



Ms Robyn Kruk AO, Professor Catherine Bennett, and Dr Angela Jackson
COVID-19 Response Inquiry Panel
Via: COVID-19Inquiry@pmc.gov.au

Input to Commonwealth Government COVID-19 Response Inquiry

Dear Ms Kruk, Professor Bennett and Dr Jackson,

Thank you for the opportunity to contribute to this significant inquiry into Australia's response to the COVID-19 pandemic, including how we might increase our preparedness to manage future pandemic events.

Mental Health Australia is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector and committed to achieving better mental health for all Australians. Mental Health Australia represents over 130 members across the full spectrum of mental health stakeholders and issues. Mental Health Australia also delivers the Embrace Multicultural Mental Health Project, which provides a national focus on mental health and suicide prevention for people from culturally and linguistically diverse (CALD) backgrounds; and auspices the National Mental Health Consumer and Carer Forum, which is the combined national voice for mental health consumers and carers.

Globally, the COVID-19 pandemic had a severe impact on peoples' mental health and wellbeing, as well as access to mental health supports.¹ **In Australia, the COVID-19 pandemic and lockdowns were associated with an overall increase in psychological distress amongst people in Australia in 2020 and 2021, and there was a substantial increase in use of mental health crisis and other support services.**² Initial research suggests young people, people with pre-existing mental health conditions, and people experiencing financial disadvantage experienced greater declines in mental health associated with the pandemic,³ along with there being particular mental health impacts for health care workers. Research is still exploring the ongoing mental health impacts of the pandemic, particularly relating to concerning increases in mental health issues amongst young people.⁴

Mental Health Australia is pleased to provide the following brief response to the COVID-19 Response Inquiry's terms of reference, and encourages the inquiry to engage further with the mental health sector during the targeted stakeholder engagement in early 2024.

¹ World Health Organisation, *Mental Health and COVID-19: Early evidence of the pandemic's impact: Scientific brief*, (March 2022), https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1

² Australian Institute of Health and Welfare, *Suicide & self-harm monitoring: COVID-19*, (2023) <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/covid-19>

³ Zhao, Y., Leach, L.S., Walsh, E. *et al.* COVID-19 and mental health in Australia – a scoping review. *BMC Public Health* 22, 1200 (2022). <https://doi.org/10.1186/s12889-022-13527-9>

⁴ See Australia's Mental Health Think Tank, *Building Mentally Healthy Futures: Australian Youth Recovery Plan*, (2022) https://mentalhealththinktank.org.au/wp-content/uploads/2022/07/Mental_Health_Recovery_Package_Australias-Mental-Health-Think-Tank.pdf



National governance mechanisms

The level of collaboration between the Australian, State and Territory Governments in response to the COVID-19 pandemic was welcome, and provides lessons for ongoing work across jurisdictions. The **joint approach of decision making, which enabled flexibility and continual adaptation** as further information was obtained, should be adopted in responding to ongoing national mental health challenges, as well as future pandemic events.

Mental health supports for people impacted by COVID-19 or lockdowns

The Australian Government is to be commended for its recognition and action to prevent mental health impacts of the COVID-19 pandemic and associated lockdowns, through targeted investment to bolster the capacity of existing services, as well as establishment of new supports. This included rapid establishment of online/telephone support through a Coronavirus Mental Wellbeing Support Service (CMWSS), establishment of 15 HeadtoHelp hubs in Victoria, access to telehealth for mental health supports, and doubling of the number of Medicare-subsidised therapy sessions through Better Access.

Overall, experiences with these programs indicates the **importance of collaboration across the sector and integration with existing mental health supports** for the effectiveness of additional mental health supports during a pandemic. Providers have noted the strength of collaboration in rapidly establishing and delivering the CMWSS and HeadtoHelp hubs. This level of cooperation relies on an existing foundation of strong collaboration across the sector. Providers also noted challenges delivering these additional services in the context of an already over-stretched and fragmented mental health system, and where additional supports were separate, rather than integrated, with existing services.

It is **imperative then that the Australian Government continue to address current gaps in mental health supports**, incentivise collaboration across the mental health sector, and consider integration with existing services for any additional supports in response to future pandemics.

