

Mental health impact of COVID-19

The potential for COVID-19 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, social distancing measures and physical isolation, or 'lockdowns', were implemented from March 2020. The sudden loss of employment and social interaction, and the added stressors of moving to remote work or schooling, and more recently, impacts of sudden, localised 'lockdowns' to prevent further outbreaks have impacted the mental health of many Australians. Stress, confusion and anger are commonplace as a result of the pandemic (Brooks et al 2020) and, while many people may not experience any long-term concerns, COVID-19 has the potential to contribute to or exacerbate long-term mental illness including anxiety, depression, PTSD, and substance misuse (WHO 2020b).

The AIHW has been assisting the Australian Government Department of Health to curate, analyse and report on COVID-19 mental health-related data to governments regularly since April 2020. Data reported includes information from the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS), Australian Government-funded crisis and support organisations (Lifeline, Beyond Blue, Kids Helpline), and analysis of emerging research findings. There is a national and a jurisdictional version of the mental health COVID-19 reporting dashboard.

Data downloads:

PDF: [Mental Health Impact of COVID-19](#)

This MHSAs section was last updated in March 2021 and summarises the activity reported via mental health COVID-19 dashboards as at 24 January 2021. It will be updated quarterly during the pandemic. Population rates are calculated using Australian Bureau of Statistics estimated resident populations at 30 June 2020.

Key points

- Between 16 March 2020 and 24 January 2021, almost 11.5 million MBS-subsidised mental health-related services were provided.
- Use of telehealth MBS mental health services peaked at the end of April 2020 when half of MBS mental health services were provided remotely (49.9%).
- The volume of mental health-related PBS prescriptions dispensed spiked in March 2020 when the first restrictions were introduced, followed by a dip in April, and a gradual uptrend to mid-December. This has been observed across all jurisdictions.
- In the 4 weeks to 24 January 2021, Lifeline received over 85,000 calls (an increase of 10.0% and 21.4% from the 4 weeks to 26 January 2020 and 27 January 2019 respectively).
- In the 4 weeks to 24 January 2021, Beyond Blue received over 22,000 contacts (an increase of 27.2% and 29.6% from the 4 weeks to 26 January 2020 and 27 January 2019 respectively).
- In the 4 weeks to 24 January 2021, Kids Helpline received almost 23,000 answerable contact attempts (a decrease of 8.7% and an increase of 1.3% from the 4 weeks to 26

January 2020 and 27 January 2019 respectively).

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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 introduced a wide range of additions to the Medicare Benefits Schedule (MBS) to support provision of care via telehealth, to help reduce the risk of community transmission of COVID-19 and provide protection for both patients and health care providers. These items include mental health services provided by GPs, psychiatrists, psychologists and allied health workers.

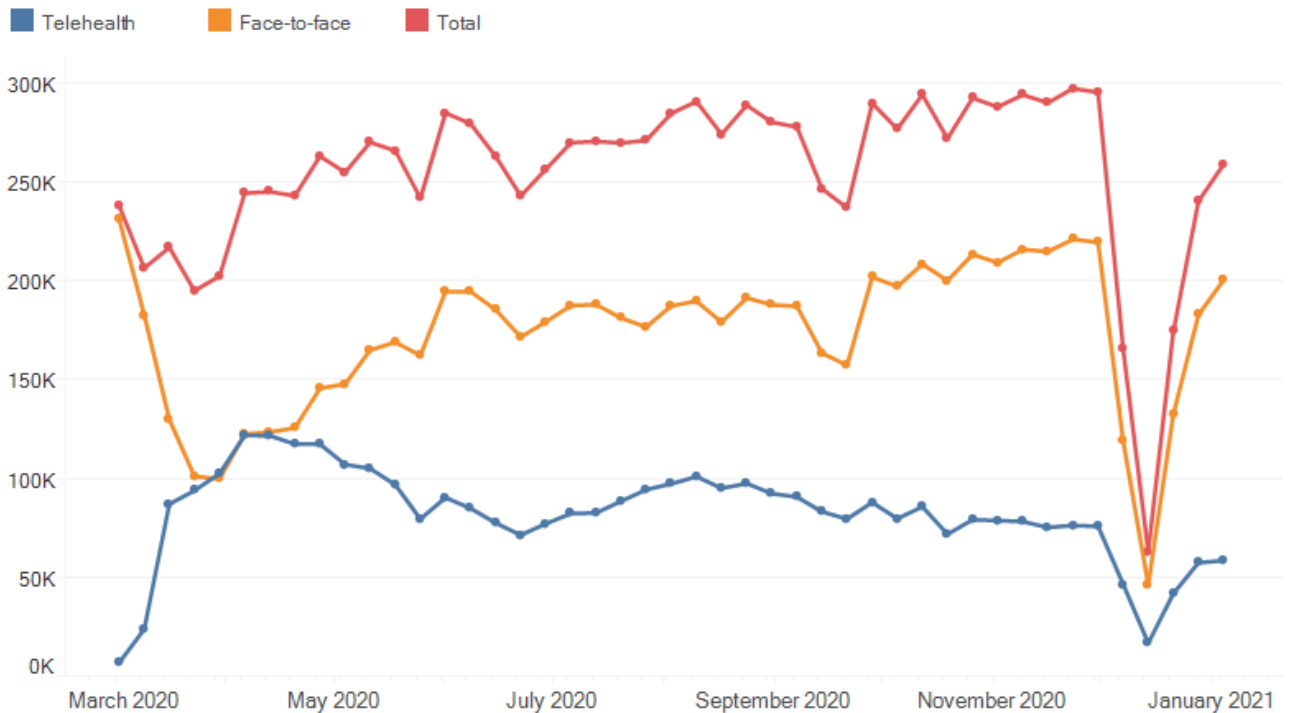
MBS-subsidised services under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS* (Better Access) initiative are available for patients with a mental disorder to receive up to ten individual and ten group allied mental health services per calendar year (DoH 2020). In August 2020, the Better Access initiative was expanded to provide 10 additional MBS-subsidised individual psychological therapy sessions for patients in areas subject to lockdown restrictions due to the pandemic. As part of the 2020–21 Federal Budget in October 2020, the Australian Government expanded access to these 10 additional sessions to all Australians.

