

Mental health impact of COVID-19

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Key findings

- In the four weeks to 4 September 2022, around **1.1 million** MBS-subsidised mental health-related services were processed nationally, which was down **8%** from 2021 and **2%** from 2020, but up **11%** from the same period in 2019.
- In the four weeks to 4 September 2022, **24%** of the **1.1 million** MBS-subsidised mental health-related services were delivered via telehealth, down from **36%** during the same period in 2021 and **35%** in 2020.
- In the four weeks to 24 July 2022, over **3.4 million** PBS mental health-related prescriptions were dispensed nationally, up **1%** from the same period in 2021, **6%** from 2020, and **12%** from 2019.
- In the four weeks to 4 September 2022, **Lifeline** received around **84,200** calls, down **11%** from the same period in 2021, but up **3%** from 2020 and **19%** from 2019.
- In the four weeks to 20 February 2022, **Kids Helpline** received around **23,500** answerable contact attempts, down **5%** from the same period in

2021, **10%** from 2020, and **2%** from 2019.

- In the four weeks to 4 September 2022, **Beyond Blue** received around **25,500** contacts, down **12%** from the same period in 2021, **9%** from 2020, and up **26%** from 2019.

Summary

This section of Mental health services in Australia (MHSA) describes the impacts of the COVID-19 pandemic on Australian's mental health and wellbeing through the use of mental health related services. This includes mental health related [Medicare Benefits Scheme \(MBS\)](#), [Pharmaceutical Benefits Schedule \(PBS\)](#) and [crisis and support organisation data](#). The section looks at data across the entire period from 16 March 2020 to 4 September 2022 with a focus on activity during the 4-week period from 8 August 2022 to 4 September 2022.

Between 16 March 2020 and 4 September 2022, over 33.8 million MBS-subsidised mental health-related services were processed nationally. Among them, about 9.8 million (29%) of these MBS services were delivered via [telehealth](#) (either telephone or videoconference).

The volume of mental health-related PBS prescriptions dispensed peaked in March 2020 when pandemic restrictions were first introduced. Between 16 March 2020 and 24 July 2022, around 107.0 million PBS mental health-related prescriptions were dispensed nationally.

Crisis, support, and information services (Lifeline, Kids Helpline, Beyond Blue, ReachOut and Head to Health) are available to support Australians experiencing mental health issues. Activity of these crisis organisations vary, with different overall trends in demand compared with previous years.

In the latest 4 weeks (8 August 2022 to 4 September 2022) Lifeline demand has decreased since 2021 but is still higher than the same period in 2020. Beyond Blue demand decreased from the same period in 2021 and 2020. In the four weeks to 20 February 2022, Kids Helpline demand decreased from the same period in 2021 and 2020.

Introduction

The impact of the [COVID-19 pandemic](#) on mental health and wellbeing has been substantial. The measures taken to prevent the spread of the illness have the potential to exacerbate social, economic, and health-related disparities which may increase psychological distress for some people. This section explores this impact on mental health-related services during the pandemic. These services include:

- Medicare Benefits Scheme (MBS).
- Pharmaceutical Benefits Scheme (PBS).
- Crisis, support and information organisations (Lifeline, Kids Helpline, Beyond Blue, ReachOut and Head to Health).

Emerging research in this area further demonstrates the effect of the pandemic on mental health.

The AIHW's [Suicide and self-harm monitoring](#) portal provides further analysis of the impact of the pandemic on psychological distress and deaths by suicide. While there has been a rise in the use of mental health services and an increase in psychological distress during the pandemic, this has not been associated with a rise in suspected deaths by suicide in 2020 and 2021. More information can be found in [Suspected deaths by suicide](#) on the portal.

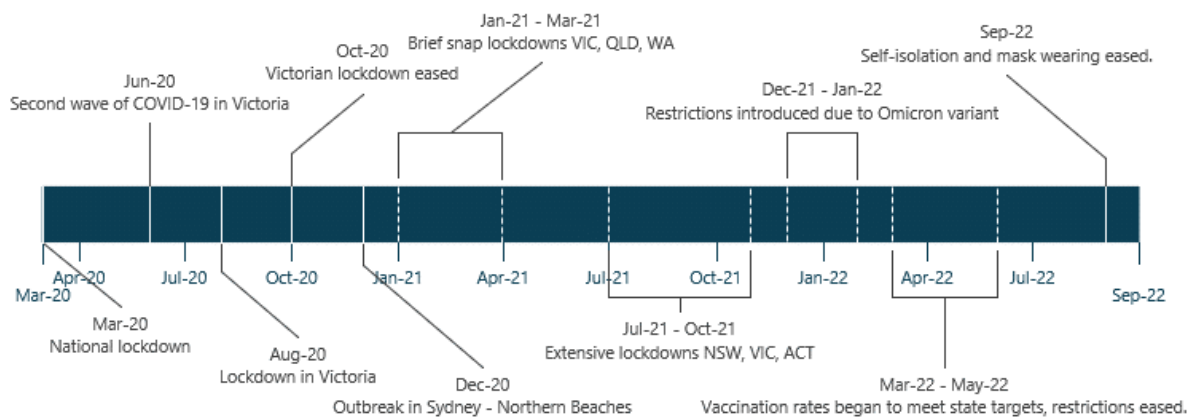
Data downloads:

PDF: Mental Health Impact of COVID-19

This section of Mental health services in Australia (MHSA) is updated quarterly and was last updated in December 2022. It focuses on activity during the 4-week period from 8 August 2022 to 4 September 2022, with the following exceptions: The 4-week period for PBS is from 27 June 2022 to 24 July 2022. PBS data lag other sources by six weeks to reduce the effect of administrative arrangements including late claims, updates to claims and cancellations; and the 4-week period for Kids Helpline data is from 24 January 2022 to 20 February 2022.

- 'The same period 1 year ago' refers to the period 9 August 2021 to 5 September 2021, 28 June 2021 to 25 July 2021 for PBS, and 25 January 2021 to 21 February 2021 for Kids Helpline.
- 'The same period 2 years ago' refers to the period 10 August 2020 to 6 September 2020, 29 June 2020 to 26 July 2020 for PBS, and 27 January 2020 to 23 February 2020 for Kids Helpline.
- 'The same period 3 years ago' refers to the period 12 August 2019 to 8 September 2019, 1 July 2019 to 28 July 2019 for PBS, and 28 January 2019 to 24 February 2019 for Kids Helpline.

Key events



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

- March 2020 – a national lockdown was introduced.
- June 2020 – the second wave of COVID-19 cases in Victoria began.
- August 2020 – a lockdown began in Victoria.
- October 2020 – the Victorian lockdown was eased.
- December 2020 – there was an outbreak of cases in Sydney’s Northern Beaches.
- January to March 2021 – there were 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 occurred in New South Wales (NSW), Victoria, and the Australian Capital Territory.
- December 2021 and January 2022 – widespread restrictions were introduced due to outbreaks of the Omicron variant across the nation, including through the Christmas and New Year period.
- March to May 2022 – vaccination rates began to meet state targets and restrictions were eased in NSW, Victoria and Queensland. Western Australia (WA) opened its borders from 3 March 2022, with restrictions easing further during March and April 2022.
- September 2022 – the self-isolation period for people with COVID-19 was reduced from seven days to five days in NSW, Victoria, Queensland and WA, with mask wearing requirements further easing.

Mental Health Service Activity in Australia

Medicare-subsidised mental health-specific services

Between 16 March 2020 and 4 September 2022:

- Around 33.8 million MBS-subsidised mental health-related services were processed nationally and \$3.8 billion in benefits were paid.
- Over the entire period, MBS-subsidised mental health-related services can be characterised as continuing to follow seasonal patterns, with noticeable declines during seasonal holiday periods including Christmas and New Year, and Easter.
- About 9.8 million (29%) of these services were delivered via telehealth (either telephone or videoconference) with \$1.1 billion in benefits paid for telehealth services.
- COVID-19 telehealth mental health items were first introduced on 13 March 2020 and mental health services delivered by telehealth reached its highest level shortly after in the week beginning 13 April 2020 at 51%.

The number of MBS-subsidised mental health-related services processed reached a peak of nearly 320,000 in the week commencing 16 August 2021. Since the first peak, the proportion of telehealth services has fluctuated between 18% (week beginning 17 May 2021) and 38% (week beginning 6 September 2021).

The number of MBS-subsidised mental health services provided has decreased since the start of the COVID-19 pandemic, however it is still higher than before the pandemic. In the four weeks between 8 August 2022 and 4 September 2022, around 1.1 million MBS-subsidised mental health services were processed. This was:

- 8% lower than the same period in 2021
- 2% lower than the same period in 2020
- 11% higher than the same period in 2019.

Of these MBS-subsidised mental health-services, one-quarter (25%) were delivered via telehealth. This compares with:

- 36% delivered via telehealth during the same period in 2021
- 35% delivered via telehealth during the same period in 2020.

Figure COVID.2.1: Number of MBS mental health services, by week of processing, 7 January 2019 – 4 September 2022

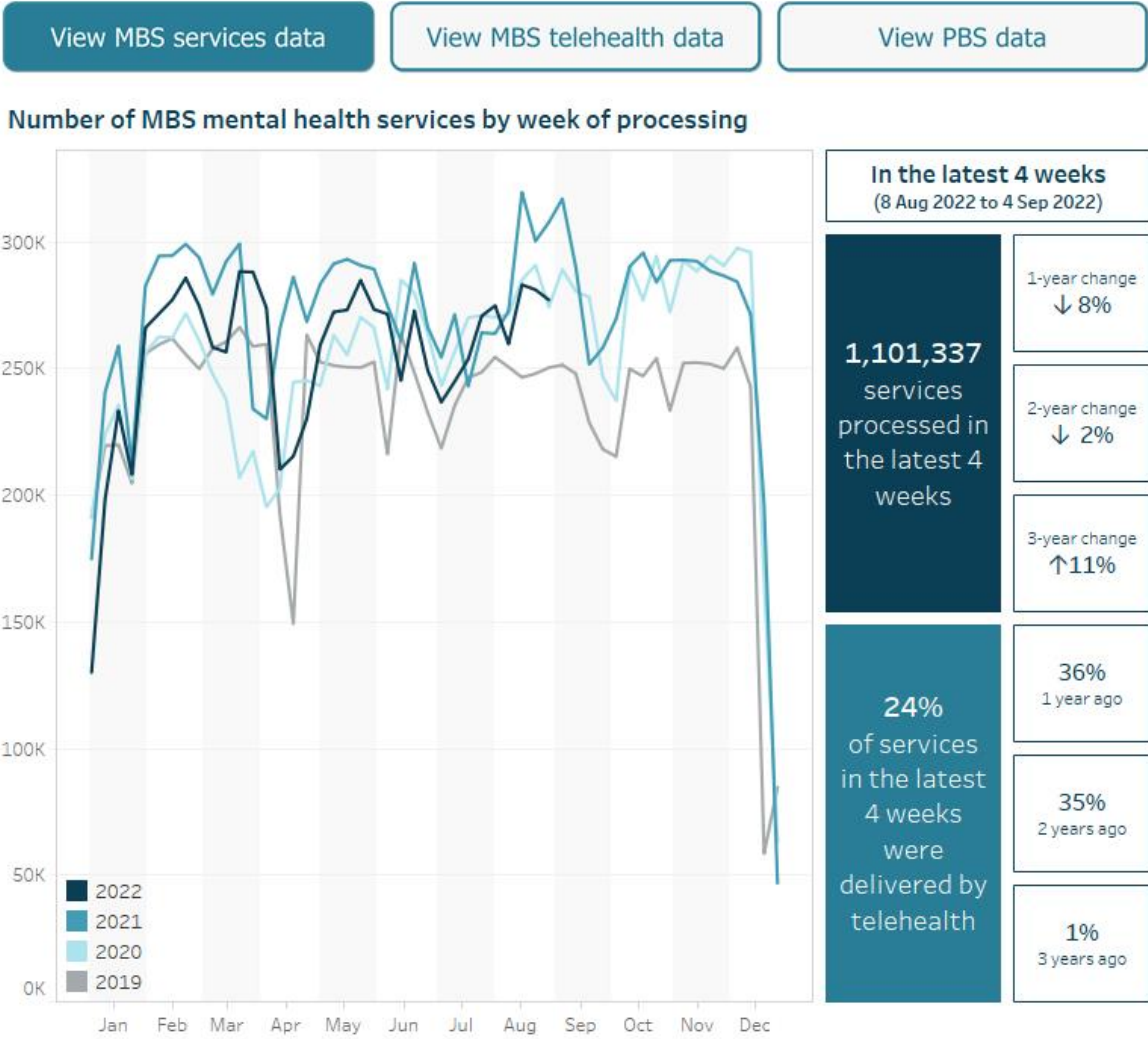


Figure COVID.2.1: Number of MBS mental health services, by week of processing, 7 January 2019 – 4 September 2022
<http://www.aihw.gov.au/mhsa>

- Notes:
- Figure COVID.2.1:**
1. The drop in service numbers in late December– early January is a seasonal phenomenon like that observed for the same time period in previous years.
 2. Data points represent week commencing date.

Source: Medicare Benefits Schedule data.

