

1 March 2024

Legal and Constitutional Affairs References Committee
Parliament House
Canberra ACT 2600

Dear Members of the Legal and Constitutional Affairs References Committee,

RE: Response to questions on notice

Thank you again for the opportunity to provide input to your inquiry into the appropriate terms of reference for a COVID-19 Royal Commission. Please find on the following papers our responses to the three questions on notice that we have identified from the draft Hansard.

Suicide Prevention Australia was asked to provide:

- statistics and sources indicating that rates of distress increased during the COVID-19 pandemic
- a list of the COVID-19 related reviews or inquiries to which Suicide Prevention Australia has contributed
- information on the importance of extending funding for the National Suicide Prevention Research Fund to support research following COVID-19

We hope the information provided sufficiently responds to these questions. However, if you require any further information, please do not hesitate to contact us.

Yours sincerely,

Christopher Stone
Director of Policy and Government Relations
Suicide Prevention Australia



Question one: Suicide Prevention Australia was asked to provide statistics and sources indicating that rates of distress increased during the COVID-19 pandemic.

During the hearing, it was raised that the use of mental health support website Head to Health grew by 184 per cent and that average calls to crisis support service line Lifeline rose by 24 per cent, and Beyond Blue by 23 per cent compared with usage three years previously. These figures were published by the Australian Institute of Health and Welfare (AIHW) in the August 2022 release of the quarterly report “Mental health impact of COVID-19”.¹ A copy of this report will be attached with this letter.

The following additional sources also show that measures of distress including mental health service usage and suicide attempts increased during the pandemic:

According to the AIHW there was a significant rise in the use of mental health and crisis services during the COVID-19 pandemic.^{2,3} In particular, a range of survey data shows that the average level of psychological distress rose in Australia in 2020 and 2021 from pre-pandemic levels.⁴ For example, between 31 August to 27 September 2020 calls to Lifeline increased 15 per cent from the same time in 2019, while calls to Kids Helpline increased 14 per cent.⁵ Further, calls to Beyond Blue increased 21 per cent compared to the same time in 2019.

A similar pattern was evident in 2021, for the four weeks to 24 January 2021, calls to Lifeline increased 21 per cent from the same time in 2019 and to Beyond Blue increased 23 per cent from the same time in 2019.⁶ Head to Health also experienced a significant increase in users per day (490 per cent) compared to the four weeks to 26 January 2020.

Several news articles and media releases published during the COVID-19 pandemic also indicate that service usage increased. For instance, an ABC news article published in 2021 notes that Lifeline received 40 per cent more calls in 2021 compared to 2019.⁷ Calls to Lifeline were also on average longer which suggests that service users were experiencing increased levels of distress.

Lifeline also published a media release in August 2021 noting that demand for their services have grown on average 20 per cent since 2019.⁸ In 2019 Lifeline were receiving 2,500 calls per day, and in 2021 Lifeline received over 3,500 calls per day. This is 40 per cent higher than 2019 levels.

The ABC news article also notes that demand for Beyond Blue’s services increased 29 per cent since the beginning of Sydney’s lockdowns. Beyond Blue also released a media release stating that calls to their support service increased 42 per cent between March 2020 and December 2020, compared to the same time in 2019.⁹

The data also shows that there was an increase in ambulance attendances related to suicidal behaviour. In 2020, there was an 11 per cent increase in the total number of ambulance attendances in Victoria relating to suicidal ideation (thinking about suicide), compared with 2019, with the increase more pronounced in the second half of 2020.¹⁰

Data from the National Ambulance Surveillance System in Australia from March 2018-March 2021 also shows that the number of ambulance attendances related to self-injury, suicidal



ideation and suicidal attempt increased immediately during the first quarter since the outbreak and stayed higher over the at least 12 months.¹¹

In addition, data from the Department of Health and Human Services identified that Victoria recorded a thirty-three per cent rise in children presenting to hospital with self-harm injuries in mid-2020, compared to a year earlier.¹²

There are also several studies and reports which show that rates of distress increased during the COVID-19 pandemic. A peer-reviewed study found that 10 per cent of Victorian's seriously considered suicide during September 2020. The study also identified that young people, unpaid carers, and people with a disability experienced the highest rates of mental health problems during 2020.¹³ A research study which analysed suspected suicide rates in 2020 relative to 2015-2019 to identify impacts of the pandemic in Queensland found that COVID-19 contributed to some suspected suicides.¹⁴

In addition, a joint report by Mission Australia and Black Dog Institute published in 2021, found that significantly more young people in Australia experienced psychological distress in 2021 compared to 2012.¹⁵ The report found that one in four young people in 2020 reported that they were experiencing mental health challenges compared to one in five young people in 2012.

It is important to note that deaths by suicide did not rise during the COVID-19 pandemic. As stated in our submission to this inquiry the research indicates that suicide rates can rise 2-3 years after a disaster. There are a number of possible explanations for this, but one is that this is often the time when supports are withdrawn despite there being continuing impacts on distress from the disaster. The data we have aligns with this explanation. We saw significant increases in distress, but also significant increases in government supports. This included not just increased funding to mental health services, but also supports that reduced other drivers of suicide, such as increases in welfare reducing financial distress and increased protections against evictions reducing homelessness.

It is entirely possible that the increased government supports helped prevent the increases in distress from translating into suicide deaths. And it is concerning that, now that many of those supports have been withdrawn, we have seeing increases in suicide rates for the first time since 2019. In 2022, the latest year we have national deaths data for, suicides rates increased from 12.1 to 12.3.¹⁶ And more recent information from NSW and Victoria, the only States publishing monthly suicide deaths data, we see deaths in October and November last year to be similar or higher than deaths in 2022.¹⁷ It is critical that action is taken to prevent the possibility of suicide deaths continuing to rise.



Question two: Suicide Prevention Australia were asked to provide a list of COVID-19 reviews or inquiries the organisation has participated in.

Suicide prevention Australia has responded to the following inquiries specifically concerned with COVID-19:

1. Commonwealth Government COVID-19 response inquiry – January 2024.
2. Commonwealth Government inquiry into Long COVID and Repeated COVID Infections – November 2023 <https://www.suicidepreventionaust.org/wp-content/uploads/2022/12/Suicide-Prevention-Australia-Pre-Budget-Submission-2023-24.pdf>
3. Australian Capital Territory inquiry into the COVID-19 2021 pandemic response – November 2021 <https://www.suicidepreventionaust.org/wp-content/uploads/2024/02/Submission-to-ACT-COVID-Inquiry.pdf>

In addition, Suicide Prevention Australia has made submissions to the following inquiries where COVID-19 was relevant and covered issues relating to this in the submission:

1. Commonwealth Government Select Committee on Mental Health and Suicide Prevention Inquiry – March 2021 https://www.suicidepreventionaust.org/wp-content/uploads/2021/05/SPA_Submission-to-the-Select-Committee-on-Mental-Health-and-Suicide-Prevention-2021_Fnl.pdf
2. Queensland Inquiry into social isolation and loneliness – August 2021 <https://www.suicidepreventionaust.org/wp-content/uploads/2021/09/Suicide-Prevention-Australia-Submission-to-QLD-Inquiry-into-social-isolation-and-loneliness.pdf>
3. Commonwealth Parliamentary Inquiry into Job Security – August 2021 <https://www.suicidepreventionaust.org/wp-content/uploads/2021/09/Suicide-Prevention-Australia-Submission-Job-Security-Inquiry.pdf>
4. NSW Government Pre-Budget Submission – January 2022 <https://www.suicidepreventionaust.org/wp-content/uploads/2022/01/NSW-Pre-Budget-Submission-Jan-2022-FINAL-1.pdf>
5. Inquiry into the opportunities to improve mental health outcomes for Queenslanders – February 2022 <https://www.suicidepreventionaust.org/wp-content/uploads/2022/02/QLD-Mental-Health-Inquiry-SPA-Submission-February-2022-Fnl.pdf>
6. Commonwealth 2023 Pre-Budget Submission – December 2022 <https://www.suicidepreventionaust.org/wp-content/uploads/2022/12/Suicide-Prevention-Australia-Pre-Budget-Submission-2023-24.pdf>



Question three: Suicide Prevention Australia were asked about the importance of extending funding for the National Suicide Prevention Research Fund past 2025.

The National Suicide Prevention Research Fund was established in 2017 by the Federal Government to support research into suicide prevention. The aim of the fund is to support world-class Australian research and facilitate the rapid translation of knowledge into more effective services for individuals, families, and communities. Suicide Prevention Australia manages the fund on behalf of the Federal Government.

The Research Fund addresses critical gaps in suicide prevention strategies and plays a pivotal role in driving transformative efforts to combat suicide in a post Covid environment. Since inception over 89 projects have been supported by the Research Fund. Research grants have been provided to emerging scholars investigating knowledge gaps. For instance, COVID-19 research funds were used to examine child and adolescent mental health presentations to emergency departments during the pandemic.

The success of the Research Fund in supporting world-class research is demonstrated by the significant number of researchers supported by the fund who present at key international conferences. For example, at the most recent World Congress of the International Association for Suicide Prevention in September last year a total of 14 researchers supported by the Research Fund contributed to 9 presentations, one of which was a Plenary Session.

Yet, as of 30 June 2025, the Commonwealth Department of Health's funding for this crucial initiative will conclude. This is concerning given that now more than ever, sustained funding for suicide prevention research is needed. As outlined in our submission to the Committee, international research shows that suicide rates can rise 2-3 years after a disaster such as the COVID-19 pandemic. Given the heightened risk of suicide in the community, it is vital that there is continued investment in suicide prevention research which can inform government policy and help prevent suicide.

Suicide remains a serious public health challenge in Australia, with recent research finding over 55,000 people had attempted suicide in the past 12 months,¹⁸ and persistent rates of deaths by suicide exceeding 12 per 100,000 in recent years.¹⁹ In 2022 alone, 3,249 lives were lost to suicide.²⁰ This not only has a human cost but also a significant economic impact, amounting to as much as \$34 billion per year,²¹ highlighting the urgent need for effective intervention. The profound impact of suicide extends beyond the individual, affecting communities and society at large, with 36.2% of Australians having been close to someone who had taken or attempted to take their own life.²²

It is critical that funding is provided to support research that not only advances our understanding but also translates knowledge into practical, impactful services. An additional \$15 million in the National Suicide Prevention Research Fund will enable Suicide Prevention Australia to deliver an enhanced research program over four years. Research funded under future grants will provide key insights into suicide prevention in a post COVID environment as we continue to see the effects of the pandemic on wellbeing.

Further information about the National Suicide Prevention Research Fund is here:
<https://www.suicidepreventionaust.org/research-grants/>



¹ Australian Institute of Health and Welfare (2022) *Mental health impact of COVID-19* (Aug 22 release), pp17-20, <https://www.aihw.gov.au/getmedia/623b3d31-0aae-4bbf-aae8-a9d36406d947/mental-health-impact-of-covid-19-august-2022.pdf.aspx>

² Australian Institute of Health and Welfare (2020) *How COVID-19 changed the way Australians used health services in 2019-20*, <https://www.aihw.gov.au/news-media/media-releases/2020/december/how-covid-19-changed-the-way-australians-used-health>

³ Australian Institute of Health and Welfare (2023) *The use of mental health services, psychological distress, loneliness, suicide, ambulance attendances and COVID-19*, <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/covid-19>

⁴ Ibid

⁵ Australian Institute of Health and Welfare (2020) *How COVID-19 changed the way Australians used health services in 2019-20*, <https://www.aihw.gov.au/news-media/media-releases/2020/december/how-covid-19-changed-the-way-australians-used-health>

⁶ Australian Institute of Health and Welfare (2021) *Mental health impact of COVID-19* (Mar 21 release), p5, <https://www.aihw.gov.au/getmedia/56ee7ea4-e211-49d8-85e4-853c01762aef/mental-health-impact-of-covid-19.pdf.aspx>

⁷ ABC News (2021) *In COVID lockdown record numbers are turning to Lifeline, these are the people picking up the call*, <https://www.abc.net.au/news/2021-08-21/the-people-answering-covid-19-lockdown-lifeline-calls/100367532>

⁸ Lifeline (2021) *Australians reaching out for help in record numbers*, <https://www.lifeline.org.au/media/00lpjifq/20210820-australians-reaching-out-for-help-in-record-numbers.pdf>

⁹ Beyond Blue (2021) *Coronavirus Mental Wellbeing Support Service to continue operating until December*, <https://www.beyondblue.org.au/media/media-releases/media-releases/coronavirus-mental-wellbeing-support-service-to-continue-operating-until-december>

¹⁰ Australian Institute of Health and Welfare (2023) *The use of mental health services, psychological distress, loneliness, suicide, ambulance attendances and COVID-19*, <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/covid-19>

¹¹ John, J., Synn, E. P., Winata, T., Eapen, V., & Lin, P. I. (2023). Increased ambulance attendances related to suicide and self-injury in response to the pandemic in Australia. *Australian & New Zealand Journal of Psychiatry*, 57(1), 140-142.

