

Australian study reveals rise in mental health problems during COVID-19 pandemic

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A study investigating the acute mental health responses of Australian adults during the COVID-19 pandemic has revealed a significant negative impact, in particular on those already vulnerable.

The study was published in *PLOS One*, a scientific journal focused on the discipline of nature and medicine. Investigators from the University of New South Wales in Sydney obtained responses from over 5,000 adults using an online questionnaire, administered via social media during the then-peak of the pandemic and initial lockdown, from March 27 to April 7.

The questionnaire examined fears and behavioural responses to the pandemic and assessed the severity of physiological distress, such as levels of depression, anxiety and stress, including anxiety about health, contamination fears, alcohol use and physical activity.

The majority of respondents (78 percent) reported their mental health had worsened since the outbreak of the pandemic, with a quarter (25.9 percent) either very or extremely worried about contracting the disease and over half (52.7 percent) worried about family or friends being infected.

Feelings of uncertainty, loneliness and financial worries occurred in 50 percent of those surveyed. Rates of depression, anxiety and stress levels were 65 percent, 50 percent and 64 percent, respectively.

Nearly half (45 percent) of participants reported currently undergoing mental health treatment that included counselling and medications.

Those with a self-reported history of a mental health diagnosis, such as depression and anxiety, had significantly higher distress, health anxiety and fears of COVID-19 compared to those without a prior diagnosis.

The study also found higher rates of distress among

those who were Aboriginal or Torres Strait Islander, those who identified as non-binary or a different gender identity, and those whose occupation was a carer or stay-at-home parent.

The authors concluded that these results highlight the need for proactive and accessible mental health services to address these needs, with a particular focus on the most vulnerable, including people with a prior history of mental health problems.

The underlying factors for increased mental health burden during the pandemic can be complex. However, the main causes are thought to involve continued health concern of infection or the social stigma of being infected, the breakdown in social support due to isolation, as well as the anxiety of losing employment or receiving reduced earnings.

The authors noted that similar research has emerged in other countries, including China, Italy, India, Mexico, Spain, the US and UK. These studies also have shown increased rates of psychological distress. While the methods of data collection differed between the studies, however, the Australian study's results were among those that demonstrated higher rates of poor mental health.

Research into past pandemics, such as the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, had shown higher rates of fears, psychological distress, including depression, anxiety and stress and insomnia, and other mental health disorders such as post-traumatic stress in people with pre-existing mental illness. This impact included front-line health care workers and survivors of SARS who had severe or life-threatening cases of the disease.

Evidence of the mental health impact of the pandemic is demonstrated too in the increased demand for mental health services. The helpline Lifeline answered almost

90,000 calls for help in March. That is equivalent to a call every 30 seconds. It was a 25 percent increase over the corresponding month the previous year.

More recently, when the Victorian Labor Party government imposed a total lockdown on Melbourne public housing towers in July, Lifeline statistics showed a 22 percent increase in calls from that state.

When Stage 4 restrictions were later announced for Melbourne, calls to Lifeline from Victoria increased by 30 percent. From the beginning of August, Victorian use of Beyond Blue, another mental health helpline, was also 90 percent higher than across other states in Australia.

Among young people, the mental health service Headspace has seen an estimated 50 percent rise in referrals for young people who “have been admitted to a hospital emergency department because of a mental health crisis,” according to a recent Australian Broadcasting Corporation report.

A week into the Stage 4 lockdown in early August, the Victorian government said data showed a 33 percent rise in children and young people in the state presenting to hospital with self-harm injuries, compared to the corresponding time in 2019.

These results point to a deep crisis in the health care system. According to an Australian Medical Association report in 2018, mental health services are “grossly underfunded.” A “marked lack of capacity at all levels of mental health care” caused “unacceptable delays to care.”

While the federal government claimed it has added \$500 million to funding for mental health services during the pandemic, there is ample evidence that this is insufficient.

An interim report by the Victorian Royal Commission into Mental Health last year found that the state’s mental health services were extremely underfunded. If Victoria’s funding were to reach even the national average, it would have required an additional \$1.44 billion in 2016–17.

Dr Kerry Rubin, the chair of the Victorian branch of the Royal Australian and New Zealand College of Psychiatrists told the *Guardian*: “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.” Further, community mental health services operated only “Monday to Friday, nine to

five.”

Mental health practitioners are often concentrated in wealthier suburbs or charge fees people cannot afford. “Bulk billing” for mental health services, so that patients do not have to pay upfront fees, is not widespread. People can face long waiting times for counselling services or may be ineligible to access support.

Professor Jayashri Kulkarni, director of Melbourne’s Monash Alfred psychiatry research centre, told the *Guardian* that help lines such as Lifeline and Beyond Blue were relatively easy to access. However, “people who previously would have accessed the private sector are struggling to do that because they can’t get an appointment for four, eight, twelve weeks, at which point in time often something that started off as a minor or moderate problem becomes a severe problem.”

In March, leading mental health expert Professor Patrick McGorry called for an urgent overhaul of mental health services to cope with the aftermath of the pandemic.

“The people who lived through the Great Depression had reduced life expectancy; if you develop a mental illness your life expectancy is reduced,” he said. “It may be that the vocational pathways for a generation of young people are constrained for the next few years and that is going to lead to huge mental health problems and suicide rates as well.”

Despite these calls, the data shows that the services remain woefully inadequate.



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