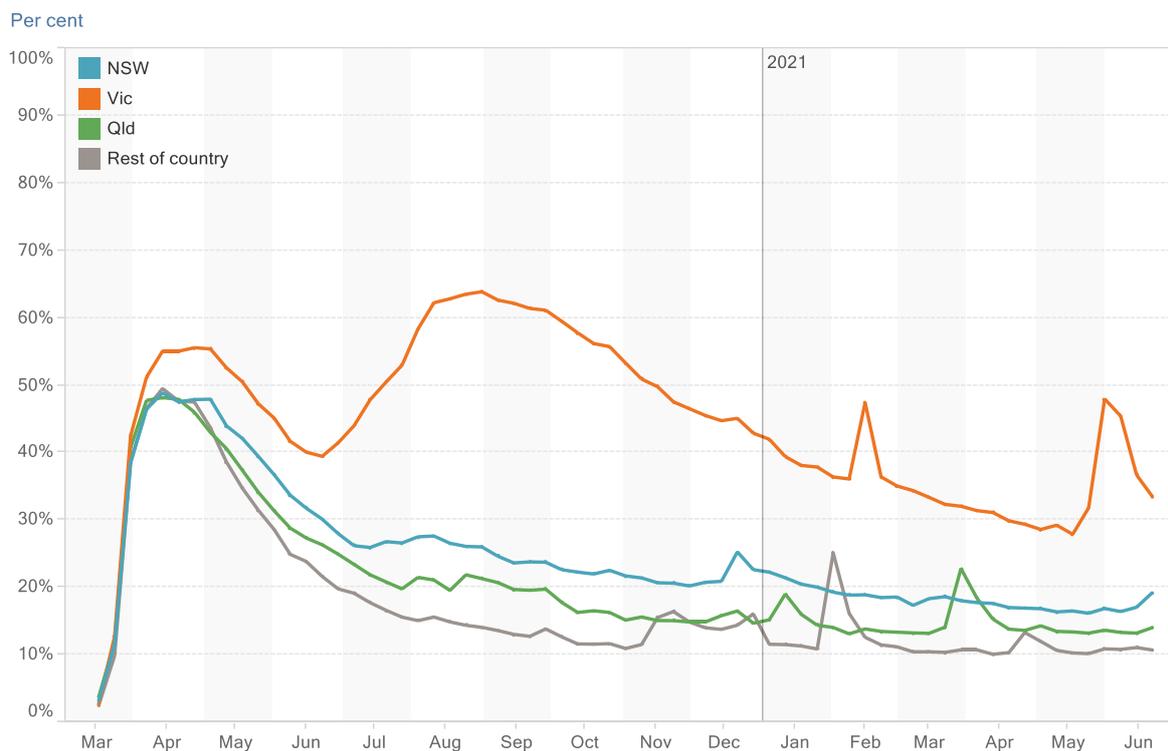


Figure COVID.6: Proportion (per cent) of MBS mental health services delivered via telehealth, by jurisdiction, week of processing, March 2020 - June 2021

<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.

New South Wales, Victoria, and Queensland use of crisis and support organisations and online mental health information services

For New South Wales and Victoria, since the early stages of the pandemic in Australia to March 2021, contacts per 100,000 population answered by Lifeline, Kids Helpline and Beyond Blue, have tended to be notably higher than the same period one-year prior until around April 2021. From April 2021 to June 2021, rates were broadly similar to 2020, with the exception of contacts with Kid’s Helpline from NSW, which tracked between 2019 and 2020 levels (Figure COVID.7).

Lifeline

In the 4 weeks to 27 June 2021, Lifeline answered 23,929 calls from New South Wales. This represented increases of 2.3% and 29.1% from the same periods in 2020 and 2019, respectively. Victoria (with 21,913 answered calls) saw a decrease of 0.7% and an increase of 35.2% from the same respective periods. Queensland (with 11,526 answered calls) saw a decrease of 13.1% and an increase of 5.4% from the same respective periods. The rest of Australia (with 15,178 answered calls, excluding calls where the location of the caller was missing or unknown) saw increases of 12.0% and 40.4% from the same respective periods.

Kids Helpline

New South Wales accounted for 3,837 answered calls, webchats, emails, and outbound contacts with Kids Helpline in the 4 weeks to 27 June 2021, which is a decrease of 9.0% and an increase of 16.4% from the same periods in 2020 and 2019, respectively. Victoria (with 3,444 answered and outbound contacts) saw increases of 9.6% and 31.3% from the same respective periods. Queensland (with 2,262 answered and outbound contacts) saw a decrease of 12.4% and an increase of 2.4% from the same respective periods. The rest of Australia (excluding missing and unknown jurisdiction) accounted for 2,543 answered and outbound contacts, which is a decrease of 28.7% and an increase of 5.2% from the same respective periods in previous years.