Figure COVID.2.2: Per cent of MBS mental health services delivered by telehealth, by week of processing, 6 January 2020 – 4 September 2022

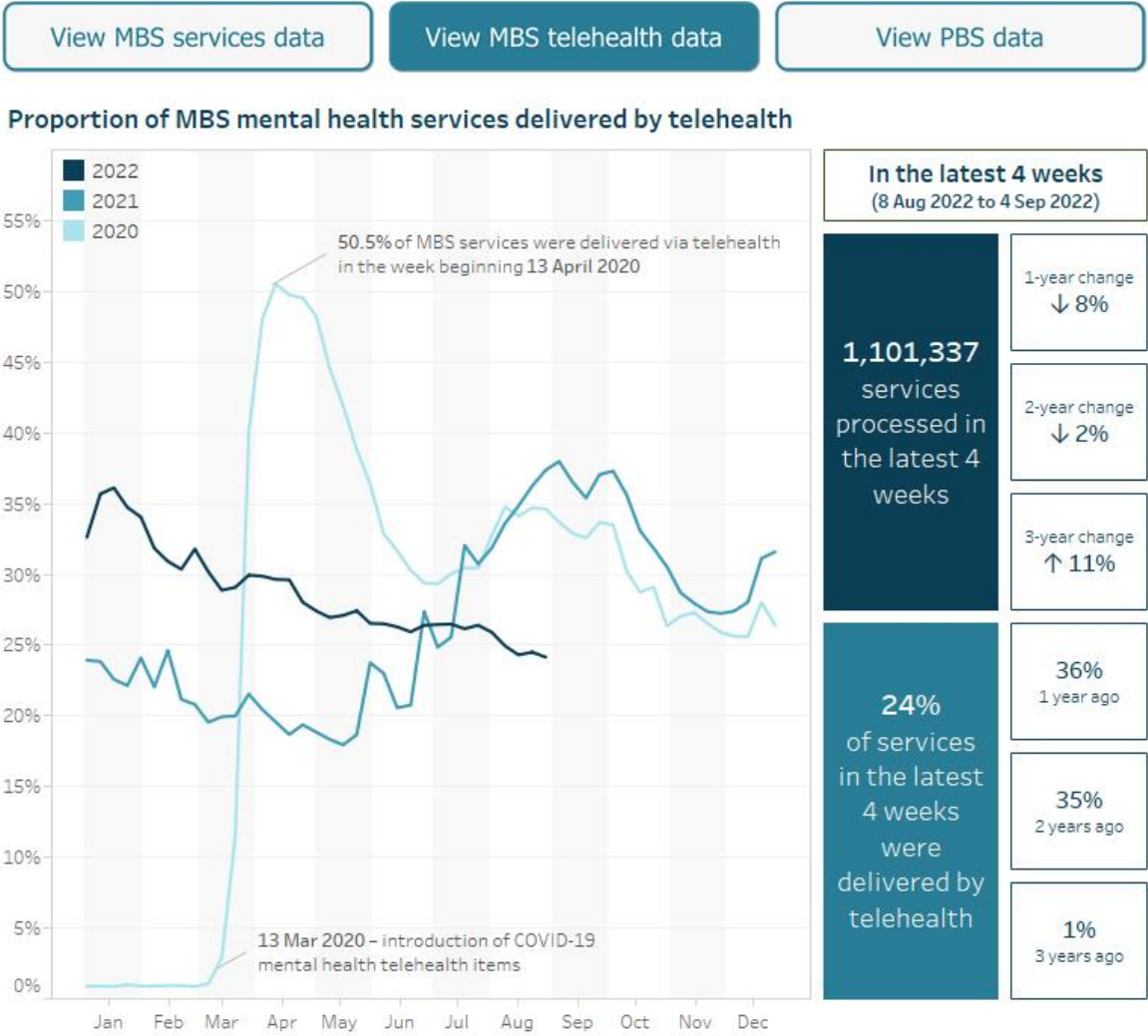


Figure COVID.2.2: Proportion (per cent) of MBS mental health services delivered by telehealth, by week of processing, 2020 – 2022
<http://www.aihw.gov.au/mhsa>

Notes:

Figure COVID.2.2:

- 1. Data points represent week commencing date.

Source: Medicare Benefits Schedule data.

Additional MBS services

During the pandemic, the Australian Government introduced additional services to the Medicare Benefits Schedule (MBS) to support provision of health care via telehealth (telephone and videoconference). Telehealth was introduced as an alternative to face-to-face healthcare services to provide protection for both patients and health-care providers. This was intended to reduce the risk of community transmission of COVID-19. These MBS items include mental health services provided by GPs, psychiatrists, psychologists and other allied health

workers. In December 2021, the Australian Government announced that telehealth will become a permanent feature of primary healthcare (DoH 2021b).

Services under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS initiative* (Better Access) are available to Australians with clinically diagnosed mental health disorders (DoH 2021a). In response to the pandemic, the Australian Government has doubled the number of Medicare-subsidised psychological therapy sessions per year until 31 December 2022 (DoH 2021b).

For more information on the MBS, refer to the [Data source](#) section.

Pharmaceutical Benefits Scheme (PBS) mental health-related prescriptions

Between 16 March 2020 and 24 July 2022:

- 102.1 million PBS mental health-related prescriptions were dispensed nationally.
- 78.4 million PBS prescriptions for anti-depressants were dispensed nationally.
- PBS mental health-related prescriptions experienced a weekly maximum of nearly 1,014,000 in the week beginning 16 March 2020, corresponding to the expansion of [Continued Dispensing](#) (Emergency Measures) and messaging around obtaining necessary medication (Services Australia 2021, DoH 2022a). This represents a 19% increase in the number of mental health-related prescriptions dispensed in the four weeks to 29 March 2020 compared with the four weeks to 31 March 2019.
- Over the entire period, PBS mental health-related prescriptions can be characterised as continuing to follow seasonal patterns, with noticeable declines during seasonal holiday periods including Christmas and New Year, and Easter.

In the four weeks between 27 June 2022 and 24 July 2022, over 3.4 million PBS mental health-related prescriptions were dispensed nationally. This was:

- 1% higher than the same period in 2021
- 6% higher than the same period in 2020
- 12% higher than the same period in 2019.

Of these PBS mental health-related prescriptions, 2.5 million were anti-depressants. This compares with:

- 2% higher than the same period in 2021
- 7% higher than the same period in 2020
- 16% higher than the same period in 2019.

For more information on the PBS, refer to the [Data source](#) section.

Figure COVID.2.3: Number of PBS mental health-related prescriptions dispensed, by week, 7 January 2019 – 24 July 2022

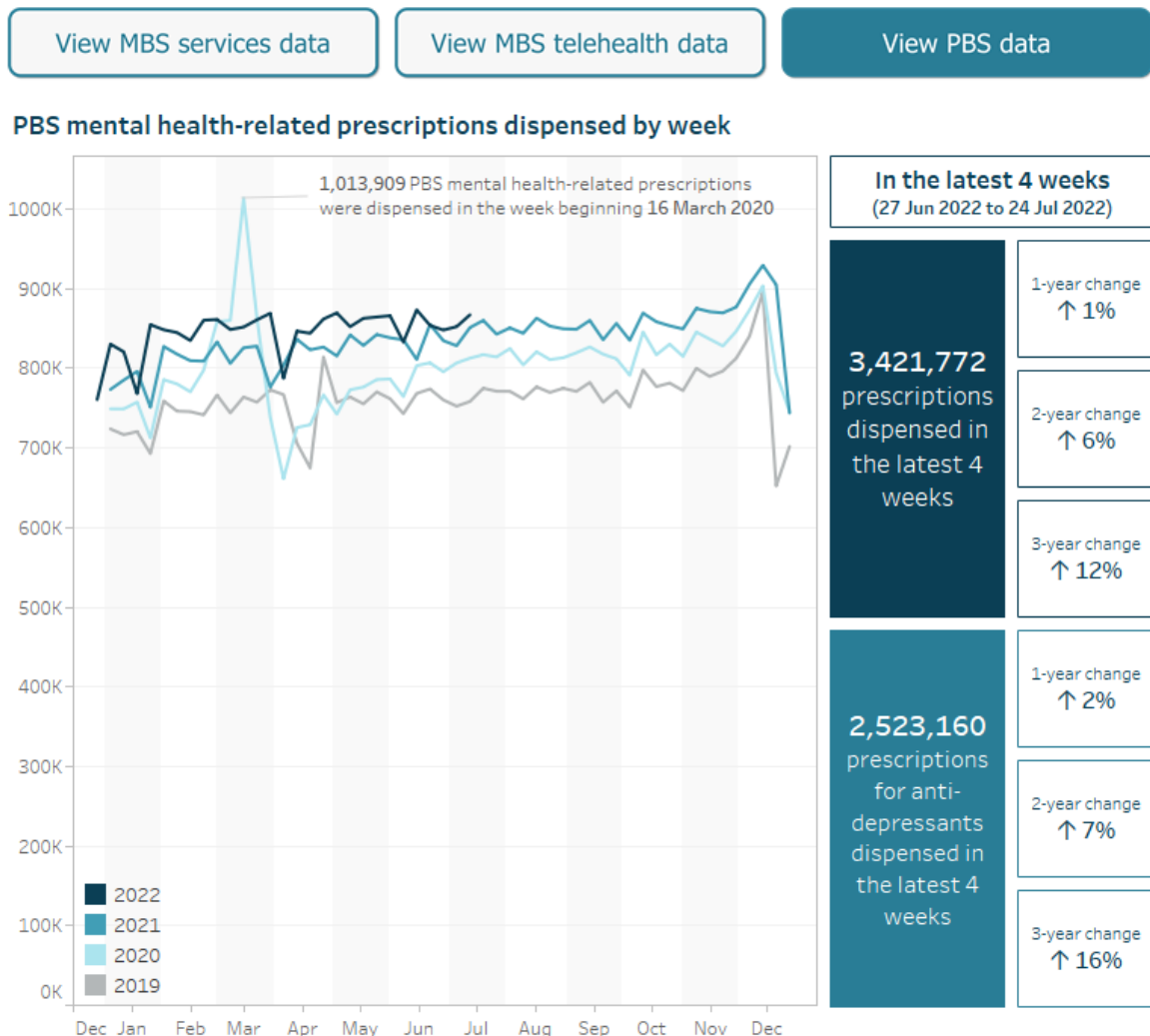


Figure COVID.2.3: Number of PBS mental health-related prescriptions dispensed, by week, 7 January 2019 – 24 July 2022
<http://www.aihw.gov.au/mhss>

Notes:

Figure COVID.2.3:

- 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 Aged Care and sourced from Services Australia.

PBS Continued Dispensing arrangement

In response to bushfire crisis in September 2019 and then the pandemic in March 2020, 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. This was to support Australians' continued access to PBS medicines in response to the pandemic (Services Australia 2021, DoH 2022a). These arrangements were further expanded until 30 June 2022. This arrangement has 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).

For more information on the PBS, refer to the [Data source](#) section.

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

Recent activity

- In the four weeks to 4 September 2022, Lifeline saw decreased demand from the same period in 2021 and increased demand from the same period 2020 and 2019.
- In the four weeks to 20 February 2022, Kids Helpline saw decreased demand from the same period in 2021, 2020 and 2019.
- In the four weeks to 4 September 2022, Beyond Blue saw demand that decreased from the same period in 2021 and 2020 and exceeded the same period in 2019.

Crisis, support, and information services such as Lifeline, Kids Helpline, Beyond Blue, and ReachOut are available to support Australians experiencing mental health issues. In response to the COVID-19 pandemic, these services have incorporated pandemic support services. The Australian Government funded Beyond Blue to create a dedicated Coronavirus Mental Wellbeing Support Service to provide free 24/7 mental health support. The Australian Government also created the Head to Health website to help people find the digital mental health service most suited to their needs.

In March 2020, these organisations reported an increased demand for their services and have since reported fluctuations in activity throughout the pandemic period. Total demand for crisis and support services rapidly increased from June 2021 to early September 2021, with Lifeline reaching record call demand in September 2021 which corresponds to a series of nationwide restrictions and lockdowns (Figure COVID.3.1).

For detailed information on crisis and support organisations and online mental health information services, refer to the [Data source](#) section.

Lifeline

In the four weeks to 4 September 2022:

- Around 84,000 calls were offered to Lifeline, a decrease of 11% from the same period in 2021, and an increase of 3% and 19% from the same period in 2020 and 2019, respectively (Figure COVID.3.1).
- Lifeline had around 68,000 [answered contacts](#), a decrease of 20% and 9% from the same period in 2021 and 2020, respectively, and an increase of 17% from the same period in 2019.

Kids Helpline

In the four weeks to 20 February 2022:

- Kids Helpline received nearly 24,000 answerable contact attempts (call, webchats and email), which is a 5%, 10%, and 2% decrease from the same period in 2021, 2020 and 2019, respectively (Figure COVID.3.2).
- Around 11,000 contacts were answered by Kids Helpline. This is a 25%, 7% and 7% decrease from the same period in 2021, 2020 and 2019 respectively.

Beyond Blue

In the four weeks to 4 September 2022:

- Around 25,500 contacts were made to Beyond Blue (calls offered, webchats and email), which is a decrease of 12% and 9% from the same period in 2021 and 2020, respectively, and an increase of 26% from the same period in 2019 (Figure COVID.3.3).
- Around 14,600 contacts were answered by Beyond Blue which is a 41%, 43%, and 21% decrease from the same period in 2021, 2020 and 2019, respectively.

ReachOut and Head to Health

- 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.
- In the four weeks to 4 September 2022:
 - ReachOut reported an average of around 7,000 website users per day, a decrease of 8%, 37% and 18% compared to the same period in 2021, 2020 and 2019, respectively (Figure COVID.3.4).
 - Head to Health received an average of around 2,600 users per day, an increase of 21% from the same period in 2021, a decrease of 23% from the same period in 2020, and an increase of 147% from the same period in 2019.

Figure COVID.3.1: National use of crisis and support organisations, Lifeline contacts, by week, 7 January 2019 – 4 September 2022

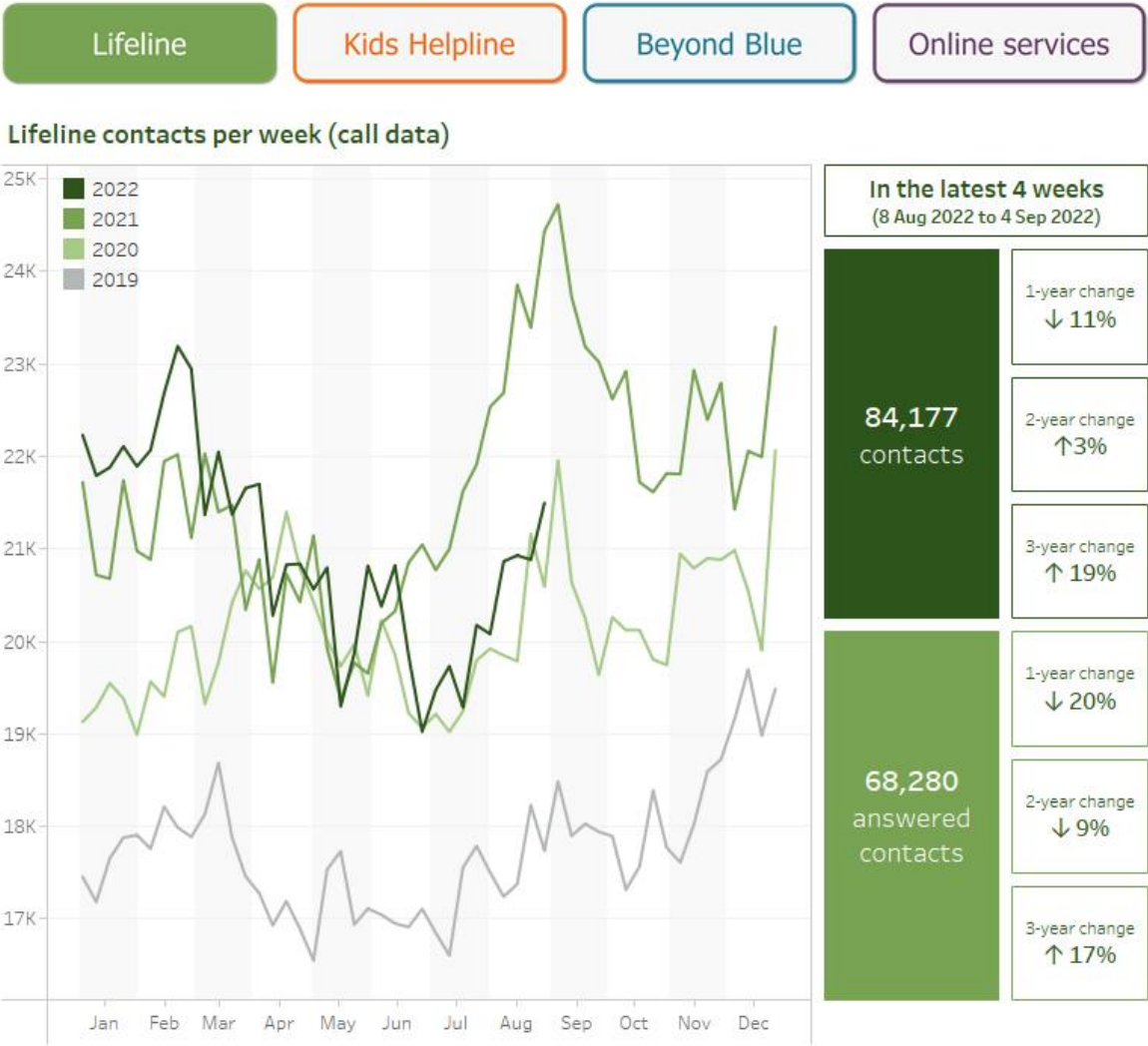


Figure COVID.3.1: Lifeline contacts (calls), by week, 7 January 2019 – 4 September 2022

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

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) Data points represent week commencing date.