Between 16 March 2020 and 24 January 2021, almost 11.5 million MBS-subsidised mental health-related services were delivered nationally (\$1.3 billion paid in benefits); almost 3.7 million (32.1%) of these services were delivered via telehealth (as opposed to face to face) and \$428 million was paid in benefits for telehealth services. In the 4 weeks to 24 January 2021, 736,344 services were delivered, slightly exceeding the services provided in the 4 week periods to 26 January 2020 and 27 January 2019 (noting that in 2019 and 2020 these weeks include a national public holiday). Services in the 4 weeks to 31 January were 3.4% and 6.0% higher than services in the 4 weeks to 2 February 2020 and 3 February 2019

respectively.

The number of services delivered via telehealth peaked in the week ending 26 April 2020 when half (49.9%) of MBS-subsidised mental health services were provided remotely. A large downward spike in services occurred during the Christmas period, which is consistent with patterns in previous years (Figure COVID.1).

Figure COVID.1: Number of MBS mental health services per week, by mode of delivery, March 2020 - January 2021



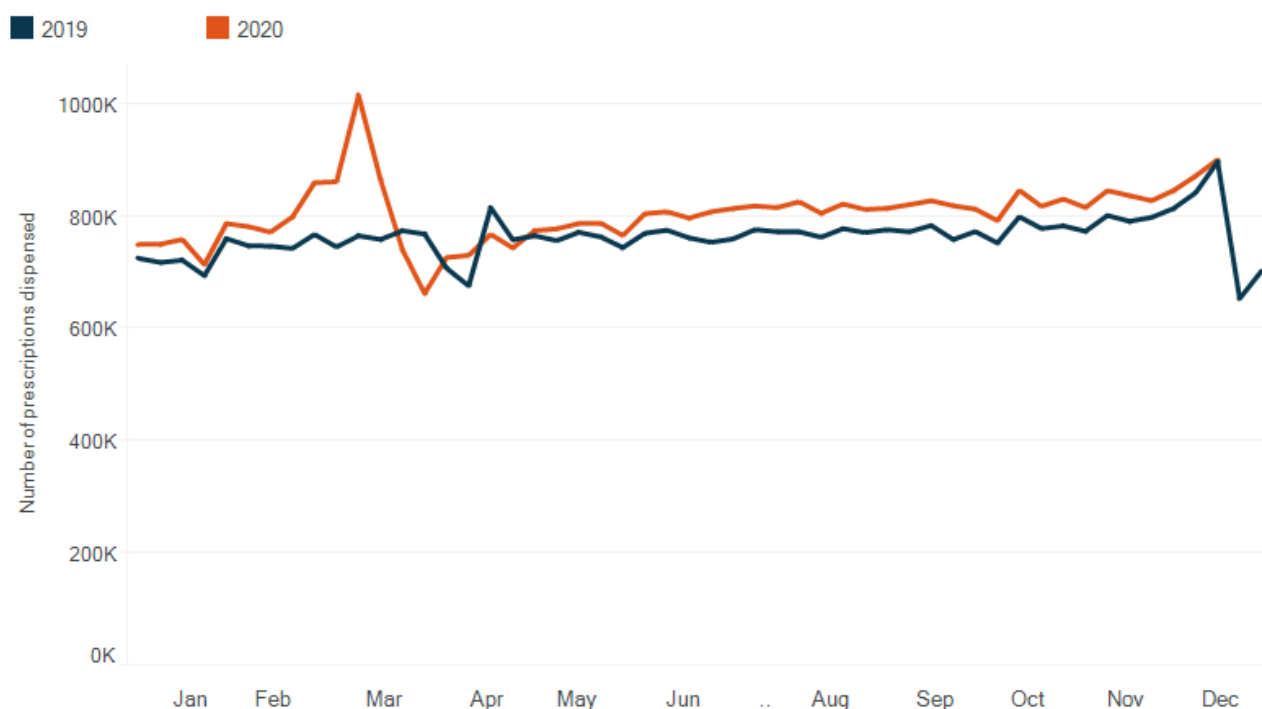
Note: The drop in service numbers in late December 2020 - early January 2021 is similar to that observed for the same time period in previous years.
Source: Medicare Benefits Schedule data.