¹² ABC News (2020) *Statistics show increase in children presenting to hospitals after self-harming*, <https://www.abc.net.au/news/2020-08-08/young-people-self-harming-end-up-in-hospital-emergency-rooms/12532040>

¹³ Czeisler, M. É., Wiley, J. F., Facer-Childs, E. R., Robbins, R., Weaver, M. D., Barger, L. K., ... & Rajaratnam, S. M. (2021). Mental health, substance use, and suicidal ideation during a prolonged COVID-19-related lockdown in a region with low SARS-CoV-2 prevalence. *Journal of psychiatric research*, 140, 533-544.

¹⁴ Leske, S., Kölves, K., Crompton, D., Arensman, E., & De Leo, D. (2021). Real-time suicide mortality data from police reports in Queensland, Australia, during the COVID-19 pandemic: an interrupted time-series analysis. *The Lancet Psychiatry*, 8(1), 58-63.

¹⁵ Brennan, N., Beames, J. R., Kos, A., Reily, N., Connell, C., Yip, D., Hudson, J., O'Dea, B., Di Nicola, K., and Christie, R. (2021) *Psychological Distress in Young People in Australia Fifth Biennial Youth Mental Health Report: 2012-2020*, Mission Australia, <https://www.blackdoginstitute.org.au/wp-content/uploads/2021/09/Youth-Mental-Health-Report-2012-2020.pdf>



¹⁶ Australian Bureau of Statistics (2023) *Causes of Death, Australia 2022*,
<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2022>.

¹⁷ Australian Institute of Health and Welfare (2023) *Suicide & self-harm monitoring – Data from suicide registers*, <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/suspected-deaths-by-suicide/data-from-suicide-registers>

¹⁸ Australian Bureau of Statistics (2023) *National Study of Mental Health and Wellbeing (2020-2022)*,
<https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>

¹⁹ Australian Bureau of Statistics. (2023) *Causes of Death, Australia 2022*,
<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2022>

²⁰ Ibid

²¹ Productivity Commission, *Mental Health, Inquiry Report*,
<https://www.pc.gov.au/inquiries/completed/mental-health/report>

²² Australian Bureau of Statistics (2023) *National Study of Mental Health and Wellbeing (2020-2022)*,
<https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>



Mental health impact of COVID-19

On this page:

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- [Chronology of COVID-19 pandemic restrictions](#)
- [Mental health service activity in Australia](#)
- [National use of crisis and support organisations and online mental health information services](#)
- [Mental health service activity in New South Wales, Victoria, Queensland, and Western Australia](#)
- [Crisis and support organisation activity in New South Wales, Victoria, Queensland and Western Australia](#)
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Key points

- Between 16 March 2020 and 1 May 2022, over **29.0 million** MBS-subsidised mental health-related **services** were processed.
- MBS-subsidised mental health services delivered via telephone or videoconference peaked during April 2020 when about half were delivered via **telehealth**. In the four weeks to 1 May 2022, **29.3%** of services were delivered via **telehealth**.
- The volume of mental health-related PBS prescriptions dispensed spiked in March 2020 when pandemic restrictions were first introduced, followed by a dip in April 2020. From mid-November 2021 to mid-March 2022, weekly volume tracked above the same week one year prior. These patterns were observed across all jurisdictions.
- In the four weeks to 1 May 2022, **Lifeline** received **83,652** calls, up **2.5%** and **0.2%** from the same period in 2021 and 2020, respectively.
- In the four weeks to 20 February 2022, **Kids Helpline** received **23,575** answerable contact attempts, down **5.5%** and **9.8%** from the same

period in 2021 and 2020, respectively.

- In the four weeks to 1 May 2022, **Beyond Blue** received **24,441** contacts, up **10.0%** and down **7.0%** from the same period in 2021 and 2020, respectively.

+/-:Summary

The impact of the COVID-19 pandemic on mental health and wellbeing has been substantial. The scope of this impact includes increased psychological distress in the Australian population, due to the pandemic itself and the policies and measures taken to prevent its spread, as well as the longer term social and economic consequences of a global pandemic. This section primarily focuses on measuring this impact through the use of mental health related services during the pandemic, including Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS), and crisis, support and information organisations (Lifeline, Beyond Blue, Kids Helpline, ReachOut, and Head to Health). A summary of emerging research in this area supplements these primary sources.

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, there has not been an associated rise in suspected deaths by suicide in 2020 and 2021, more information can be found in [Suspected deaths by suicide](#) on the portal.

+/-: Reporting and Data Sharing

As outlined in other sections of the Mental Health Services in Australia report, 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 to curate, analyse and report on mental health-related service activity during the pandemic. Data is reported via two dashboards and 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.

Mental health services – national snapshot

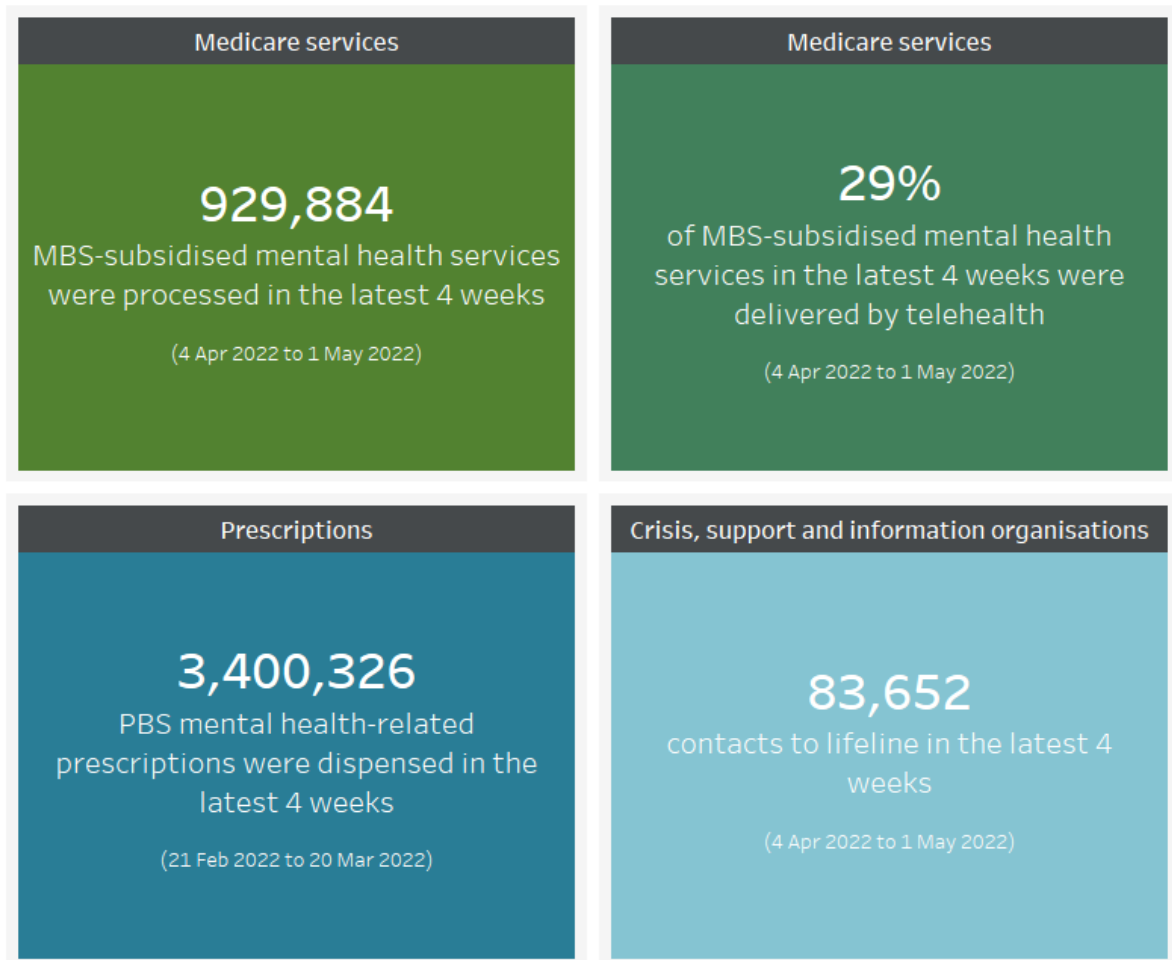


Figure COVID.1: National snapshot of mental health services dashboard showing data for MBS-subsidised mental health services, PBS mental health-related prescriptions and crisis and support organisation contacts.

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

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

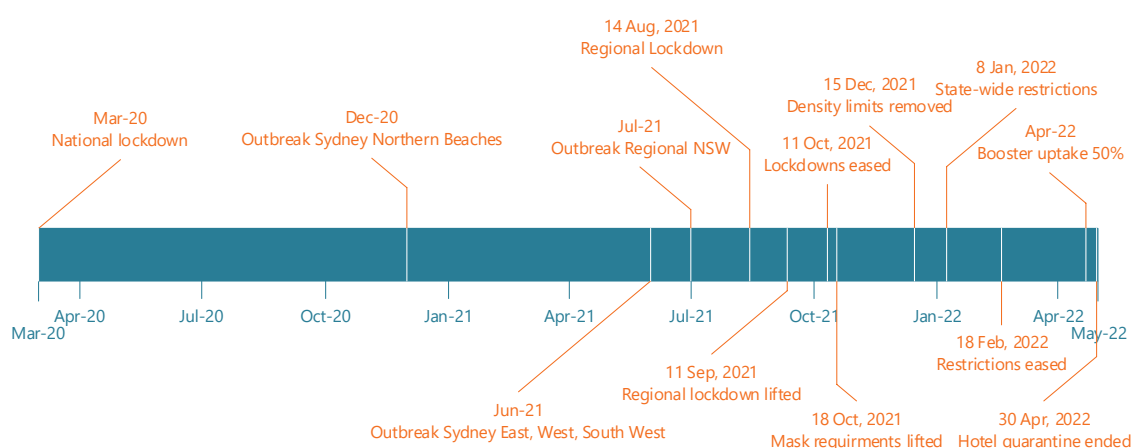
states and territories to contain COVID-19 spread.

- July to October 2021 – a series of extensive lockdowns and/or extended lockdowns occurred in New South Wales (NSW), Victoria, and 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.

Chronology of COVID-19 Pandemic Restrictions

New South Wales

Figure COVID.2: Chronology of COVID-19 Pandemic Restrictions, New South Wales, 2020 – 2022

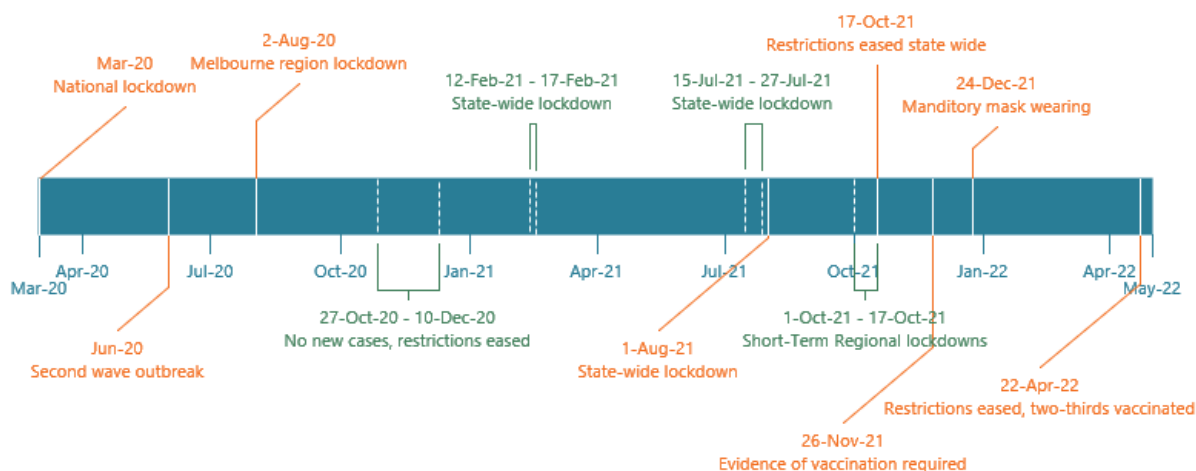


- March 2020 – a national lockdown was introduced.
- December 2020 – an outbreak in Sydney's Northern Beaches and Greater Sydney occurs (NSW Health 2020).
- June 2021– several outbreaks in Sydney's Eastern Suburbs, West, and South Western Sydney occurred (NSW Health 2021a).
- July 2021– several outbreaks 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 2021j).
- 11 September 2021 – the regional lockdown were partially lifted (NSW Health 2021c).

- 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 Health 2021d).
- 18 October 2021 – mask wearing requirements and restrictions on gathering numbers were further lifted (NSW Health 2021e).
- 15 December 2021 – density limits were removed, and check-ins limited to high-risk venues (NSW Health 2021f).
- 8 January 2022 – state-wide restrictions were reintroduced (NSW Premier 2021). Through the Christmas period and into January the lifting of restrictions, together with the introduction 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 2021g, NSW Health 2021h).
- 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).