Sources: Lifeline; Kids Helpline; Beyond Blue.

Figure COVID.3.2: National use of crisis and support organisations, Kids helpline contacts, by week, 7 January 2019 – 20 February 2022

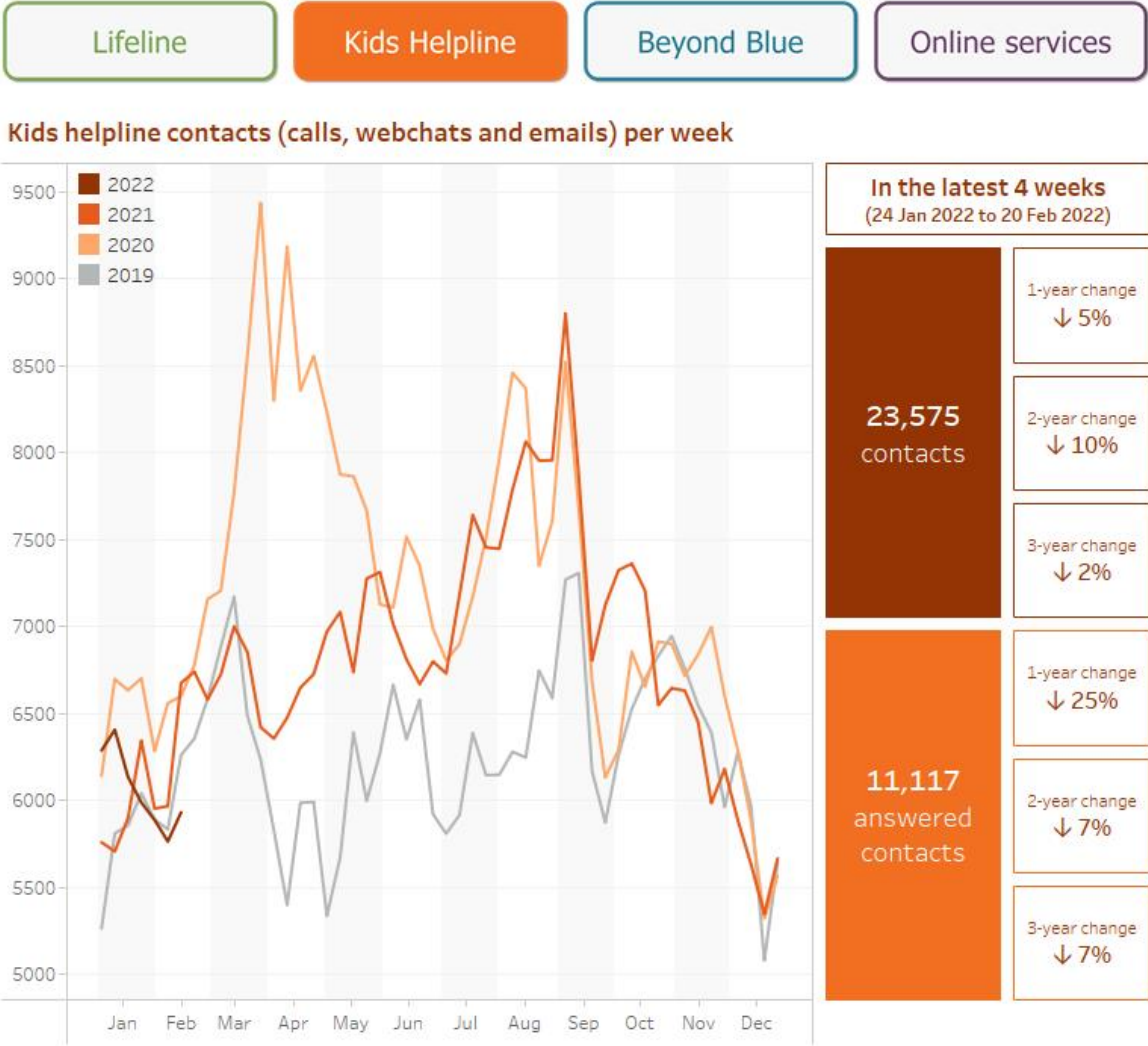


Figure COVID.3.2: Kids Helpline contacts (calls, webchats and emails), by week, 7 January 2019 – 20 February 2022
<http://www.aihw.gov.au/mhsa>

- Notes:
- Figure COVID.3.2:**
- 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.
 - 5) Kids Helpline data is reported to 20/2/22 because of flooding impacts in late February resulting in data issues. Kids Helpline is working to resolve these issues.

Figure COVID.3.3: National use of crisis and support organisations, Beyond Blue contacts, by week, 7 January 2019 – 4 September 2022

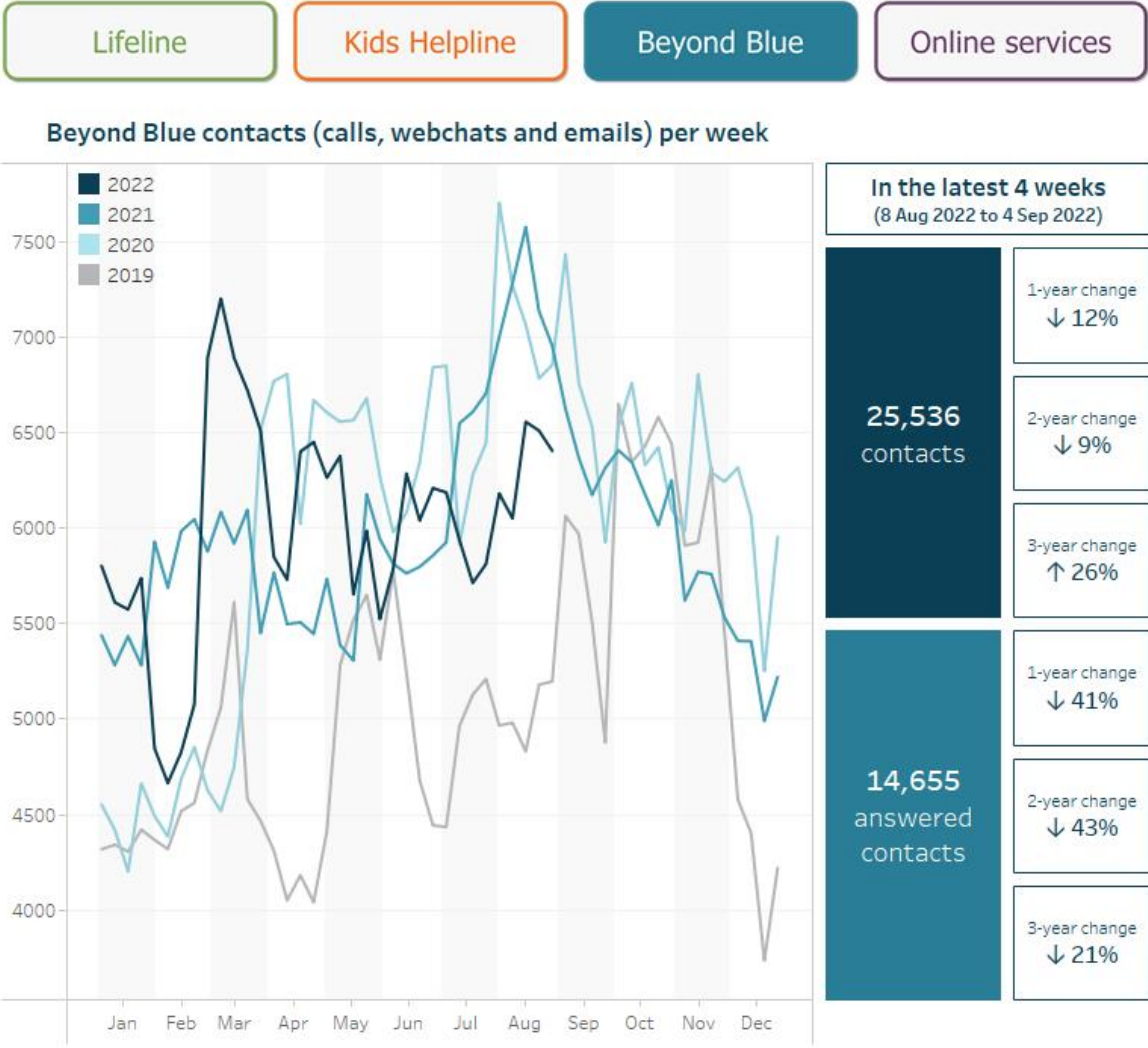


Figure COVID.3.3: Beyond Blue contacts (calls, webchats and emails), by week, 7 January 2019 – 4 September 2022
<http://www.aihw.gov.au/mhsw>

- Notes:
- Figure COVID.3.3:**
- 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) Data points represent week commencing date.
 - 4) Beyond Blue launched an enhanced service model on 28 February 2022 with a new service delivery partner. Changes to operational workflows and data entry compliance through the transition period have resulted in lower rates of capture of demographic data and answered contacts. These transition issues are expected to continue to stabilise and improve. Caution is advised when comparing recent data to data recorded prior to 28 February 2022.

Sources: Lifeline; Kids Helpline; Beyond Blue.

Figure COVID.3.4: Online Services average number of daily website users, by website, week, 7 January 2019 – 4 September 2022

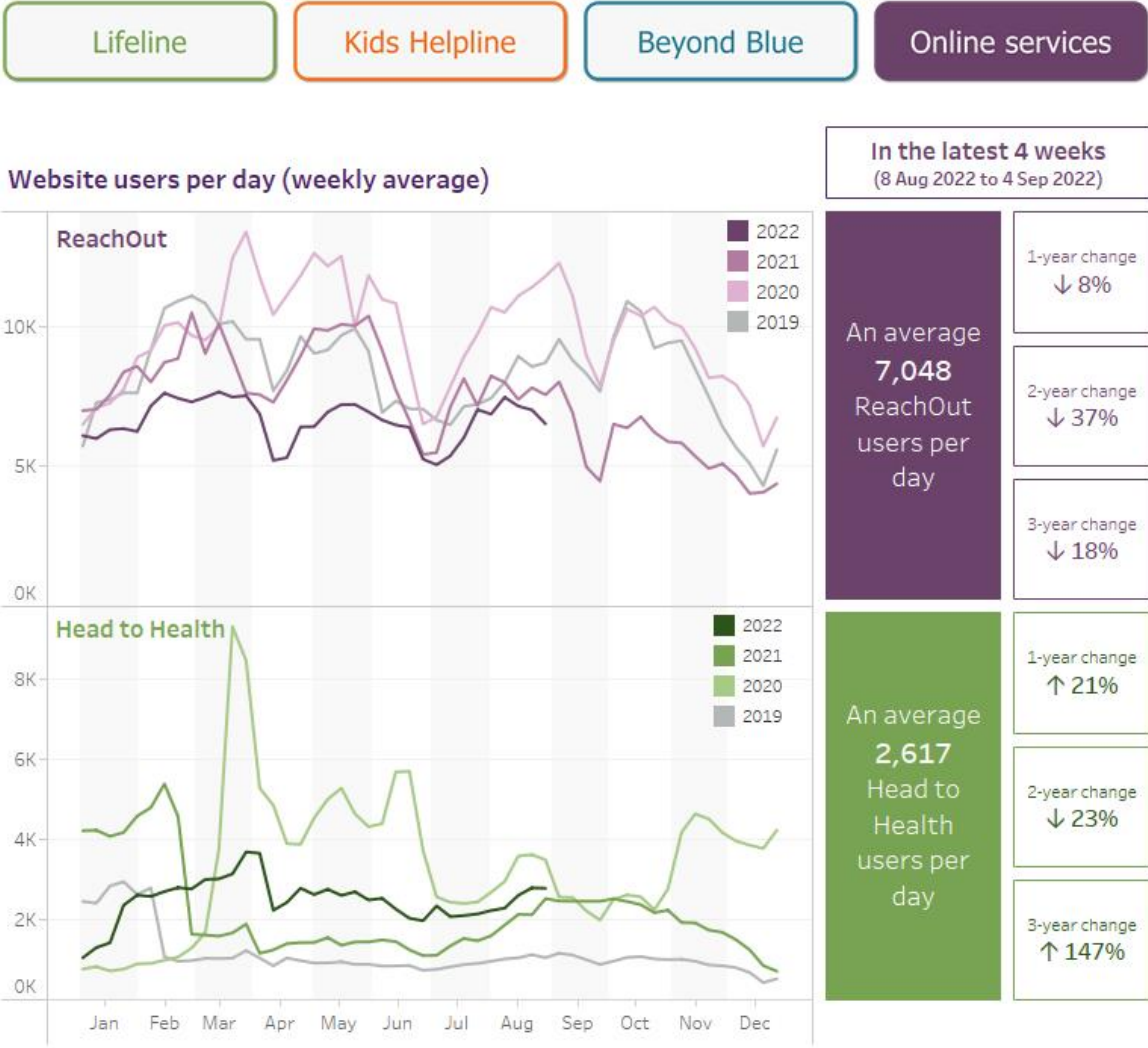


Figure COVID.3.4: Average number of daily website users, by website, week, 7 January 2019 – 4 September 2022 <http://www.aihw.gov.au/mhsa>

- Notes:
- Figure COVID.3.4:**
 - 1) Data points represent week commencing date.
 - 2) The spike in March 2020 for Head to Health likely relates to the release of the Head to Health 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.