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Pharmaceutical Benefits Scheme (PBS) prescriptions

In the 4 weeks to 20 December 2020, there was a 3.6% increase in mental health-related prescriptions dispensed under the PBS compared to the 4 weeks to 19 Dec in 2019. Prescriptions for antidepressants increased by 4.6% in this period. A spike in PBS-subsidised and under co-payments prescriptions, including all mental health-related prescriptions, was observed in March 2020. This represented an 18.6% increase in the number of prescriptions dispensed in the 4 weeks to 29 March 2020 compared to the 4 weeks to 28 March 2019 (Figure COVID.2).

Figure COVID.2: Number of PBS mental health-related prescriptions dispensed, by week, January 2019 - December 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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Use of crisis and support organisations and online mental health information services

There are a range of crisis, support and information services to support Australians experiencing mental health issues, such as Beyond Blue, Lifeline, Kids Helpline, and ReachOut. [Head to Health](#) is a website provided by the Australian Government that brings together apps, online programs, online forums, phone services, and digital information resources to help people find the digital mental health services most suited to their needs.

These services have reported substantial increases in demand during the COVID-19 pandemic. 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 to 24 January 2021:

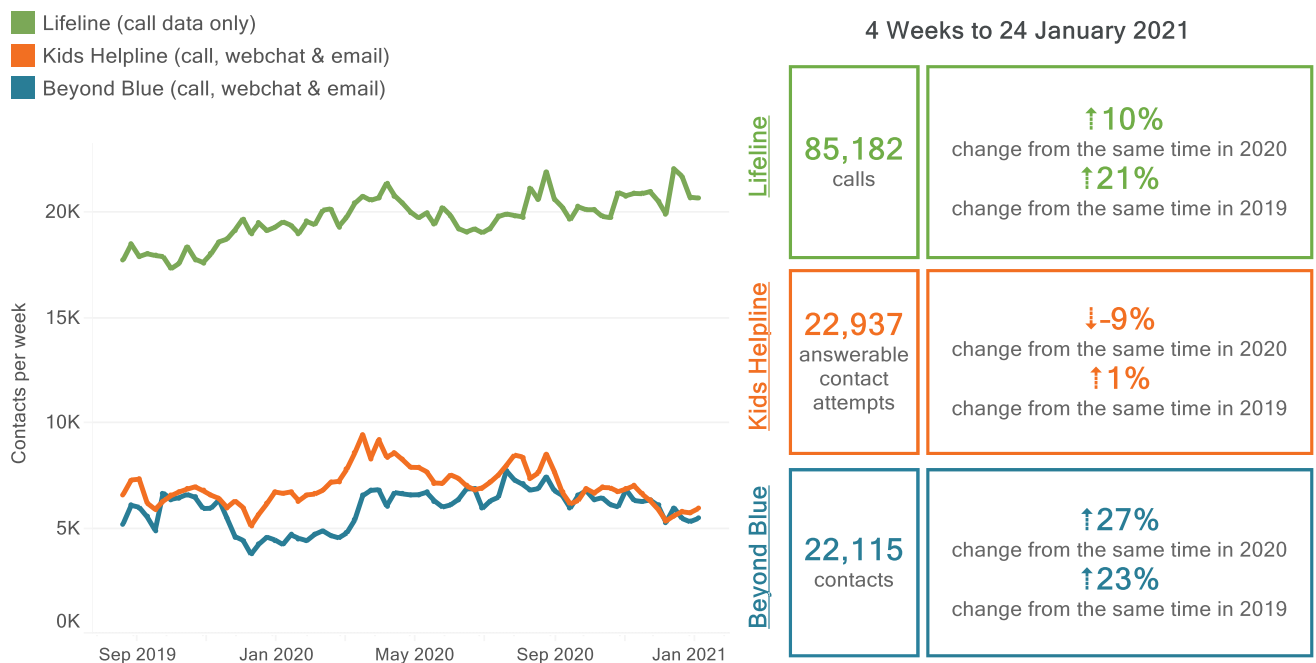
- Over 85,000 calls were made to Lifeline (call data only), which is a 10.0% increase from the 4 weeks to 26 January 2020 and 21.4% from the 4 weeks to 27 January 2019.
- Kids Helpline received almost 23,000 answerable contact attempts (call, webchat and email), which is an 8.7% decrease from the 4 weeks to 26 January 2020 and a 1.3% increase from the 4 weeks to 27 January 2019. In the same period, 2.9% of contacts