Victoria

Figure COVID.3: Chronology of COVID-19 Pandemic Restrictions, Victoria, 2020 – 2022

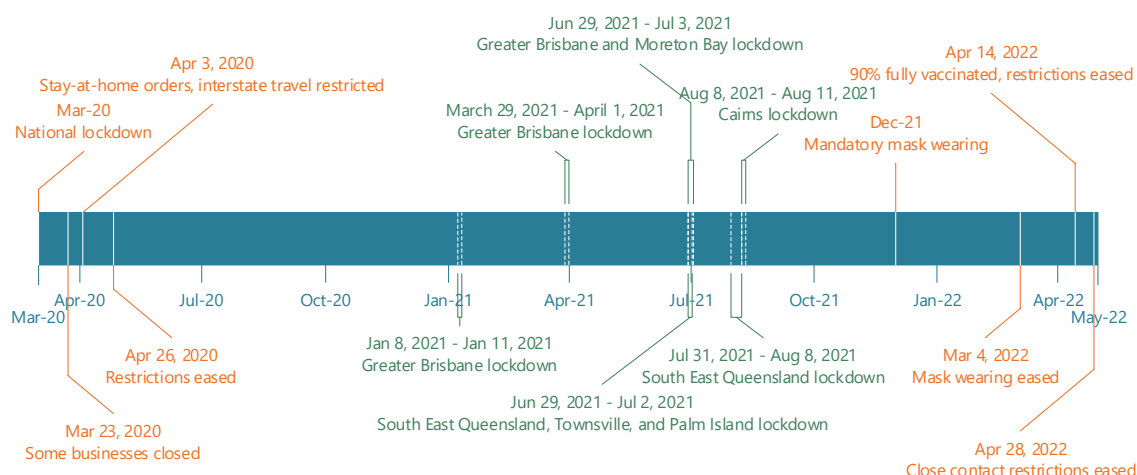


- March 2020 – a national lockdown was introduced.
- June 2020 – the second wave of COVID-19 cases in Victoria began.
- 2 August 2020 – lockdown restrictions began in Melbourne and surrounding regional areas to reduce the number of COVID-19 cases following the start of Victoria's second wave (Vic DHHS 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 2022).

Queensland

Figure COVID.4: Chronology of COVID-19 Pandemic Restrictions, Queensland 2020 – 2022

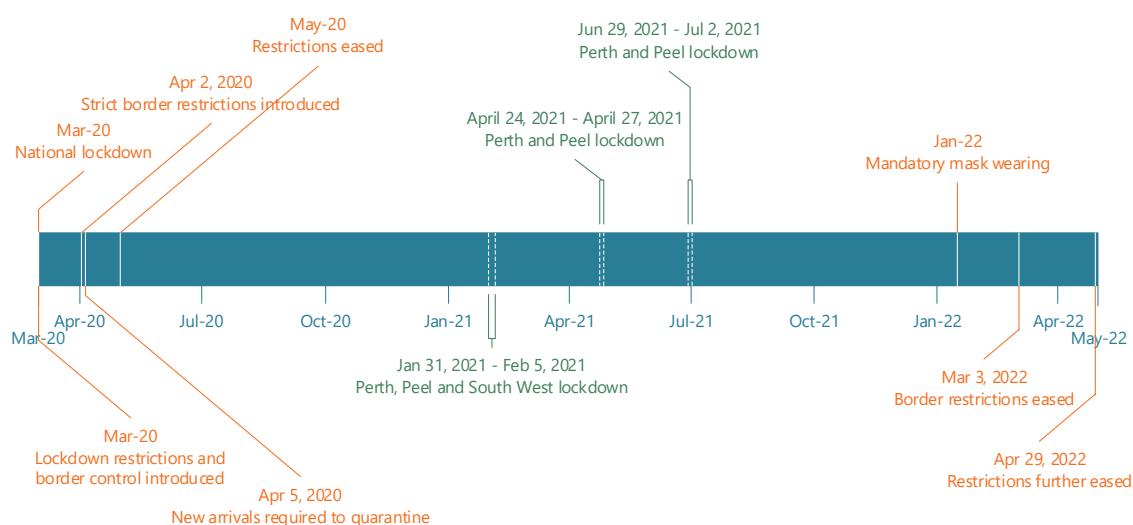


- 23 March 2020 – some businesses were closed.
- 3 April 2020 – stay-at-home rules were introduced; non-Queensland residents were prevented from entering the state (APH 2021).
- 26 April 2020 – restrictions were eased (APH 2021).
- 8 to 11 January 2021 – a lockdown was introduced in Greater Brisbane (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).

Western Australia

Figure COVID.5: 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 a number of facilities were closed (WA Gov 2020a).
- 2 April 2020 – strict border restrictions in regional areas of WA including 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, 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).

Data downloads:

PDF: Mental Health Impact of COVID-19 (XXXKB)

This section of Mental Health Services in Australia (MHSA) will be updated quarterly during the pandemic and was last updated in August 2022. It presents information reported via the mental health COVID-19 dashboards and focuses on activity during the 4-week period from 4 April 2022 to 1 May 2022. Unless otherwise noted:

- 'The same period 1 year ago' refers to the period 5 April 2021 to 2 May 2021.
- 'The same period 2 years ago' refers to the period 6 April 2020 to 3 May 2020.
- 'The same period 3 years ago' refers to the period 8 April 2019 to 5 May 2019.

Mental Health Service Activity in Australia

Medicare-subsidised mental health-specific services

Figure COVID.6.1: Number of MBS mental health services, by week of processing, 7 January 2019 – 1 May 2022

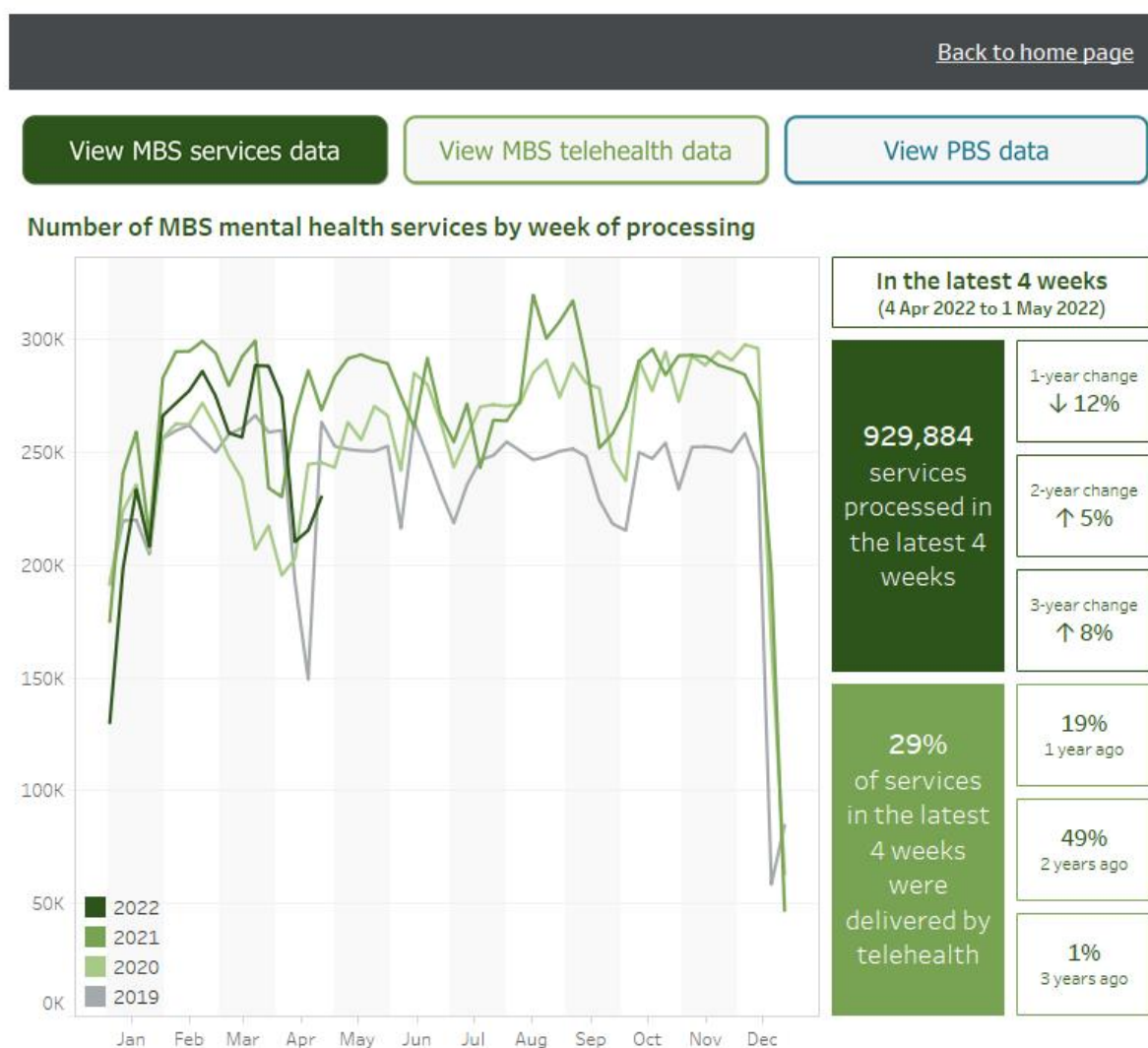


Figure COVID.6.1: Number of MBS mental health services, by week of processing, 7 January 2019 – 1 May 2022

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

Notes:

Figure COVID.6.1:

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.6.2: Per cent of MBS mental health services delivered by telehealth, by week of processing, 6 January 2020 – 1 May 2022

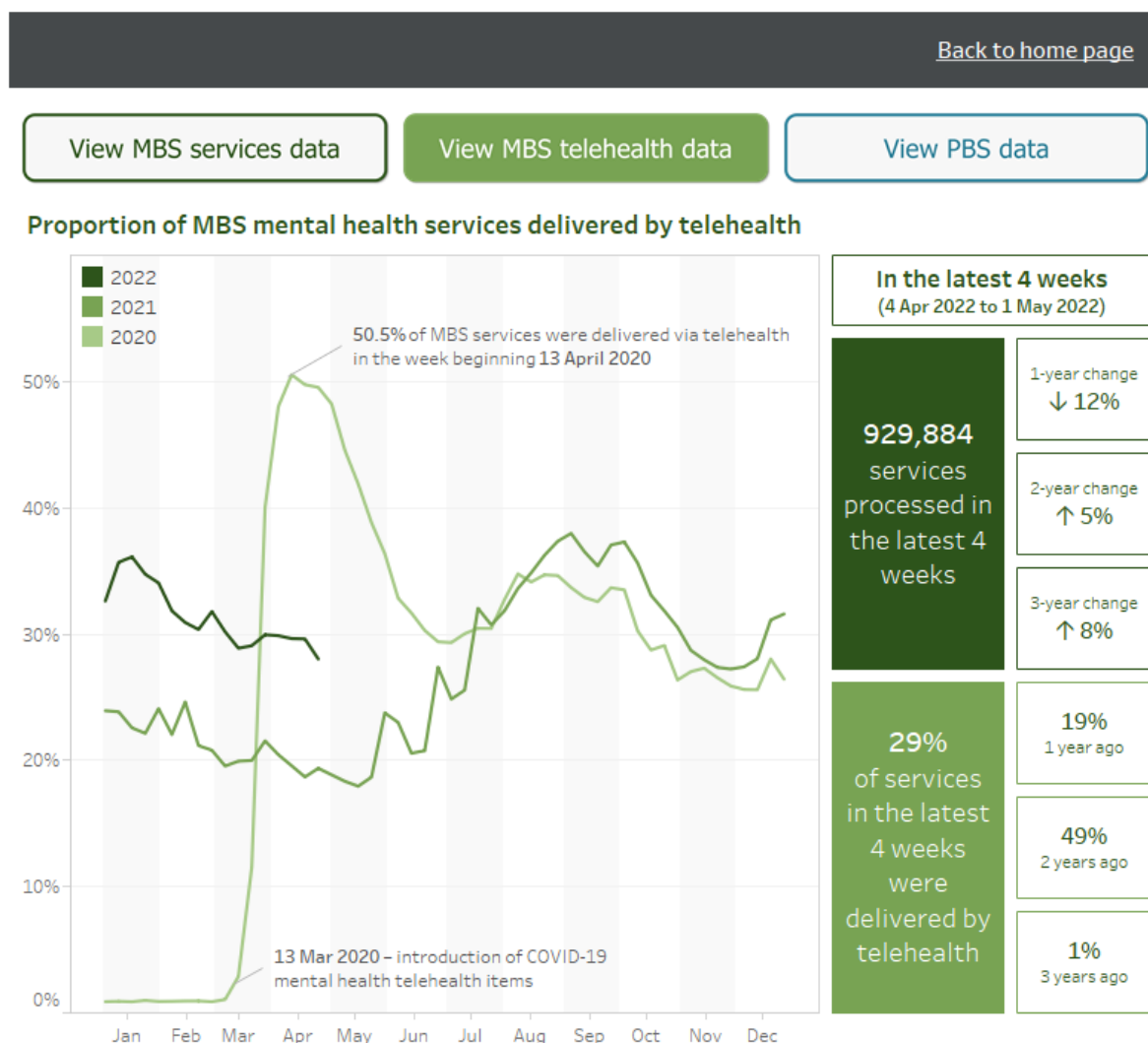


Figure COVID.6.2: Proportion (per cent) of MBS mental health services delivered by telehealth, by week of processing, 2020 – 2022
<http://www.aihw.gov.au/mhsa>

Notes:

Figure COVID.6.2:

1. Data points represent week commencing date.

Source: Medicare Benefits Schedule data.

