

Key points

- Between 16 March and 27 September 2020, almost 7.2 million mental health-related services were subsidised through Medicare.
- Use of telehealth mental health services peaked at the end of April when half of MBS mental health services were provided remotely.
- Contacts by crisis support services in September 2020 increased by between 14.3% and 21.3% from the same time in 2019, with Lifeline receiving over 83,000 contacts, Kids Helpline over 32,000 and Beyond Blue almost 28,000.
- Younger people are experiencing higher levels of COVID-19 related psychological distress, with people aged 18–34 reporting higher levels of stress than people over 35.
- The total number of suspected suicides in New South Wales, Victoria and Queensland from January 2020 is similar to the number of suspected suicides for the same period in 2019.

Mental health impact of COVID-19

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

AIHW has been assisting the Australian Government Department of Health to curate, analyse and report on COVID-19 mental health-related activity data to governments on a weekly basis since April 2020. Data reported includes information from the Medicare Benefits Schedule, Australian Government-funded Help Lines (Lifeline, Beyond Blue, Kids Helpline), and analysis of emerging key research messages. There is a national and a jurisdictional version of the mental health COVID-19 reporting dashboard.

This MHSA section summarises the activity reported via mental health COVID-19 dashboards as at 27 September 2020. It will be updated quarterly during the life of the pandemic.

References

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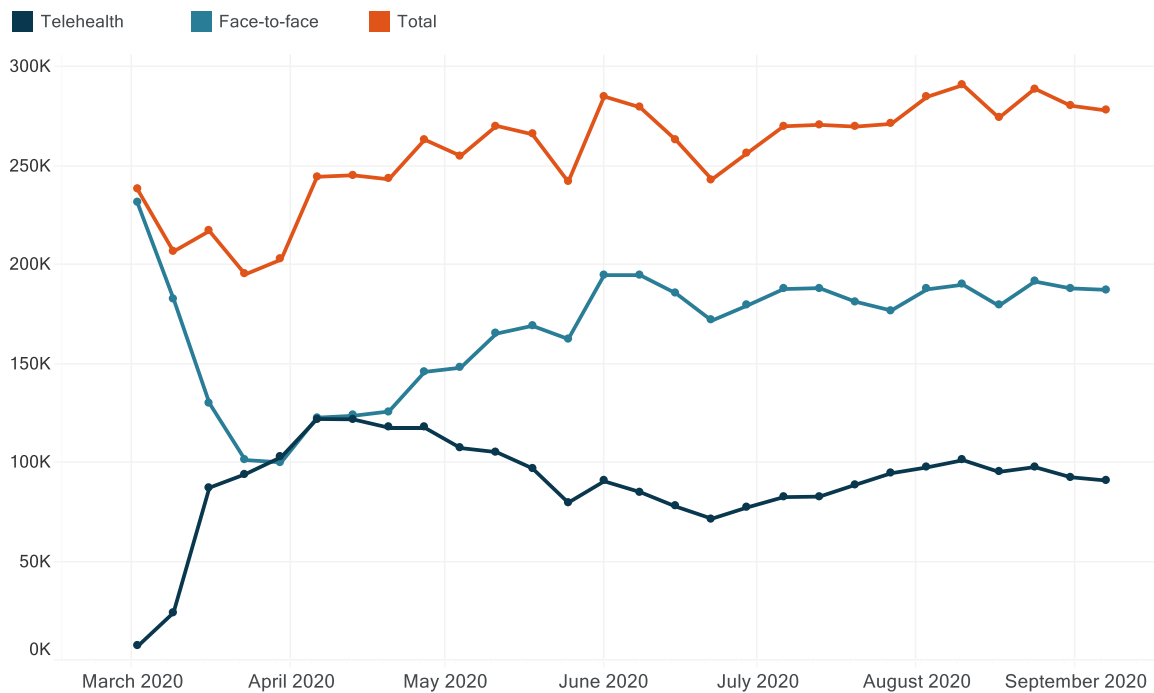
Impacts on Australian Government-funded Mental Health service activity

Use of MBS subsidised mental health items

During the course of the COVID-19 pandemic the Australian Government has made a wide range of additions to the Medicare Benefits Schedule (MBS) to support medical professionals to provide care via telehealth – such as telephone and video conferencing – including for mental health services provided by GPs, psychiatrists, psychologists and allied health workers. Commencing 13 March 2020 and extending until 31 March 2021, temporary MBS telehealth items were made available to help reduce the risk of community transmission of COVID-19, and provide protection for patients and health care providers. In August 2020, the MBS Better Access initiative was expanded to provide 10 additional MBS-subsidised psychological therapy sessions for patients in areas subject to restrictions due to the COVID-19 pandemic. The Australian Government subsequently expanded access to the 10 additional sessions to all Australians in the 2020–21 Federal Budget, announced in October 2020.