with Kids Helpline were related to COVID-19 (inclusive of outbound contacts). Note that answerable contact attempts exclude phone contact attempts abandoned during the privacy message, which cannot be skipped. This message was increased from 22 to 48 seconds during April 2020.

- Over 22,000 contacts were made to Beyond Blue (call, webchat and email), which is a 27.2% increase from the 4 weeks to 26 January 2020 and 29.6% from the 4 weeks to 27 January 2019 (Figure COVID.3). Contacts to the *Coronavirus Mental Wellbeing Support Service* accounted for 11.6% of all contacts to Beyond Blue in the 4 weeks to 24 January 2021.

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

Figure COVID.3: Crisis and support organisation contacts, by week of contact, September 2019 - January 2021, and totals for the 4 weeks to 24 January 2021



Notes:

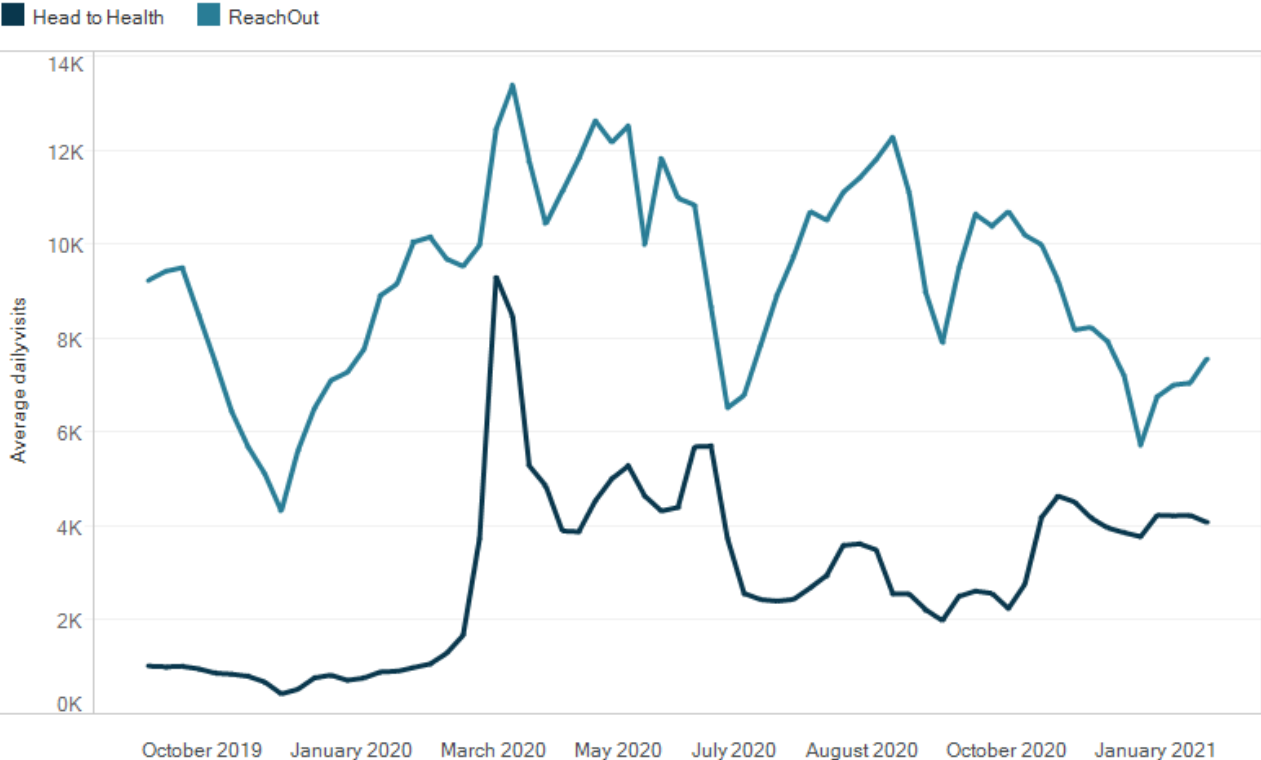
- 1) Direct comparisons between organisations are not appropriate due to differences in populations being serviced, service models, funding envelopes, workforce availability and information systems.
- 2) Comparisons with previous years should be made with caution as historical trends may be impacted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

Sources: Lifeline; Kids Helpline; Beyond Blue.