Between 16 March 2020 and 1 May 2022:

- Over 29.0 million MBS-subsidised mental health-related services were processed nationally (and \$3.3 billion in benefits were paid).

- MBS-subsidised mental health-related service provision experienced a weekly maximum of just under 320,000 in the week beginning 16 August 2021.
- 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 8.6 million (29.5 %) of these services were delivered via telehealth (either telephone or videoconference) with \$1.0 billion in benefits paid for telehealth services.
- COVID-19 telehealth mental health items were 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 50.5%.
- Since the first peak, the proportion of telehealth services has fluctuated in a band between 18.0% (week beginning 17 May 2021) and 38.0% (week beginning 6 September 2021).

In the four weeks between 4 April 2022 and 1 May 2022:

- Around 930,000 services were processed. This was:
 - 11.5% lower than the same period in 2021
 - 4.7% higher than the same period in 2020
 - 7.5% higher than the same period in 2019.
- 29.3% of services were delivered via telehealth. This compares with:
 - 19.5% delivered via telehealth during the same period in 2021
 - 49.5% delivered via telehealth during the same period in 2020
 - 0.8% delivered via telehealth during the same period in 2019.

Additional MBS services

During the pandemic, the Australian Government introduced a wide range of additional services to the Medicare Benefits Schedule (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 MHSa.

Pharmaceutical Benefits Scheme (PBS) mental health-related prescriptions

Figure COVID.6.3: Number of PBS mental health-related prescriptions dispensed, by week, 7 January 2019 – 20 March 2022

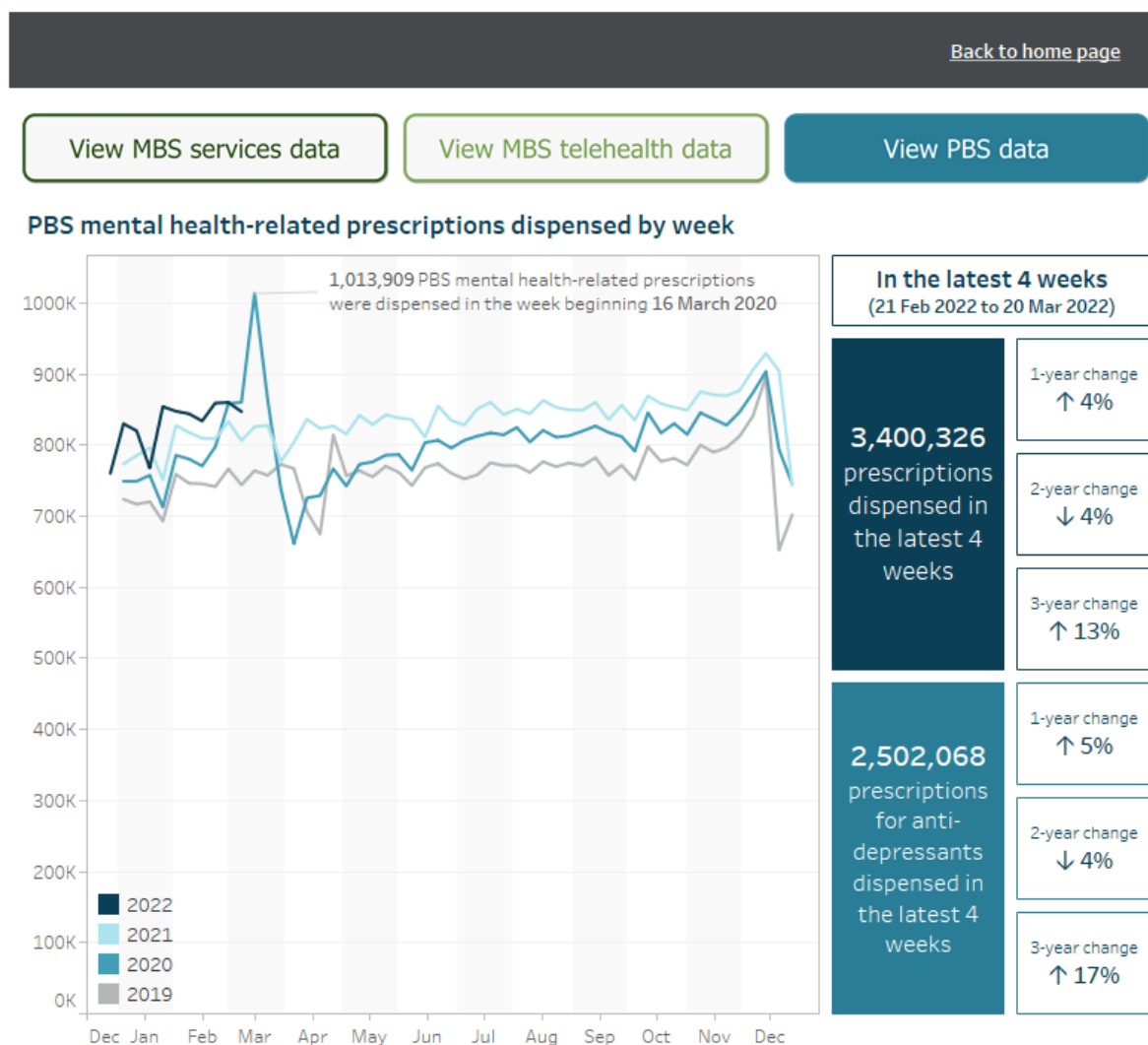


Figure COVID.6.3: Number of PBS mental health-related prescriptions dispensed, by week, 7 January 2019 – 20 March 2022

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

Notes:

Figure COVID.6.3:

- 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 sourced from Services Australia.

Between 16 March 2020 and 20 March 2022:

- 86.6 million PBS mental health-related prescriptions were dispensed nationally.
- 63.4 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 2022). This represented an 18.6% increase in the number of mental health-related prescriptions dispensed in the four weeks to 29 March 2020 compared to 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 21 February 2022 and 20 March 2022:

- Over 3.4 million PBS mental health-related prescriptions were dispensed nationally. This was:
 - 3.8% higher than the same period in 2021
 - 3.7% lower than the same period in 2020
 - 12.7% higher than the same period in 2019.
- PBS data reported in monthly dashboards lag other sources by six weeks to reduce the effect of administrative arrangements including late claims, updates to claims and cancellations.

PBS Continue Dispensing arrangement

In March 2020, responding first to the bushfire crisis and then the pandemic, 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. These changes have 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).

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).

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

Figure COVID.7.1: National use of crisis and support organisations, Lifeline contacts, by week, 7 January 2019 – 1 May 2022

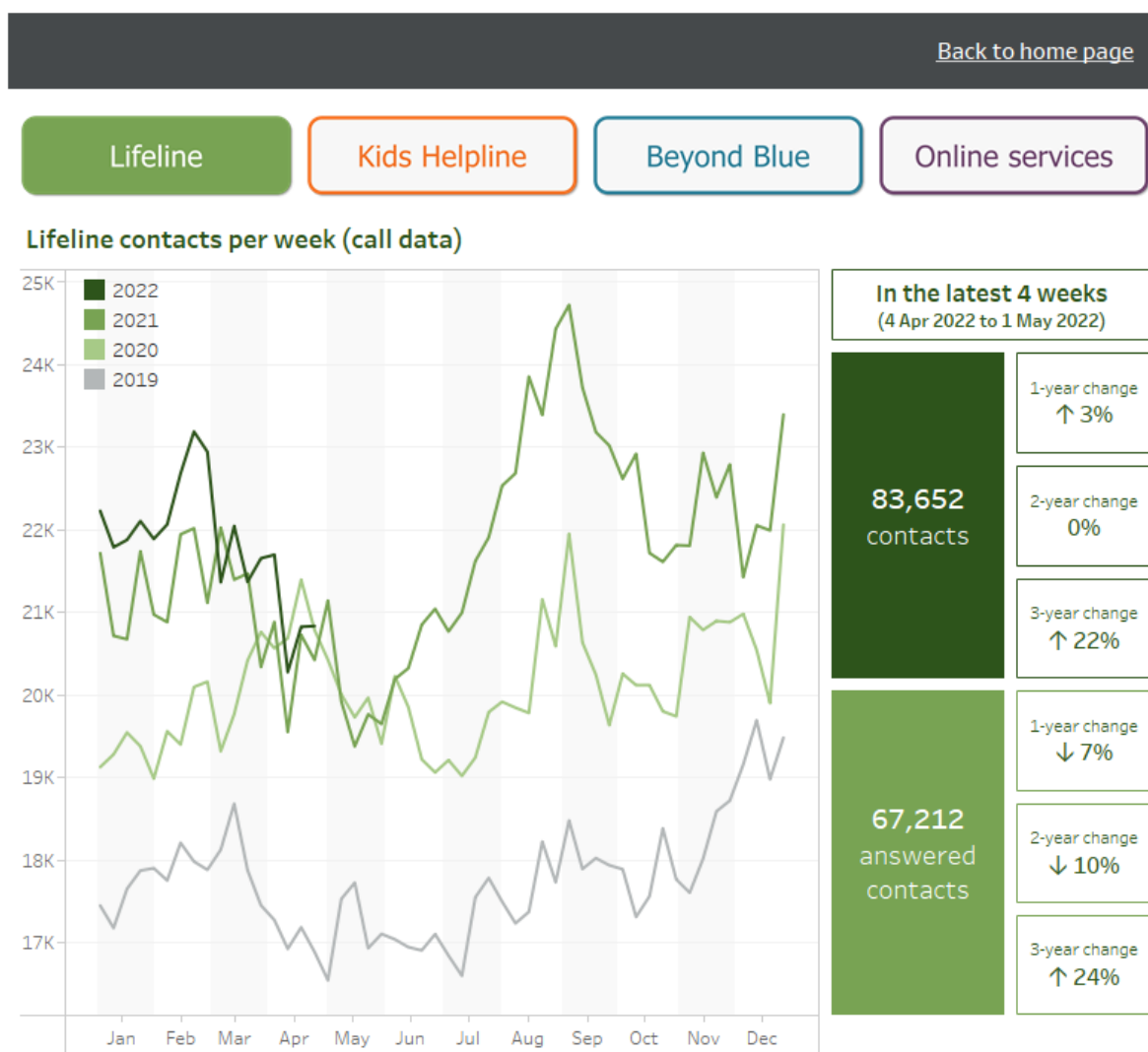


Figure COVID.7.1: Lifeline contacts (calls), by week, 7 January 2019 – 1 May 2022

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

Notes:

Figure COVID.7.1:

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

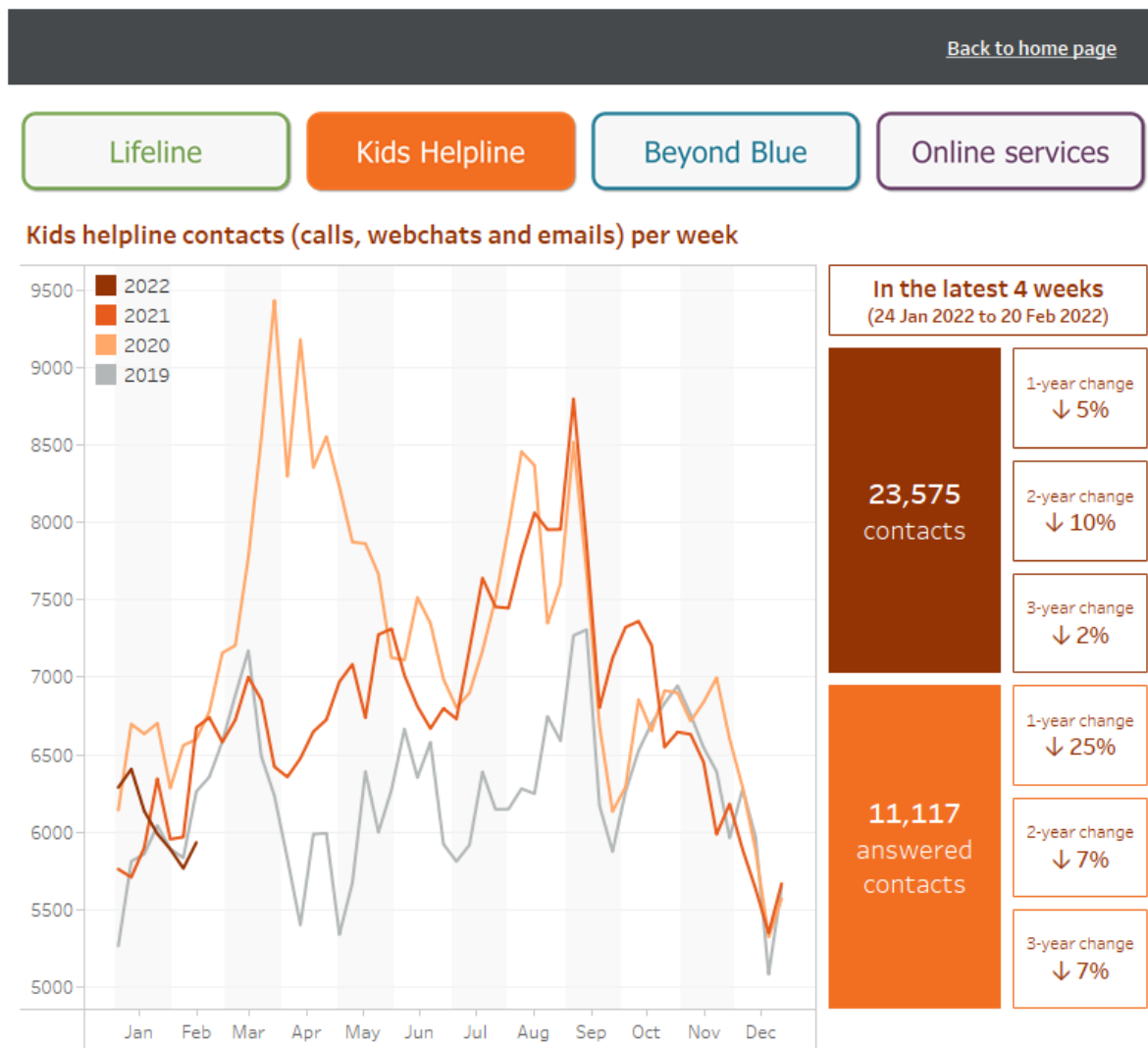


Figure COVID.7.2: Kids Helpline contacts (calls, webchats and emails), by week, 7 January 2019 – 20 February 2022

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

Notes:

Figure COVID.7.2:

- 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.7.3: National use of crisis and support organisations, Beyond Blue contacts, by week, 7 January 2019 – 1 May 2022

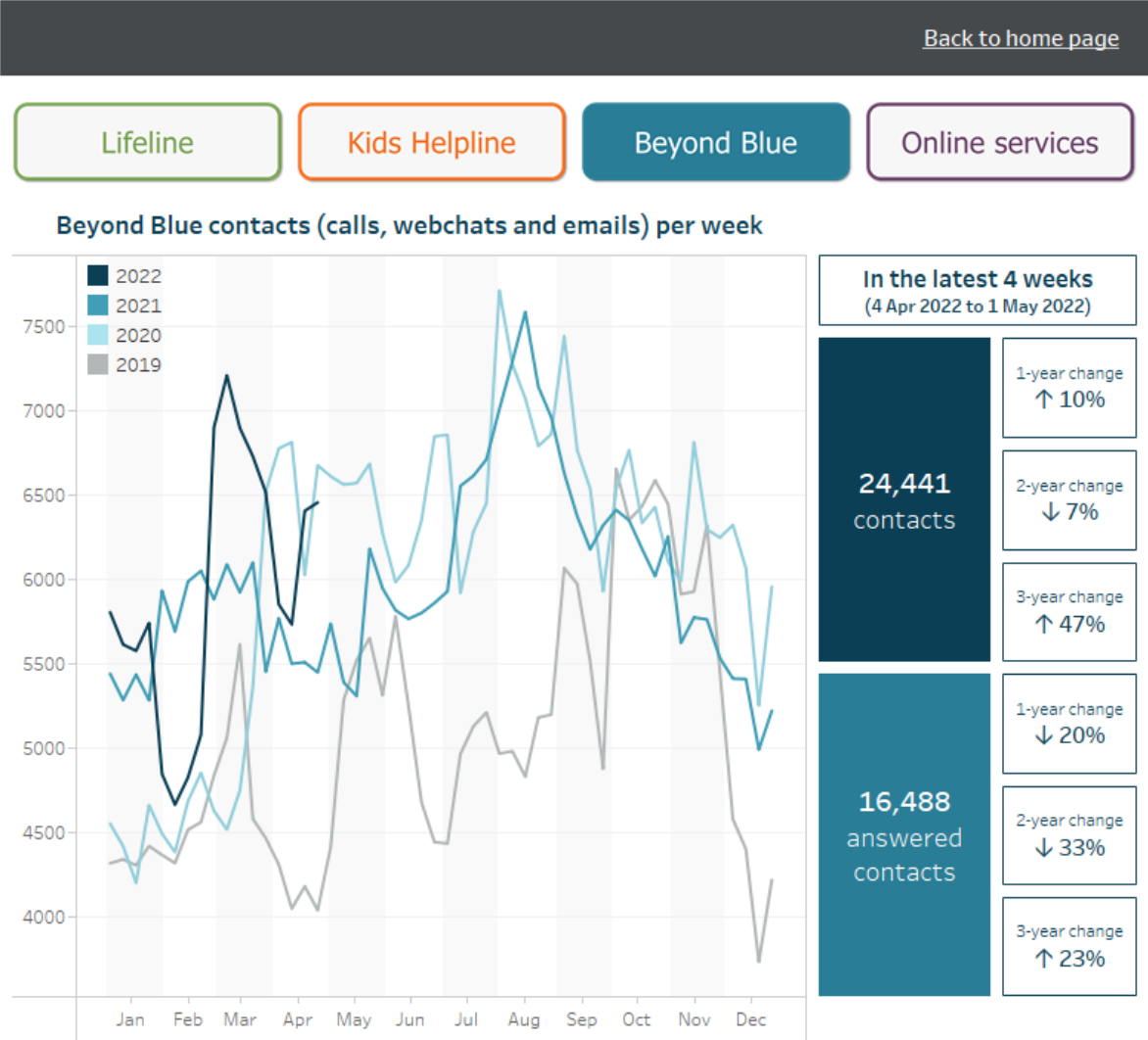


Figure COVID.7.3: Beyond Blue contacts (calls, webchats and emails), by week, 7 January 2019 – 1 May 2022 <http://www.aihw.gov.au/mhsa>

Notes:

Figure COVID.7.3:

- 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.7.4: Online Services average number of daily website users, by website, week, 7 January 2019 – 1 May 2022

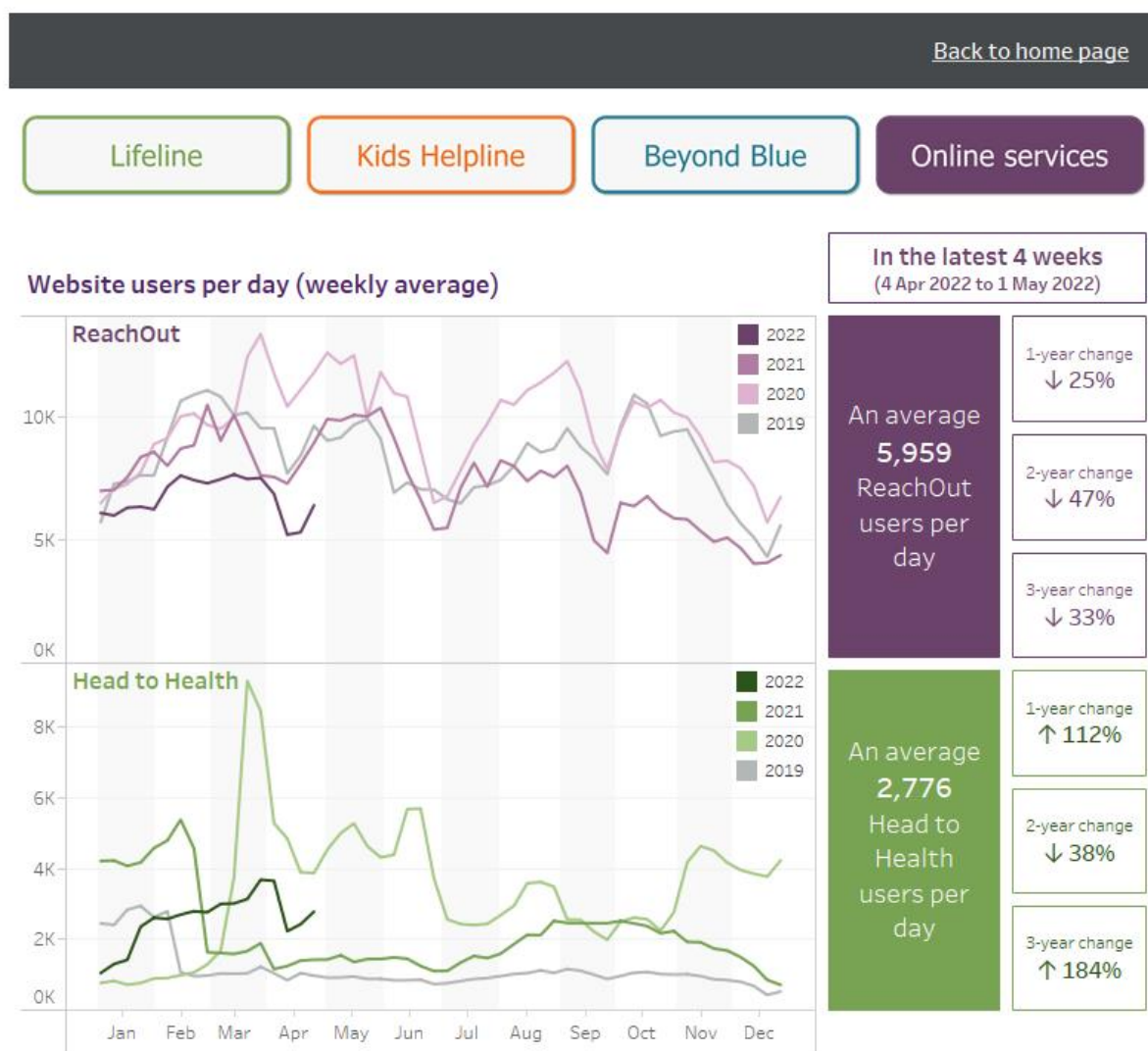


Figure COVID.7.4: Average number of daily website users, by website, week, 7 January 2019 – 1 May 2022

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

Notes:

Figure COVID.7.4:

- 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.

Recent activity

The crisis organisation activity varied, with different overall trends in demand by organisation in comparison to previous years. It should be noted that Kids Helpline data is reported to 20 February 2022 due to their main call centre being impacted by flooding in late February 2022 resulting in data issues. Kids Helpline is working to resolve these issues, and updated data will be included with the next quarterly release. 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.

- In the four weeks to 1 May 2022, Lifeline saw demand that exceeded the same period in 2021 and 2020.
- In the four weeks to 20 February 2022, Kids Helpline saw decreased demand from the same period in 2021 and 2020.
- In the four weeks to 1 May 2022, Beyond Blue saw demand that exceeded the same period in 2021, but demand decreased from the same period in 2020.

There are a range of crisis, support, and information services available to support Australians experiencing mental health issues, such as Lifeline, Kids Helpline, Beyond Blue, and ReachOut. The Head to Health website created by the Australian Government 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. The Australian Government also 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 pandemic support into their day-to-day services.

These crisis and support services reported increased demand for their services in March 2020 and have since reported fluctuations in activity during the pandemic. Total demand for crisis and support organisations trended upward from June 2021 to early September 2021, with Lifeline reaching record call demand in September 2021 (Figure COVID.7.1). Direct comparisons between organisations are not meaningful due to differences in populations being serviced, service models, funding envelopes, workforce availability and information systems.

Lifeline

In the four weeks to 1 May 2022:

- Lifeline saw demand that exceeded the same period in 2021 and 2020.
- Around 84,000 calls were offered to Lifeline, which is a 2.5% and 0.2% increase from the same period in 2021 and 2020, respectively (Figure COVID.7.1). Note that calls offered represent the number of callers who stayed on the line after listening to the announcements in the online menu.
- Around 67,000 calls were answered by Lifeline, which is a 6.5% and 10.4% decrease from the same period in 2021 and 2020, respectively.

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 5.5% and 9.8% decrease from the same period in 2021 and 2020, respectively (Figure COVID.7.2).
- Around 11,000 contacts were answered by Kids Helpline. This is a 25.1% and 6.7% decrease from the same period in 2021 and 2020, respectively. Of note is that Kids Helpline have experienced remote working and workforce issues due to the lockdowns, resulting in decreased answered contacts compared to the same period in 2020. They have also noted increased vigilance and responses to duty of care-related contacts, which take longer to handle and can impact overall responses. It should be noted 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 in April 2020.
- 3.1% of Kids Helpline answered and outbound contacts were related to COVID-19, compared to the 15.0% peak in the four weeks to 19 September 2021.

