Bringing NGOs together for a MH response to COVID

A virtual support network: 2020 style

Government of South Australia

SA Health

How best to support mental health in a pandemic?

SA Health

Virtual support network (VSN)…

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- Built on our understanding of disaster response (drought, bushfires, flood responses)
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- Carer organisations
- A CALD service
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What makes it work?

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- Focus on sharing information
- Partnerships between all members
- Problem solving
- Regular catch ups with individual organisations
- Linking the VSN members with other response components such as public MH sservices

What has our office done?

- Funding
- Regular individual catch ups
- Facilitate network meetings
- Connecting members and across health and government
- Listened and acted
  - Eg initiated using Red Cross for 4000+ people in home isolation during a cluster
- Advance planning for next 18 months

What have the NGOs told us?

∨ Our barometer of MH in SA

- Community fear of the virus, isolation, restrictions
- Responses to clusters, overseas information
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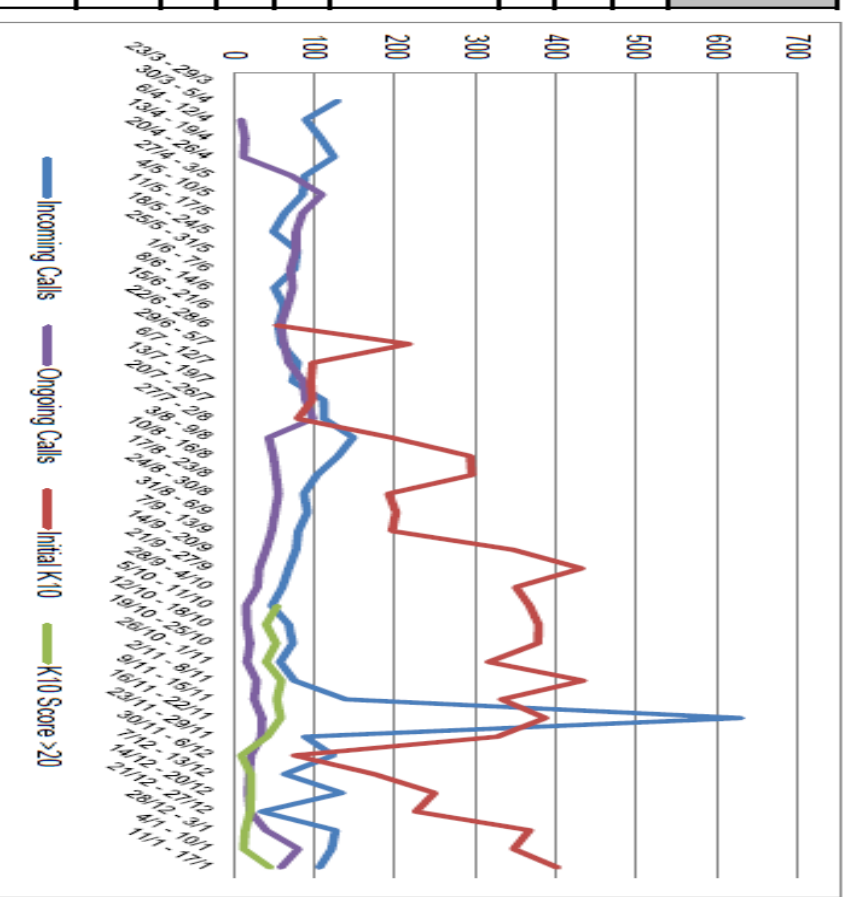- QR codes and masks – impact on anxiety and paranoia

What have we told the VSN members

- Information and opportunity to discuss
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- Child adolescent MH
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- Vaccine coordinator
  - How, possible issues, concerns

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Number (%) of MH COVID Support Line clients	Female	50%	55%	10%	37%	29%	-42.3%
	Male	35%	37%	7%	26%	25%	-28.1%
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Clients who received initial contact with service and completed a K10*	Total	264.1	210.2	-20%	348	403	52.6%
	K10 Score >20	36.9	N/A		13	46	24.5%

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Legend: Incoming Calls — Ongoing Calls — Initial K10 — K10 Score >20

Next steps

> Vaccine vaccine vaccine

> Planning for the next 18 months

> Strengthening links between public mental health services and the VSN

> Refining and adding to communications – social media, info sheets, screen savers, targeted videos

> Vulnerable groups
- Older people
- Children
- LGBTQI+
- Homeless

Government of South Australia

SA Health

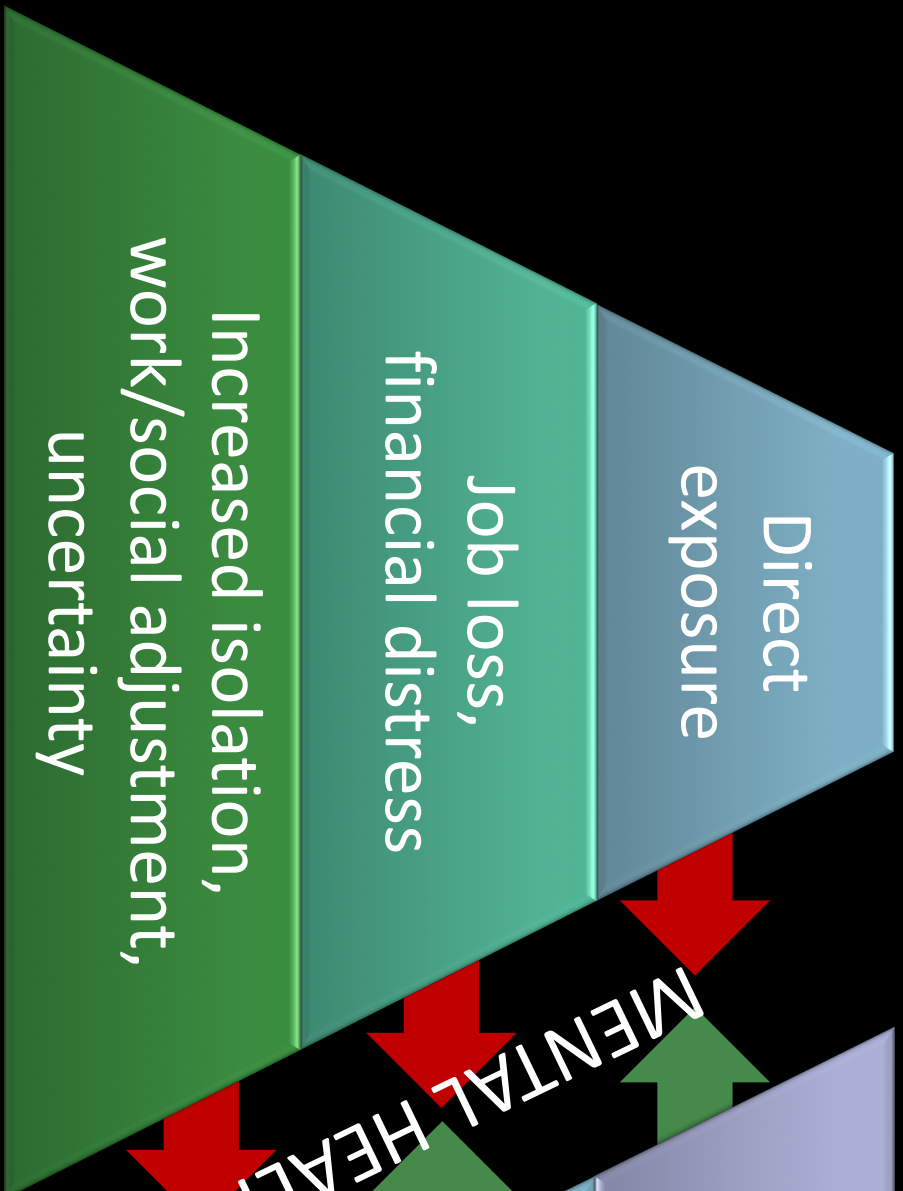# Social determinants of mental health during the COVID-19 pandemic