Between 16 March 2020 and 27 September 2020, 7.2 million MBS-subsidised mental health related services were delivered nationally (\$791 million paid in benefits); 2.5 million of these services were delivered via telehealth (as opposed to face to face). In the last 4 weeks of September 2020 (31 August to 27 September 2020), the number of services delivered was 14.5% higher than for the same period in September 2019. Telehealth services reached their peak in the week ending 26 April 2020 when half (49.9%) of MBS mental health services were provided remotely. (Figure COVID.1).

Figure COVID.1: Number of MBS mental health services per week by mode of delivery, March - September 2020



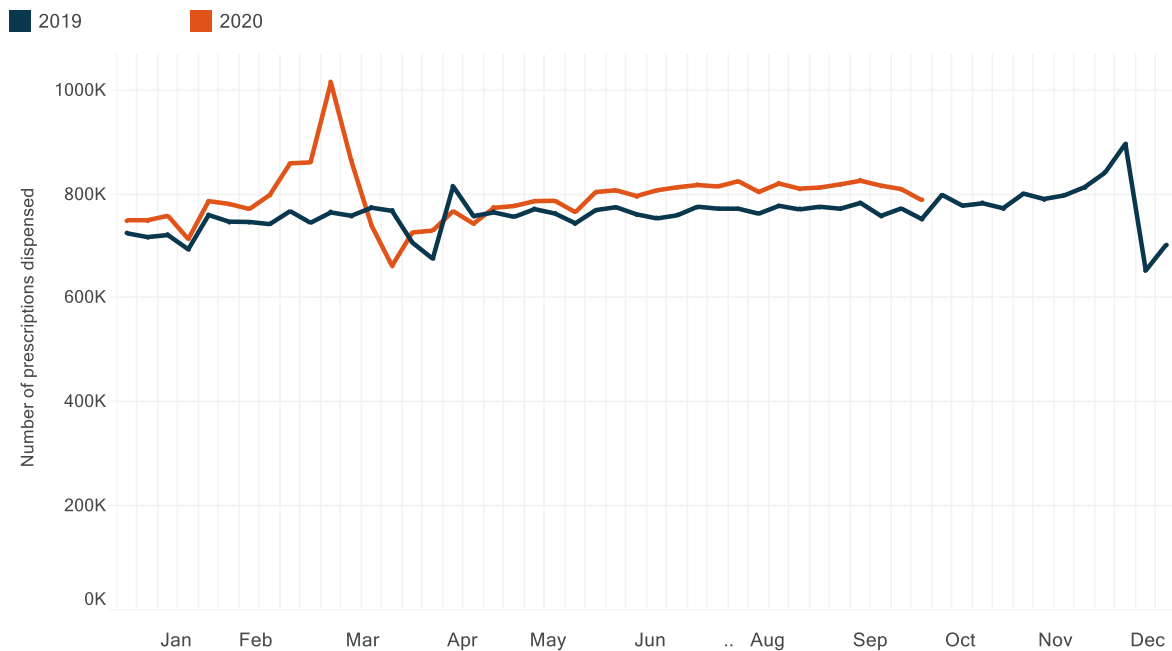
Source: Medicare Benefits Schedule data

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Pharmaceutical Benefits Scheme (PBS) prescriptions

In the 4 weeks to 27 September 2020, there was a 6.0% increase in mental health-related prescriptions dispensed under the PBS compared to the same period in 2019. Prescriptions for antidepressants increased by 7.6% in this period. A spike in PBS-subsidised prescriptions, including all mental health-related prescriptions, was observed in March 2020. This represented an 18.6% increase in the number of mental health-related prescriptions dispensed in the 4 weeks from 2 March to 29 March 2020 compared to the 4 March to 31 March in 2019 (Figure COVID.2).

Figure COVID.2: Number of PBS mental health-related prescriptions dispensed by week, January 2019 - September 2020



Note: Mental health-related prescriptions include medications labeled as antidepressants; antipsychotics; anxiolytics; hypnotics and sedatives; and psychostimulants, agents used for ADHD and nootropics

Source: PBS/RPBS data maintained by the Department of Health and sourced from Services Australia

