COVID-19 Mental Health Response
Matilda Centre

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SYDNEY

The coronavirus disease 2019 (COVID-19) pandemic is having a profound effect on all aspects of society, including mental and physical health. It is evident that the effects of this pandemic are pervasive and may detrimentally affect mental health now and in the future.

Extreme events impact mental health

Although a rise in symptoms of anxiety in response to stress is expected during the extreme events of a global pandemic, there is a risk this will result in a rising prevalence of anxiety, depression, alcohol and substance misuse and harmful behaviours (such as suicide and self-harm). Economic downturn is a likely outcome of the pandemic. Such a downturn is likely to have profound effects on the mental health of the population.

The severe acute respiratory syndrome (SARS) epidemic in 2003 was associated with a 30% increase in suicide in those aged 65 and older. Around 50% of recovered patients remained anxious and 29% of health-care workers experienced probable emotional distress (1-3). People who survive life-threatening illness are at risk of post-traumatic stress disorder and depression (1,3). In Louisiana in the wake of Hurricane Katrina hospitalisation rate for alcohol use disorders rose 35%.

Infection containment measures increase risk factors

Isolation and physical distancing measures increase risk factors for poor mental health including alcohol and substance misuse, domestic violence and child abuse, social disconnection, financial stress, loss, physical inactivity, unemployment, homelessness, and relationship breakdown.

Youth are more profoundly impacted

Mental health problems among disaster-exposed youth are significantly more prevalent than among disaster-exposed adults and persist over time - this is likely to be the case following a global pandemic. Over 130 schools with an estimated **26000 students** have registered for our online prevention programs over the past two weeks. **Youth focussed prevention and early intervention will be critical.**

Most complex and vulnerable are more profoundly impacted

The COVID-19 crisis will likely see an increase in substance use and comorbid with mental health issues. Access to treatment issues are being reported**.**

> "My son is rock bottom…was meant to be going into rehab this Tuesday…now [because] of this Corona virus they are not doing admissions." *(Cracks in the Ice User March 2020)*

Data, monitoring and research

We have critical gaps in our data, monitoring and research.

Recommendations

The world is unlikely to ever return to the way it was before COVID19. The mental health system as we knew it no longer exists. This is a point of opportunity to explore new directions and new models purpose built for the future.

- **Value mental health in society recovery and the benefits of responding to increased mental health risk factors across the population.**
- **Prepare for complexity surge of people with mental illness, substance use and poor health**
- **Focus on innovative solutions that can be taken to scale including digital blended care**
- **Invest in data analytics to inform understanding of dynamic mental health impacts**
- **Establish systems for cooperation**

1. Prepare for complexity surge of people with mental illness, substance use and poor health

To date the response to COVID19 has focussed on awareness. As the risk factors for both mental illness and substance use increase we need to prepare for the surge. Evidence from previous pandemics and natural disasters show suicide rates rising, alcohol use disorders and drug use increasing and trauma responses increasing. We need to prepare for the complexity surge. Comorbidity between mental disorders and substance use is common, with 25-50% of people experiencing more than one disorder (5), and once these disorders are established, the relationship between them is one of mutual influence with both disorders serving to maintain and exacerbate each other. With the increase in mental health risk factors and alcohol use there is a risk that there will be an increase in comorbidity. People with comorbidity often present to treatment with more complex and severe treatment profile, often associated with poorer treatment outcomes (6). The co-occurrence of alcohol and drugs and mental health conditions is also associated with an increased risk of suicide. Exposure to a traumatic event is frequently nominated as a key reason leading to initiation and maintenance of substance use. Methamphetamine use is twice as high in rural and remote parts of Australia. People in regional and rural/remote areas generally have less access to traditional services and treatments and are more vulnerable to the impacts of isolation and reduction in face-to-face treatment options.

The mental health sector is not well prepared for this potential. This requires workforce development and system development. Availability of no wrong door clinical services such as the Adult Community Mental Health Hubs and workforce training are essential to meet demand surge. Australia has limited training and limited services that focus on providing care for complexity. There have been few evidence-based resources available to the mental health sector to improve the management and treatment of co-occurring alcohol and other drug use, and despite a proliferation of research over the last decade improving our understanding as to how to best treat clients with comorbid mental conditions, the translation of this research into practice remains limited, and there have been limited

evidence-based resources available to the mental health sector to improve the management of comorbidity. Indeed the translation of existing resources has been stymied by traditional single disorder models and treatment silos (Mental Health Commission National Report Card, 2012).

2. **Focus on innovative solutions that can be taken to scale including digital blended care**

   The recent changes to telehealth funding have resulted in a transformation of the mental health system. If extended they could continue to provide a platform through which digital blended care could become a reality. Digital interventions can be as effective and are scalable to enable significant reach. Building on the telehealth changes, innovation through digital is a unique opportunity. Australia leads in digital intervention research and development. It is poised to lead in digital implementation. Australia has developed roadmaps for taking digital blended care to scale and we are yet to implement them (7,8). With a new focus on digital and online during COVID19 it is an opportunity to address the barriers. Further, it is an opportunity to reframe existing Australian innovative programs to address COVID19 specific anxiety. As an example, The Inroads program is an online early intervention program that empowers young people (ages 17 to 24) to manage anxiety and keep alcohol use within safe limits through the development of cognitive behavioural coping strategies. As the program is delivered entirely online and designed as an early intervention when young people first begin to experience symptoms of anxiety, it holds promise for assisting young people to manage increased anxiety and alcohol use as a result of COVID-19.

3. **Invest in data analytics and research to inform understanding of dynamic mental health impacts and responses**

   Data and research to inform the mental health impacts of the COVID-19 crisis is sparse and unco-ordinated. We have been working to bring together and share the research studies being conducted across Australia. Many Australian researchers are adapting their existing research studies to collect vital information about COVID-19 (and other recent national events, eg bushfires) to examine the impact of these on the mental health and substance use behaviour of Australians. There are also a number of new studies launched. We are also aiming to track and share research being undertaken on COVID-19 and mental health by Australian researchers https://www.sydney.edu.au/matilda-centre/resources/covid-19.html The research evidence for the impact and for the best mental health responses is limited. Researchers are sharing around the world but we are often extrapolating from international studies, studies of natural disasters and evidence from SARS (9).

4. **Establish systems for cooperation**

   A proactive and coordinated response to COVID-19 would be enhanced by supporting innovative evidence-based prevention and early intervention targeting school communities (parents, teachers and young people). This requires systems of cooperation across portfolios of education and health. These systems of cooperation are embryonic at best. The opportunity of COVID19 is to build on the current good will.

Phase	Current Isolation	Easing Restrictions	Long term recovery
Child/ Youth	Blended digital interventions Dynamic data Research new interventions Collaboration across education	Prevention and early intervention including digital. Prevention in schools Support to parents and families Foster re-establishment of networks Foster reestablishment of community activities and social support networks including organised sport.. Focus on those who remain at risk	No wrong door funded treatment Blended Digital Support to parents and families Increase evidence base Foster re-establishment of community activities including organised sport.
Adult	Strategies to reduce risk factors including alcohol use Dedicated online funded support and information services Warm referrals between support service and clinical services.	Prevention Early intervention Assertive Outreach Services to reach those at risk PHN and GP linkages. Activities to mitigate financial stress including social welfare.	No wrong door treatment Develop workforce Adult mental health hub model Increase evidence base Hospital in the Home or Virtual Hopsital (see RPA NSW for example)

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