Prof Phil Batterham

Centre for Mental Health Research
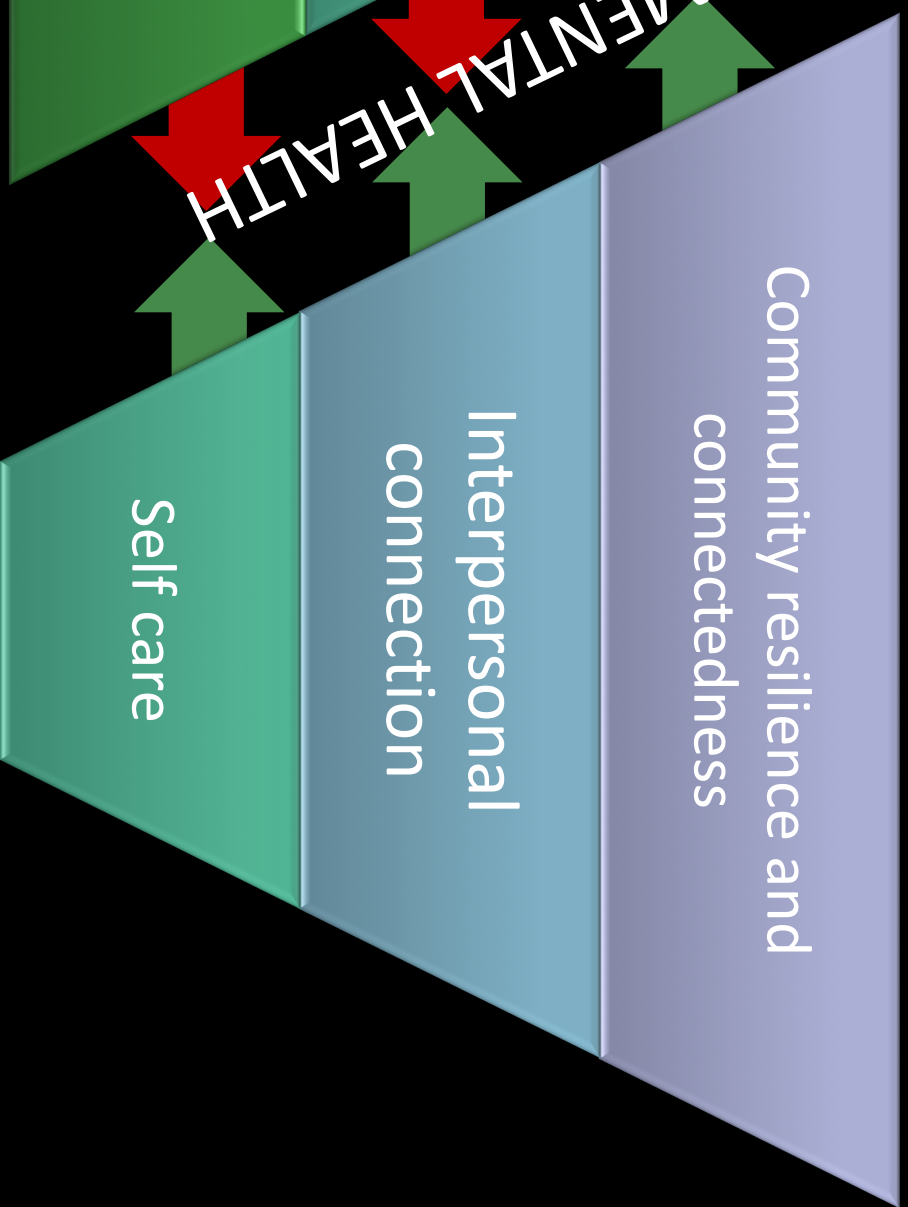
The Australian National University

Australian National University

MARCH 2020

SUN	MON	TUE	WED	THU	FRI	SAT
1	2 Uh oh……	3	4	5	6	7
8	9 This is not looking very good….	10	11	12	13	14
15	16 Umm… starting to freak out a little…	17	18	19	20	21
22	23 Here comes the lockdown…	24	25	26	27	28
29	30	31				

Australian National University

RISK DOMAINS

- Direct exposure
- Job loss, financial distress
- Increased isolation, work/social adjustment, uncertainty

MENTAL HEALTH

PROTECTIVE DOMAINS

- Community resilience and connectedness
- Interpersonal connection
- Self care

Australian National University

Market research
panels: 1296
Australian adults

Quota sampling:
representative by
age, gender, state

Week 0	Week 2	Week 4	Week 6	Week 8	Week 10	Week 12
27 March	11 April	24 April	8 May	22 May	5 June	19 June
1296	969	952	910	874	820	762