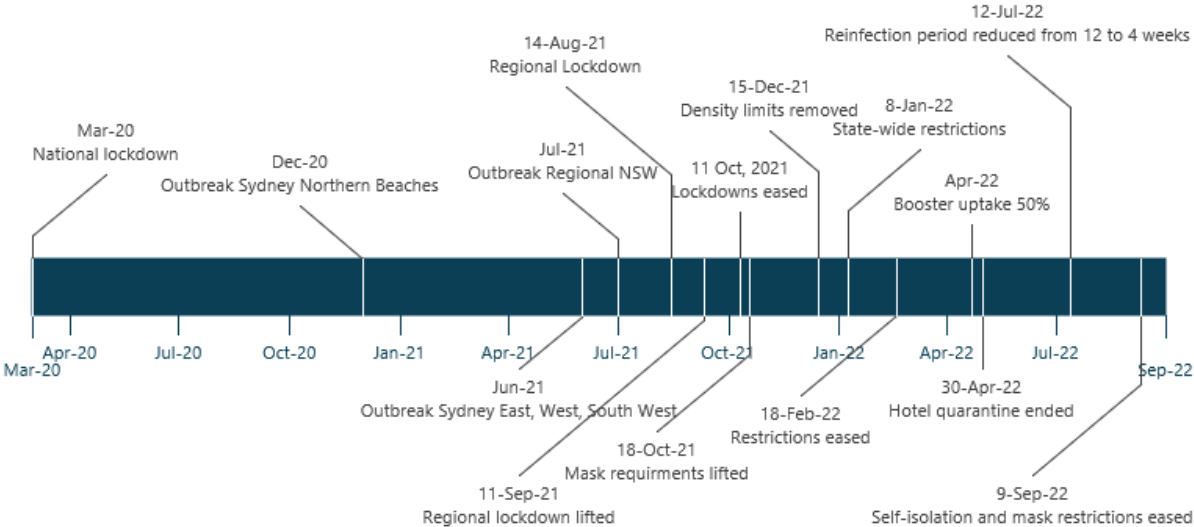
Sources: Head to Health, ReachOut.

Mental health service activity in New South Wales, Victoria, Queensland, and Western Australia

Key Events: COVID-19 Pandemic Restrictions

New South Wales

Figure COVID.4: Chronology of COVID-19 Pandemic Restrictions, New South Wales, 2020 – 2022

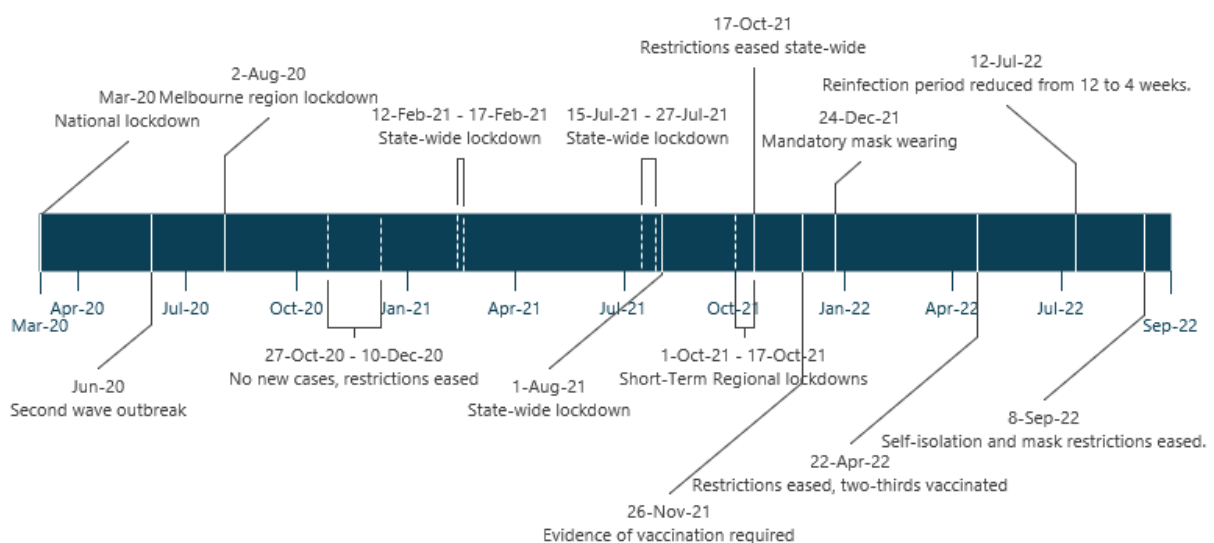


- March 2020 – a national lockdown was introduced.
- December 2020 – an outbreak in Sydney’s Northern Beaches and Greater Sydney occurs (NSW Health 2020).
- June 2021– several outbreaks in Sydney’s Eastern Suburbs, West, and South Western Sydney occurred (NSW Health 2021 a).
- July 2021– several outbreaks in Central Coast, Hunter New England, Western NSW, Far Western NSW, and Southern NSW regions occurred (NSW Health 2021b).
- 14 August 2021– lockdowns introduced across all regional NSW (NSW Health 2021f).
- 11 September 2021 – the regional lockdown was partially lifted (NSW Gov 2021).
- 11 October 2021 – lockdowns were eased, fully vaccinated stay-at-home orders were removed, venues were reopened, and mask wearing outdoors was no longer required (NSW Premier 2021b).
- 18 October 2021– mask wearing requirements and restrictions on gathering numbers were further lifted (NSW Premier 2021c).

- 15 December 2021 – density limits were removed, and check-ins limited to high-risk venues (NSW Premier 2021d).
- 8 January 2022 – state-wide restrictions were reintroduced (NSW Premier 2021a). Through the Christmas period and into January the lifting of restrictions, together with the emergence 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 2021c, NSW Health 2021d).
- 18 February 2022 – restrictions were partially eased (NSW Premier 2022a).
- 22 April 2022 – restrictions were further eased as booster uptake reached over 50% and hospitalisation and ICU rates decreased (NSW premier 2022b).
- 30 April 2022 – hotel quarantine was no longer required for unvaccinated returning international travellers. Public transport capacity was also lifted with the requirement to wear masks on public transport, planes, and indoors at airports and cruise terminals remaining in place (NSW premier 2022b).
- 12 July 2022 – COVID-19 reinfection period was reduced from 12 weeks to 4 weeks as new variants of COVID-19 can evade prior immunity gained from infection (NSW Health 2022a)
- 9 September 2022 – self-isolation period for people with COVID-19 was reduced from seven days to five days. Mask wearing was further eased and only required in hospitals and residential aged care facilities (NSW Health 2022b).

Victoria

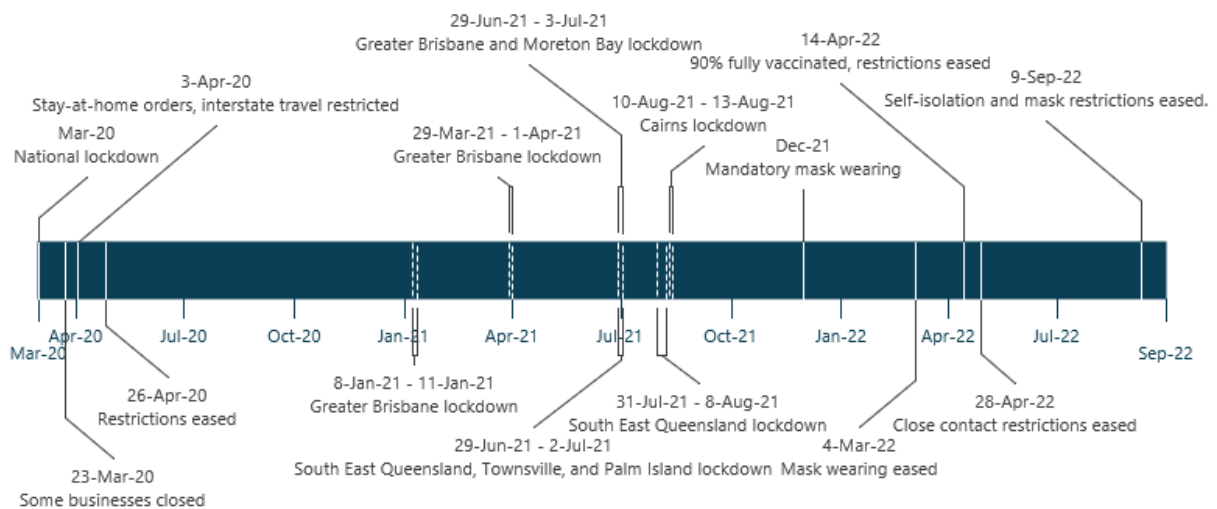
Figure COVID.5: Chronology of COVID-19 Pandemic Restrictions, Victoria, 2020 – 2022



- March 2020 – a national lockdown was introduced.
- June 2020 – the second wave of COVID-19 cases in Victoria began.
- 2 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 (VIC DHHS 2020a). Restrictions included curfews, a limit of how far from home a person could travel, and on people gathering.
- 27 October 2020 to 10 December 2020 – no newly diagnosed cases in the state, the lockdown was eased (Vic DHHS 2020b).
- 12 February 2021 to 17 February 2021 – a lockdown was introduced following a cluster of community acquired cases linked to hotel quarantine (Vic DHHS 2021a).
- 15 July 2021 to 27 July 2021 – a lockdown was introduced following interstate incursions of COVID-19 (Vic DHHS 2021b, Vic DHHS 2021c).
- 5 August 2021 – a state-wide lockdown was introduced following new locally acquired cases (Vic DHHS 2021d)
- October 2021– several short-term lockdowns occurred in Greater Shepparton, Moorabool Shire, City of Latrobe, and Mildura (Vic DHHS 2021e, Vic DHHS 2021f, Vic DHHS 2021g, Vic DHHS 2021h).
- 17 October 2021 – the lockdown was lifted in restricted areas across Victoria (Vic DHHS 2021i).
- 26 November 2021– evidence of vaccination was required across a wide range of industries (Vic Premier 2021).
- 24 December 2021 – mandatory indoor mask wearing was reintroduced (Vic DHHS 2021j).
- 22 April 2022 – restrictions were eased as two-thirds of Victorians aged 16 years and over had received three doses of the COVID-19 vaccine (Vic DHHS 2022a).
- 12 July 2022 – COVID-19 reinfection period reduced from 12 weeks to 4 weeks (Vic DHHS 2022b)
- 8 September 2022 – Self-isolation period for people with COVID-19 was reduced from seven days to five days. Requirements to wear masks on domestic flights were also lifted (Vic Premier 2022).

Queensland

Figure COVID.6: Chronology of COVID-19 Pandemic Restrictions, Queensland 2020 – 2022

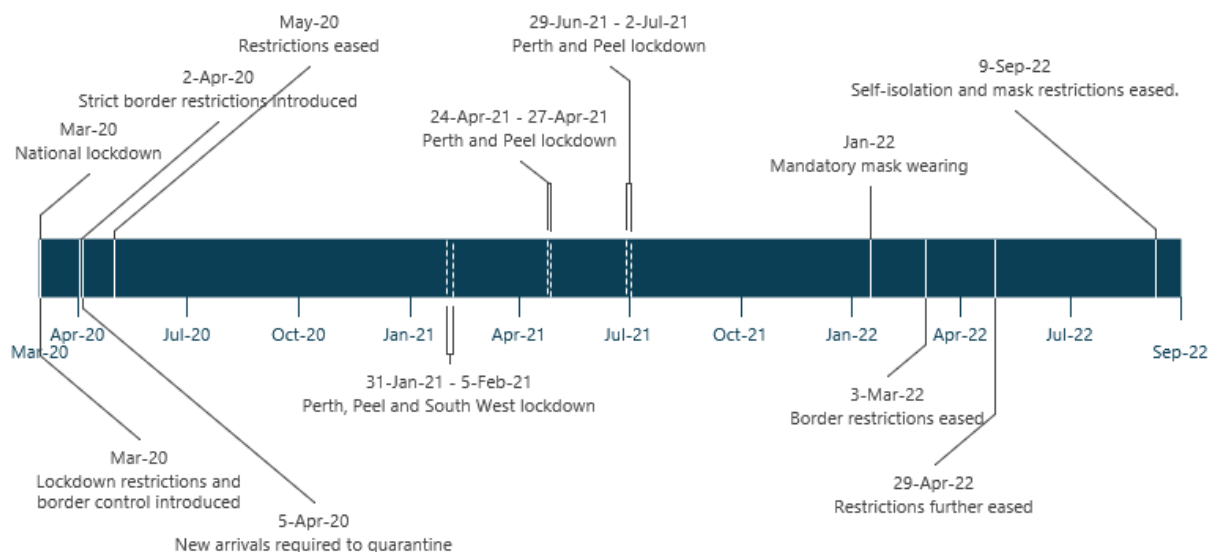


- 23 March 2020 – some businesses were closed.
- 3 April 2020 – stay-at-home rules were introduced; non-Queensland residents were prevented from entering the state (APH 2021).
- 26 April 2020 – restrictions were eased (APH 2021).
- 8 to 11 January 2021 – a lockdown was introduced in Greater Brisbane (Qld Health 2021a).
- 29 March to 1 April 2021 – a lockdown was introduced in Greater Brisbane (Qld Gov 2021a).
- 29 June to 2 July 2021 – lockdowns were introduced in South East Queensland, Townsville, and Palm Island (Qld Gov 2021b).
- 29 June to 3 July 2021 – lockdowns were introduced in Greater Brisbane and Moreton Bay (Qld Health 2021b).
- 31 July to 8 August 2021 – a lockdown was introduced in South East Queensland (Qld Health 2021c).
- 8 to 11 August 2021 – a lockdown was introduced in Cairns (Qld Gov 2021c).
- December 2021 – mandatory mask wearing was required across the state (QLD Health, 2022).
- 4 March 2022 – mask wearing was eased; it was only required in high-risk settings such as public transport, airports, prisons and hospitals and aged care centres (QLD Health, 2022).
- 14 April 2022 – restrictions were further eased as more than 90% of Queenslanders aged 12 and over were fully vaccinated (QLD Gov 2022a).