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The ReachOut and Head to Health websites each saw an uptick in activity early in the pandemic, peaking in March 2020, with subsequent fluctuations. ReachOut reported an average of 7,089 website users per day in the 4 weeks to 24 January 2021, an increase of 7.1% compared to the 4 weeks to 26 January 2020 and 6.4% compared to the 4 weeks to 27 January 2019. In the same 4 week period, Head to Health received an average of 4,190 users per day, an increase of 490.3% compared to the 4 weeks to 26 January 2020 and 58.6% compared to the 4 weeks to 27 January 2019 (Figure COVID.4).

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



Sources: Head to Health; ReachOut.

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Emerging research

Since April 2020, surveys have been conducted by the Australian Bureau of Statistics (ABS) and several Australian universities to investigate the impacts of the COVID-19 pandemic on the mental health of Australians. See AIHW's [Suicide & self-harm monitoring](#) page for more detailed information on these surveys.

The *Household Impacts of COVID-19 Survey* conducted monthly by the ABS, collects information on the impact of COVID-19 across a range of key areas, including psychological distress. The survey found that from early April to early May, women reported higher levels of concern due to COVID-19 than men, and people aged 18–64 years reported higher levels of concern due to COVID-19 than people aged 65 years and over. Women were nearly twice as likely to have experienced loneliness than men (28% vs 15%) (ABS 2020a). In July 2020, 19% of women surveyed had used a mental health support service since March 2020 compared to 10% of men (ABS 2020b). In November 2020, fewer Australians reported feelings that had an adverse impact on emotional and mental wellbeing than in August 2020, however around one in five (21%) Australians still experienced high or very high levels of psychological distress (ABS 2020c). In November 2020, the survey showed that women were more likely than men to have experienced high or very high levels of psychological distress (25% vs 16%).

The Australian National University's *COVID-19 Impact Monitoring Survey Program* asked Australians about their experience of multiple mental ill health indicators such as anxiety, psychological distress and loneliness between January 2020 and January 2021 (Biddle et al 2020a, 2020b; Biddle & Edwards 2021). The study found that levels of psychological distress in January 2021 have decreased since November, and are now similar to pre-pandemic levels after rising during 2020, as measured by the K6 measure of psychological distress. Psychological distress has decreased for all age groups since the peak observed during the first wave of COVID-19 infections in Australia in April 2020, however the average level of psychological distress among people aged 18-44 is still higher than it was in Feb 2017. In January 2021 respondents in the following demographics reported relatively higher levels of anxiety and worry: females, those aged 18-24 years, Indigenous Australians, and those who speak a language other than English.

The University of Melbourne's Melbourne Institute conducted a weekly *Taking the Pulse of the Nation* survey from April 2020 to December 2020. In the initial survey, 20% of Australians reported feeling depressed and anxious most or all of the time. Employed parents whose youngest child was aged 5 to 11 years reported higher levels of mental distress than parents of younger or older children, nearly quadrupling from 7% in April to 27% in June (Broadway et al. 2020). In December, 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 (24%) was higher than in April (22%), and around 2.5 times the rate of mental distress in the Australian community prior to the pandemic (10%) (Melbourne Institute 2020).

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Mental Health Service Activity in New South Wales and Victoria

As at June 2020 New South Wales and Victoria comprised 57.9% of Australia's population. However, New South Wales and Victoria combined reported 88.7% of Australia's COVID-19 cases to 24 January 2021 (DoH 2021).

