COVID-19 AND MENTAL HEALTH

CSI Response

October 2020

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'We are helpless, there is nothing to fight back with. We are trapped, we have to stay in our homes. We are physically isolated, our usual freedoms and way of life suspended. As a result, our ability to enact fight or flight is inhibited, increasing the likelihood of lasting impacts on mental wellbeing… We are all engaging with personal recovery on some level and trying to create a new life, with meaning and hope, beyond the effects of COVID-19' - Louise Byrne (1)

The COVID-19 pandemic has greatly impacted the social determinants of mental health and wellbeing (2,3); both through the effects of lockdown, and extended lockdown in Victoria, as well as through the lasting impacts of sudden disruptions to financial stability, employment, secure housing, relationships and social connections. Even for those who have not previously experienced mental health distress, the pandemic diminishes the known factors that promote optimal social and emotional wellbeing – ongoing experiences of safety, belonging, social and emotional connection with others, and physical health are threatened.

As Professor Ian Hickie, from the Brain and Mind Centre states, *"we have the perfect storm of factors that put people's psychological health at risk."*(4) There is no doubt that at a population level, the 2020 pandemic has increased our vulnerability to mental health issues.

Furthermore, COVID-19 has exacerbated complex social issues such as unemployment, entrenched disadvantage, addictions, homelessness, family stress and domestic violence. For people experiencing these issues going into the pandemic, their mental health and ability to access support is of particular concern. There is emerging evidence that vulnerable populations have experienced mental health impacts at disproportionate levels. The Centre for Social Impact's 100 Families research found that during the COVID crisis in Australia, families on low incomes have reported feeling depressed or anxious at twice the rates of the general community.(5)

It is predicted that the far-reaching economic and social impacts of COVID-19 will continue to take a toll on Australians' mental health. This is sometimes referred to as 'the second epidemic' and evidence of this mental health burden is already emerging. This fact sheet aims to summarise ongoing concerns around the population-level psychological effects of the crisis, and synthesise the key elements of the mental health response.

"The Second Epidemic": what is the predicted impact of COVID-19 on mental health?

Lockdown and social isolation

Psychology Professor Dr Elke Van Hoof (Vrije University, Brussels) warns that we need to brace for an oncoming "secondary epidemic" of adverse psychological impacts, including burnout and stress-related absenteeism, as a result of the COVID-19 lockdowns. In April, 2020, nearly a third of the world's population (2.6 billion people) were experiencing a form of lockdown or quarantine.(2) While the scale of these lockdowns is unprecedented and the full extent of the impacts is unknown, a review published by The Lancet synthesising 24 studies on the psychological impact of quarantine confirms what many of us could have expected.(6) Periods of self-isolation are associated with post-traumatic stress disorder (PTSD), depression, anxiety, anger and irritability, decreased frustration tolerance and detachment. Sometimes these negative psychological effects can last for three years or more.(6) The threat to life posed by COVID-19, along with the uncertainties generated from the cascading social and economic impacts, will likely lead to anxiety and loss of control for many people. In Belgium, the percentage of the population who were experiencing toxic levels of stress increased from 15% to 25% of the population after only two weeks of lockdown.(2)

Unemployment and mental health

The effect of unemployment on psychological distress and risk of suicide is well documented. In fact, unemployment is independently associated with a two-to-threefold increased relative risk of death by suicide compared to being employed.(7) The International Monetary Fund has predicted the steepest economic downturn since the Great Depression (8), and in Australia we have already seen the economic

effects come into play. Between March and May 2020, Australia experienced the steepest rise in rates of unemployment on record (from 5.2% in March to 7.1% in May).(8) In May 2020, 2.3 million Australians - or 1 in 5 employed people - were unemployed or had work hours reduced.(8)

Despite the established links between economic recessions and suicide, it remains unclear how this relationship plays out within the context of the broader sociocultural and health events of COVID-19. Historical data gives us cause for concern, however; during the Global Financial Crisis of 2008, the Australian unemployment rate increased from 4.0% to 5.8%, with a corresponding increase in suicide rates by a drastic 22% for men and 12% for women (9).

It is important to recognise that periods of economic hardship do not affect all groups equally, and groups such as young people, those in casual or unstable work, without accumulated assets and strong professional networks are particularly vulnerable.

Modelling the impact of COVID-19 on suicide

As Australia went into lockdown in March 2020, many experts feared a rise in suicide rates, as social distancing measures heighten known risk factors for suicide, while diminishing protective factors.