1
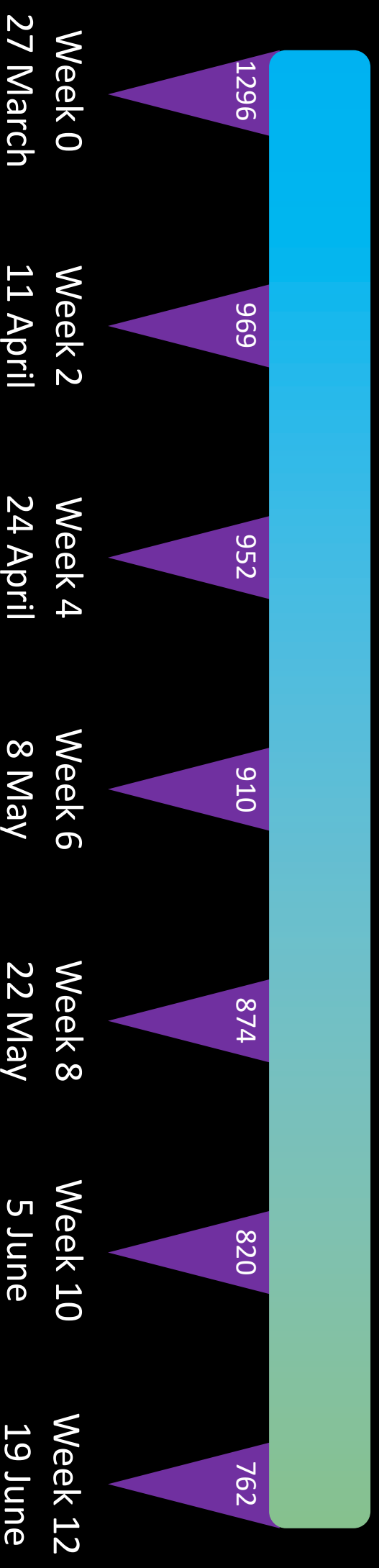
The effect of COVID-19 on mental health and wellbeing

2

in a representative sample of Australian adults

3 **Dr Amy Dawel*[1], Dr Yiyun Shou[1], Prof Michael Smithson[1], Prof Nicolas Cherbuin[2], Dr**

4 **Michelle Banfield[3], Assoc Prof Alison L. Calear[3], Dr Louise M. Farrer[3], Prof Darren Gray[5], Dr**

5 **Amelia Gulliver[3], Dr Tambri Housen[4], Dr Sonia M. McCallum[3], Ms Alyssa R. Morse[3], Dr**

6 **Kristen Murray[1], Dr Eryn Newman[1], Dr Rachael M. Rodney Harris[4], Prof Philip J.**

7 **Batterham[3]**

8 [1]Research School of Psychology, The Australian National University, Canberra, ACT, Australia.

9 [2]Centre for Research on Ageing, Health and Wellbeing, Research School of Population Health, The

10 Australian National University, Canberra, ACT, Australia.

11 [3]Centre for Mental Health Research, Research School of Population Health, The Australian National

12 University, Canberra, ACT, Australia.

13 [4]National Centre for Epidemiology and Population Health, Research School of Population Health,

14 The Australian National University, Canberra, ACT, Australia.

15 [5]Department of Global Health, Research School of Population Health, The Australian National
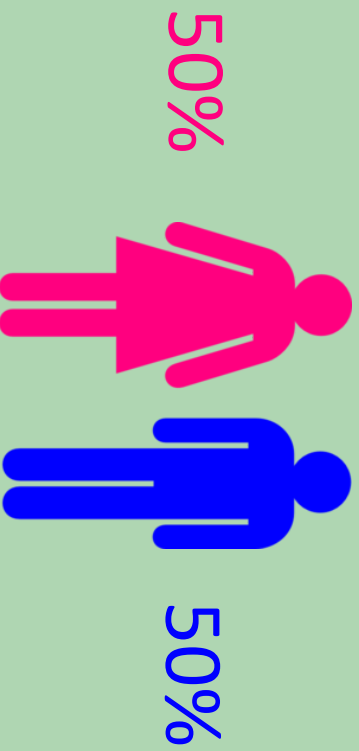
16 University, Canberra, ACT, Australia.

17 *** Correspondence:**

18 Dr Amy Dawel

19 amy.dawel@anu.edu.au

20 **Keywords: coronavirus, COVID-19, mental health, anxiety, depression, financial strain**
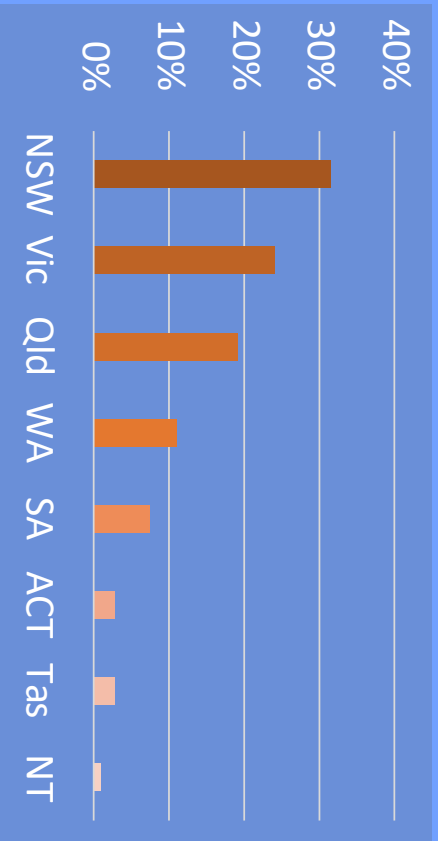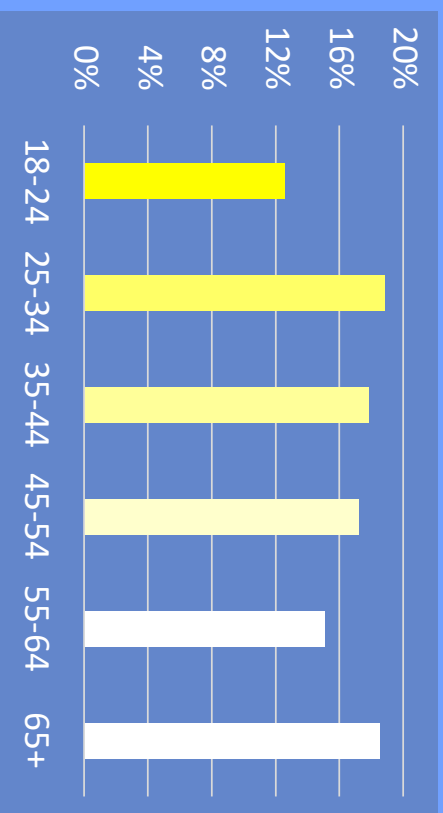
21 **Abstract**

22 There is minimal knowledge about the impact of large scale epidemics on community mental health,

23 particularly during the acute phase. This gap in knowledge means we are critically ill-equipped to