Beyond Blue

- In the four weeks to 1 May 2022:
- Around 24,000 contacts were made to Beyond Blue (calls offered, webchats and email), which is a 10.0% increase and a 7.0% decrease from the same period in 2021 and 2020, respectively (Figure COVID.7.3).
- Around 16,000 contacts were answered by Beyond Blue which is a 20.4% and 33.0% decrease from the same period in 2021 and 2020, 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 1 May 2022:

- ReachOut reported an average of nearly 6,000 website users per day, a decrease of 25.3% and 47.2% compared to the same period in 2021 and 2020, respectively (Figure COVID.7.4).
- Head to Health received an average of nearly 3,000 users per day, an increase of 112.2% and a decrease of 38.0% compared to the same period in 2021 and 2020, respectively.

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

Figure COVID.8.1: MBS mental health services per 100,000 population, New South Wales, week of processing, 6 January 2020 – 1 May 2022

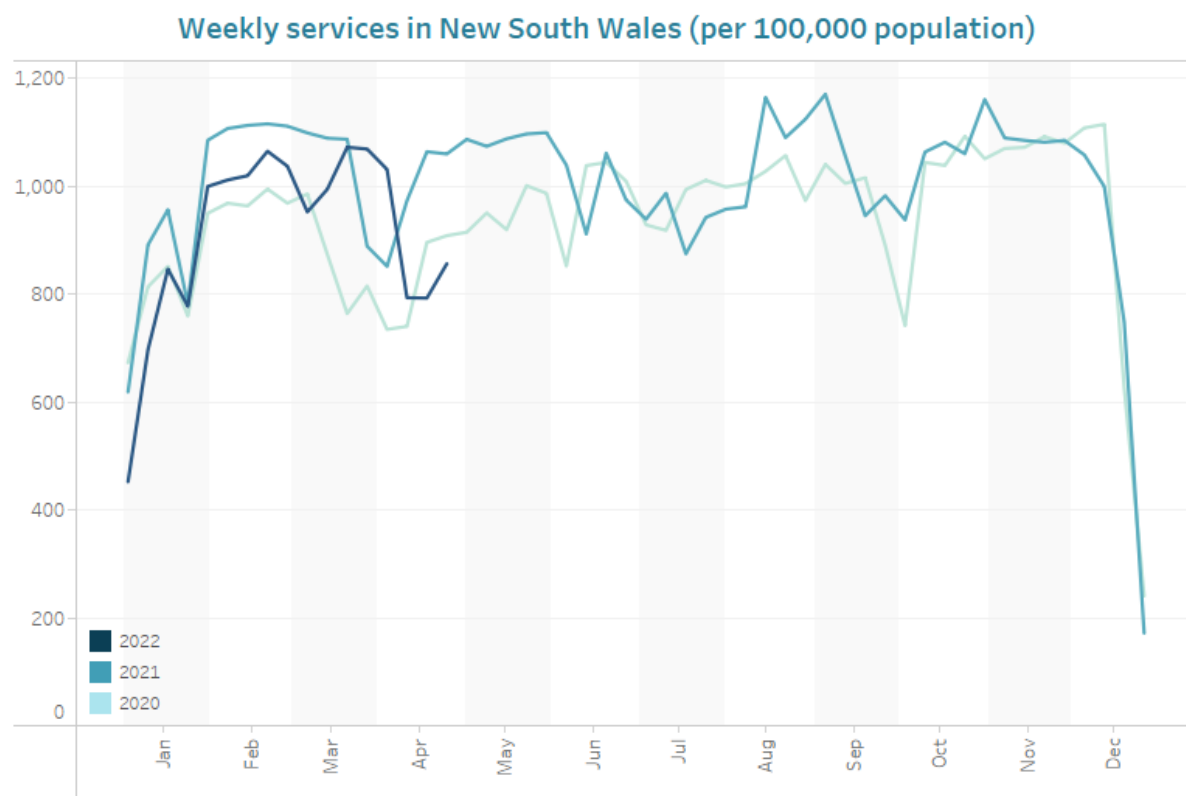


Figure COVID.8.1: MBS mental health services per 100,000 population, by jurisdiction, week of processing, 6 January 2020 – 1 May 2022

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

Notes:

1. Rates are based on estimated resident populations at 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, 6 January 2020 – 1 May 2022

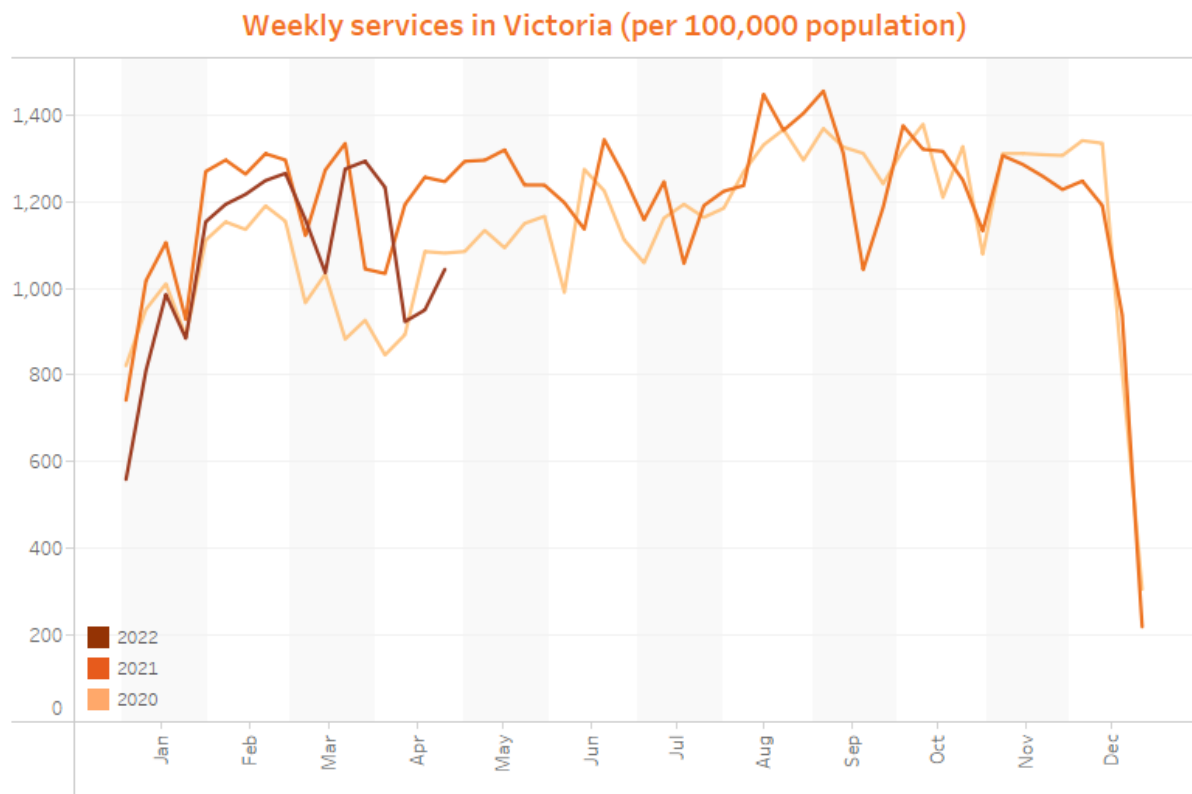


Figure COVID.8.2: MBS mental health services per 100,000 population, by jurisdiction, week of processing, 6 January 2020 – 1 May 2022

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

Notes:

1. Rates are based on estimated resident populations at 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, 6 January 2020 – 1 May 2022

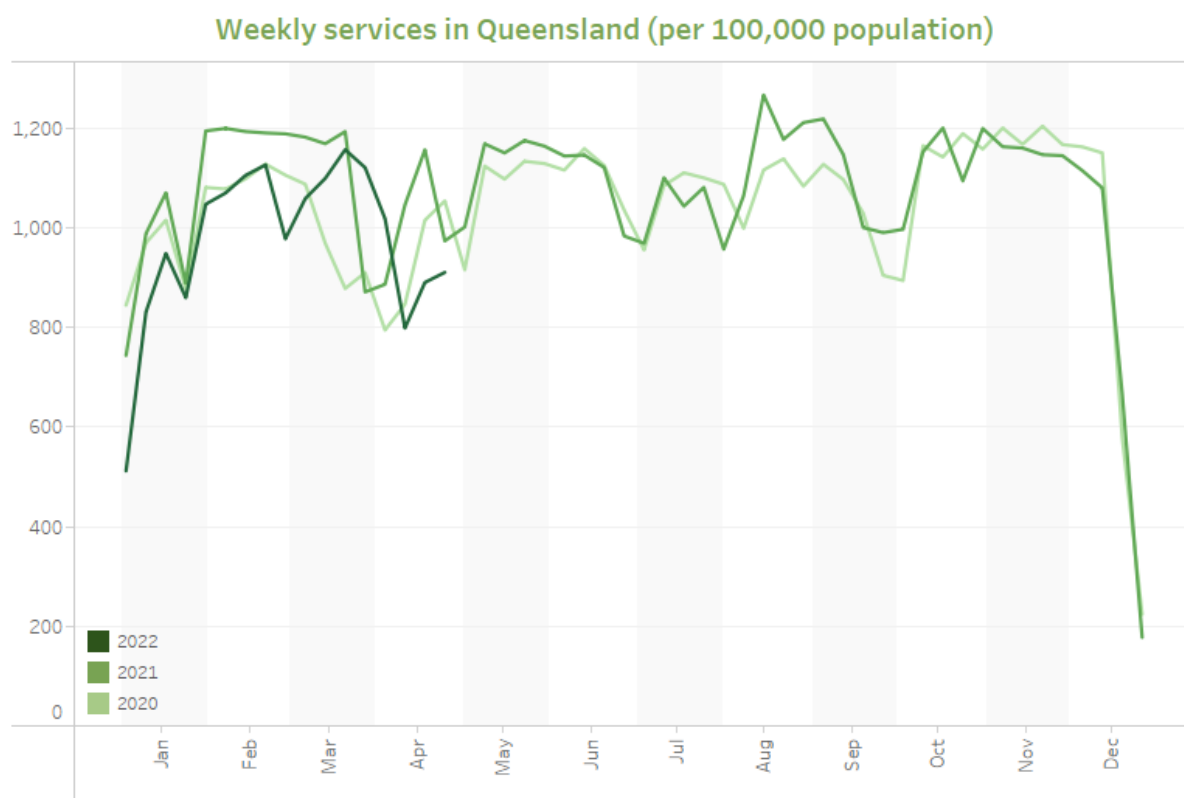


Figure COVID.8.3: MBS mental health services per 100,000 population, by jurisdiction, week of processing, 6 January 2020 – 1 May 2022

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

Notes:

1. Rates are based on estimated resident populations at 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, 6 January 2020 – 1 May 2022

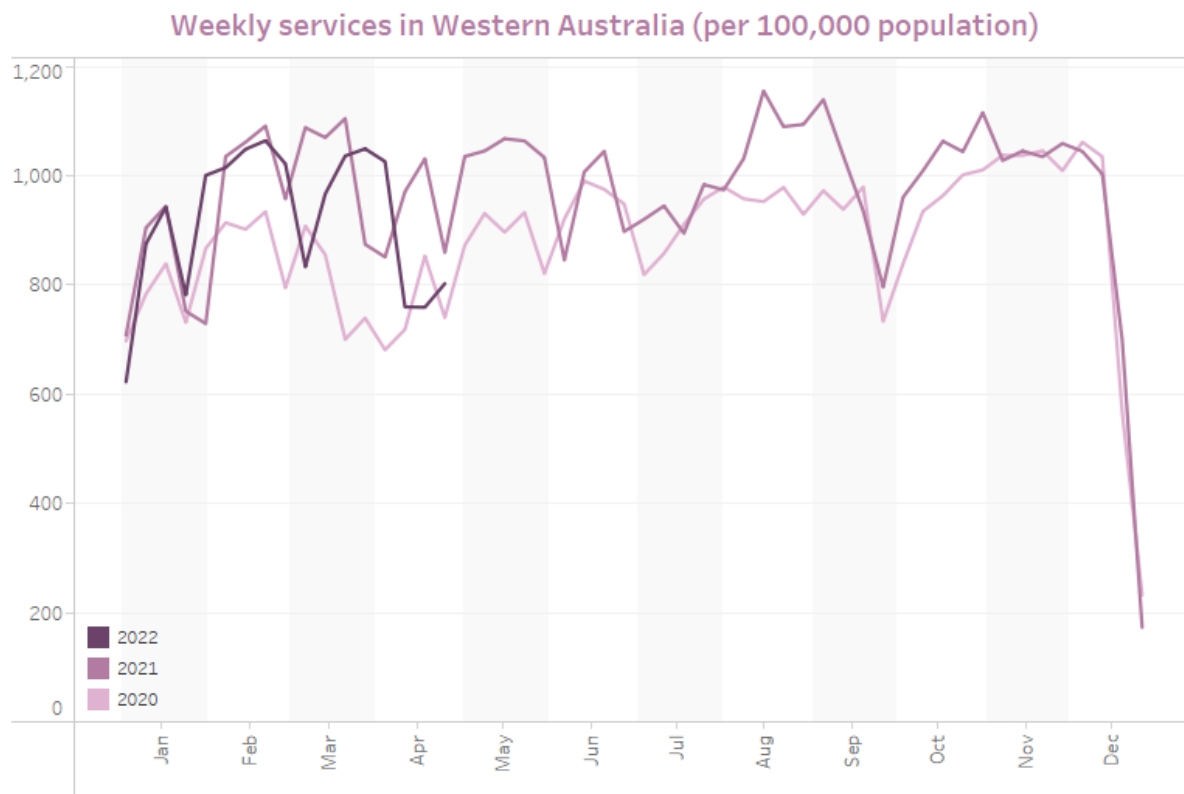


Figure COVID.8.4: MBS mental health services per 100,000 population, by jurisdiction, week of processing, 6 January 2020 – 1 May 2022

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

Notes:

1. Rates are based on estimated resident populations at 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, and Queensland

In the four weeks to 1 May 2022, mental health-related MBS service use decreased in New South Wales (12.0%), Victoria (12.3%), Queensland (11.0%), and Western Australia (9.8%) from the same time 1 year ago (Figure COVID.8). During this period, Victorians had the highest rate of MBS service use (4,150 services per 100,000 population), which has been consistent throughout the pandemic and with pre-pandemic service use trends. In the four weeks to 1 May 2022, the rate of services per 100,000 population was 3,472 in New South Wales, 3,617 in Queensland and 3,348 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 with 4,548 services per 100,000 population in New South

Wales, 5,671 in Victoria, 4,873 in Queensland and 4,479 in Western Australia.