The *Road to recovery: restoring Australia's mental wealth* report (10) developed a prototype system dynamics model to examine the potential impacts of different social protection measures and health system strengthening strategies. A model like this can be used to "test" the potential impact of different types of policy measures or interventions on population-level mental health outcomes.

In the best-case scenario (which assumed unemployment reaches 11.7% and youth unemployment rises to 19%), the model predicted a 13.7% increase in suicides (a total number of 19,878 deaths) over the period 2020-25. This number could be even worse for specific place-based estimates, where rates of suicide could be compounded by the ripple effects of other natural disasters (such as the bushfires) or industry-specific shutdowns (such as areas dependent on tourism or hospitality). For some vulnerable areas, the rate of suicide could be up to 10 percentage points higher than the national average over the next five years.

Importantly, this "second wave" of mental health impacts may not yet be fully apparent. Many of the adverse consequences of COVID-19 (including unemployment, housing repossession, rental stress, mounting debts, relationship strains) are delayed. Long term investment and forward-planning is needed to mitigate and support people during the mental health aftershocks of the pandemic.

What measurable impacts are emerging?

We are already seeing early mental health repercussions from the COVID-19 crisis. In response to a devastating second wave of COVID-19, the State of Victoria has experienced Australia's most extended period of lockdown, the harshest restrictions on personal freedoms and the largest economic fallout.

Just days after Melbourne and the Mitchell Shire went into lockdown for the second time in July, Lifeline reported a 22% spike in calls from Victoria, compared with the same time the previous year.(11) By August 2020, the Victorian Government reported a 33% increase in people being treated at emergency departments for intentional self-harm, and calls to support lines such as Lifeline and Beyond Blue doubled.(11)

According to Professor Ian Hickie, from the Brain and Mind Centre, "We already know that rates of psychological distress are markedly increased, particularly in young people and in women. And rates of suicidal ideation have gone up and we are already seeing this in presentations to EDs."(4)

Despite these alarming indicators, suicide rates have so far not been elevated, as had initially been predicted. While any death from suicide is tragic, as of August 2020, the Victorian Suicide Register indicated that the suicide rates in Victoria are on-par with 2019 (pre-COVID-19) rates.(11) Experts believe that the intensive and immediate policy interventions such as the JobKeeper and JobSeeker coronavirus supplements have played a significant role in preventing the escalating suicide rates that were feared.

"I do credit JobKeeper with having an enormous impact on reducing impacts on mental health," Lifeline chairman, John Brogden told The Guardian. "Just to know that there will be money coming into your account for the foreseeable future. We did feel a tangible drop in the temperature of people calling Lifeline [when it was announced]."(11)

Professor Ian Hickie has identified the JobKeeper program as "the most important intervention" in mitigating the detrimental mental health impacts of COVID-19. The crucial element is its focus on keeping people connected with jobs, addressing the role of fear of unemployment in driving psychological distress.(10)

However, there is concern that suicide rates may increase when the JobKeeper payment expires in March, 2021.

Additionally, overall statistics may be masking acute distress in more localised settings, such as in regional and remote Australia. For example, Aboriginal communities experience rates of suicide at a disproportionate level compared to the general population. Jill Gallagher, the chief executive of the Victorian Aboriginal Community Controlled Health Organisation, reported to The Guardian in August that the numbers in the coroner's report did not track with what she said was a marked increase in suicides in the Aboriginal community, with four reported last week alone. "We've had a humungous increase," Gallagher said. "I'm not prepared to say what those numbers are, [but a] humungous increase in suicides."(11)

While an overview of the crisis at a population level remains important, close monitoring of mental health indicators in specific communities and vulnerable cohorts, and tailoring responses to these needs is just as critical.

What have been the key elements of the mental health response so far?

The Australian Government was quick to respond to the mental health impacts of COVID-19. Since March, the Australian Government has invested $165.9 million in mental health as part of the COVID-19 response. Their continued investment in mental health in the 2020-21 Budget indicates that mental health and suicide prevention are a national priority, with an unprecedented $5.7 billion to be spent on mental health in 2020–21. This is a substantial increase from last year's budget which dedicated $736.6 million in mental health funding (2019-20 Budget).(12)

The 2020-21 Budget outlines key mental health investments, including in telehealth to ensure people accessing medical and psychotherapeutic care can continue to be supported while social distancing, and expanding the *Better Access* initiative which effectively doubles the number of psychological therapy sessions Australians can access. Anticipating greater need, the Government has also allocated more funding for phone and online support services (e.g., Lifeline, Beyond Blue and Kids Helpline). Suicide prevention is a Federal a priority with significant investment in prevention and intervention strategies, and expanding youth support programs.