Beyond Blue

In the 4 weeks to 27 June 2021, Beyond Blue answered 4,050 calls, webchats, and emails from New South Wales (including the dedicated Beyond Blue COVID-19 Support Service). This represented increases of 9.3% and 20.9% from the same periods in 2020 and 2019, respectively. Victoria (with 4,844 answered contacts) saw increases of 26.3% and 63.4% from the same respective periods. Queensland (with 2,362) saw increases of 21.5% and 33.1% from the same respective periods. The rest of Australia excluding missing and unknown jurisdiction (with 2,832 answered contacts) saw increases of 10.1% and 15.9% from the same respective periods (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 – June 2021

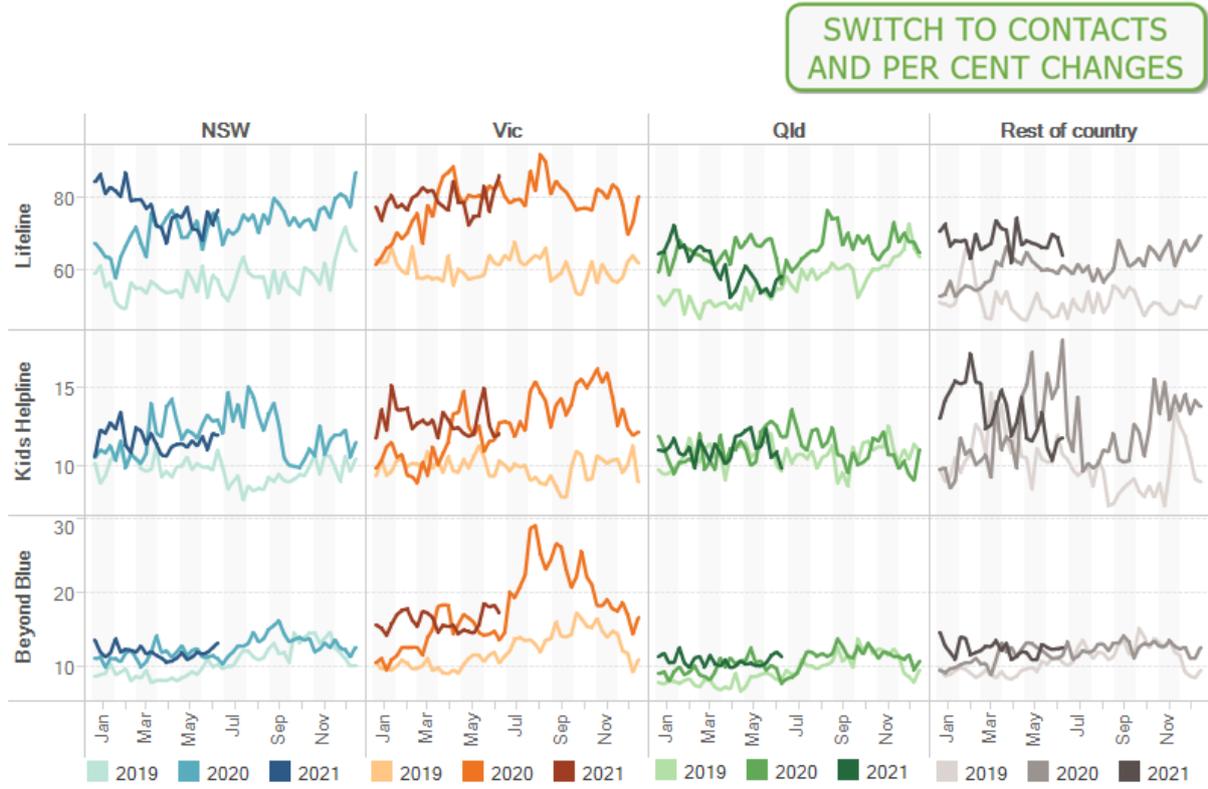


Figure COVID.7: Crisis and support organisation answered contacts per 100,000 population, by jurisdiction, week, January 2019 - June 2021 <http://www.aihw.gov.au/mhsa>

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. 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 30 June 2019 for 2019, and 30 June 2020 for 2020 onwards.
- 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 1 – 28 Jun 2020, and the period in 2019 refers to 3 – 30 Jun 2019.

Sources: Lifeline; Kids Helpline; Beyond Blue.

In the 4 weeks to 27 June 2021, 85,947 visits to the ReachOut website originated from New South Wales, a decrease of 24.8% and an increase of 39.0% from the same periods

in 2020 and 2019, respectively. 65,454 visits originated from Victoria in the same period, with a decrease of 18.9% and an increase of 38.8% over the same respective periods. 39,546 visits originated from Queensland in the same period in 2021, with a decrease of 13.0% and increase of 3.9% over the same respective periods in 2020 and 2019 (Figure COVID.8).