COVID-19 telehealth mental health items were 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 50.5%.

In the four weeks to 1 May 2022, nearly one third (31.7%) of services in New South Wales were delivered via telehealth, compared to 36.2% in Victoria, 21.4% in Queensland, and 20.3% in Western Australia (Figure COVID.9).

Figure COVID.9: Proportion (per cent) of MBS mental health services delivered via telehealth, by jurisdiction, week of processing, 16 March 2020 – 1 May 2022

Proportion of MBS mental health services delivered via telehealth

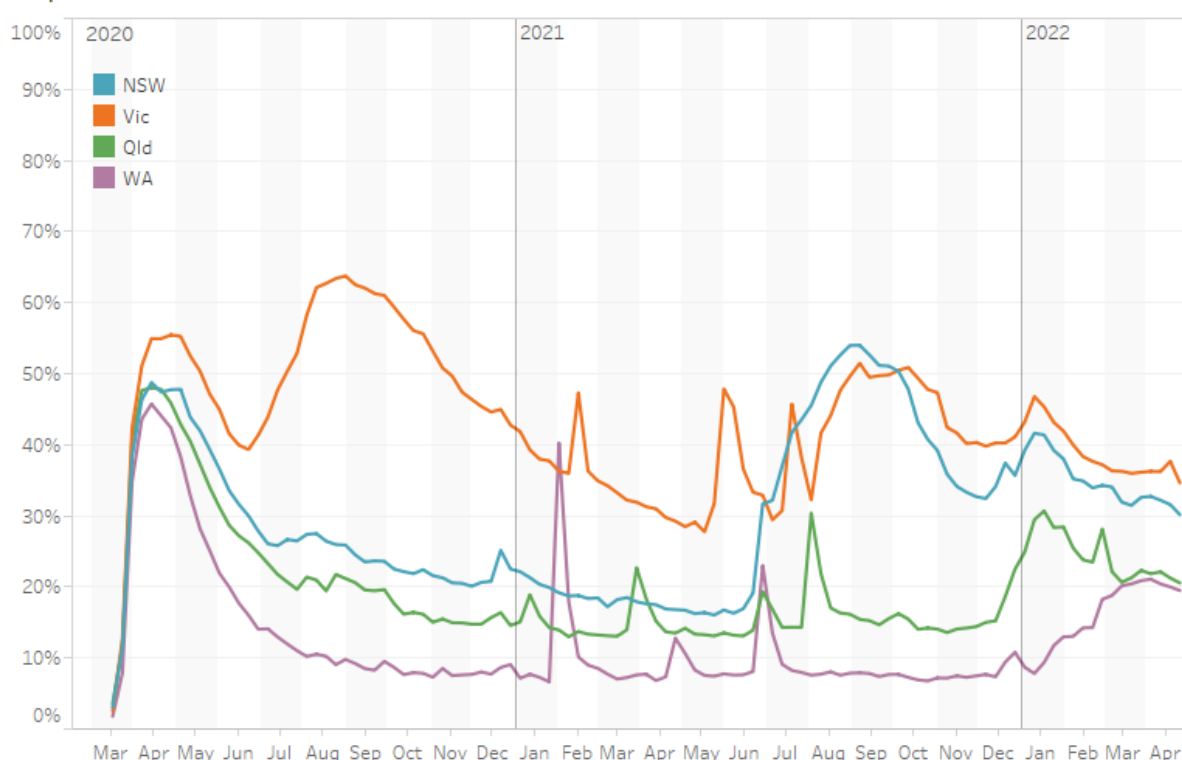


Figure COVID.9: Proportion (per cent) of MBS mental health services delivered via telehealth, by jurisdiction, week of processing, 16 March 2020 – 1 May 2022

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

Notes:

1) Data points represent week commencing date.

Source: Medicare Benefits Schedule data.

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 2020a).

- 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 2021i). Telehealth use in NSW peaked at 54.0% 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 case numbers during the same period, with 41.6% of MBS mental health-related services delivered via telehealth in the week commencing 10 January 2022.

Victoria

- Victoria experienced an increase in the proportion of mental health-related services delivered via telehealth in July and August 2020 when COVID-19 case numbers began to rise in the state. Reaching a maximum of 63.8% in the week beginning 31 August 2020, the highest maximum of any state to date.
- The proportion of telehealth service use in Victoria declined but remained higher than New South Wales until mid-2021.
- Telehealth use spiked in February, May/June and July coinciding with brief restrictions.
- 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 (44.1% of MBS services were delivered via telehealth in the week beginning 16 August 2021 and 51.5% in the week beginning 6 September 2021).
- Victoria saw a decline through October 2021, stabilising at approximately 40 per cent 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 (46.8% of MBS mental health-related services delivered via telehealth in the week commencing 10 January 2022) (Vic DHHS 2021b, Vic DHHS 2021c).
- Following this, the proportion of services delivered via telehealth decreased to 34.6% in the week commencing 25 April 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 30.4% 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 30.7% in the week commencing 17 January 2022.
- Following this, the proportion of services delivered via telehealth decreased to 20.6% in the week commencing 25 April 2022.

Western Australia

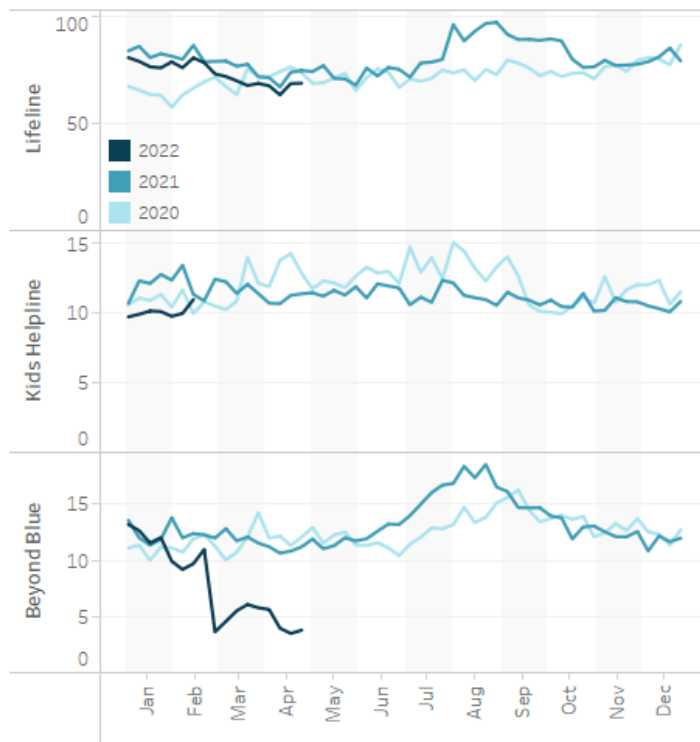
- The proportion of services delivered via telehealth in WA reached a peak of 45.7% in the week commencing 13 April 2020, which corresponds to the start of COVID-19.
- Service delivery decreased over the year and remained below 10% from late August 2020 to January 2021. Another weekly peak (40.3%) was observed in the beginning of February 2021.
- From mid-January 2022, the proportion of telehealth service use gradually increased and reached a high of 21.1% in the week commencing 4 April 2022.
- Following this, the proportion of services delivered via telehealth decreased to 19.5% in the week commencing 25 April 2022.

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

For NSW and Victoria, from the early stages of the pandemic in Australia to March 2021, contacts per 100,000 population answered by Lifeline, Kids Helpline and Beyond Blue tended to be higher than the same period one-year prior. After that, as the comparison periods also occurred during the pandemic, year-on-year comparisons tend to differ between jurisdictions and organisations, and over time (Figure COVID.10).

Figure COVID.10.1: Crisis and support organisation answered contacts, New South Wales, week, 2020 – 2022

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



In the latest 4 weeks of data for NSW

21,991
answered contacts
reported by Lifeline
in the latest 4 weeks
(4 Apr 2022 to 1 May 2022)

1-year change
↓ 7%

2-year change
↓ 9%

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%

1,381
answered contacts
reported by Beyond Blue
in the latest 4 weeks
(4 Apr 2022 to 1 May 2022)

n.p.*

n.p.*

Figure COVID.10.1: Crisis and support answered contacts per 100,000 population, by jurisdiction, week, 2020 – 2022

* Not published. Please refer to the notes below this chart for further information.

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

Notes:

Figure COVID.10.1:

- 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 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. Year-on-year comparison statistics for Beyond Blue are not reported in this figure.

Sources: Lifeline; Kids Helpline; Beyond Blue.

Figure COVID.10.2: Crisis and support organisation answered contacts, Victoria, week, 2020 – 2022

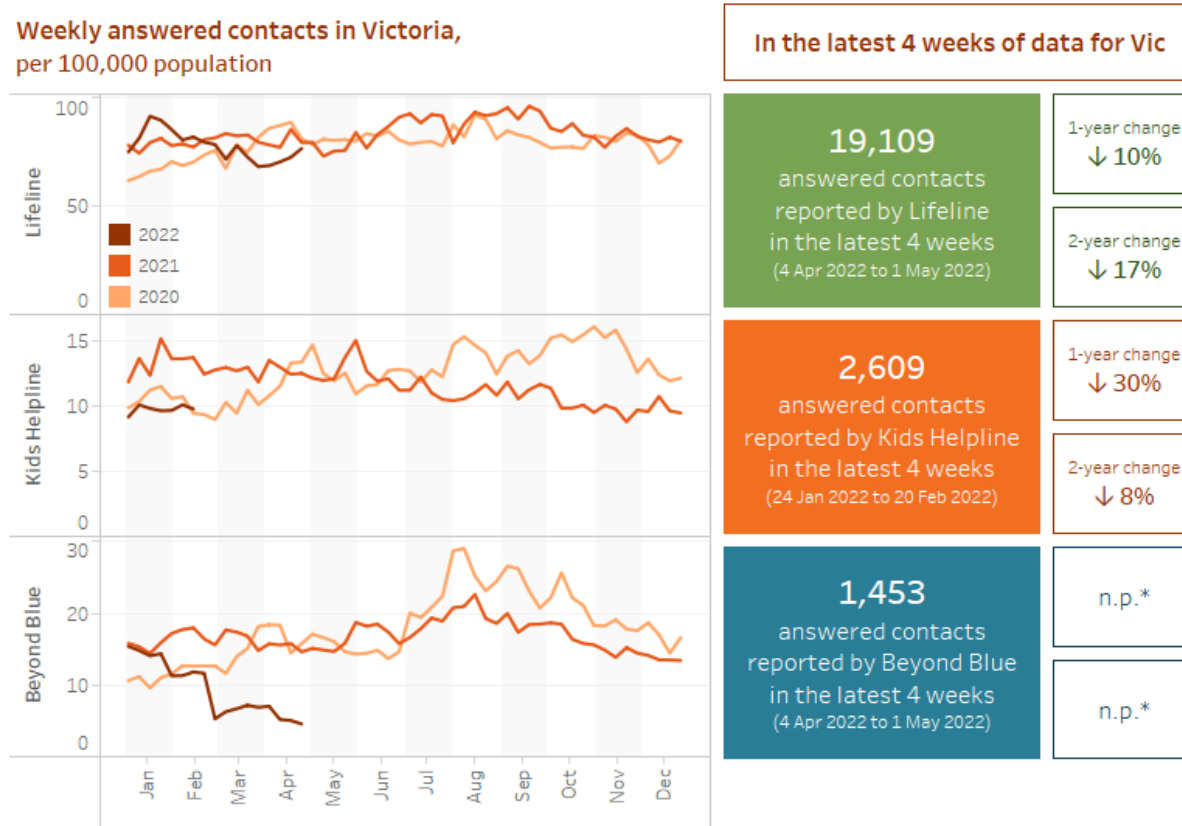


Figure COVID.10.2: Crisis and support answered contacts per 100,000 population, by jurisdiction, week, 2020 – 2022

* Not published. Please refer to the notes below this chart for further information.