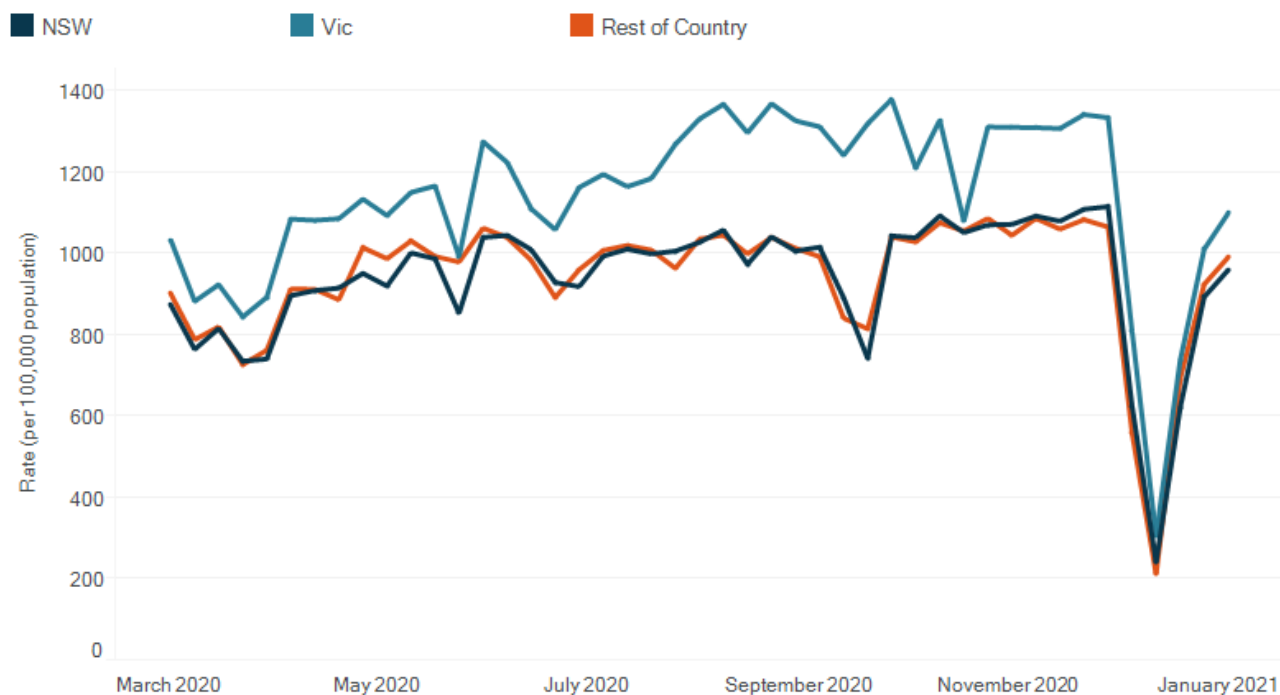
The New South Wales government imposed a number of general restrictions on gatherings and movement during the pandemic and are continuously assessing areas identified as 'hotspots'. Hotspot areas may be subjected to more restrictive measures, such as not being permitted to travel to certain other jurisdictions. These restrictions were tightened in December 2020 after an outbreak of COVID-19 in Greater Sydney following a cluster of cases in Sydney's Northern Beaches (NSW Government Health, 2020). In January 2021, New South Wales had the highest rate of website visits per 100,000 population to ReachOut digital health services (74,815 visits, 920 per 100,000 population in the 4 weeks to 24 January 2021).

On 2 August, stage 4 lockdown restrictions began in Melbourne and surrounding Victorian regional areas in an attempt to reduce the number of COVID-19 cases following the start of Victoria's second wave. Restrictions involved curfews, a limit of how many kilometres from home a person could travel, and on people gathering. Restrictions gradually lifted in Victoria as there were no newly diagnosed COVID-19 cases in the state for 6 weeks from 30 October 2020 to 10 December 2020 (Victorian DHHS 2020). However, they were reintroduced over the New Year period following a cluster of community acquired COVID-19 cases. Over January and February there have been locally acquired cases linked to hotel quarantine, sparking further lockdown restrictions (Victorian DHHS 2021).

MBS mental health services by jurisdiction

In the 4 weeks to 24 January 2021, people in Victoria accessed 210,662 mental health-related MBS services, or 3,147 services per 100,000 population, which is slightly higher than New South Wales (2,709 services per 100,000 population) and the rest of Australia (2,813 contacts per 100,000 population) (Figure COVID.5). The 4-week period with the highest mental health-related MBS service use during the pandemic in Victoria was the 4 weeks to 13 September 2020 with 358,585 services, and in New South Wales this was the 4 weeks to 20 December 2020 with 358,353 services (5,356 and 4,453 per 100,000 population respectively). In the 4 weeks to 31 January 2021 services in New South Wales and Victoria increased by 5.1% and 2.1% respectively, from the 4 weeks to 2 February 2020.

Figure COVID.5: Rate of MBS mental health services per 100,000 population, by jurisdiction, week of service, March 2020 - January 2021