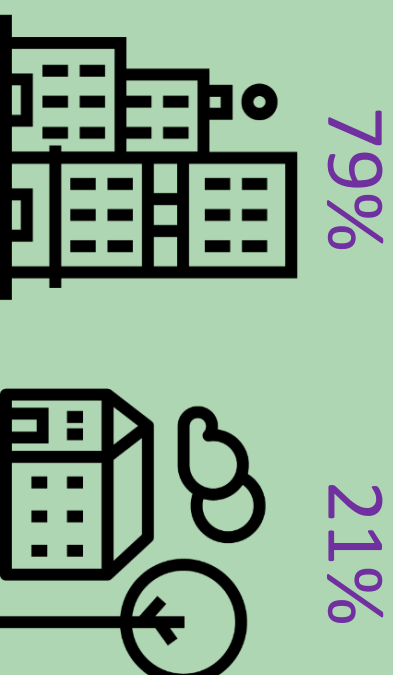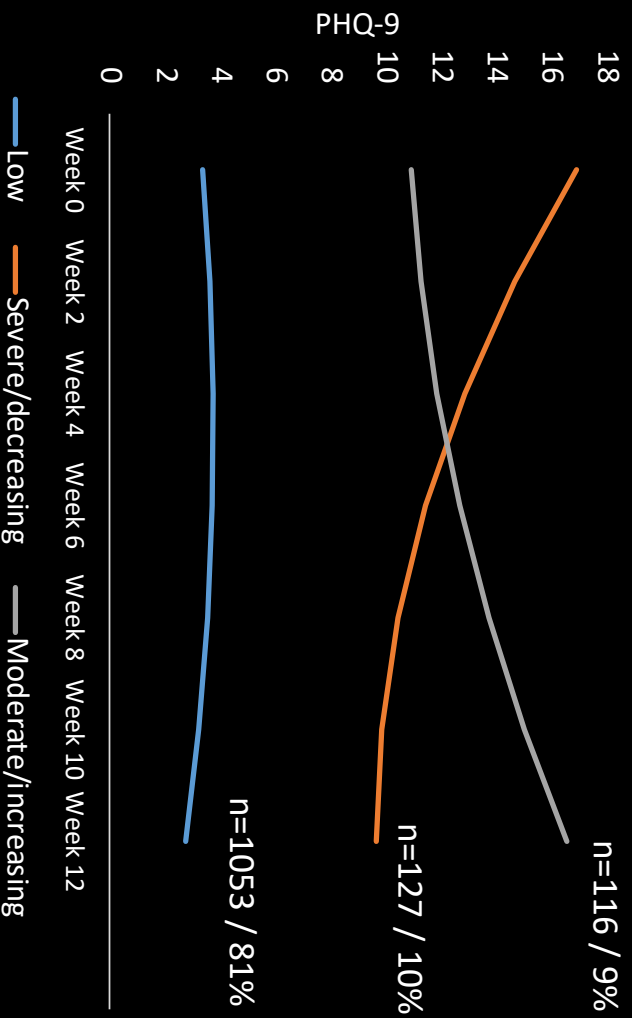24 support communities as they face the unprecedented COVID-19 pandemic. This study aims to
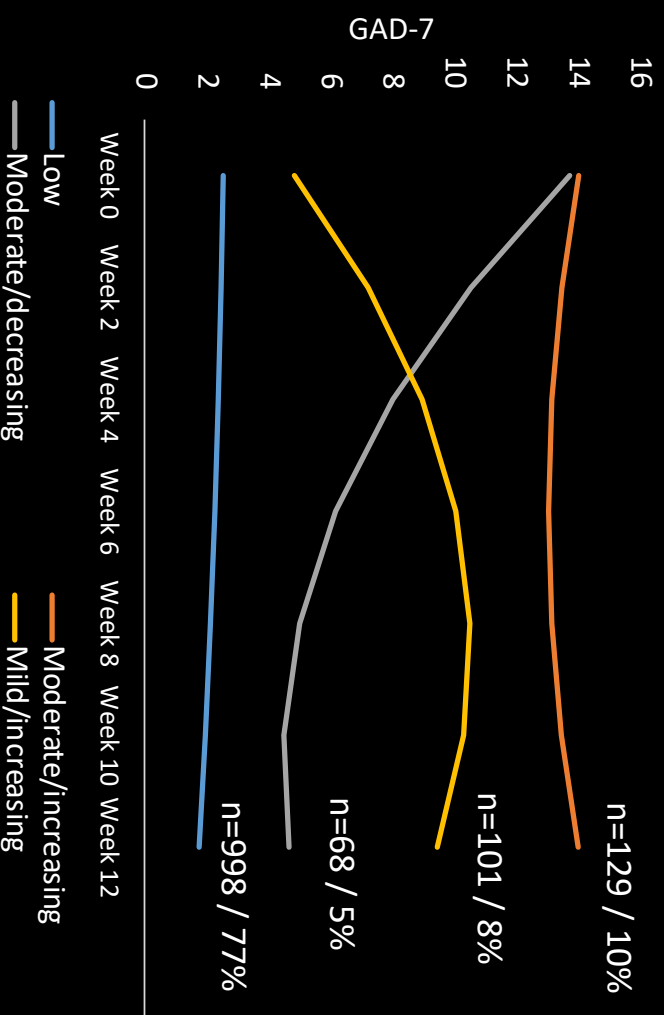
25 provide data urgently needed to inform government policy and resource allocation now and in other