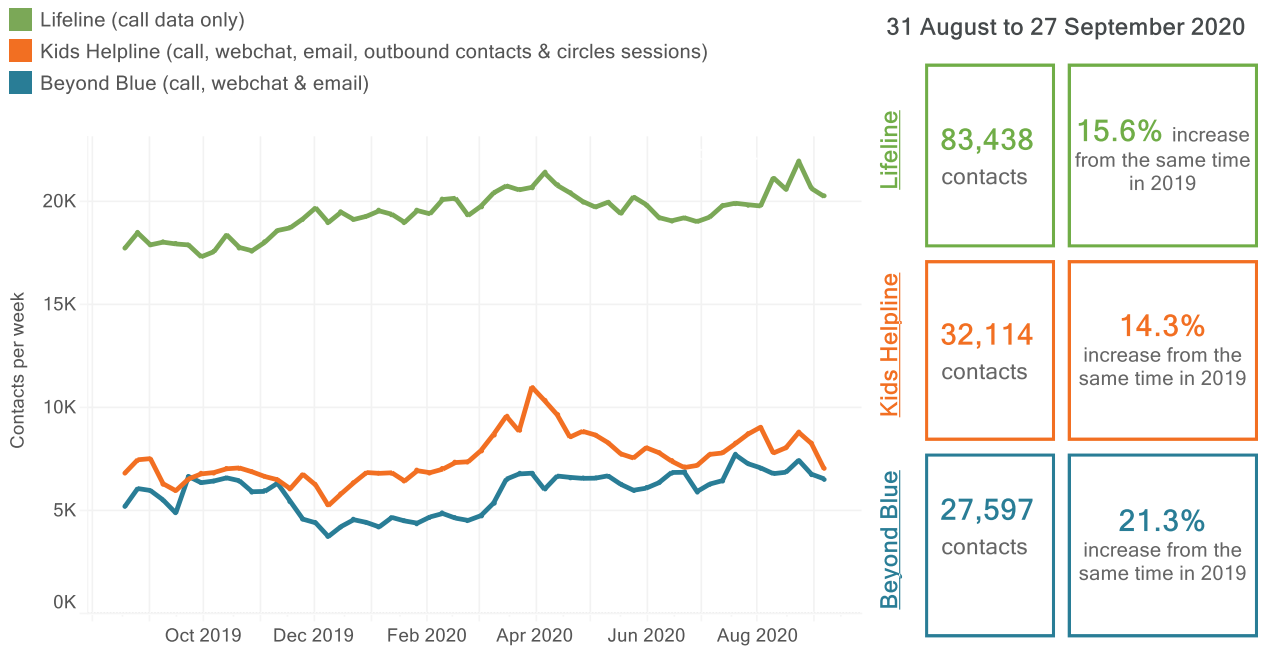
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Crisis support and digital health

A number of phone and online support organisations provide assistance to Australians experiencing mental health issues, including Beyond Blue, Lifeline, Kids Helpline, ReachOut and Mindspot. All Australian Government funded phone and online mental health services are listed on the Government’s gateway to digital mental health services, Head to Health. These services have reported substantial increases in demand for their services during the COVID-19 pandemic. In response, the Australian Government funded Beyond Blue to create a dedicated *Coronavirus Mental Wellbeing Support Service* to provide free 24/7 mental health support, particularly for people not already connected to the mental health system. Other support organisations have incorporated COVID-19 support into their day-to-day services.

In the 4 weeks from 31 August to 27 September 2020, almost 83,500 calls were made to Lifeline (a 15.6% increase from the same time in 2019), Kids Helpline received more than 32,000 contacts (14.3% increase from the same time in 2019) and more than 27,500 contacts were made to Beyond Blue (21.3% increase from the same time in 2019). Of the contacts made to Beyond Blue in September 2020, 17.5% were made to the *Coronavirus Mental Wellbeing Support Service* and 7.8% of contacts to Kids Helpline related to COVID-19 (Figure COVID.3).

Figure COVID.3: Crisis and support organisation contacts by week of contact, August 2019 - September 2020



Notes:

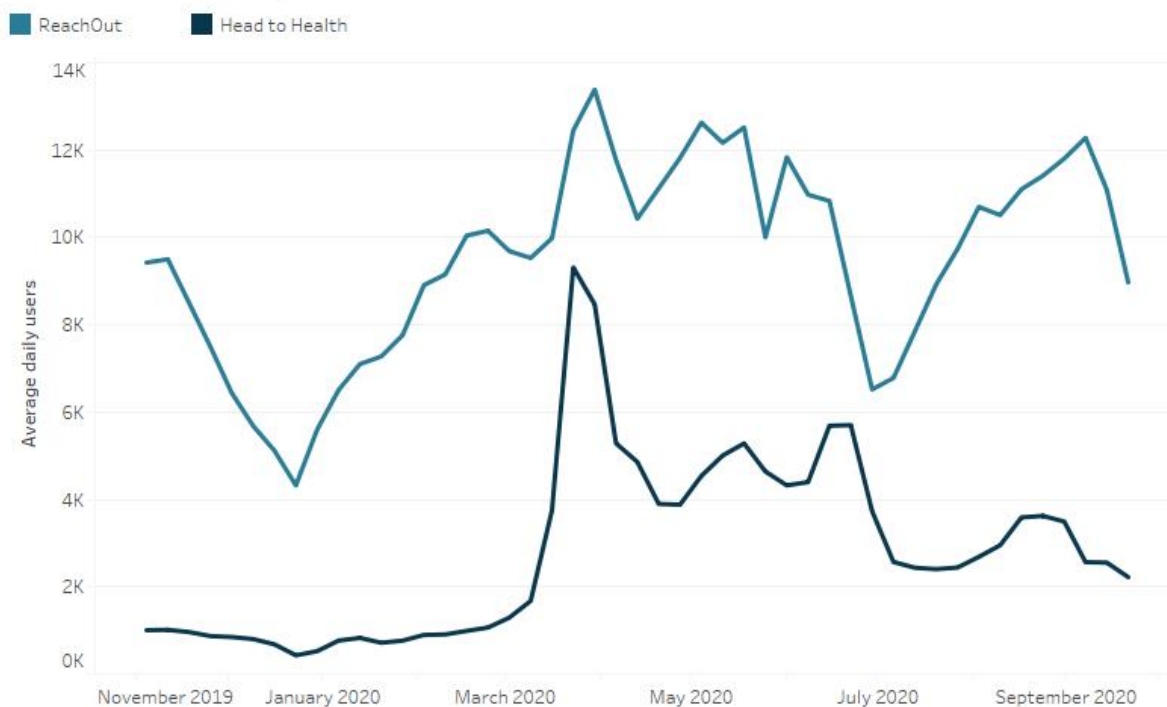
- 1) Direct comparisons between organisations are not appropriate due to differences in populations being serviced, service models, funding envelopes, workforce availability and information systems.
- 2) Comparisons with 2019 should be made with caution as historical trends may be impacted by a range of events, including planned awareness raising campaigns.

Source: Lifeline; Kids Helpline; Beyond Blue

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Following initial significant spikes in traffic, websites provided by ReachOut and Head to Health have seen their activity drop from their peak of visitors in March/April 2020, although their average number of daily users has remained higher than before March. ReachOut reported an average of over 11,000 website users a day in the 4 weeks to 27 September 2020, an increase of 24.7% from the same time in 2019, while Head to Health received an average of around 2,700 users a day, an increase of 150.2% in activity from the previous year (Figure COVID.4).

Figure COVID.4: Average number of daily website users by website, week of use, November 2019 – September 2020



Source: Head to Health; ReachOut

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Key research messages

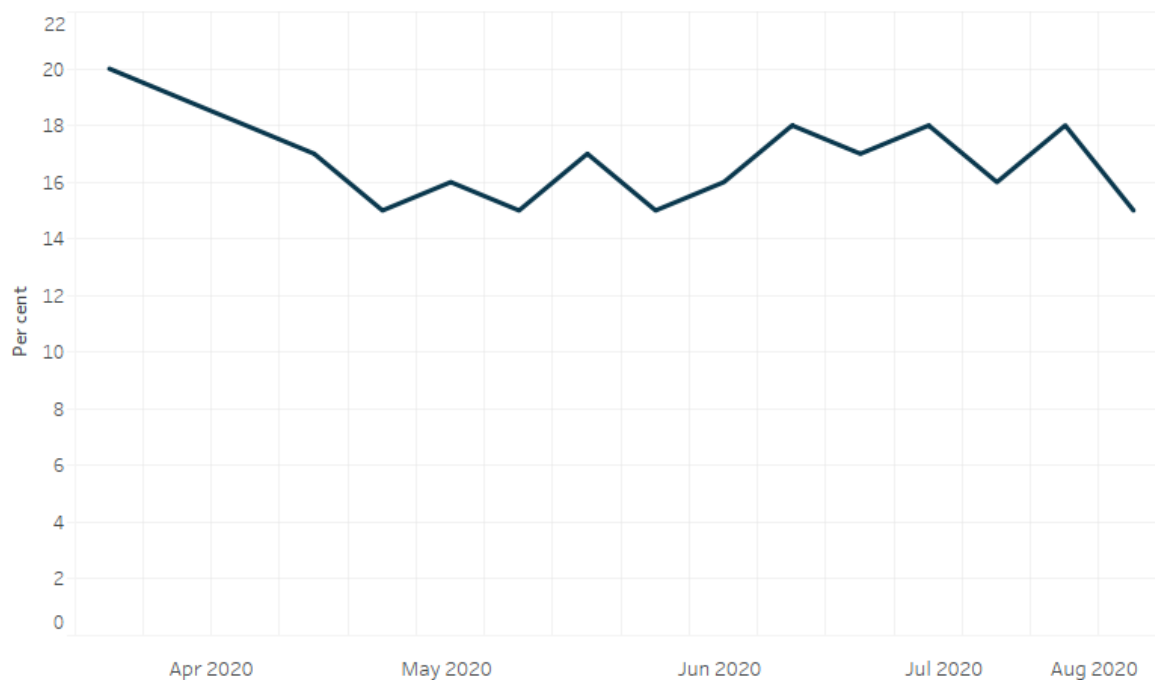
Since April 2020, a number of surveys have been conducted by the Australian Bureau of Statistics (ABS) and several Australian universities to investigate the impact of the COVID-19 pandemic on Australians. For more detailed information on these surveys refer to the [AIHW Suicide & self-harm monitoring](#) page.