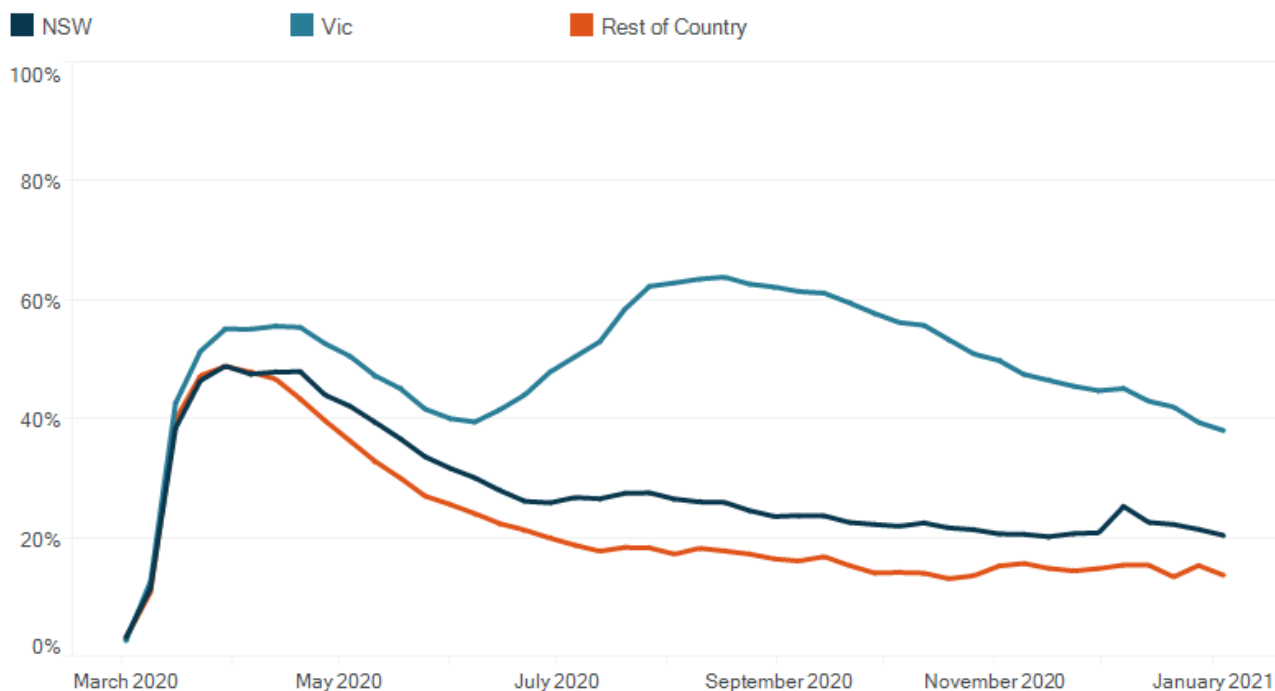
Notes:
 1) Rest of country refers to MBS services identified as having been delivered for people usually residing in Qld, WA, SA, Tas, ACT and NT.
 2) Rates are based on estimated resident populations as at 30 June 2020.
 Source: Medicare Benefits Schedule data.

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MBS mental health telehealth services by jurisdiction

There was a steep increase in the proportion of mental health-related MBS services delivered via telehealth between March and April 2020, early in the pandemic, followed by a gradual decline through May and June 2020. Victoria experienced another increase in telehealth mental health-related services in July and August 2020 when COVID-19 case numbers began to rise in the state. The proportion of telehealth service use in Victoria has gradually declined since peaking during August–September, but has remained higher than New South Wales and the rest of Australia. The small peak in the proportion of services delivered via telehealth in New South Wales for the week beginning 21 December 2020 corresponds with the start of the three week lockdown following the outbreak of COVID-19 cases in Sydney’s Northern Beaches. In the 4 weeks to 24 January 2021, 39.8% of services in Victoria were delivered via telehealth, compared to 21.3% in New South Wales and 14.2% in the rest of Australia.

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



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.

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Use of crisis and support organisations and online mental health information services

In the 4 weeks to 24 January 2021, Lifeline answered more than 27,000 calls from New South Wales, the highest volume recorded during the pandemic. This was a 29.6% increase from the 4 weeks to 26 January 2020 and a 46.9% increase from the 4 weeks to 27 January 2019. Victoria (with almost 21,000 answered calls) saw smaller increases of 22.9% and 26.9% from the same respective periods, and the rest of Australia saw respective increases of 18.0% and 37.1%.

In the 4 weeks to 24 January 2021, Kids Helpline answered almost 3,400 contacts from Victoria, an increase of 23.5% from the 4 weeks to 26 January 2020, and a 31.7% increase from the 4 weeks to 27 January 2019. New South Wales (with over 3,800 answered contacts) saw smaller increases of 8.8% and 20.9% from the same respective periods, and the rest of Australia saw respective increases of 23.8% and 33.5%.

Over 4,100 contacts from Victoria were answered by Beyond Blue in the 4 weeks to 24 January 2021 (including the dedicated Beyond Blue COVID-19 Support Service) which is an increase of 46.6% from the 4 weeks to 26 January 2020, and 41.9% from the 4 weeks to 27 January 2019. This is a

much greater increase than seen for New South Wales, with almost 4,100 answered contacts, which is 16.9% and 32.2% greater than the respective periods in previous years. Almost 5,300 contacts from the rest of Australia were answered, which is 30.9% and 35.6% greater than the respective periods in previous years (Figure COVID.7).