STATE

40%
30%
20%
10%
0%

NSW
Vic
Qld
WA
SA
ACT
Tas
NT

SEX

50%

50%

RURALITY

79%

21%

AGE

20%
16%
12%
8%
4%
0%

18-24
25-34
35-44
45-54
55-64
65+

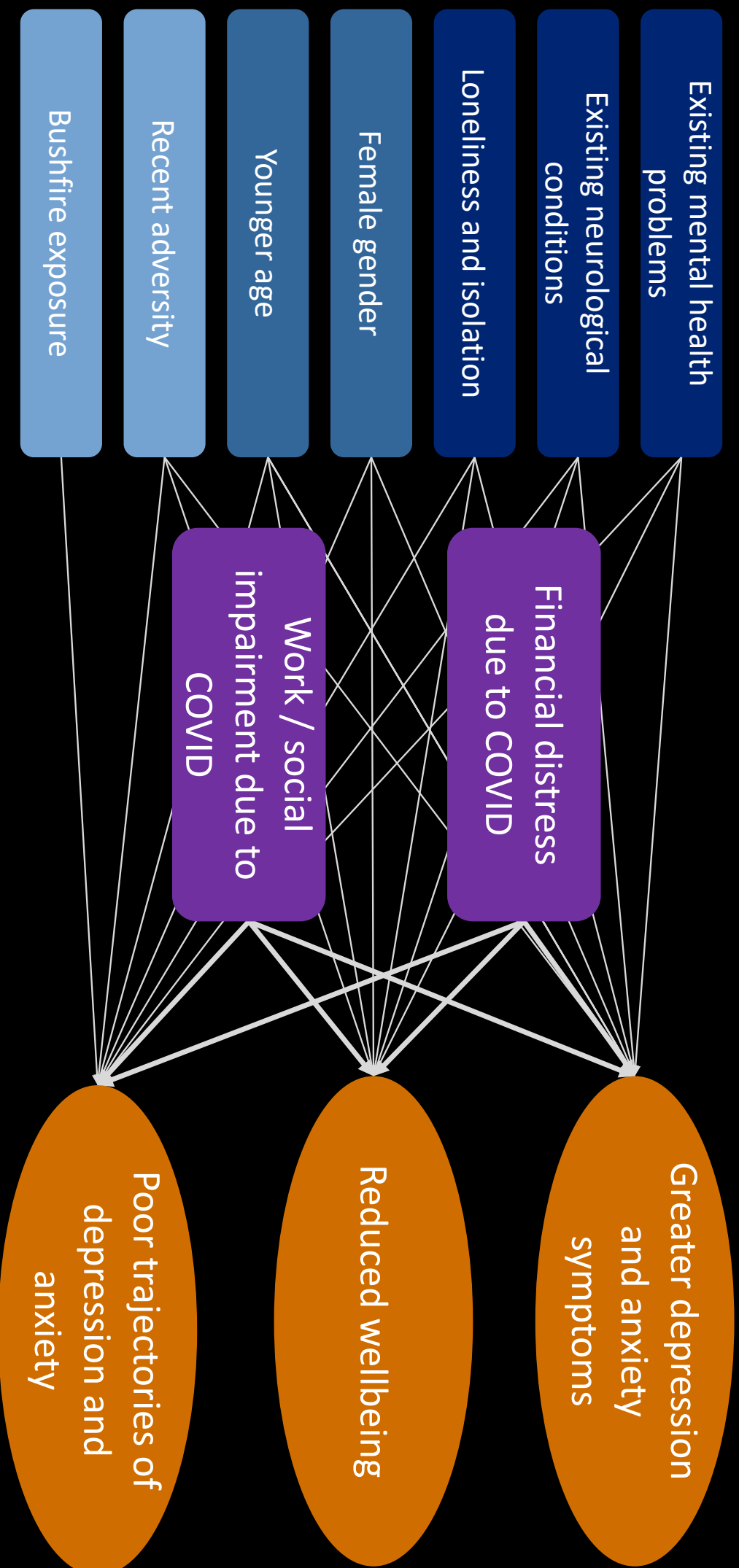|	Current diagnosis (n=310)	No diagnosis (n=985)	Total sample (n=1295)	Other population samples
Major Depressive Disorder (PHQ-9≥10)	113 (36.5%)	99 (10.1%)	212 (16.4%)	5.6% – 6.7%
Generalised Anxiety Disorder (GAD-7≥10)	145 (46.8%)	118 (12.0%)	263 (20.3%)	5.1%

Australian National University

(Quadratic growth mixture models)

Depression symptoms

Anxiety symptoms

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Job loss

Rural location

Education

Living alone

Living with partner

Living with children

Existing physical disease
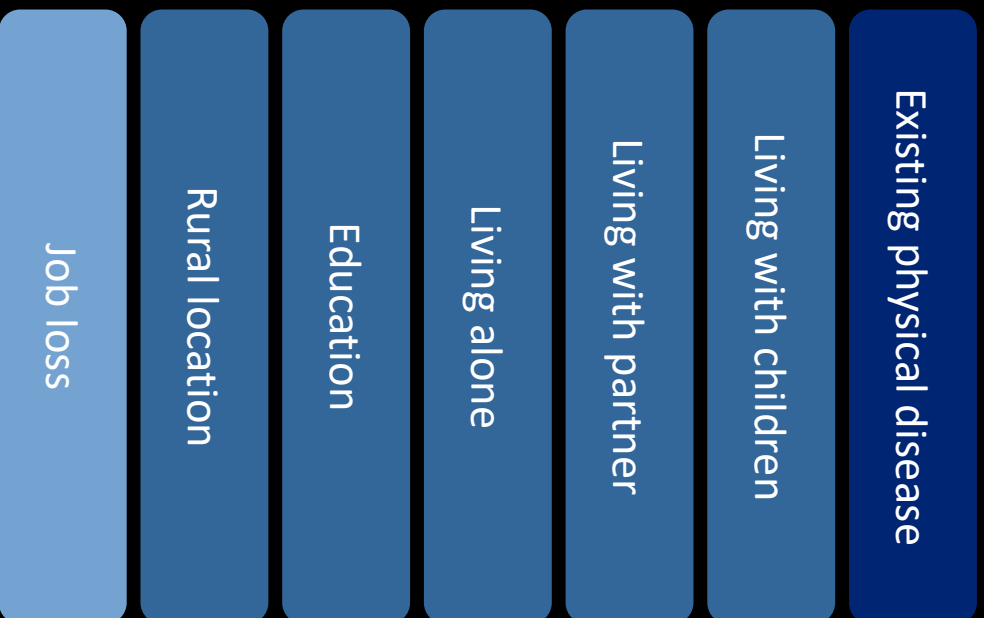
Direct COVID exposure

Poor trajectories of depression and anxiety
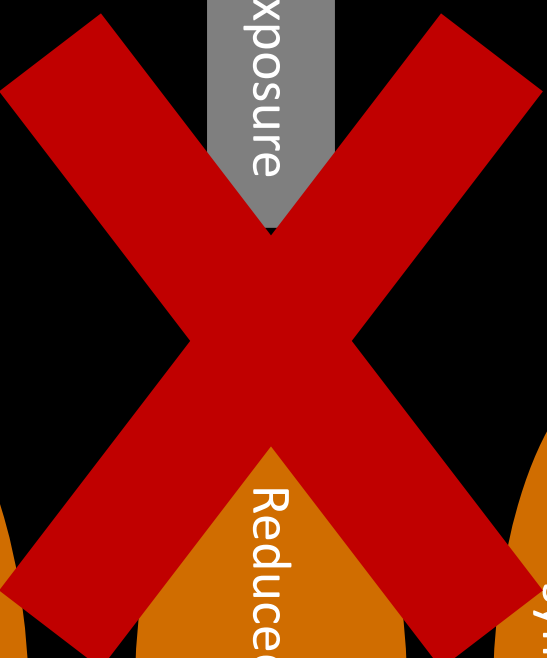
Reduced wellbeing

Greater depression and anxiety symptoms

Depression symptoms

Elevated depression symptoms (PHQ9>=10)

Legend: 18-34, 35-54, 55+

X-axis: 28-31 March, 11-16 Apr, 25-30 Apr, 9-14 May, 23-28 May, 6-11 June, 20-25 June