The *Household Impacts of COVID-19*, conducted monthly by the ABS, collects information on the impact of COVID-19 across a range of key areas, including psychological distress. The *Household Impacts of COVID-19 Survey* found that young people and women often reported higher levels of concern due to COVID-19, with 28.0% of females experiencing loneliness during April/May, compared to 15.7% of males (ABS 2020a). In July 2020, 19.3% of females surveyed had used a mental health support service since March 2020 compared to 9.5% of males (ABS 2020b).

The Australian National University COVID-19 impact monitoring survey asked Australians about their experience of loneliness between January and August 2020 and found that 45.8% of Australian adults felt lonely some of the time during April, 36.1% in May and 40.5% in August (Biddle et al 2020).

The University of Melbourne's Melbourne Institute has been running a weekly *Taking the Pulse of the Nation* survey since April 2020. In the initial survey, 20.0% of Australians reported feeling depressed and anxious 'most of the time'. Since April, the number of people saying they felt depressed or anxious most of the time has varied between 15.1 and 19.7% (COVID.5). For employed parents, if the youngest child was aged 5 to 11, they reported higher levels of mental distress, nearly quadruple from 7% since April to 27% in July (Broadway et al. 2020).

Figure COVID.5: Per cent of people who reported feeling depressed or anxious 'most of the time' by week, April – August 2020



Note: Data are not available for the weeks beginning 13 July, 27 July and 10 August 2020
 Source: Taking the pulse of the nation survey, Melbourne Institute

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References

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Jurisdictional Mental Health Service Activity

New South Wales (NSW) and Victoria combined have reported around 89.8% of Australia's COVID-19 cases to date (DoH 2020) and around 6 in 10 of all MBS mental health services between 16 March and 27 September 2020.

The NSW government has 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. NSW currently accepts the most international arrivals into the mandatory 2-week hotel quarantine program of any state. In September, NSW had the highest rate of contacts per 100,000 population with ReachOut digital health services.

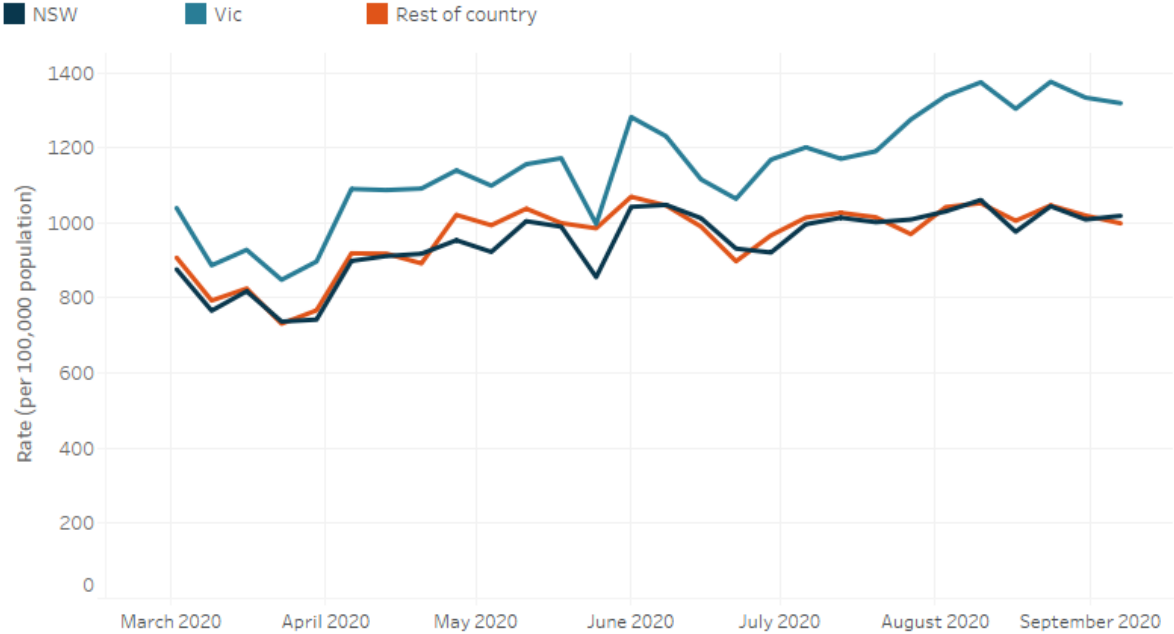
On 2 August, stage 4 lockdowns began in Melbourne and surrounding Victorian regional areas in an attempt to reduce the number of COVID-19 cases. Restrictions involved curfews, a limit of how many kilometres from home a person could travel, and on people gathering. Regional Victoria was placed under more relaxed stage 3 limits. As of September 2020, COVID-19 case numbers in Victorian had reduced substantially and restrictions were gradually being lifted.