- 28 April 2022 – close contacts with no symptoms were no longer required to quarantine. Unvaccinated international travellers with no symptoms of COVID-19 were also no longer required to quarantine if they tested negative within 24 hours of arriving (QLD Gov 2022b).
- 9 September 2022 – self-isolation period for people with COVID-19 was reduced from seven days to five days (QLD Gov 2022c). Requirements to wear masks on domestic flights were also lifted (QLD Gov 2022d).

Western Australia

Figure COVID.7: Chronology of COVID-19 Pandemic Restrictions, Western Australia, 2020 – 2022



- March 2020 – a range of restrictions were introduced to limit the spread of COVID-19 in Western Australia: border control was tightened, interstate travellers were required to self-isolate for 14 days, social distancing directions were implemented, and several facilities were closed (WA Gov 2020a).
- 2 April 2020 – strict border restrictions in regional areas of WA including the Kimberly were introduced to stop the spread of COVID-19 and protect the residents living in remote Aboriginal communities (WA Gov 2020b).
- 5 April 2020 – all arrivals with exemptions were required to hotel quarantine for 14 days (WA Gov 2020c)
- May 2020 – restrictions were eased due to low COVID-19 cases with interstate border closures remaining in place (WA Gov 2020d).
- 31 January to 5 February 2021 – lockdowns were introduced in Perth, Peel and South West Regions when a hotel quarantine guard tested positive to COVID-19 (WA Gov 2021a).
- 24 to 27 April 2021 – lockdowns were introduced in Perth and Peel when an international traveller tested positive to COVID-19 (WA Gov 2021b).

- 29 June to 2 July 2021 – lockdowns were introduced in Perth and Peel in regions which required people to stay home except for essential work, shopping, or medical appointments (WA Gov 2021c).
- 16 January 2022 – masks were required indoors in Perth and Peel regions due to the Omicron variant outbreak (WA Gov 2022a). This was extended to WA's South West regions, Wheatbelt and Great Southern regions (WA Gov 2022b).
- 3 March 2022 – interstate and international border restrictions for vaccinated people were lifted, however the requirements of wearing a mask, social distancing, and proof of vaccination to enter high-risk venues remained in place (WA Gov 2022c).
- 29 April 2022 – restrictions were further eased as the booster uptake reached over 80%. Asymptomatic close contacts were no longer required to isolate for seven days and vaccination requirements for interstate travellers were removed. Masks requirements were also eased and only required in high-risk settings such as public transport, airports, prisons, hospitals and aged care centres (WA Gov 2022d).
- 9 September 2022 – self-isolation period for people with COVID-19 was reduced for seven days to five days (WA Gov 2022e). Mask wearing was further eased on public transport, aged care centres, and domestic air travel (WA Gov 2022f).

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

In the four weeks to 4 September 2022, mental health-related MBS service use decreased in New South Wales (5%), Victoria (10%), Queensland (10%), and Western Australia (11%) from the same period in 2021 (Figure COVID.8). During this period, Victorians had the highest rate of MBS service use (4,898 services per 100,000 population), which has been consistent throughout the pandemic and with pre-pandemic service use trends. In the four weeks to 4 September 2022, the rate of services per 100,000 population for other jurisdictions was 4,132 in New South Wales, 4,263 in Queensland and 3,901 in Western Australia.

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 date for each state was the four weeks to 12 September 2021.

For more information on the MBS, refer to the [Data source](#) section.

Figure COVID.8.1: MBS mental health services per 100,000 population, New South Wales, week of processing, 7 January 2019 – 4 September 2022

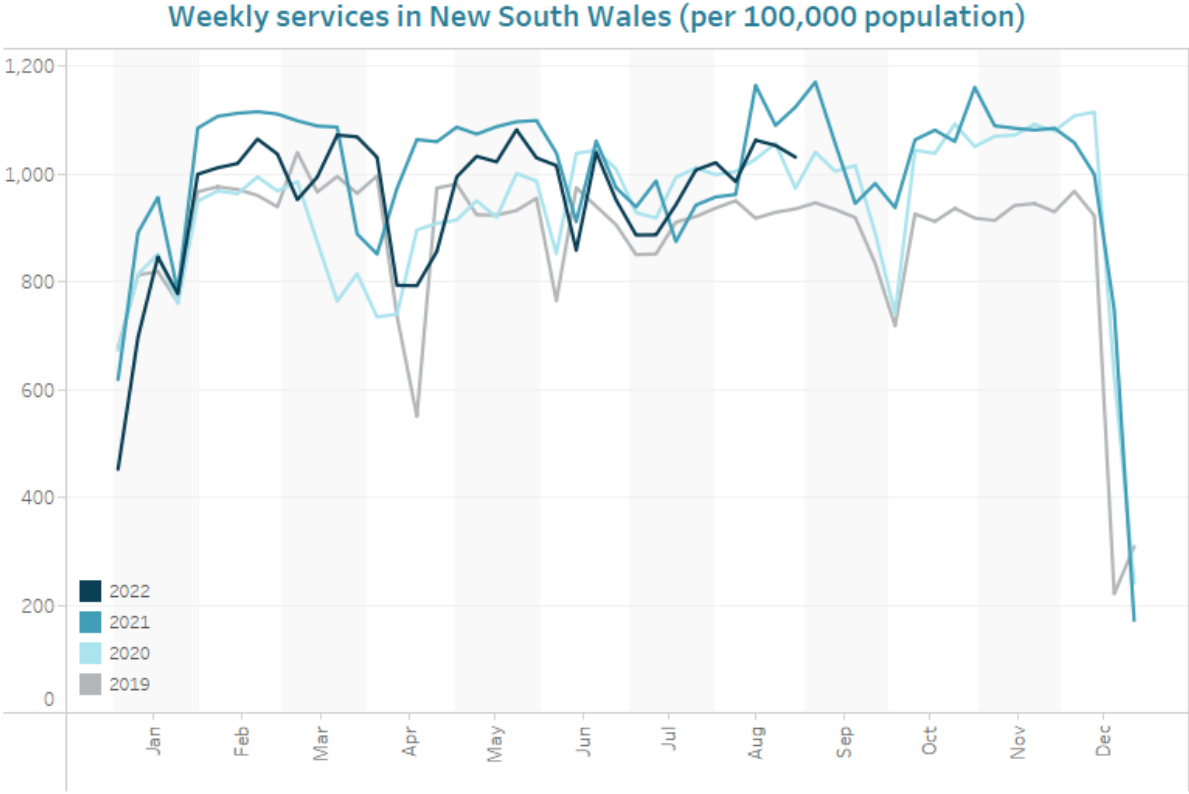


Figure COVID.8.1: MBS mental health services per 100,000 population, by jurisdiction, week of processing, 7 January 2019 – 4 September 2022

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

Notes:

- 1. Rates are based on estimated resident populations at 30 June 2019 for 2019, 30 June 2020 for 2020 and 30 June 2021 for 2021 and 2022.
- 2. Data points represent week commencing date.

Source: Medicare Benefits Schedule data.

Figure COVID.8.2: MBS mental health services per 100,000 population, Victoria, week of processing, 7 January 2019 – 4 September 2022

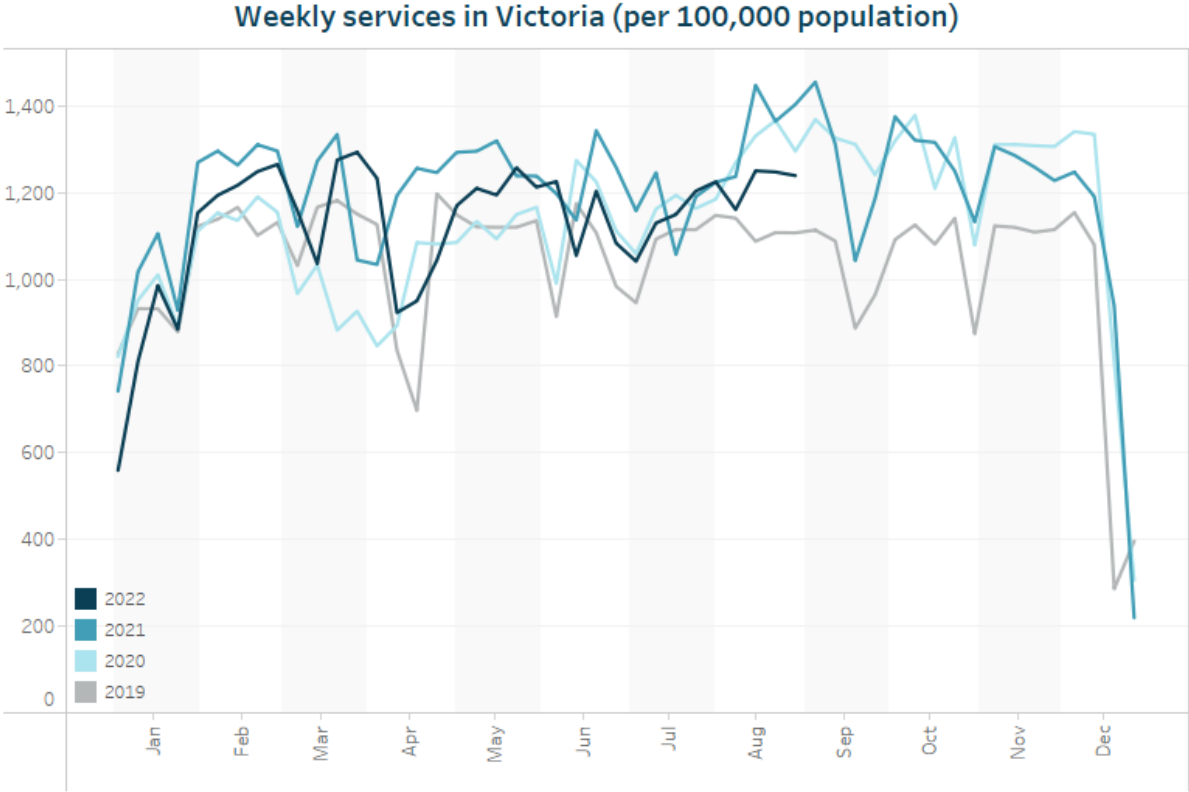


Figure COVID.8.2: MBS mental health services per 100,000 population, by jurisdiction, week of processing, 7 January 2019 – 4 September 2022

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

Notes:

- 1. Rates are based on estimated resident populations at 30 June 2019 for 2019, 30 June 2020 for 2020 and 30 June 2021 for 2021 and 2022.
- 2. Data points represent week commencing date.

Source: Medicare Benefits Schedule data.

Figure COVID.8.3: MBS mental health services per 100,000 population, Queensland, week of processing, 7 January 2019 – 4 September 2022

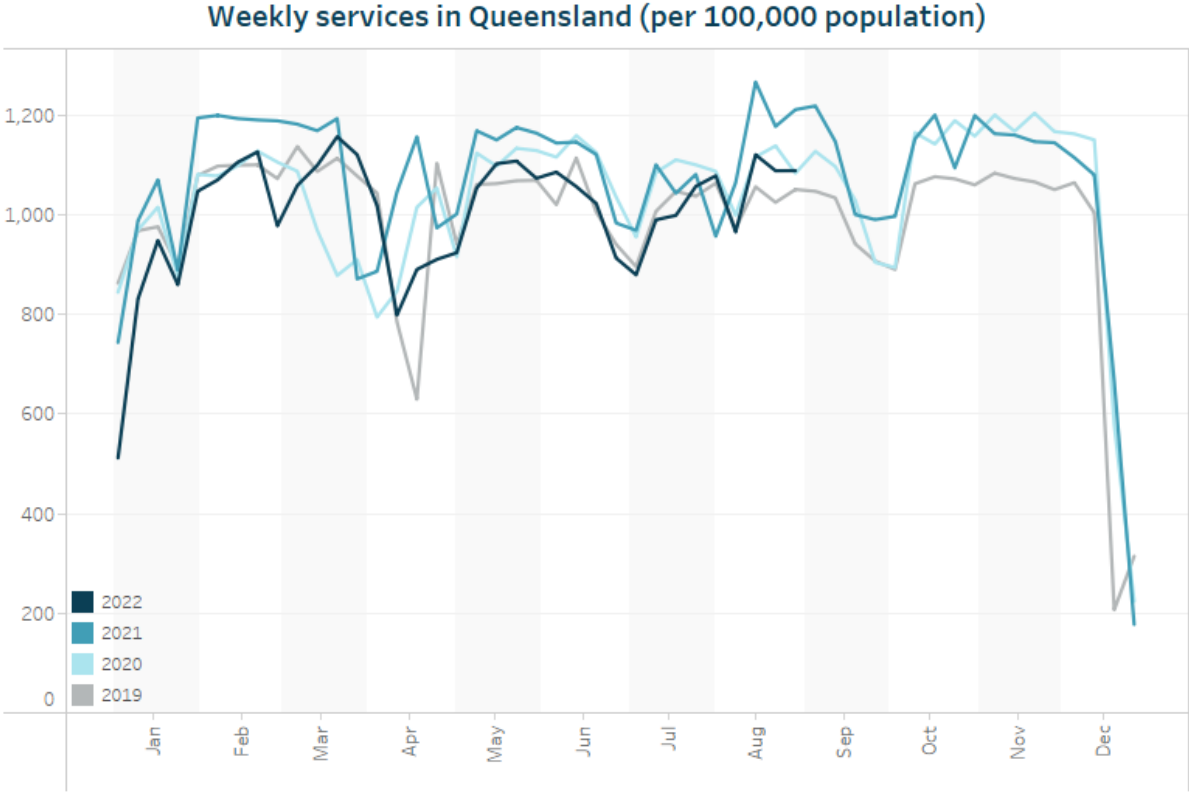


Figure COVID.8.3: MBS mental health services per 100,000 population, by jurisdiction, week of processing, 7 January 2019 – 4 September 2022

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

Notes:

- 1. Rates are based on estimated resident populations at 30 June 2019 for 2019, 30 June 2020 for 2020 and 30 June 2021 for 2021 and 2022.
- 2. Data points represent week commencing date.

Source: Medicare Benefits Schedule data.