Y-axis: 0%, 5%, 10%, 15%, 20%, 25%, 30%, 35%, 40%, 45%
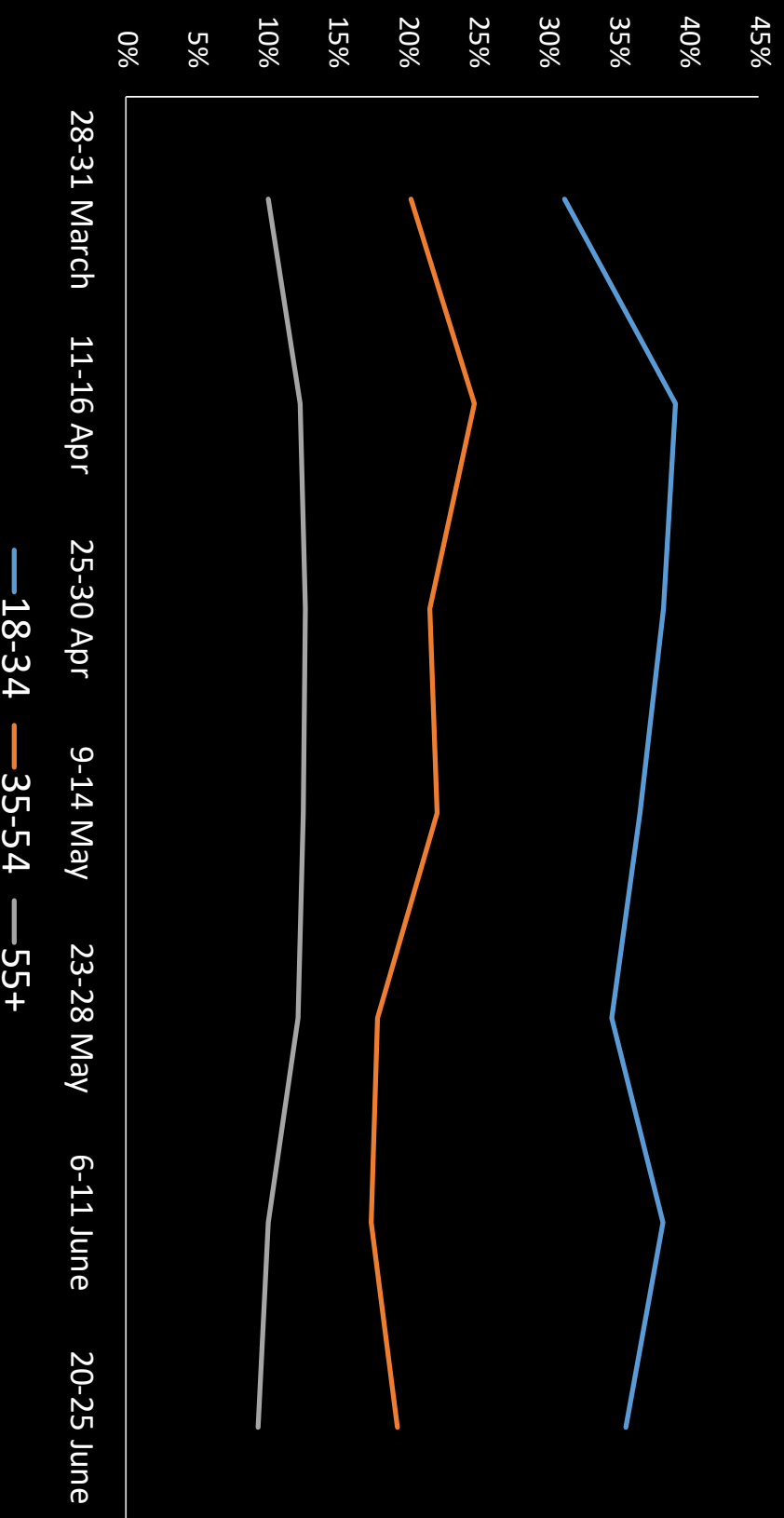
Anxiety symptoms

Elevated anxiety symptoms (GAD7>=10)