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

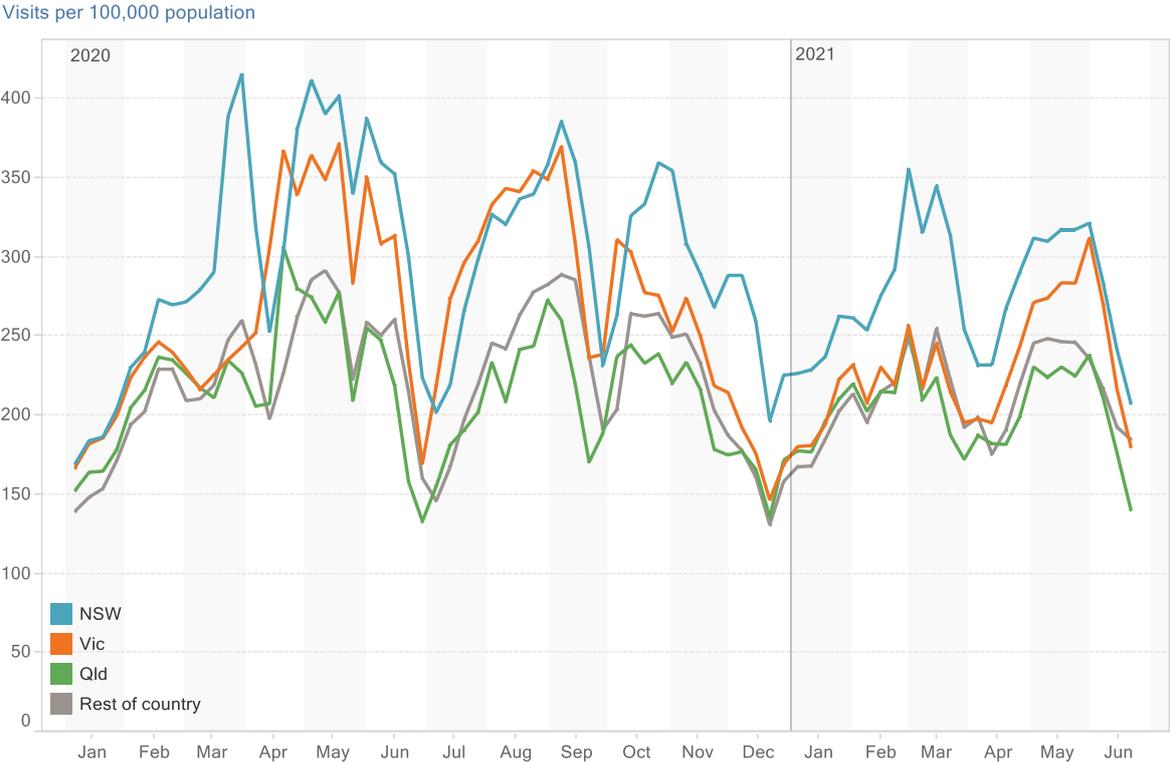


Figure COVID.8: ReachOut weekly website visits per 100,000 population, by jurisdiction, week, January 2020 - June 2021 <http://www.aihw.gov.au/mhsa>

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 30 June 2020.
- 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 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 COVID-19 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). Further data collection is planned for August 2021. 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 levels of psychological distress in January 2021 have decreased since November 2020, and were similar to pre-pandemic levels after rising during 2020, as measured by the K6 measure of psychological distress. Psychological distress has decreased for all age groups since the peak observed during the first wave of COVID-19 infections in Australia in April 2020, however, the average level of psychological distress among people aged 18-44 is still higher than it was in February 2017. In January 2021, respondents in the following demographics reported relatively higher levels of anxiety and worry: females, those aged 18-24 years, Indigenous Australians, and those who speak a language other than English.

The *Household Impacts of COVID-19 Survey*, conducted monthly by the ABS from March 2020 to June 2021, collected information on the impact of COVID-19 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 due to COVID-19 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, similar to 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, similar to January 2021 (22%) and 27% of respondents reported putting more priority on their mental health during the pandemic; and 72% reported using 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 to 11 years reported higher levels of mental distress than parents of younger or older children, nearly quadrupling from 7% in 2017 to 27% in June 2020 (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 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).

In April 2021, 1 in 3 respondents reported financial stress (difficulty paying for essential goods and services) while 1 in 5 reported feeling stressed or anxious most/all of the time (Melbourne Institute 2020b). The survey published on 10 June 2021 was conducted while Victoria was in lockdown. Data collected 31 May 2021 – 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%.

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 53% 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 COVID-19, and spending more time home schooling, engaged in chores, or reading COVID-19 news has been associated with more psychological distress and worse subjective well-being (Aknin et al. 2021).

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