Figure COVID.7: Answered mental health support organisation contacts in the 4 weeks to 24 January 2021 and per cent changes from comparison periods, by jurisdiction

		Answered contacts in the 4 weeks to 24 Jan 2021	Change from the 4 weeks to 26 Jan 2020	Change from the 4 weeks to 27 Jan 2019
Lifeline	Vic	20,735	22.9%	26.9%
	NSW	27,634	29.6%	46.9%
	Rest of country	29,347	18.0%	37.1%
KidsHelpline	Vic	3,338	23.5%	31.7%
	NSW	3,806	8.8%	20.9%
	Rest of country	5,437	23.8%	33.5%
Beyond Blue	Vic	4,142	46.6%	41.9%
	NSW	4,061	16.9%	32.2%
	Rest of country	5,263	30.9%	35.6%

Notes:

1) Lifeline numbers represent answered calls only. Kids Helpline numbers represent answered calls, webchats, emails, and outbound contacts. Beyond Blue numbers represent answered calls, webchats and emails.

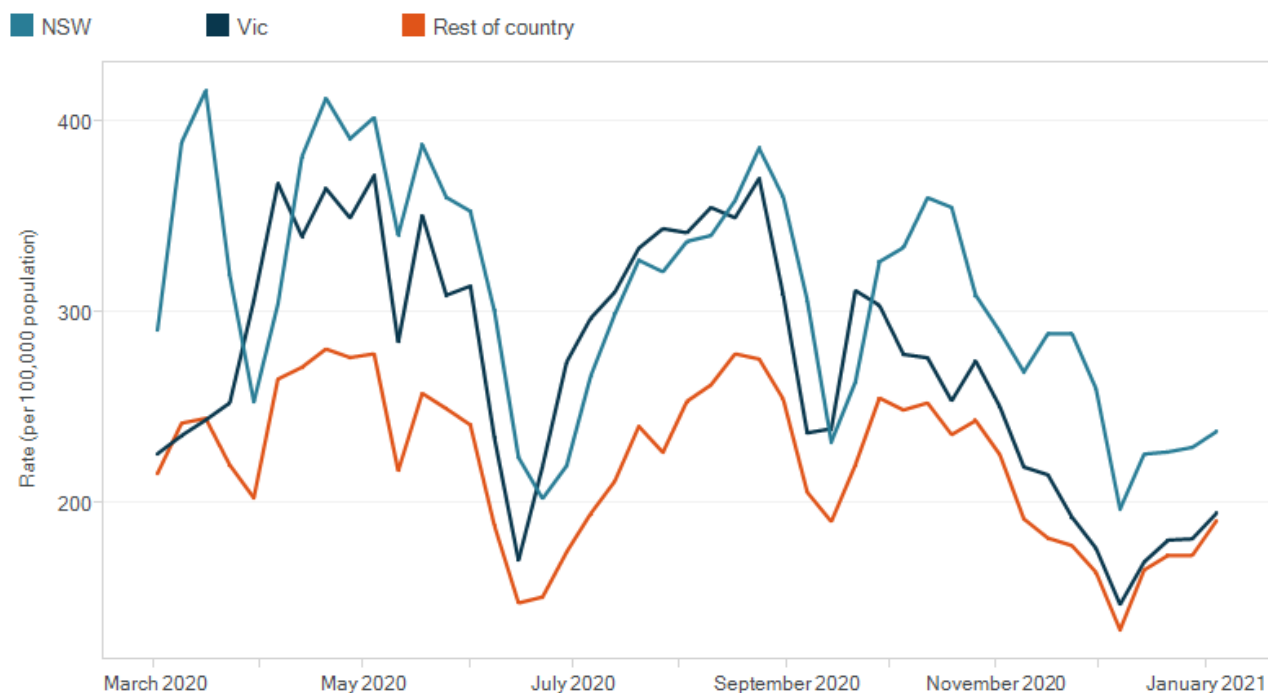
2) The Beyond Blue COVID line changed their system for collecting information about the caller's state/territory from 6/6/20.

Sources: Lifeline; Kids Helpline; Beyond Blue.

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In the 4 weeks to 24 January 2021, 74,815 visits to the ReachOut website originated from New South Wales, an increase of 35.5% from the 4 weeks to 26 January 2020. This compares to 48,394 visits originating from Victoria in the same period, and an increase of 7.2% (Figure COVID.8).

Figure COVID.8: ReachOut weekly website visits (rate per 100,000 population), by jurisdiction, week of use, March 2020 - January 2021



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 30 June 2020.

Source: ReachOut.

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Suspected or confirmed deaths by suicides

New South Wales, Victoria and Queensland, have released data on the total number of suspected or confirmed deaths by suicide in 2020.

The total number of suspected or confirmed deaths by suicide in New South Wales in 2020 was 896. This compares to the 943 suspected or confirmed deaths by suicide recorded in 2019 (NSW Government Health 2021).

The total number of suspected or confirmed deaths by suicide in Victoria in 2020 was 698. This compares to the 718 suspected or confirmed deaths by suicide recorded in 2019 (Coroners Court of Victoria 2021).

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