28-31 March	11-16 Apr	25-30 Apr	9-14 May	23-28 May	6-11 June	20-25 June	

—— 18-34   —— 35-54   —— 55+

Suicidal ideation

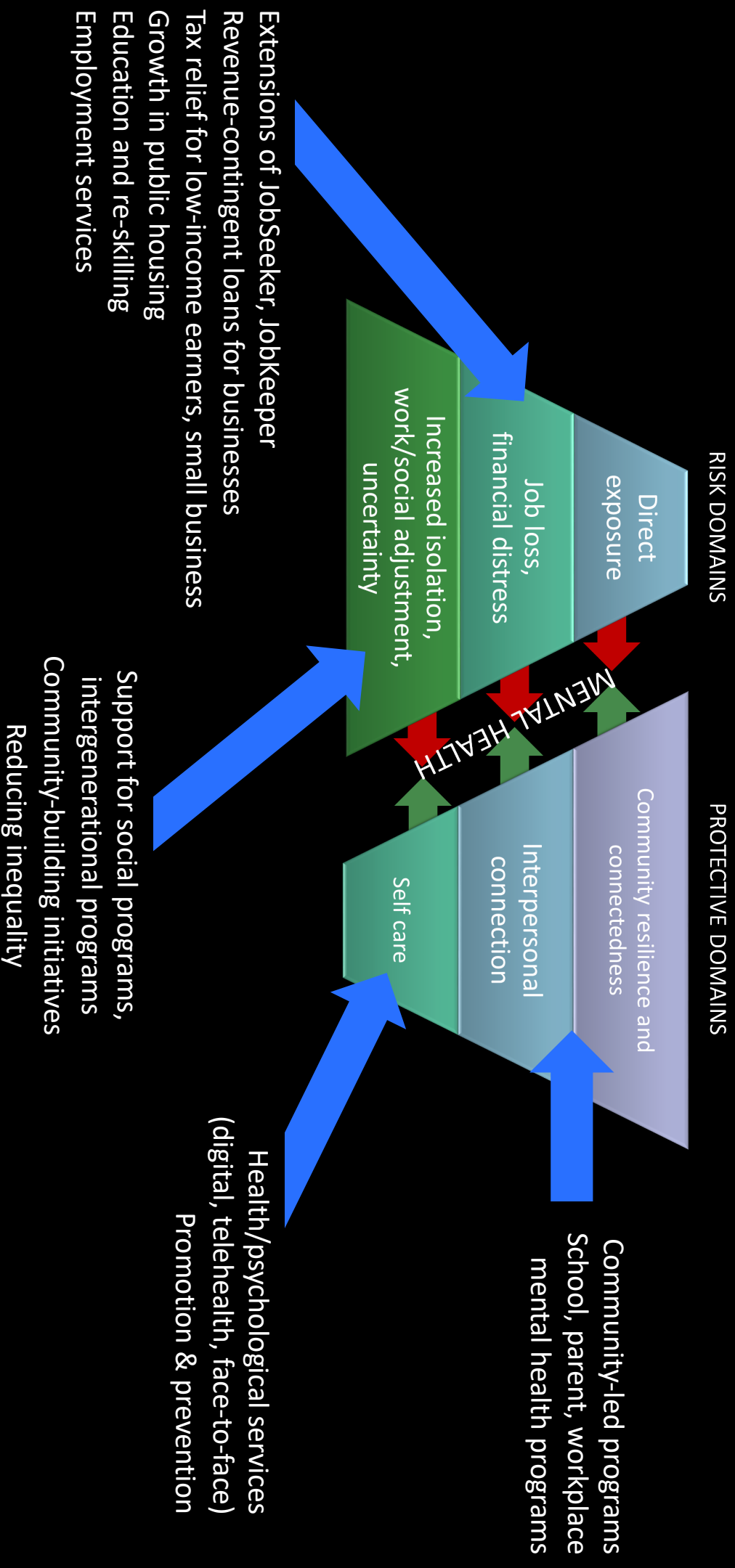Suicidal ideation by age group
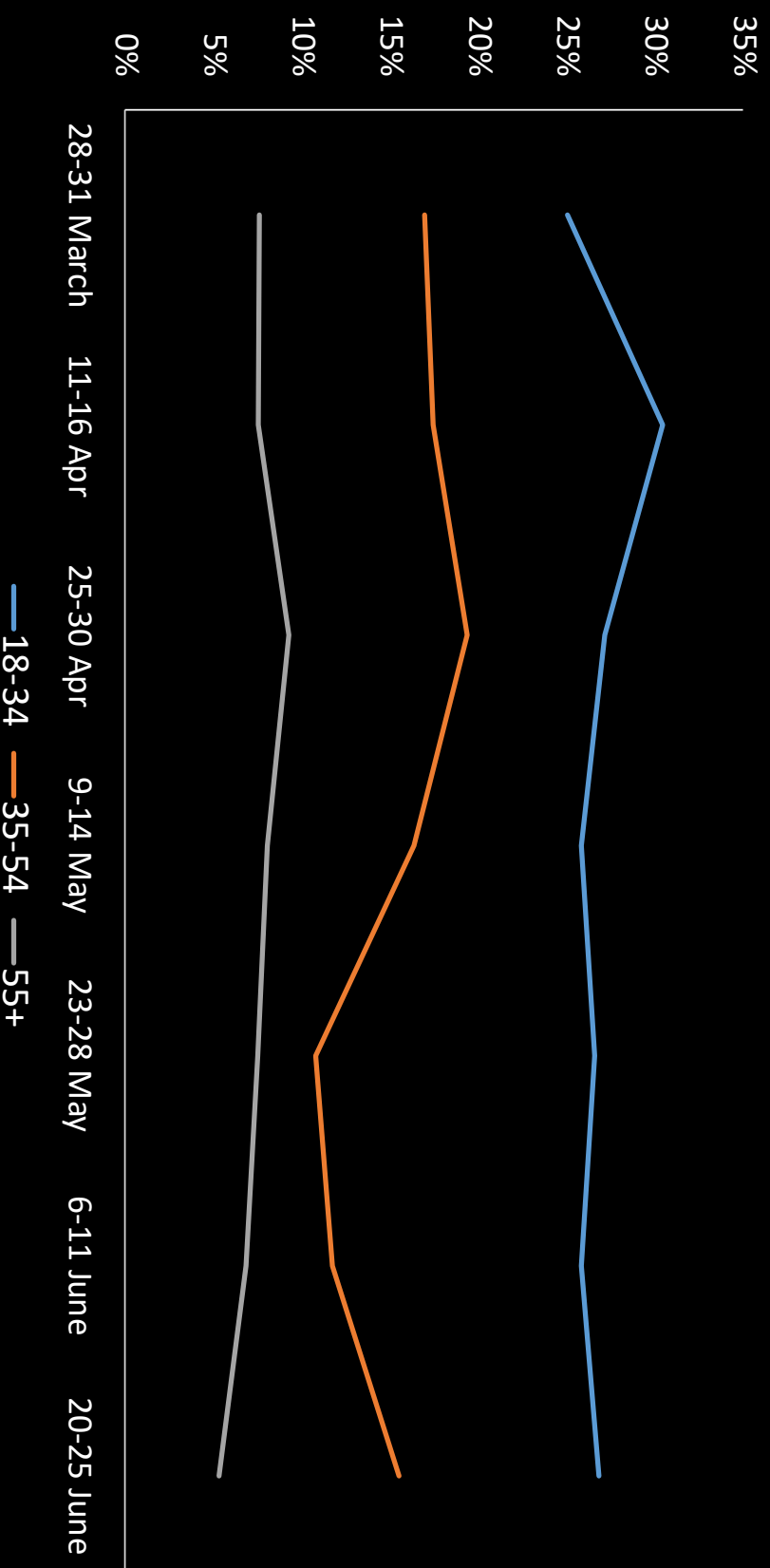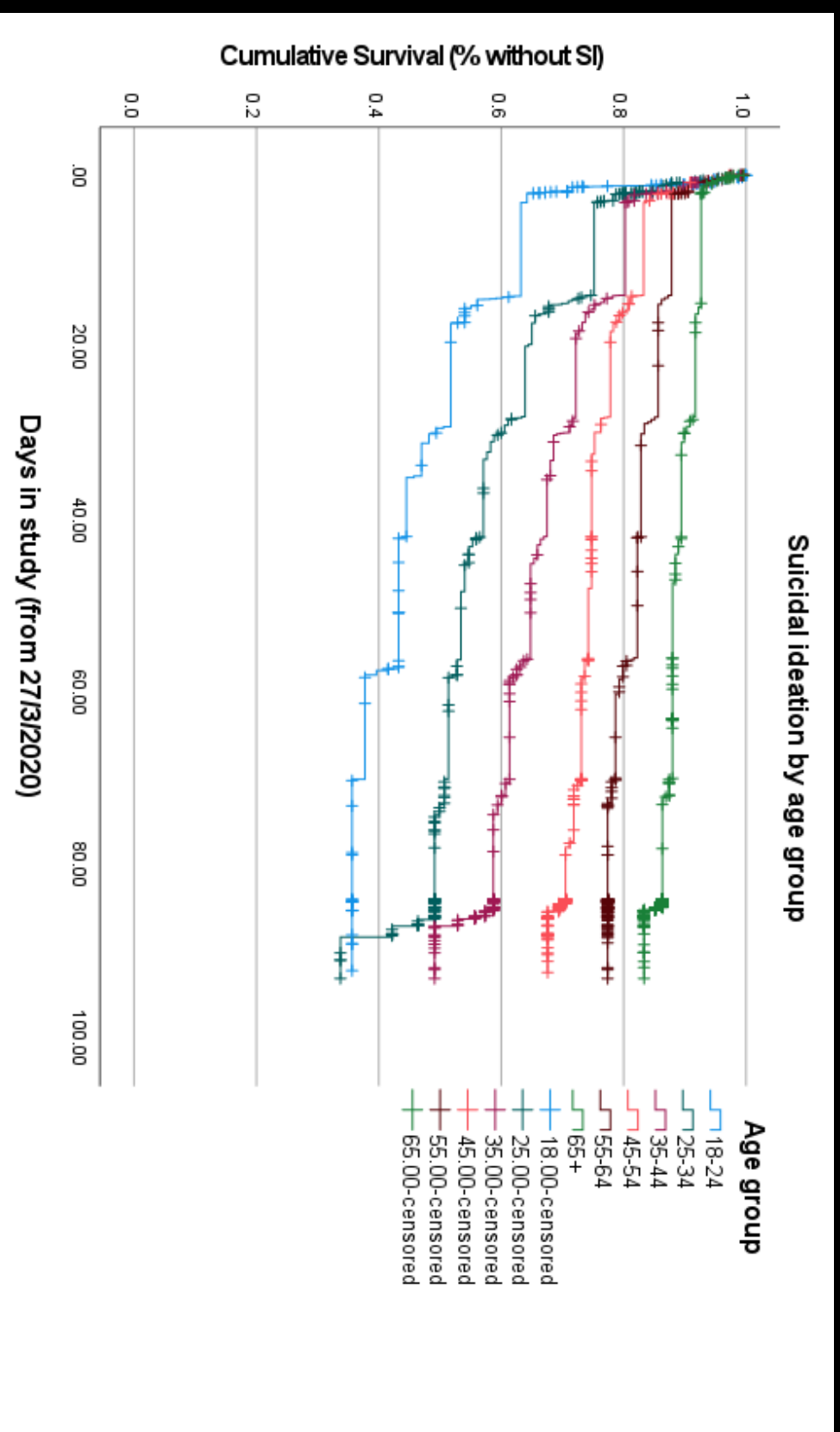
Challenges to mental health preparedness