MBS services

In the week to 27 September 2020, people in NSW utilised 82,803 mental health-related MBS services, or 1,019 MBS services per 100,000 population, slightly above the rest of Australia (excluding NSW and Victoria). MBS service use in NSW peaked in the week to 30 August, with 86,240 services recorded that week.

Victorians utilised 87,705 (1,319 per 100,000 population) MBS services in the week to 27 September 2020, compared to 999 per 100,000 population for the rest of Australia (excluding NSW and Victoria) (Figure COVID.6). Use of mental health-related MBS services in Victoria peaked in the week to 13 September, with 91,493 services recorded that week.

Figure COVID.6: Rate of MBS mental health services per 100,000 population by jurisdiction, week of service, March – September 2020



Notes:
 1) Rest of country refers to MBS services identified as having been delivered for people usually residing in Qld, WA, SA, Tas, ACT and NT.
 2) Rates are based on estimated resident populations as at 31 December 2019.
 Source: Medicare Benefits Schedule data

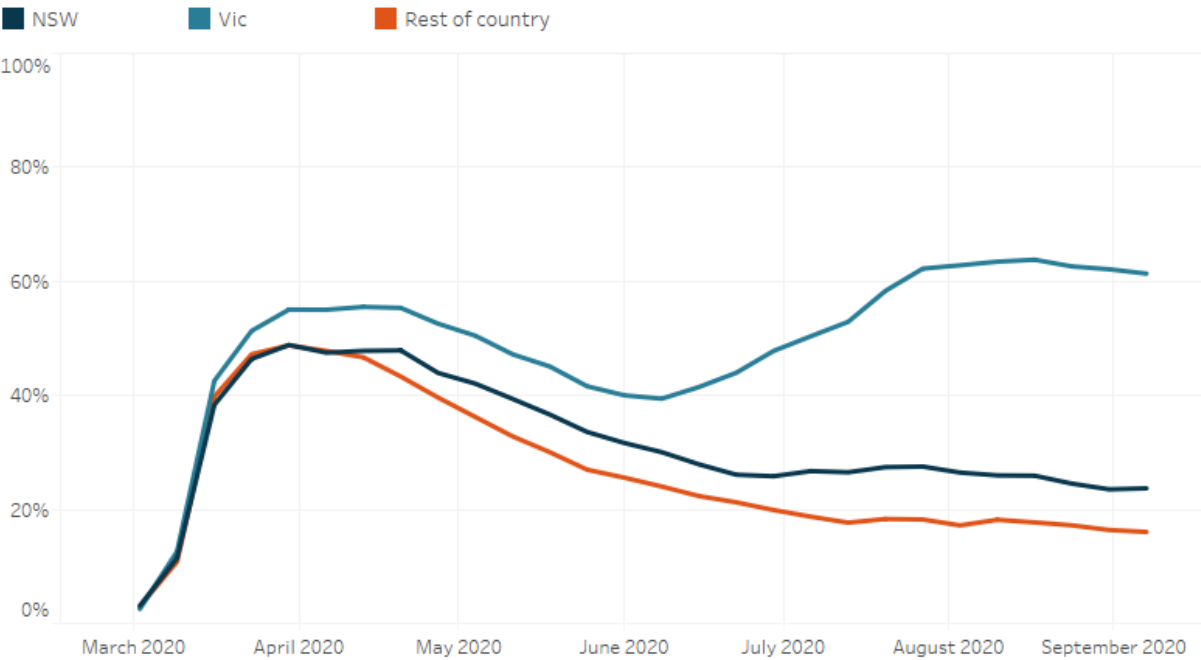
MBS mental health telehealth services by jurisdiction

There was a steep increase in the proportion of mental health-related MBS services delivered via telehealth in March and April 2020, followed by a slow decline through May and June 2020. Victoria experienced another spike in telehealth mental health-related services in June 2020 when COVID-19 case numbers began to rise again. Between 31 August and 27 September 2020, Victoria had the highest proportion of MBS mental health-related services delivered via telehealth (62.5%) compared to NSW and the rest of Australia (excluding NSW and Victoria).