Figure COVID.8.4: MBS mental health services per 100,000 population, Western Australia, week of processing, 7 January 2019 – 4 September 2022

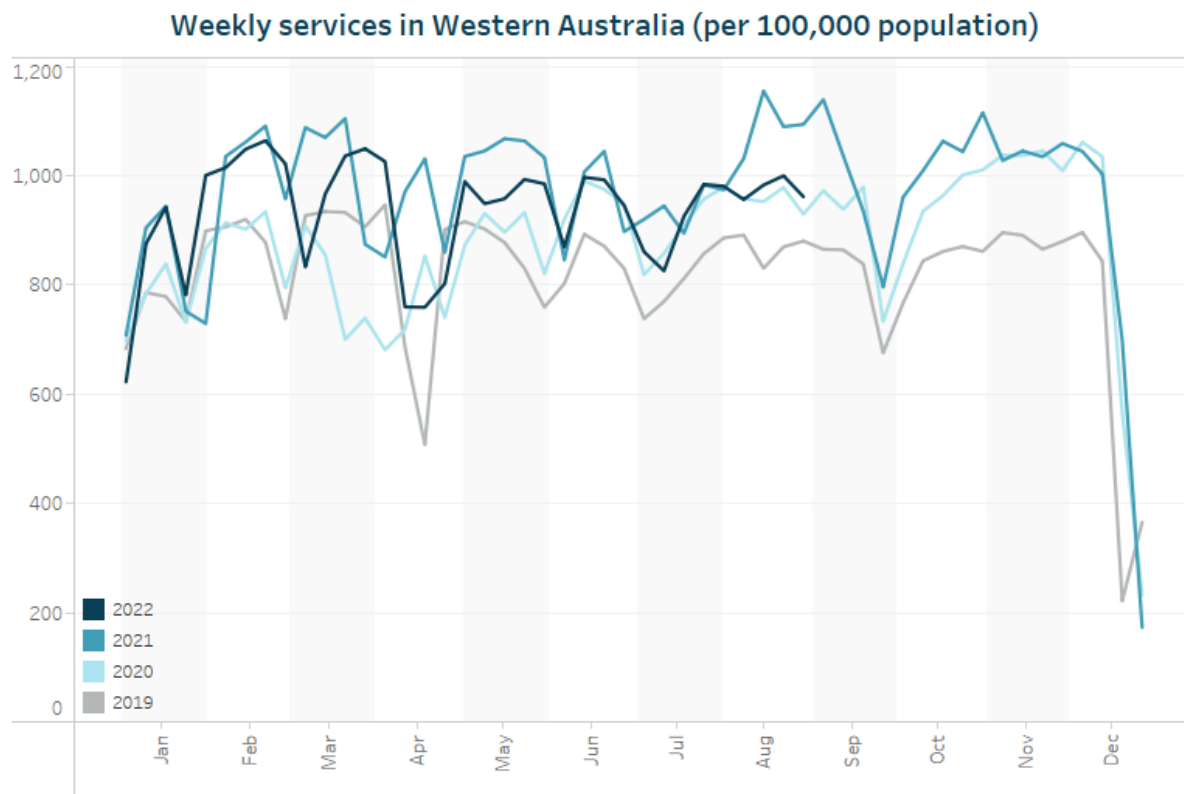


Figure COVID.8.4: MBS mental health services per 100,000 population, by jurisdiction, week of processing, 7 January 2019 – 4 September 2022

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

Notes:

1. Rates are based on estimated resident populations at 30 June 2019 for 2019, 30 June 2020 for 2020 and 30 June 2021 for 2021 and 2022.
2. Data points represent week commencing date.

Source: Medicare Benefits Schedule data.

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

COVID-19 telehealth mental health items were first introduced on 13 March 2020, and mental health services delivered by telehealth nationally reached its highest level shortly after in the week beginning 13 April 2020 at 51%. In the four weeks to 4 September 2022, 26% of services in New South Wales were delivered via telehealth, compared to 31% in Victoria, 19% in Queensland, and 15% in Western Australia (Figure COVID.9).

For more information on the MBS mental health telehealth services, refer to the [Data source](#) section.

New South Wales

- The small peak in the proportion of services delivered via telehealth in NSW for the week beginning 21 December 2020 corresponds with the start of the 3-week lockdown following the outbreak of COVID-19 in Sydney's Northern Beaches (NSW Health 2020).
- A large increase in the proportion of services delivered via telehealth was observed from June 2021 to September 2021 when strict lockdown restrictions were reintroduced following the outbreak in Sydney's Bondi Beach (NSW Health 2021e). Telehealth use in NSW peaked at 54% in the weeks commencing 30 August 2021 and 6 September 2021.
- An increase in late December 2021 and early January 2022 aligns with a growing number of COVID-19 Omicron cases during the same period, with 42% of MBS mental health-related services delivered via telehealth in the week commencing 10 January 2022.
- From late April 2022, the proportion of services delivered via telehealth decreased, reaching 26% in the week commencing 29 August 2022.

Victoria

- The proportion of mental health-related services delivered via telehealth increased in July and August 2020, reaching the highest maximum of any state to date of 64%. This corresponds to the rise of COVID-19 cases in Victoria.
- In 2021, telehealth use spiked in February, May/June and July coinciding with brief restrictions.
- From late February to mid-May of 2021, the proportion of telehealth service use in Victoria declined but remained higher than New South Wales.
- 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% of MBS services were delivered via telehealth in the week beginning 16 August 2021 and 51% in the week beginning 6 September 2021).
- Victoria saw a decline through October 2021, stabilising at approximately 40% during November 2021 with a small increase in late December 2021 and early January 2022 related to an increase in COVID-19 Omicron case numbers (47% of MBS mental health-related services delivered via telehealth in the week commencing 10 January 2022) (Vic DHHS 2021b, Vic DHHS 2021c).
- From late January 2022, the proportion of services delivered via telehealth decreased, reaching 31% in the week commencing 29 August 2022.

Queensland

- An increase 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 2021a).
- A year-to-date high was seen in the week beginning 2 August 2021 with 30% of MBS services delivered via telehealth following the implementation of an 8-day lockdown in Southeast Queensland (Qld Gov 2021b).
- From mid-August 2021 to late December 2021, the proportion of telehealth services remained relatively stable around 15%, before increasing to 31% in the week commencing 17 January 2022.
- From late January 2022, the proportion of services delivered via telehealth decreased, reaching 18% in the week commencing 29 August 2022.

Western Australia

- The proportion of services delivered via telehealth in WA reached a peak of 46% in the week commencing 13 April 2020, which corresponds to the start of COVID-19 pandemic.
- Service delivery decreased over the year and remained below 10% from late August 2020 to January 2021. Another weekly peak (40%) was observed in the beginning of February 2021.
- From mid-January 2022, the proportion of telehealth service use gradually increased and reached a high of 21% in the week commencing 4 April 2022.
- From late April 2022, the proportion of services delivered via telehealth decreased, reaching 15% in the week commencing 29 August 2022.

Figure COVID.9: Proportion (per cent) of MBS mental health services delivered via telehealth, by jurisdiction, week of processing, 16 March 2020 – 4 September 2022

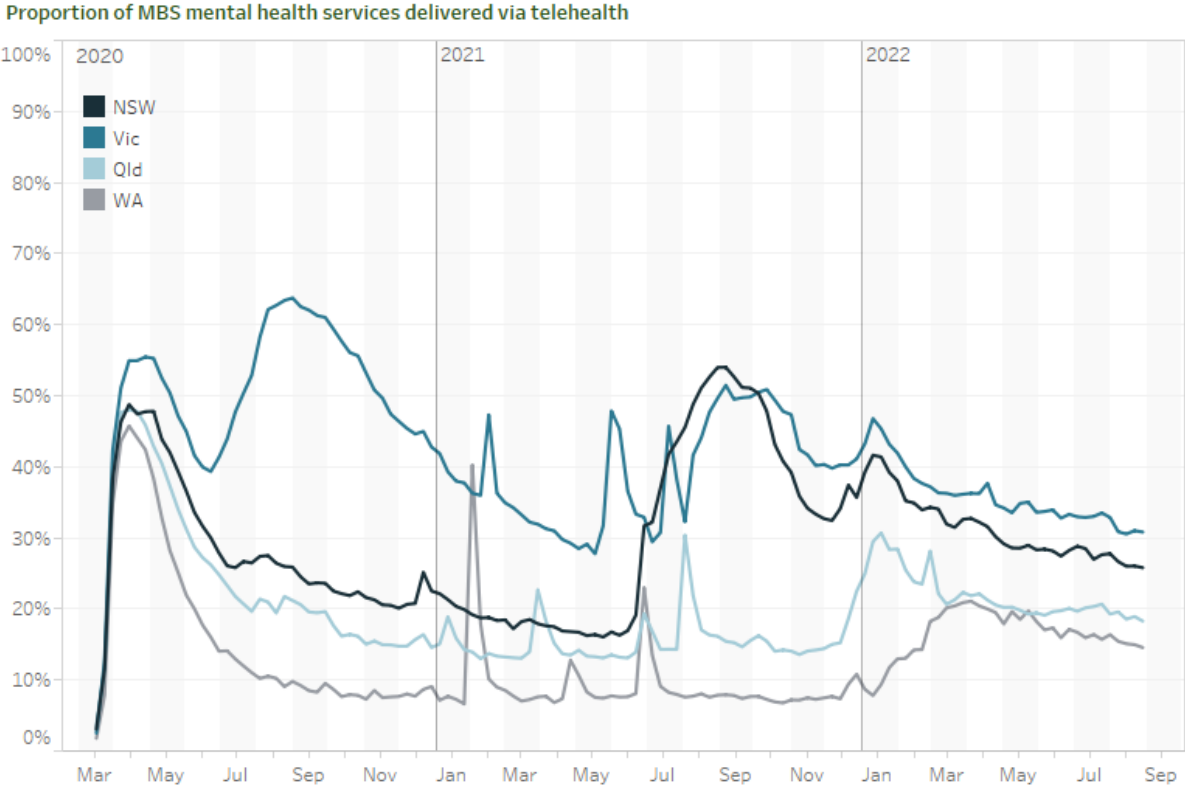


Figure COVID.9: Proportion (per cent) of MBS mental health services delivered via telehealth, by jurisdiction, week of processing, 16 March 2020 – 4 September 2022

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

Notes:

1) Data points represent week commencing date.

Source: Medicare Benefits Schedule data.

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

During the early stage of the COVID-19 pandemic to March 2021, NSW and Victorian contacts answered by Lifeline, Kids Helpline and Beyond Blue were higher than the same period in 2019. Activity for Lifeline, Kids Helpline, Beyond Blue and ReachOut varied between jurisdictions during the course of the pandemic (Figure COVID.10).

For more information on crisis and support organisations and online mental health information services, refer to the [Data source](#) section.

Lifeline

In the four weeks to 4 September 2022:

- NSW (with around 20,600 answered contacts) saw decreases of 33% and 14% from the same period in 2021 and 2020, respectively, and an increase of 13% from the same period in 2019.

- Victoria (with just over 18,000 answered contacts) saw decreases of 25% and 21% from the same period 2021 and 2020, respectively, and an increase of 10% from the same period in 2019.
- Queensland (with just over 12,400 answered contacts) saw decreases of 3% and 15% from the same period in 2021 and 2020, respectively, and an increase of 3% from the same period in 2019.
- WA (with just over 5,300 answered contacts) saw a decrease of 17% from the same period in 2021, and an increase of 25% and 37% from the same period in 2020 and 2019, respectively.

Kids Helpline

In the four weeks to 20 February 2022:

- NSW (with just over 3,000 answered and outbound contacts) saw decreases of 18%, 6% and 3% from the same period in 2021, 2020 and 2019, respectively.
- Victoria (with just over 2,500 answered and outbound contacts) saw decreases of 30%, 8% and 2% from the same period in 2021, 2020 and 2019, respectively.
- Queensland (with nearly 2,000 answered and outbound contacts) saw decreases of 16%, 8% and 11% from the same period in 2021, 2020 and 2019, respectively.
- WA (with around 800 answered and outbound contacts) saw decreases of 23%, 6% and 14% from the same period in 2021, 2020 and 2019, respectively.

Beyond Blue

In the four weeks to 4 September 2022:

- NSW (with nearly 2,600 answered contacts) saw decreases of 55%, 44% and 30% from the same period in 2021, 2020 and 2019, respectively.
- Victoria (with nearly 2,700 answered contacts) saw decreases of 50%, 60% and 22% from the same period in 2021, 2020 and 2019, respectively.
- Queensland (with nearly 1,500 answered contacts) saw decreases of 34%, 38% and 29% from the same period in 2021, 2020 and 2019, respectively.
- Western Australia (with over 750 answered contacts) saw decreases of 35%, 34% and 24% from the same period in 2021, 2020 and 2019, respectively.
- Approximately 26% of answered contacts could not be allocated to a specific state or territory.

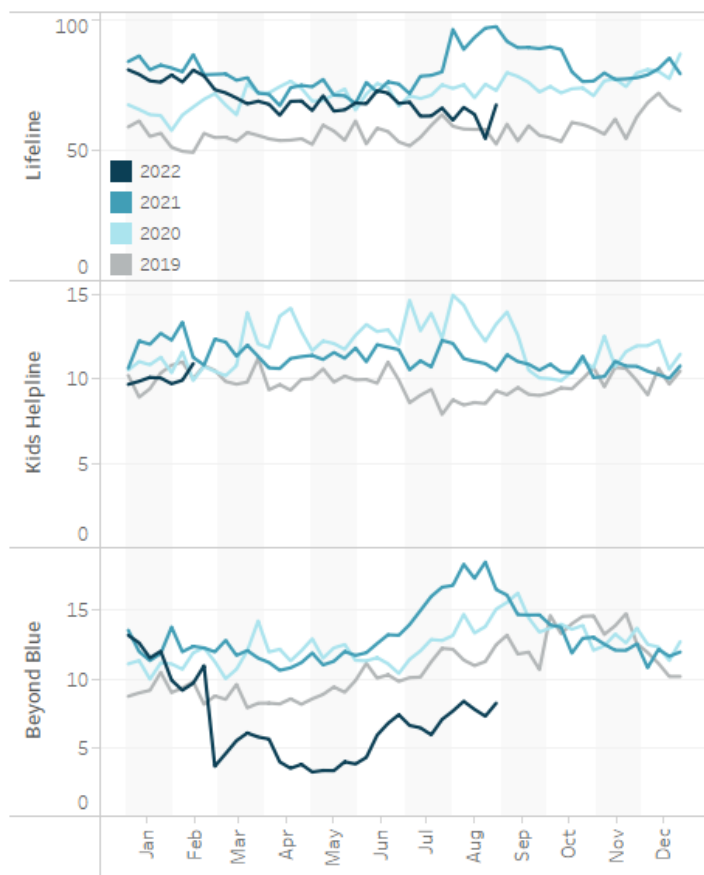
ReachOut

In the four weeks to 4 September 2022:

- Nearly 78,000 visits to the ReachOut website came from NSW, a decrease of 14% and 30% from the same period in 2021 and 2020, respectively, and an increase of 9% from the same period in 2019.
- Around 49,200 visits originated from Victoria, a decrease of 16%, 47% and 13% from the same period in 2021, 2020 and 2019, respectively.
- Nearly 33,500 visits originated from Queensland, an increase of 11% from the same period in 2021, and a decrease of 33% and 18% from the same period in 2020 and 2019, respectively.
- Around 17,400 visits originated from WA, an increase of 10% from the same period in 2021, and a decrease of 39% and 13% from the same period in 2020 and 2019, respectively. (Figure COVID.10.5).