Victorians have experienced the most severe impacts of COVID-19. The Federal Budget is committing $43.9 million in extra assistance for Victorians, enhancing capacity of existing services like Beyond Blue, Lifeline and Kids Helpline, and the development of fifteen mental health centres.

The Budget also proposes additional measures for aged care, parents and carers, veterans and supporting young people with mental illness into the workforce.

What needs to happen next to mitigate the mental health impacts of COVID-19?

1. Mental health sector capacity building to ensure supply can meet demand

While the increased funding for mental health is encouraging, there is a serious concern from within the sector that demand for mental health services will outstrip supply. The *Better Access* initiative in the 2020-21 Budget, for instance, aims to increase the number of accessible clinical psychology visits from 10 to 20 for any Australian with a mental health plan. Dr Kerryn Rubin, the Victorian branch chair of the

Royal Australian and New Zealand College of Psychiatrists, states that *"the issue now is that simply there are far more people needing support and services than there are people to provide them in the private sector."*(13)

In a similar vein, Professor Patricky McGorry, the executive director of Orygen Youth Mental Health Services, argues that the COVID-19 situation is exacerbating existing cracks in the mental health system. "*I'm hearing messages that 'the services are already there and all you need to do is reach out', and that's simply not the case,"* McGorry said. *"Giving money to Beyond Blue and Lifeline is important but what happens after? Where are they going to go? The service sector was overwhelmed before COVID."*(13)

Providers and consumers in the mental health service sector point to system-level issues, including long waiting periods, a lack of choice and options and inflexible operating hours. In addition, the funding split between federal and state governments leaves service gaps. The term "missing middle" describes people falling through the gaps that exist between state and federally funded systems.

These groups, many of whom experience complex mental health problems compounded by social disadvantages such as poverty or unstable accommodation, can be too unwell to access state-funded mental health services or community care, but can't access (or receive no benefit from) Medicare-funded care. There is a particular concern for these groups who have not benefited from the current provision of services, and who may be particularly vulnerable to the financial and social stresses exacerbated by the pandemic.(13)

2. Continued investment in employment programs

Evidence from a range of sources - including historical data, experts in the field, and economic and social modelling - all support a key conclusion: investing in employment programs will pay dividends for population mental health, along with providing a needed boost to a recession-bound economy.

In previous economic downturns and recessions, including the GFC, countries which sustained welfare spending saw less marked increases in suicide rates than those that reduced spending on welfare and job-search initiatives.(14) Active labour market programs, which aim to help the unemployed find or retain work, along with labour market protections to reduce uncertainty are associated with lower rates of unemployment-related suicide.(14) In terms of return on investment, an analysis of government spending during European recession periods of the last 50 years suggests that every US$100 per capita invested in active labour market programs reduced the association of unemployment with suicide by 0.4%.(15)

In an Australian context, the modelling published by the Brain and Mind Centre found that employment programs "are the single most effective strategy for mitigating the adverse mental health impacts of the COVID-19 crisis."(10) The authors underscored the importance of sustaining the duration of the program, proposing that extending employment programs (primarily JobKeeper and JobSeeker) from May 2021 to May 2022 may prevent an additional 9,272 ED presentations, 1,114 self-harm hospitalisations, and 123 live losts to suicide over the period 2020-2025.(10)

3. Invest in rebuilding connectedness and expanding community supports

While the Government and sector organisations have acted quickly to ensure people can continue to access mental health services, some valuable preventative, community-based supports may have been constrained by social distancing.

Mental health prevention and promotion often involve community-building approaches. Populations, such as people from Culturally and Linguistically Diverse backgrounds, or the LGBTI+ community, or Aboriginal people living in remote communities may experience mental health vulnerabilities, but will not always seek support directly from generic mental health services. Face-to-face support programs run by community-based organisations makes the most significant difference for some groups.