Evaluation of the HeadtoHelp initiative in Victoria suggested that overall the hubs were appropriately designed and implemented, reasonably efficient, and supported a statistically significant reduction in psychological distress for participants.⁵ However there were also challenges in delivering these services, with providers facing extreme difficulties to recruit and retain staff, with strong workforce competition and short-term contracts with prolonged uncertainty. **Ongoing work is needed to bolster the mental health workforce**,⁶ together with clear funding arrangements for any 'pop-up' or additional services, to ensure that staff can be retained. The evaluation also highlighted the importance of greater integration between HeadtoHelp and other services to improve participant outcomes.

⁵ Nous Group for the Australian Department of Health, *Independent Evaluation of Head to Help and AMHCs: Final Evaluation Report* (2022) <https://www.health.gov.au/sites/default/files/documents/2022/10/independent-evaluation-of-headtohelp-and-amhcs-final-evaluation-report.pdf>

⁶ See *the National Mental Health Workforce Strategy 2022-2032*, <https://www.health.gov.au/resources/collections/national-mental-health-workforce-strategy-2022-2032>



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The Australian Government is currently working with State and Territory Governments to establish Adult Mental Health Centres in every jurisdiction ('Head to Health' hubs). These centres have a similar model to HeadtoHelp, and the role of this new network should be considered as part of a mental health response to future pandemics.

Pandemic-related mental health measures also included a time-limited measure to allow people an additional 10 Medicare-subsidised therapy sessions through the Better Access initiative (beyond the standard 10 sessions in a calendar year). While highly valued by people who were able to access this additional support, the measure did not appear to address existing inequities in access to mental health support. Evaluation of the Better Access initiative found that **Better Access “serves some groups better than others, and these gaps are widening”**, with greater uptake overtime amongst people in urban areas and with higher incomes.⁷

More broadly, there are **positive legacies of response to the COVID-19 pandemic in our mental health system**. The appointment of a Deputy Chief Medical Officer for Mental Health in May 2020 was a welcome recognition of the importance and interconnectedness of mental health within the broader health system. The permanent establishment of telehealth items introduced temporarily in March 2020 – including for psychological support – is extremely welcome. Telehealth services are now a critical and much more common component of mental health care delivery. Further, quarterly public data reporting on national use of mental health services through the Australian Institute of Health and Welfare throughout the pandemic vastly improved transparency and timely access to mental health related data, to support decision making.⁸

Financial support

Modelling from the Brain and Mind Centre suggests that income support/employment maintenance initiatives implemented by the Australian Government “are the single most effective strategy for mitigating the adverse mental health impacts of the COVID-19 crisis.”⁹ This is in keeping with previous research regarding the relationship between welfare spending and suicide rates in countries during economic downturns such as the GFC.¹⁰

These findings point to the **importance of government measures to support individual and family financial security in preventing negative mental health impacts** of future pandemics.

⁷ Jane Pirkis, Dianne Currier, Meredith Harris, Cathy Mihalopoulos and colleagues, University of Melbourne, *Evaluation of Better Access* (2022) <https://www.health.gov.au/resources/publications/main-report-evaluation-of-the-better-access-initiative?language=en>

⁸ AIHW, *Mental health services activity monitoring quarterly data*, <https://www.aihw.gov.au/mental-health/monitoring/mental-health-services-activity-monitoring>

⁹ Atkinson JA, Skinner A, Lawson K, Song Y, Hickie I. Brain and Mind Centre *Road to Recovery: Restoring Australia's Mental Wealth*. (2020) https://www.sydney.edu.au/content/dam/corporate/documents/brain-and-mind-centre/road-to-recovery_brain-and-mind-centre.pdf

¹⁰ Haw C, Hawton K, Gunnell D, Platt S. Economic recession and suicidal behaviour: Possible mechanisms and ameliorating factors. *International Journal of Social Psychiatry*. 2015;61(1):73-81



Mechanisms to better target future responses to the needs of particular populations