For NSW, almost a quarter (24.4%) of the 330,000 MBS services in the 4 weeks to 27 September 2020 were delivered via telehealth. This represents a slight decline from previous months and an overall decline from the 4 weeks of 27 April to 24 May 2020 when around 45.4% of mental health services were conducted via telehealth. Delivery of services via telehealth in NSW was higher over the 4 weeks to 27 September than in the rest of Australia (excluding NSW and Victoria) (16.9%).

In the 4 weeks to 27 September 2020, more than 60% of Victorian MBS services were provided via telehealth. As the use of telehealth mental health services in the rest of Australia (excluding NSW and Victoria) gradually decreased after peaking in April, telehealth use in Victoria began rising again from a low of around 40% in June to its present peak (Figure COVID.7).

Figure COVID.7: Proportion (per cent) of MBS mental health services provided via telehealth by jurisdiction, week of service, March – September 2020



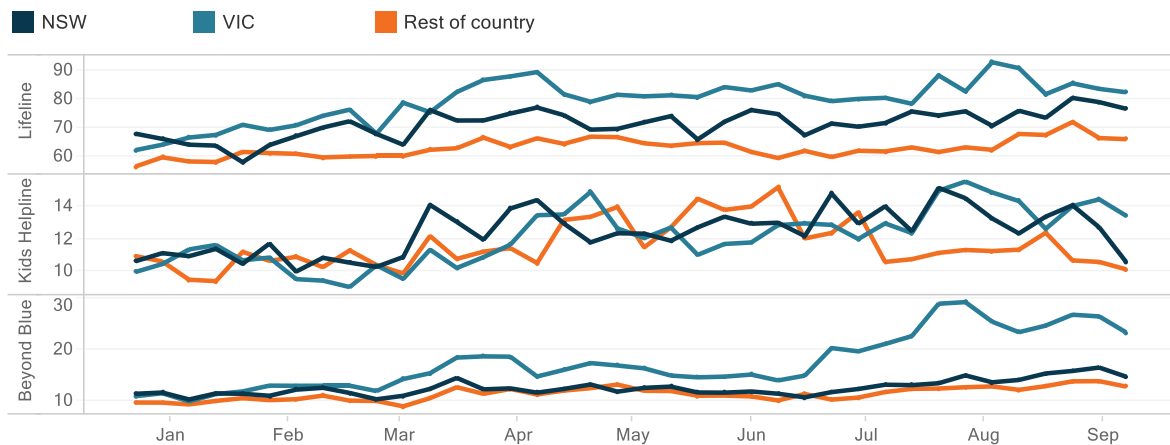
Note: Rest of country refers to MBS services identified as having been delivered for people usually residing in Qld, WA, SA, Tas, ACT and NT.
 Source: Medicare Benefits Schedule data

Crisis support and digital health

More than 25,000 calls were answered by Lifeline from NSW residents in the 4 weeks to 27 September 2020, a 37.6% increase from the same time in 2019. This compares to almost 30,000 contacts, an 18.4% increase, for the rest of Australia (excluding NSW and Victoria) in the same period. Kids Helpline reported a similar increase for NSW, with a 37.3% increase in contacts answered compared to the same time in 2019.

Victorians have increased their use of crisis and support services, with Lifeline reporting their highest number of weekly answered contacts in August 2020 (Figure COVID.8). Compared to the same time period in 2019, Lifeline reported a 41.6% increase in answered contacts in Victoria in the 4 weeks to 27 September, compared to an 18.4% increase for the rest of Australia (excluding NSW and Victoria). Kids Helpline reported a 59.3% increase in answered contacts in 2020, compared to 22.0% for the rest of Australia (excluding NSW and Victoria), and Beyond Blue a 75.3% increase (compared to 10.0%).