4. Suicide vigilence

According to Professor Patrick McGorry, mental health modelling shows there could be an increase in suicides over the next three to four years, meaning there was still time to enact preventative measures.(11) Georgie Harman, the chief executive of Beyond Blue, said an increase in suicides was "not inevitable" as financial supports such as jobkeeper and the increased jobseeker rate dropped, but that governments, services and individuals needed to be aware of the risk and maintain "eternal vigilance".(11)

5. Look at innovative ways to support marginalised groups who are not accessing help

As mentioned above, complex social circumstances faced by disadvantaged social groups, such as unemployment, entrenched disadvantage, addiction, homelessness, family stress and domestic violence, are likely to have worsened for many in 2020. The exacerbation of mental health vulnerabilities in young people (16), and disadvantaged populations is likely, as they may be managing multiple crises at the same time, and are less likely to access support.

Prof Jayashri Kulkarni, Professor of psychiatry at Monash University, points out that while helplines such as Lifeline and Beyond Blue are "relatively easy to access" and had rightly received extra funding during the crisis, access to a mental health clinician remains extremely difficult for some.(17) Practitioners tend to be concentrated in wealthier suburbs or charge fees people cannot afford. Bulk billing practices in mental health are not widespread.

6. Continue to work towards digital inclusion, and maintain telephone support services

Those who can access and pay for a reliable Internet connection and IT equipment including a web camera, can move many of their social interactions and psychosocial supports online.

However, more than 2.5 million Australians are not online.(18) Some people have mobile-only access, or a plan that cannot cover extended video-chats with friends or mental health workers. Others may not have exclusive access to a device, or a room, for extended private online interaction. This therefore increases a gap in the accessibility of mental health services, particularly those services that have received increases in funding recently. The investment in telehealth will not be the solution unless some services or communities, such as remote communities, receive help with resourcing the delivery of telehealth services.

7. Messaging to promote solidarity

There is evidence that collective traumas can be effectively addressed through sharing experiences of hardship.(19) Evidence shows that facilitating social cohesion, collective resilience and optimism in times of crisis is not only desirable, but that some population mental health gains are possible during a crisis.(8) Messaging that encourages solidarity and kindness may have a powerful impact on a population's ability to remain resilient and recover. The Lancet review (6) found that people who volunteer for quarantine, who bring a sense of altruism into their hardship, are more likely to be buffered against any distressing effects. Providing people with opportunities and practical actions for helping one another could have similar effects, as could regular reminders that we are all in this together.

Summary

The emerging mental health crisis facing Australia in the wake of COVID-19 impacts is well recognised by Government, mental health experts, community services and media coverage. The government should be applauded for its rapid response and expanded investment in mental health supports, given the growing and urgent need.

Not all Australians are affected equally by the impacts of COVID-19, and there is similarly no 'one size fits all' approach to strengthening our communities' mental health and helping those experiencing mental distress. For instance, we know that telehealth does not work for everyone in effectively supporting their

mental health (8), and the growing digital divide means that many people and communities will continue to be excluded from accessing telehealth services (which require access to technology, private spaces to use the technology, adequate broadband, data and devices).(18)

During the COVID-19 pandemic, access to mental health services (particularly for vulnerable populations) was rendered more difficult, and may have exacerbated access difficulties for groups who are already underserved by the mental health system. Australians in rural and remote areas, Indigenous Australians, children and young people and people experiencing entrenched disadvantage are some populations that are less likely to seek support from clinical and non-clinical mental health services and also face additional barriers to accessing mental health support.

For some time, service providers and the voices of consumers of mental health services have highlighted systemic issues that exist in the mental health sector. There continues to be a lack of options that can address their specific needs, and the mental health system is increasingly complex, fragmented and difficult to navigate. This prevents many people from receiving the support they need at the time they need it.

Concern about the 'second' epidemic of mental health concerns has translated into increased investment, this has largely acted to amplify what is already in place, rather than look at innovative ways to effectively engage people who may not want to or be able to access mainstream mental health service models. Hopefully, our service system will find ways to ensure this injection of funding reaches and supports people excluded from service access who have been particularly impacted by the crises of 2020.

Additionally, some hope may be found in the resilience shown by civilians in times of global unrest, and the possibility that the shared experience of the pandemic might bring a sense of social cohesion which may prove life-preserving.

If you or anyone you know needs help:

Lifeline on 13 11 14

Kids Helpline on 1800 551 800

MensLine Australia on 1300 789 978

Suicide Call Back Service on 1300 659 467

Beyond Blue on 1300 224 636

Headspace on 1800 650 890

ReachOut at au.reachout.com

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