Figure COVID.10.1: Crisis and support organisation answered contacts, New South Wales, week, 2019 – 2022

Weekly answered contacts in New South Wales, per 100,000 population



In the latest 4 weeks of data for NSW

20,626

answered contacts reported by Lifeline in the latest 4 weeks (8 Aug 2022 to 4 Sep 2022)

1-year change
↓ 33%

2-year change
↓ 14%

3-year change
↑ 13%

3,331

answered contacts reported by Kids Helpline in the latest 4 weeks (24 Jan 2022 to 20 Feb 2022)

1-year change
↓ 18%

2-year change
↓ 6%

3-year change
↓ 3%

2,596

answered contacts reported by Beyond Blue in the latest 4 weeks (8 Aug 2022 to 4 Sep 2022)

1-year change
↓ 55%

2-year change
↓ 44%

3-year change
↓ 30%

Figure COVID.10.1: Crisis and support answered contacts per 100,000 population, by jurisdiction, week, 2019 – 2022

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

Notes:

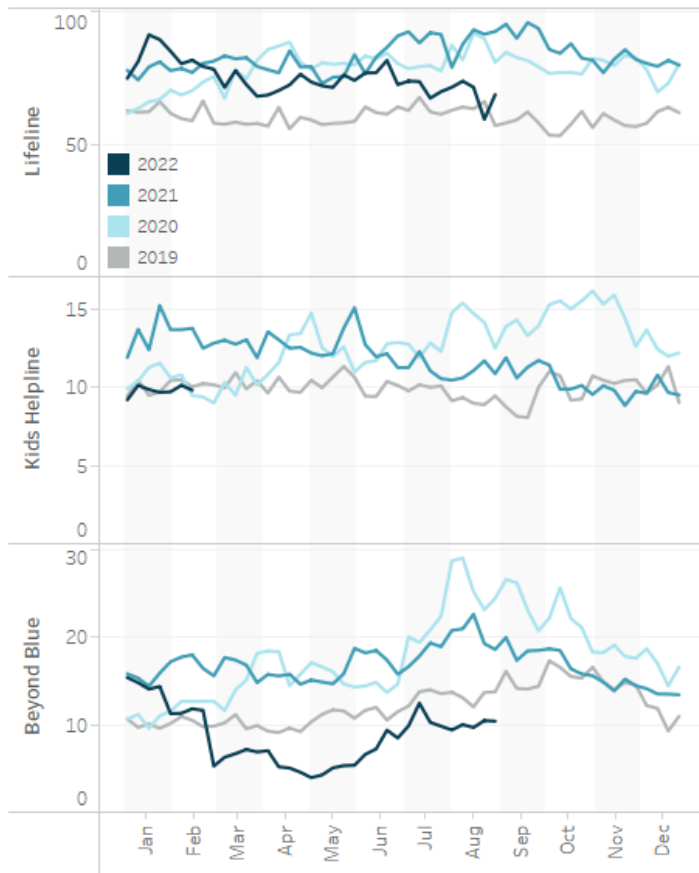
Figure COVID.10.1, COVID.10.2, COVID.10.3, COVID.10.4:

- 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) State/territory information is not available for all answered contacts. In the latest four weeks there were more than 5,000 contacts with unknown address for Beyond Blue, about 1,600 for Kids Helpline and less than 5 for Lifeline.
- 3) Rates are based on estimated resident populations at 30 June 2019 for 2019, 30 June 2020 for 2020 and 30 June 2021 for 2021 and 2022.
- 4) Data points represent week commencing date.
- 5) Kids Helpline data is reported to 20/2/22 because of flooding impacts in late February resulting in data issues. Kids Helpline is working to resolve these issues.
- 6) Beyond Blue launched an enhanced service model on 28 February 2022 with a new service delivery partner. Changes to operational workflows and data entry compliance through the transition period have resulted in lower rates of capture of demographic data and answered contacts. These transition issues are expected to continue to stabilise and improve. Caution is advised when comparing recent data to data recorded prior to 28 February 2022.

Sources: Lifeline; Kids Helpline; Beyond Blue.

Figure COVID.10.2: Crisis and support organisation answered contacts, Victoria, week, 2019 – 2022

Weekly answered contacts in Victoria, per 100,000 population



In the latest 4 weeks of data for Vic

18,168

answered contacts reported by Lifeline in the latest 4 weeks (8 Aug 2022 to 4 Sep 2022)

1-year change
↓ 25%

2-year change
↓ 21%

3-year change
↑ 10%

2,609

answered contacts reported by Kids Helpline in the latest 4 weeks (24 Jan 2022 to 20 Feb 2022)

1-year change
↓ 30%

2-year change
↓ 8%

3-year change
↓ 2%

2,699

answered contacts reported by Beyond Blue in the latest 4 weeks (8 Aug 2022 to 4 Sep 2022)

1-year change
↓ 50%

2-year change
↓ 60%

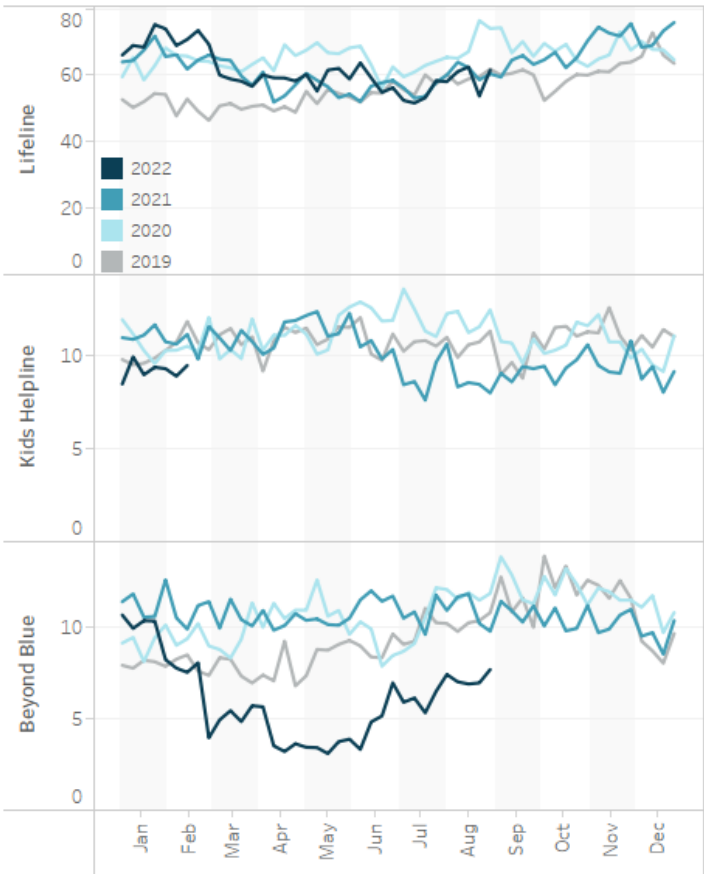
3-year change
↓ 22%

Figure COVID.10.2: Crisis and support answered contacts per 100,000 population, by jurisdiction, week, 2019 – 2022

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

Figure COVID.10.3: Crisis and support organisation answered contacts, Queensland, week, 2019 – 2022

Weekly answered contacts in Queensland, per 100,000 population

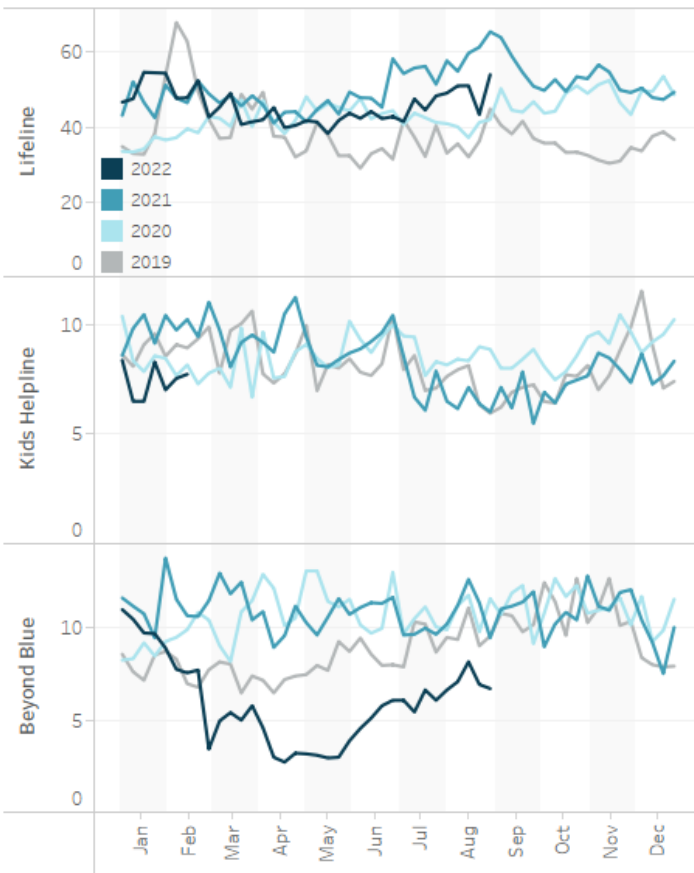


In the latest 4 weeks of data for Qld	
<p>12,465 answered contacts reported by Lifeline in the latest 4 weeks (8 Aug 2022 to 4 Sep 2022)</p>	<p>1-year change ↓ 3%</p> <p>2-year change ↓ 15%</p> <p>3-year change ↑ 3%</p>
<p>1,932 answered contacts reported by Kids Helpline in the latest 4 weeks (24 Jan 2022 to 20 Feb 2022)</p>	<p>1-year change ↓ 16%</p> <p>2-year change ↓ 8%</p> <p>3-year change ↓ 11%</p>
<p>1,486 answered contacts reported by Beyond Blue in the latest 4 weeks (8 Aug 2022 to 4 Sep 2022)</p>	<p>1-year change ↓ 34%</p> <p>2-year change ↓ 38%</p> <p>3-year change ↓ 29%</p>

Figure COVID.10.3: Crisis and support answered contacts per 100,000 population, by jurisdiction, week, 2019 – 2022 <http://www.aihw.gov.au/mhsa>

Figure COVID.10.4: Crisis and support organisation answered contacts, Western Australia, week, 2019 – 2022

Weekly answered contacts in Western Australia, per 100,000 population



In the latest 4 weeks of data for WA

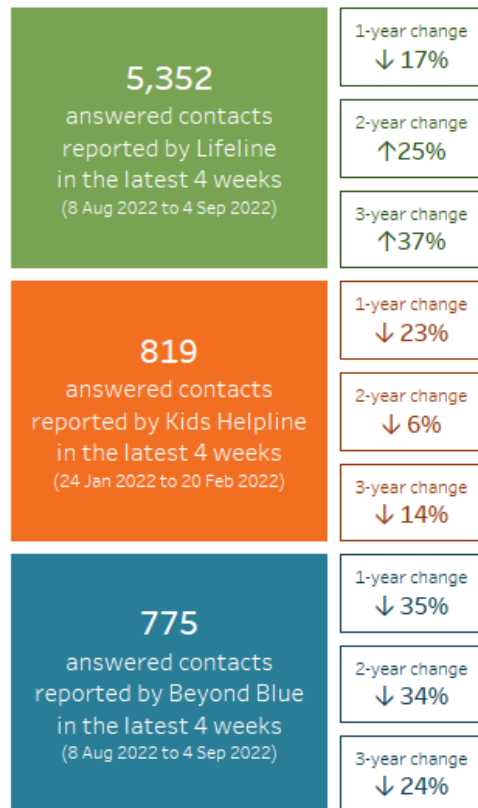


Figure COVID.10.4: Crisis and support answered contacts per 100,000 population, by jurisdiction, week, 2019 – 2022

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

Figure COVID.10.5: ReachOut weekly website visits per 100,000 population, by jurisdiction, week, 4 March 2019 – 4 September 2022

ReachOut weekly website visits per 100,000 population by jurisdiction
4 March 2019 to 4 September 2022

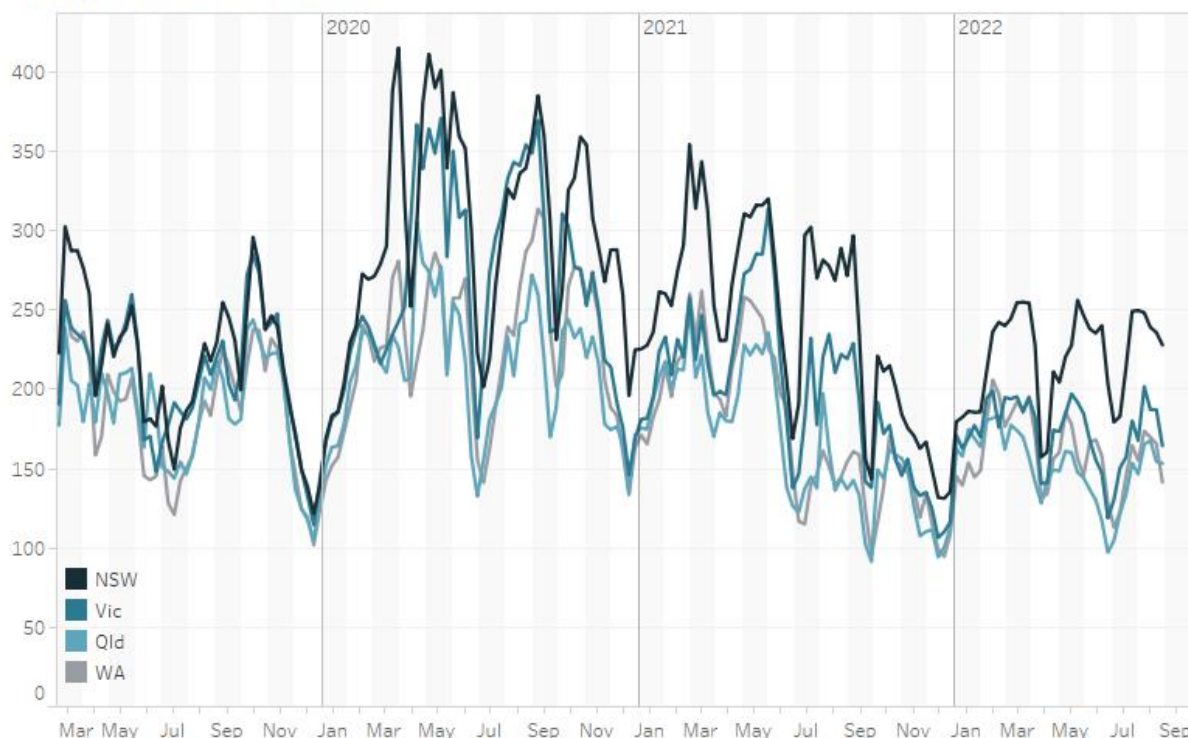


Figure COVID.10.5: ReachOut weekly website visits per 100,000 population, by jurisdiction, week, 4 March 2019 – 4 September 2022
<http://www.aihw.gov.au/mh5a>

Notes:

Figure COVID.10.5:

1. Rates are based on estimated resident populations at 30 June 2019 for 2019, 30 June 2020 for 2020 and 30 June 2021 for 2021 and 2022.
2. 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, April, May, August and October 2022. The Australian Bureau of Statistics (ABS) has also conducted the *Household Impacts of COVID-19 Survey* 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 groups within the Australian population, for instance, that young people and women are more likely to report higher levels of psychological distress.

