

Research Insights

How to protect mental health through the COVID-19 crisis?

Innovative mental health service delivery and broader social policy responses to safeguard the wellbeing of Australians

Assessing mental health

The COVID-19 crisis poses a threat to physical health and economic wellbeing, but it also represents a major challenge to the mental health of the Australian population. The Coronavirus and the mitigation strategies introduced to slow the spread of the virus can negatively impact mental health in a number of ways. These include uncertainty and worry about the virus and what the future may bring; the physical isolation which is essential to control the spread of the virus but limits social connection; and the financial and psychological stress tied to the loss of employment.

Comparing mental health before and during the COVID-19 crisis

The Melbourne Institute: Applied Economic & Social Research Taking the Pulse of the Nation survey has measured Australian's mental health in response to the COVID-19 crisis. The survey has included an item based on one of the most commonly used scales of psychological distress (the K10ⁱ). Although the measure in the Taking the Pulse of the Nation survey is not identical to the items in the K10 (e.g., the new item enquires about mental health over a shorter period of time), we can use K10 data collected in the 2017 Household Income and Labour Dynamics in Australia (HILDA) survey as an indicator of the mental health of the Australian population prior to the COVID-19 crisis.ⁱⁱ

The 2017 HILDA Survey data show that less than 10 per cent (9.5%) of Australian adults (aged 18 years and older) reported feeling depressed or anxious all or most of the time over the previous four weeks (which we define as high mental distress*). In contrast, the Taking the Pulse of the Nation survey (conducted during the COVID-19 crisis) found double this rate of distress. Overall, 19 per cent of Australian adults reported persistent feelings of depression or anxiety during the past week.

Rates of mental distress have been consistently high

Fieldwork for the first round of the Taking the Pulse of the Nation survey was conducted during the week of 6 April, shortly after the introduction of social distancing rules. Over the first three weeks of the survey, levels of mental distress in Australia did not change. The rates of mental distress were much greater among younger Australians and were particularly elevated in those experiencing financial stress (an inability to pay for essential goods and services) (Figure 1). Over 40 per cent of people experiencing financial stress also reported high levels of mental distress.

Employment, mental health and the COVID-19 crisis

Rates of high mental distress (feeling depressed or anxious all or most of the time) were greater in unemployed Australians (29%) than those who were employed (21%) or not participating in the workforce (e.g., home duties 20%) (Figure 2). This is not an unusual finding, with the relationship between mental ill-health and unemployment well established.ⁱⁱⁱ

It is important to recognise, however, that it is not just those who are unemployed who report high rates of mental distress. The 2017 HILDA Survey – conducted prior to the COVID-19 crisis – found that 8 per cent of employed adults reported high mental distress in the previous four weeks. The first three weeks of the Taking the Pulse of the Nation survey identified 21 per cent of employed Australians with high mental distress over the past week. The survey results suggest the COVID-19 crisis has had a widespread effect on the mental wellbeing of Australians.

The elevated rates of mental distress reported by people who were unemployed in comparison to those in work was explained by their experience of financial stress. People who were unemployed were much more likely to also report having difficulty affording essential goods and services. The experience of financial stress has been shown to be a factor that can lead to poor mental health.^{iv}

KESSLER PSYCHOLOGICAL DISTRESS SCALE (K10) i

The K10 was developed by Professors Ron Kessler and Dan Mroczek for use in the United States National Health Interview Survey. The 10-item scale provides a global measure of distress that reflects the symptoms of anxiety and depression experienced in the past four weeks. The scale is used as an indicator of population mental health in Australia. Because of its brevity, the K10 is also commonly used in research settings, including by the Australian Bureau of Statistics in a number of national surveys. The K10 is used widely in primary care and other medical settings to identify people for further clinical assessment and follow-up.

*We use scores on the item included in the Taking the Pulse of the Nation survey to identify participants with high mental distress, which we define as those who report feeling depressed or anxious all or most of the time. While people with high levels of distress are more likely to experience a mental health condition, we are not reporting on clinical depression or anxiety conditions.