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

Notes:

Figure COVID.10.2:

- 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 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. Year-on-year comparison statistics for Beyond Blue are not reported in this figure.

Sources: Lifeline; Kids Helpline; Beyond Blue.

Figure COVID.10.3: Crisis and support organisation answered contacts, Queensland, week, 2020 – 2022

Weekly answered contacts in Queensland,
per 100,000 population

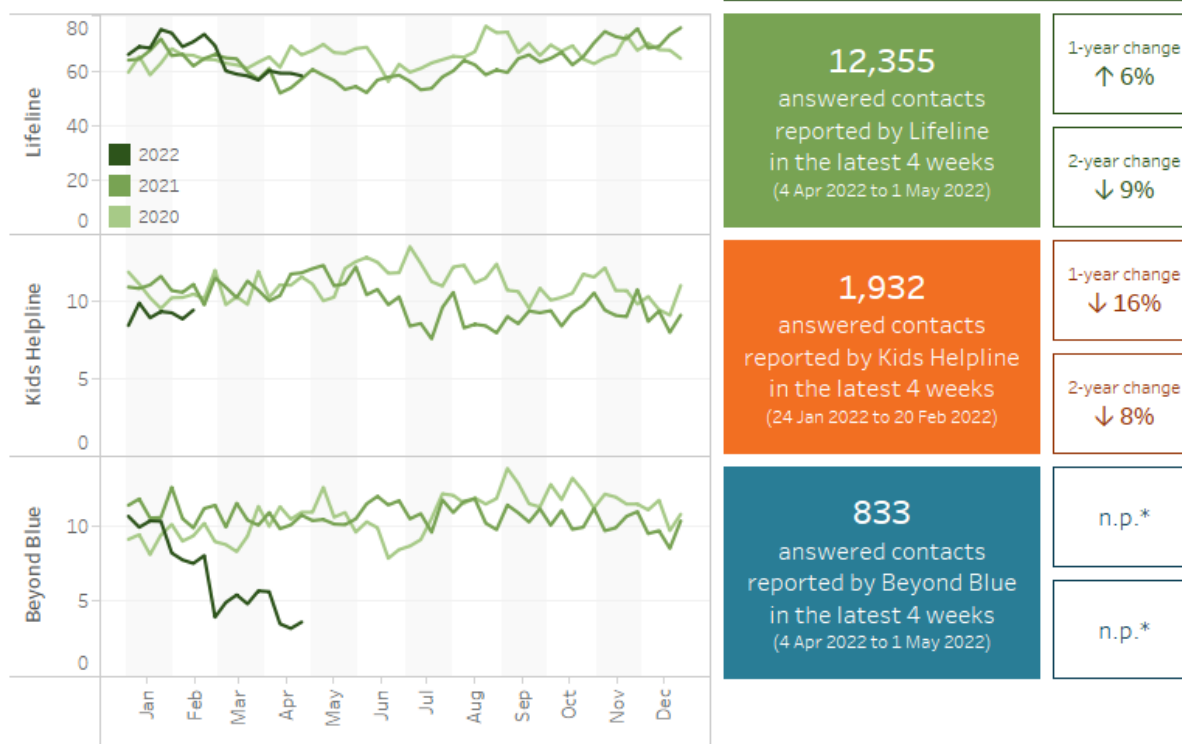


Figure COVID.10.3: Crisis and support answered contacts per 100,000 population, by jurisdiction, week, 2020 – 2022

* Not published. Please refer to the notes below this chart for further information.

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

Notes:

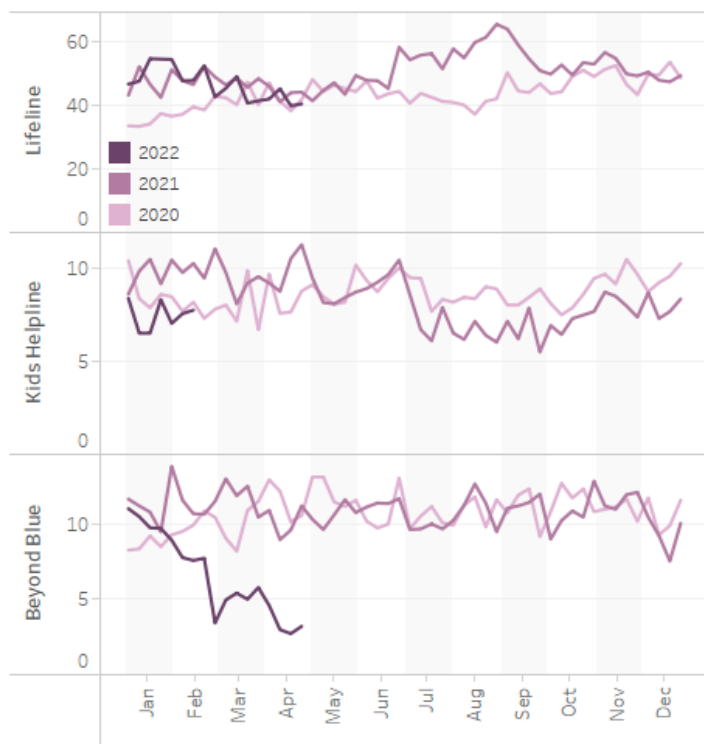
Figure COVID.10.3:

- 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 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. Year-on-year comparison statistics for Beyond Blue are not reported in this figure.

Sources: Lifeline; Kids Helpline; Beyond Blue.

Figure COVID.10.4: Crisis and support organisation answered contacts, Western Australia, week, 2020 – 2022

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



In the latest 4 weeks of data for WA

4,493

answered contacts reported by Lifeline in the latest 4 weeks (4 Apr 2022 to 1 May 2022)

1-year change
↓ 4%

2-year change
0%

819

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

1-year change
↓ 23%

2-year change
↓ 6%

362

answered contacts reported by Beyond Blue in the latest 4 weeks (4 Apr 2022 to 1 May 2022)

n.p.*

n.p.*

Figure COVID.10.4: Crisis and support answered contacts per 100,000 population, by jurisdiction, week, 2020 – 2022

* Not published. Please refer to the notes below this chart for further information.

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

Notes:

Figure 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 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. Year-on-year comparison statistics for Beyond Blue are not reported in this figure.

Sources: Lifeline; Kids Helpline; Beyond Blue.

Figure COVID.10.5: ReachOut weekly website visits per 100,000 population, by jurisdiction, week, 6 January 2020 – 1 May 2022

ReachOut weekly website visits per 100,000 population by jurisdiction
6 January 2020 to 1 May 2022

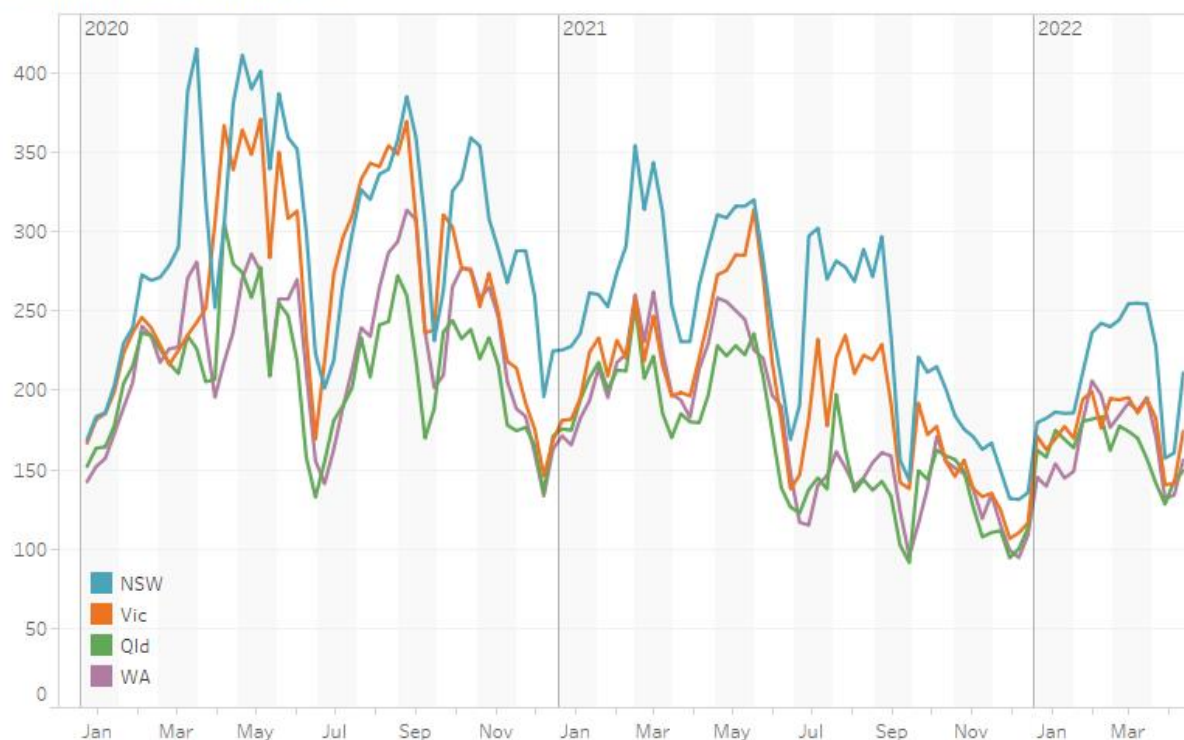


Figure COVID.10.5: ReachOut weekly website visits per 100,000 population, by jurisdiction, week, 6 January 2020 – 1 May 2022

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

Notes:

Figure COVID.10.5:

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

Source: ReachOut.

Lifeline

In the four weeks to 1 May 2022:

- Lifeline answered around 22,000 calls from NSW. This represented a decrease of 6.5% and 9.1% from the same periods 1 and 2 years ago, respectively.
- Victoria (with just over 19,000 answered calls) saw decreases of 9.9% and 16.5% from the same periods 1 and 2 years ago, respectively.
- Queensland (with just over 12,300 answered calls) saw an increase of 5.8% and a decrease of 8.7% from the same periods 1 and 2 years ago, respectively.

- WA (with around 4,500 answered calls) saw a decrease of 4.4% and an increase of 0.1% from the same periods 1 and 2 years ago, respectively.

Kids Helpline

In the four weeks to 20 February 2022:

- NSW accounted for just over 3,000 answered calls, webchats, emails, and outbound contacts with Kids Helpline, which represents decreases of 18.2% and 5.7% from the same periods 1 and 2 years ago, respectively.
- Victoria (with just over 2,500 answered and outbound contacts) saw decreases of 30.2% and 7.9% from the same periods 1 and 2 years ago, respectively.
- Queensland (with around 2,000 answered and outbound contacts) saw decreases of 16.1% and 8.0% from the same periods 1 and 2 years ago, respectively.
- WA (with around 800 answered and outbound contacts) saw decreases of 22.7% and 6.3% from the same periods 1 and 2 years ago, respectively.
- Of note is the fact that Kids Helpline have experienced remote working and workforce issues due to COVID-19, resulting in decreased answered contacts compared to the same period in 2021. Kids Helpline data is reported to 20 February 22 because of flooding impacts in late February.

Beyond Blue

In the four weeks to 1 May 2022:

- 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. Year-on-year comparisons have not been reported due to the transition to a new third-party service delivery provider.
- Beyond Blue answered nearly 1,400 calls, webchats, and emails from NSW (including the dedicated Beyond Blue COVID-19 Support Service).
- Around 1,450 contacts from Victoria were answered.
- More than 800 contacts from Queensland were answered.
- Around 360 contacts from Western Australia were answered.
- Approximately half (52.2%) of answered contacts reported in the four weeks to 1 May 2022 could not be allocated to a specific state or territory.

ReachOut

In the four weeks to 1 May 2022:

- Around 62,000 visits to the ReachOut website originated from NSW, a decrease of 25.6% from the same period 1 year ago.
- Around 42,500 visits originated from Victoria, a decrease of 25.8% from the same period 1 year ago.
- Under 29,500 visits originated from Queensland, a decrease of 24.2% from the same period 1 year ago.
- Around 16,000 visits originated from WA, a decrease of 27.7% from the same period 1 year ago. (Figure COVID.10.5).

Emerging research

Researchers and other organisations have studied the impacts of the 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 2022. The 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 particular 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

The 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 Delta outbreak of COVID-19 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-COVID-19 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 2 in 5) 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 3 in 5 pertaining to children aged 5–10, and about 7 in 10 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 7.7% 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 2022).

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 the 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).

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 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 2.6% 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.

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