COVID-19 Impact Monitoring Survey Program

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; Biddle et al. 2022). 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), 2021 (January and April), and 2022 (January and April). More information on the ANUpoll is 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 the COVID-19 Delta outbreak in NSW, Victoria and ACT, 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-pandemic 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 40%) of parents/carers of children aged 2–4 years saw a negative impact from the pandemic on the mental health of their children. However, more parents/carers reported a negative mental health impact for children aged 5–18, with higher proportions reporting this for older children (about 60% pertaining to children aged 5–10, and about 70% pertaining to children aged 15–18) (Biddle et al. 2021).

In January 2022, ANU published the report *Tracking wellbeing outcomes during the COVID-19 pandemic (January 2022): Riding the Omicron wave* which summarises the findings of the 10th ANUpoll conducted in January 2022, during the initial period of the Omicron variant wave. The survey estimated that 8% of Australians had received a positive COVID-19 test in the preceding three months. Average levels of psychological distress in January 2022 were significantly above those reported in surveys between November 2020 to August 2021 and the pre-pandemic baseline in February 2017, but lower than the peaks in April and October 2020 and October 2021 (Biddle & Gray 2022a).

In July 2022, ANU published the report *Mental health and wellbeing during the COVID-19 period in Australia* which summarised the findings of the COVID-19 Impact Monitoring Series and the latest ANUpoll, conducted in April 2022. The average psychological distress level increased from that of 2017 (pre-pandemic) and 2020 (during pandemic). People under 44 years of age reported the largest increase in psychological distress which was 10% higher than the average pre-pandemic level. However, people over 65

years of age showed a lower level of distress and people between 45 and 64 showed little change. In April 2022 people aged 18-24 had the highest level of distress (14.5), showing an increase from 12.8 in February 2017 (Biddle, Gray & Rehill 2022).

In September 2022, ANU published the report *Wellbeing outcomes in Australia* which summarised the findings of the COVID-19 Impact Monitoring Series and the latest ANUpoll, conducted in August 2022. Mental distress improved the most in young people aged 18-24, whereas people aged 45 years and over showed little change compared to April 2022. Although young Australians showed the greatest improvement, they still reported the highest level of psychological distress compared to pre-COVID. Australians showed a significantly higher level of life satisfaction compared to April 2022. Feelings of hopelessness (22%) also declined, showing an improvement from 27% in October 2021 (Biddle, Edwards, Gray & Rehill 2022).

In November 2022, ANU published the report *Economic and other wellbeing in Australia* which summarised the findings of the COVID-19 Impact Monitoring Series conducted in October 2022. In 2022, the level of psychological distress reported by Australians improved between January and August, with the level of psychological distress reported in August and October no longer significantly higher than in February 2017 (Biddle & Gray 2022b).

Household Impacts of COVID-19 Survey

The *Household Impacts of COVID-19 Survey*, conducted by the ABS since March 2020, collects information on the impact of the pandemic across a range of key areas, including mental health and wellbeing. The survey has reported:

- In May 2021, 21% of respondents self-assessed their mental health as fair/poor, similar to results for 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 (ABS 2021b).
- In May 2021, 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%).
- In March 2022, fewer Australians (11%) experienced high or very high levels of psychological distress than in March 2021 (20%) and November 2020 (21%). The groups with the highest levels of reported psychological distress were Australians aged 18-34 years (13%), women (14%), and those that lived alone (16%) (ABS 2021c; ABS 2022).
- Women were more likely than men to have experienced high or very high levels of psychological distress in the past four weeks (14% vs 8% in March 2022, 22% vs 17% in March 2021, and 25% vs 16% in November 2020) (ABS 2021c; ABS 2022).

- In March 2022, fewer Australians (22%) reported feeling nervous at least some of the time, compared to March 2021 (27%) and April 2020 (35%) (ABS 2021c; ABS 2022).
- Of all Australians who reported feelings that had an adverse impact on their emotional and mental wellbeing in March 2022, a slightly higher proportion (14%) reported discussing their feelings with a doctor or other health professional than in April 2020 (10%) and June 2020 (12%) (ABS 2022).

Taking the Pulse of the Nation

The 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).

Taking the Pulse of the Nation survey published on 27 August 2022 focused on financial stress and psychological distress during the pandemic. A higher proportion of women aged 25-34 experienced financial distress and mental distress than men in the same age group in April-June 2022 (36% compared to 33%). People aged 25-34 reported the highest level of mental distress, whereas those aged 45-54 reported the lowest level of mental distress. From April-June 2022, both male and females across all age groups reported lower mental distress levels compared to the same period in 2021 and 2020. Overall, females reported higher mental distress levels than males. The highest level of financial stress and some mental distress reported was found in people aged 25-54 who were unemployed, or in couples where both partners were unemployed. A higher proportion of single people with children at home experienced financial and some

mental stress than couples with children at home (49% compared to 28%) (Melbourne Institute, 2022).

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).

Household, Income and Labour Dynamics in Australia (HILDA) Survey

The *Household, Income and Labour Dynamics in Australia* (HILDA) Survey is a household-based panel study funded by the Australian Government Department of Social Services and managed by the [Melbourne Institute](#).

A recent study by Butterworth et al (2022) examining the mental health of young adult and adult Australians (15 years and older) considered the HILDA data during pre-pandemic and pandemic periods (2011 to 2020) using responses from 20,839 individual respondents. The study estimated that lockdowns led to an additional 3% of respondents from Victoria during the 2020 lockdown period being identified as likely to have a mental disorder (using the five-item Mental Health Inventory scale). The analysis found greater decline in mental health during the Victorian lockdown period for females than for males, with the greatest impacts observed among women aged 20–54 years, women in couples with dependent children under 15 years of age, those living in urban areas, and those living in flats or apartments.

Data source

On this page

- Reporting and Data Sharing
- Medicare Benefits Schedule
- Pharmaceutical Benefits Scheme
- Crisis and Support Organisation Data

Reporting and Data Sharing

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 and Aged Care (DHAC) to curate, analyse and report on mental health-related service activity during the pandemic. Data 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, Queensland and Western Australian governments. Importantly, this involves a two-way sharing of data with the Australian Government.

Medicare Benefits Schedule

The MBS data presented relates to services provided on a fee-for-service basis for which MBS benefits were paid. The year and month are determined from the date the service was processed by Services Australia, rather than the date the service was provided. Patient counts for demographic characteristics are derived from the last service processed in the reference period.

Services Australia collects data on the activity of all persons making claims through the MBS and provides this information to DHAC (Services Australia 2020). Information collected includes the type of service provided (MBS item number) and the benefit paid for the service. The item numbers and benefits paid are based on the MBS (DoH 2022b).

Further information on mental health-related MBS items can be found in the [Medicare-subsidised mental health-specific services](#) section of MHSA.

Additional MBS Services

During the pandemic, the Australian Government introduced a wide range of additional services to the 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. In December 2021, the Australian Government announced that telehealth will become a permanent feature of

primary healthcare (DoH 2021b).

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 pandemic, the Australian Government has doubled the number of Medicare-subsidised psychological therapy sessions to 20 per year until 31 December 2022 and made these available to residents of aged care facilities for the first time (DoH 2021b). 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 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 MHSAs.

Pharmaceutical Benefits Scheme

The Australian Government subsidises the cost of prescription medicines through the Pharmaceutical Benefits Scheme (PBS). 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 (ABS 2021a). PBS data lag other sources by six weeks to reduce the effect of administrative arrangements including late claims, updates to claims and cancellations. The data does not include private prescriptions. Data includes ATC codes: N06A (antidepressants), N05A (antipsychotics), N05B (anxiolytics), N05C (hypnotics and sedatives) and N06B (psychostimulants, agents used for ADHD and nootropics).

Further information on mental health-related PBS items can be found in the [Mental health-related prescriptions](#) section of MHSAs.

Crisis and Support Organisation Data

Note that direct comparisons between organisations are not meaningful due to differences in populations being serviced, service models, funding envelopes, workforce availability and information systems.

Lifeline

Calls offered represent the number of callers who stayed on the line after listening to the announcements in the menu. Answered contacts represent the total number of calls answered by Lifeline crisis support workers.

Kids Helpline

Contacts represent the total number of contacts including phone, webchat and email. Answered contacts represent the total number of contacts answered by Kids Helpline through phone, webchat and email. 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.

Kids Helpline experienced remote working and workforce issues due to the COVID-19 pandemic, resulting in decreased answered contacts compared to the same period in 2021. They have also noted increased vigilance and responses to duty of care-related contacts, which take longer to handle and can impact overall responses. In late February 2022, the main call centre of Kids Helpline was impacted by flooding resulting in data issues. Due to this Kids Helpline data is reported to 20 February 2022. Kids Helpline is working to resolve these issues, and updated data will be included with the next quarterly release.

Beyond Blue

In response to the COVID-19 pandemic, Beyond Blue incorporated pandemic support as part of its service delivery. From 6 July 2020, the Australian Government funded Beyond Blue to create a dedicated Coronavirus Mental Wellbeing Support Service to provide free 24/7 mental health support. 'Contacts' represent the total number of contacts the normal line and COVID-19 line for all modalities including phone, webchat and email. 'Answered contacts' represent the total number of calls answered by Beyond Blue from the normal line and COVID-19 line through phone, webchat and email.

Beyond Blue launched an enhanced service model on 28 February 2022 with a new service delivery partner. Changes to operational workflows and data entry compliance through the transition period have resulted in lower rates of capture of demographic data and answered contacts. These transition issues are expected to continue to stabilise and improve. Caution is advised when comparing recent data to data recorded prior to 28 February 2022.

ReachOut

Average ReachOut users per day represents the average daily volume for website activity. 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.

Head to Health

The Australian Government Department of Health and Aged Care created the Head to Health website to help Australians find the digital mental health service most suited to their needs. From 20 March 2020, Head to Health released a

COVID-19 page. In March 2022, the Beta (trial) version of the new digital mental health platform was released. Average Head to Health users per day represents the average daily volume for website activity.

Key concepts

Mental health impact of COVID-19

Key Concept	Description
Answered contacts	<p>Answered contacts refer to the number of calls answered by the crisis and support organisations.</p> <ul style="list-style-type: none"> For Lifeline, answered contacts represent the total number of calls answered by Lifeline crisis support workers. For Kids Helpline, answered contacts represent the total number of contacts answered by Kids Helpline through phone, webchat and email. For Beyond Blue, answered contacts represent the total number of contacts answered by Beyond Blue from the normal line and COVID-19 line through phone, webchat and email.
Continued Dispensing	Continued Dispensing arrangement allows the community pharmacists to provide appropriate medicine to a patient at the usual PBS price when there is an immediate need or if the prescriber is unable to be contacted (DoH, 2022a).
MBS-subsidised mental health-related services	Medicare-subsidised mental health-specific services are provided by psychiatrists, general practitioners (GPs), psychologists and other allied health professionals. The services are provided in a range of settings such as hospitals, consulting rooms, home visits, telephone and videoconferencing—as defined in the Medicare Benefits Schedule (MBS). Information is presented on both patient and service provider characteristics and is limited to Medicare-subsidised services only. These data relate only to mental health services that are claimed under specific mental health care MBS item numbers. Therefore, the reported number of patients who receive mental health-related services is unlikely to represent all patients who receive mental health care.
MBS mental health telehealth services	The Australian Government introduced additional services to the Medicare Benefits Schedule (MBS) to support provision of health care via telehealth (telephone and videoconference). Telehealth was used as an alternative to face-to-face healthcare services to provide protection for both patients and health-care providers. In December 2021, the Australian Government

	announced that telehealth will become a permanent feature of primary healthcare (DoH 2021b).
PBS mental health-related prescriptions	Pharmaceutical Benefits Scheme (PBS) mental health-related medications include both subsidised prescriptions and under co-payment prescriptions (that is, prescriptions that cost less than the threshold for subsidy under the PBS). PBS Mental health-related medications are reported in this section as 5 selected medication groups as classified in the Anatomical Therapeutic Chemical (ATC) Classification System (WHO 2021), namely antipsychotics (code N05A), anxiolytics (code N05B), hypnotics and sedatives (code N05C), antidepressants (code N06A), and psychostimulants, agents used for ADHD and nootropics (code N06B)—prescribed by all medical practitioners (that is, general practitioners (GPs), non psychiatrist specialists and psychiatrists).
COVID-19 pandemic	COVID-19 is a highly contagious respiratory disease caused by the coronavirus, SARS-CoV-2. On 11 March 2020, the World Health Organisation (WHO, 2020) declared the COVID-19 outbreak as a pandemic. COVID-19 is spread through close contact with respiratory droplets released by an infected person's cough or sneeze. Most common symptoms of COVID-19 include fever, cough, shortness of breath, and muscle pain. Recovery from COVID-19 usually takes one to two weeks. For severe cases, recovery may take six weeks or more (DHAC, 2022).

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