Prioritisation of people with mental illness in vaccination programs

As part of the Equally Well Australia collective, Mental Health Australia urges the Australian Government to **ensure that future vaccination programmes against infectious diseases give appropriate priority and attention to people living with mental illness and substance use disorders.**¹¹ During the COVID-19 pandemic, it was found people living with mental illness and substance use disorders are twice as likely to be hospitalised, experience long-term effects, or die from COVID-19. Despite the overwhelming evidence of these increased risks, vaccination rates among people with mental illness and substance use disorders have lagged behind those of the general population.¹²

Supports for people from Culturally and Linguistically Diverse backgrounds

Through Mental Health Australia's work in delivering the Embrace Project, we identified several adverse impacts of the COVID-19 pandemic and government responses for CALD community members, including:

- poor communication and translation of public health messages to CALD communities,
- already underserved CALD communities experiencing further mental health pressures and unable to navigate support services
- mental health impacts of sudden lockdowns and policing of communities affected by trauma – especially refugee communities, and feeling that marginalised communities were being unfairly targeted (experiences of racism)
- concern for family overseas experiencing high COVID-19 infection rates, and not being able to travel to see family.

The Australian Government is to be commended for establishing a CALD Communities COVID-19 Health Advisory Group, in recognition of the unique challenges faced by culturally and linguistically diverse communities, and to enable coordinated communication messages to CALD communities.

There are **examples of best practice models throughout the COVID-19 pandemic to support CALD communities**, such as CALD community leaders channelling information and support directly to communities through cultural and language specific mechanisms, utilisation of bicultural community workers, and mobilisation of CALD community organisations.

In 2021, Mental Health Australia commissioned research funded by the National Mental Health Commission on the impact of COVID-19 on the mental health of Vietnamese, Turkish and Italian communities.¹³ **This research is enclosed as evidence in support of mechanisms to better target future response to the needs of CALD populations.**

¹¹ Equally Well Aus, NS and UK, *A Global Call to Action*, <https://www.equallywell.org.au/declaration/>

¹² See Call to Action references: <https://www.equallywell.org.au/declaration/>

¹³ See: *Mental Health during the COVID-19 Pandemic in Italian, Turkish and Vietnamese Communities Final Report* | Embrace Multicultural Mental Health (embracementalhealth.org.au)



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The research found mental health effects of the COVID-19 pandemic were magnified across these communities, due to increased levels of social and self-stigma and cultural norms that place a higher value on community support. Key barriers to effective support included a lack of understanding regarding how to reach people from CALD backgrounds.

The research recommended governments:

- work with communities to co-design response strategies
- develop stigma reduction activities to address specific cultural considerations
- strengthen, support and enhance the development of a trauma-informed multi-lingual workforce
- utilise culturally-specific communication channels (e.g., community radio)
- identify and promote a referral pathway for CALD people in Australia facing relationship tensions.

Mental Health Family Carer experiences of the COVID-19 pandemic

The National Mental Health Consumer and Carer Forum has produced co-designed research, funded by the National Mental Health Commission, looking at the effects of the COVID-19 pandemic on the experiences and wellbeing of caregivers supporting people with mental health challenges.¹⁴ **This research is enclosed for the inquiry's consideration.**

The research found mental health service closures, changes and restrictions resulted in feelings of abandonment, increased psychological distress, and growing need for support for mental health consumers. **Family carers provided more hours and more complex support during the pandemic**, many without the assistance of financial, practical or social resources. The additional stresses resulting from inadequate support during the pandemic resulted in family carers feeling isolated, overwhelmed, distressed, financially vulnerable, fearful - and in some cases, experiencing thoughts of suicide.

The research provides short and long-term recommendations for Australian Government action, including:

- creation of carer on-call roles to respond to crises experienced by families
- creation of local and regional mobile centres to help families during disasters
- establishment of domestic violence services to support carers and consumers
- establishment of suicide prevention services aimed at caregivers experiencing stress and distress.

Mental Health Australia would be pleased to provide further feedback to the inquiry, including through facilitating further consultation with our member organisations.

Yours sincerely,

Carolyn Nikoloski
CEO, Mental Health Australia

¹⁴ See <https://nmhccf.org.au/our-work/discussion-papers/report-mental-health-family-carer-experiences-of-covid-19-in-australia>.