Key Insights

1 Don't overlook the digital divide

Telehealth, including the delivery of online mental health services, has been a critical component of the Government's response to the COVID-19 crisis. While internet access is seen as ubiquitous, there remains a digital divide in Australia. Recent analysis using HILDA Survey data shows that almost 20 per cent of Australian adults who reported living with a long-term mental health condition have no internet access at home, compared to less than eight per cent of those who report better mental health.^v In the COVID-19 environment, innovative service responses are required, but policymakers and practitioners need to ensure these responses do not increase inequalities in access to mental health services and support.

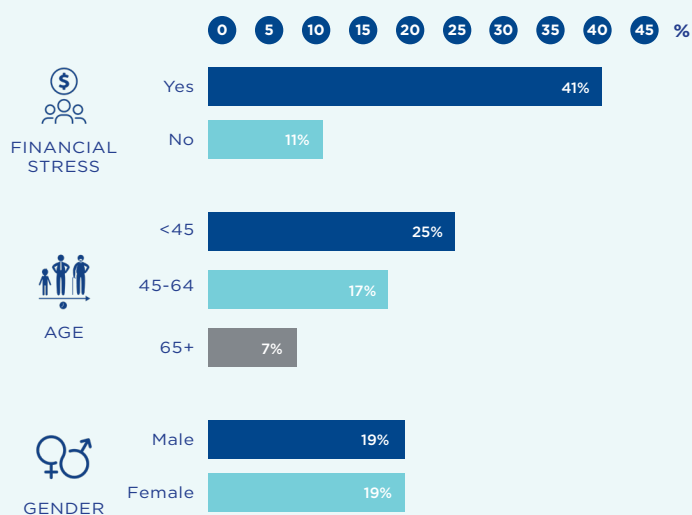
2 Financial stress is an important (modifiable) determinant of mental health

Living with mental ill-health disproportionately affects those with the least resources. It has been argued that financial stress, or the inability to afford goods and services considered essential to community life, is a key factor in this relationship.^{iv} Being unable to afford the essentials of life is strongly associated with the onset of mental ill-health. A previous Melbourne Institute Research Insight has described the pattern of elevated financial stress associated with the COVID-19 crisis.^{vi}

3 Health and social policy can help address these long-term mental health effects

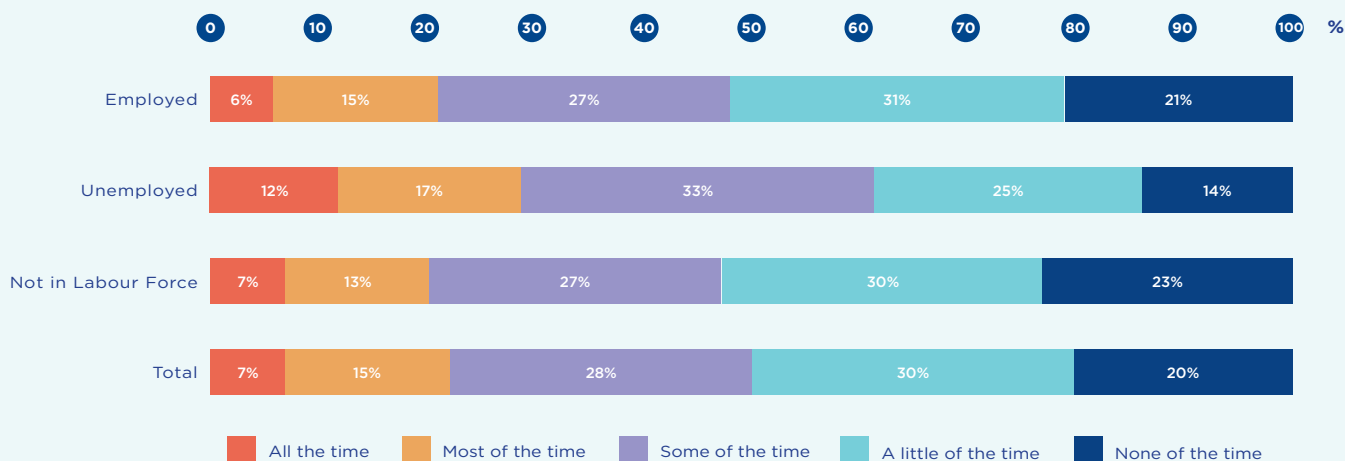
Researchers from a range of different disciplines have examined the effect of economic shocks on health, including mental health and suicide.^{vii, viii} Research examined the factors that explained national differences in mental health following the Global Financial Crisis in the late 2000's. Factors such as ready access to mental health medications, effective return-to-work policies, and the generosity of the welfare system may promote better mental health outcomes.