- Rapid change in financial distress, unemployment, social support, workplace, schooling
- Many health & community services stretched thin
- Limited resources and coordination to meet demand (even before COVID)
- Many vulnerable and isolated groups, sectors
- Constraints on mental health services

Supports for mental health preparedness

- High levels of resilience and adaptation
- At the level of individuals, workplaces, service delivery models, communities
- Rapid changes in telehealth, availability of effective internet interventions (beacon.anu.edu.au)
- Universal health system, employment supports
- Willingness of the community to accept restrictions

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Extensions of JobSeeker, JobKeeper
Revenue-contingent loans for businesses
Tax relief for low-income earners, small business
Growth in public housing
Education and re-skilling
Employment services

Support for social programs, intergenerational programs
Community-building initiatives
Reducing inequality

Health/psychological services
(digital, telehealth, face-to-face)
Promotion & prevention

Community-led programs
School, parent, workplace mental health programs

Limitations and further research

- No long-term follow-up
  - Will be conducted shortly to examine long-term outcomes including differences by location
- Limited direct exposure to COVID-19
  - Examine time-varying effects
- Attrition from study (<6% after Wave 2)
  - Accounted for in models

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- COVID-19 had little direct effect but considerable indirect effects (financial, work, social changes) on mental health

- Most people had stable, low symptoms, but 20-25% had elevated and/or increasing symptoms

- Exacerbated by loneliness/isolation and existing mental health conditions; magnified for young people and females

- High-quality research needed, long-term follow-up, capture second wave in Victoria

- Need for ongoing policy support (employment, financial, telehealth) + social capital to minimise mental health impacts

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Acknowledgements

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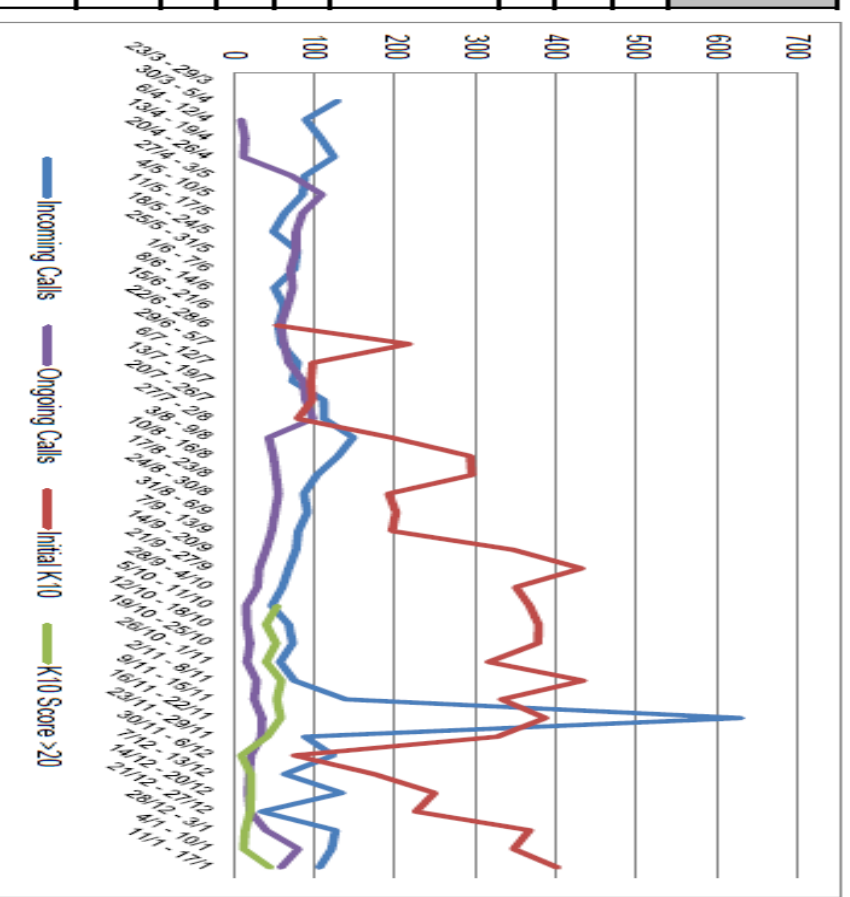- QR codes and masks – impact on anxiety and paranoia

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