Figure COVID.8: Answered mental health support organisation contacts by jurisdiction (rate per 100,000 population), week of service, January - September 2020



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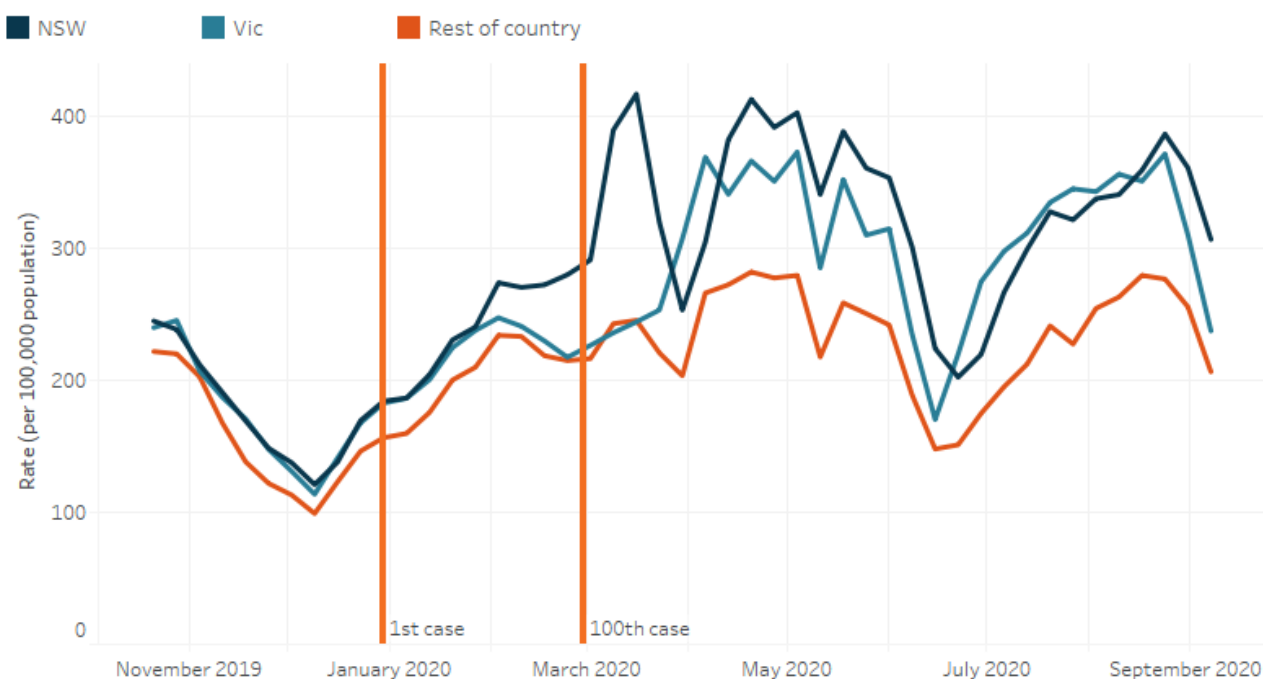
- 1) Rest of country refers to services identified as having been delivered for people usually residing in Qld, WA, SA, Tas, ACT and NT.
- 2) Rates are based on estimated resident populations as at 31 December 2019.
- 3) Lifeline data represents answered calls only. Kids Helpline numbers represent answered calls, webchats, emails, and outbound contacts. Beyond Blue numbers represent answered calls, webchats and emails. The Beyond Blue Coronavirus Mental Wellbeing Support Service changed their system for collecting information about the caller's state/territory from 6 July 2020, resulting in improved collection of this information.
- 4) Chart uses different scales for each organisation.
- 5) Direct comparisons between organisations are not appropriate due to differences in populations being serviced, service models, funding envelopes, workforce availability and information systems.

Source: Lifeline; Kids Helpline; Beyond Blue

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In the final week of September 2020, NSW residents visited ReachOut at a rate of just under 307 visits per 100,000 population, with a total of 115,000 visits from 31 August to 27 September 2020, an increase of 48% from the same time in 2019. Victorian residents accessed ReachOut at a rate of just under 238 visits per 100,000 population, or around 85,000 times from 31 August to 27 September 2020, representing an increase of 51% from visits at the same time in 2019 (Figure COVID.9).

Figure COVID.9: ReachOut weekly website visits (rate per 100,000 population), by jurisdiction, week of use, November 2019 – September 2020



Notes:

1) Rest of country refers to visits identified as having originated in Qld, WA, SA, Tas, ACT and NT.

2) Rates are based on estimated resident populations as at 31 December 2019.

Source: ReachOut; 2019-nCoV NIRST 2020; ABS 2020c

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Suspected suicides

Three states, New South Wales, Victoria and Queensland, have released data on the total number of suspected suicides since 1 January 2020.

The newly established NSW Suicide Monitoring System reported 673 suspected suicides in NSW from 1 January to 30 September 2020. This is similar to the 672 suspected suicides reported for the same period in 2019 (NSW Government Health 2020).

The total number of suspected suicides in Victoria from 1 January to 31 October 2020 is 580. This is similar to the 600 suspected suicides observed over the same period in 2019 (Coroners Court of Victoria 2020).

There have been 454 suspected suicides in Queensland from 1 January to 31 July 2020. This is similar to the 445 suspected suicides recorded for the same period in 2019 (Leske et al 2020).

References

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