Figure 1: High distress by key characteristics



Results are based on 3,600 respondents surveyed over the period 6-23 April 2020

Figure 2: During the past week about how often did you feel depressed or anxious?



Results are based on 2,842 working-age respondents (aged 18 to 64 years) surveyed over the period 6-23 April 2020.

How government and policymakers can remain ahead of the mental health curve

The Australian Government recognised the likely mental health consequences of the COVID-19 crisis early, and major policy responses were announced in March 2020. These included significant expansion of Medicare telehealth service delivery options via telephone or video conferencing (including for mental health services). Significant additional funding was provided to existing digital and telephone information and service delivery platforms (including the Commonwealth's online mental health portal Head to Health, Beyond Blue, Kids Helpline, and Headspace).^{ix} The effect of these changes is already evident. By the end of April 2020, half of all Commonwealth-funded mental health services were delivered via telehealth, and Beyond Blue had reported a 40 per cent increase in service contacts compared to the previous 12 months.^x

The measures introduced by the Australian Government to address the economic impact of the COVID-19 crisis are also likely to protect mental health. For example, the JobKeeper Payment provides a wage subsidy to help employers maintain their relationship with employees through the crisis. By breaking the nexus between the economic shock and unemployment for many employees, these measures are also likely to reduce some of the adverse mental health consequences that would otherwise be expected. An ongoing salary will reduce the financial stress associated with job loss.

By providing a pathway back to work when the crisis abates, these measures may also help many avoid the long-term adverse psychological effects of job loss and maintain the latent benefits that work brings such as a sense of purpose, time structure and social connection.

It is likely that the mental health of many Australians will improve as the numbers of new Coronavirus cases decline, restrictions on economic and social activities are eased, and people's lives begin to return to normal. However, it is likely that those who have become unemployed and struggle to find work in the post-COVID world will continue to experience high levels of distress. This may, in part, reflect their experience of financial stress. Not all of the Australian Government's COVID-19 measures had been implemented at the time the current data was collected. The Coronavirus Supplement, which effectively doubles the rate of the JobSeeker Allowance, commenced on 27 April 2020. This increased payment may reduce the levels of financial stress of those who are unemployed and, thereby, promote better mental health. Evidence of how the increased rate of unemployment benefits will influence mental health will be important to consider when designing policies to protect mental health in the post-COVID-19 context.

Further Information

Datasets

This analysis has been drawn from *Taking the Pulse of the Nation* – Melbourne Institute’s survey of the impact of COVID-19. The aim of the weekly survey is to track changes in the economic and social wellbeing of Australians living through the effects of the coronavirus pandemic whilst adapting to various changes in Federal and State government policies. The survey contains responses from 1,200 persons, aged 18 years and over. The sample is stratified by gender, age and location to be representative of the Australian population. The current analysis draws on the first three weeks of the survey and therefore includes data from up to 3,600 Australian adults.

Wave 17 of the Household, Income and Labour Dynamics in Australia (HILDA) Survey, was also used to provide a comparison on the mental health of Australian’s prior to COVID-19. The HILDA Survey is Australia’s nationally representative longitudinal household study. Commenced in 2001, the HILDA Survey follows approximately 17,000 individuals from across the country, annually interviewing respondents about their family life, health, economic wellbeing and a range of other aspects of life in Australia.

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