Mental health impact of COVID-19: Australian perspective

Kevin Kendrick¹, Mohan Isaac¹,²
¹Department of Psychiatry, Fremantle Hospital, South Metropolitan Health Service, Fremantle, WA, ²Division of Psychiatry, Faculty of Health and Medical Sciences, The University of Western Australia, Perth, Australia

ABSTRACT

Australia’s response to the coronavirus outbreak has widely been considered to be among the most successful in the world. A bipartisan “national government” akin to that in wartime, a fairly unified COVID response by the federal and all the state governments, international border closures and quarantine, some of the best coronavirus testing in the world, and widespread public acceptance of physical distancing, all contributed to Australia being able to call itself the “lucky country” in its successful navigation of the COVID crisis. The country clearly had a plan for the mental health consequences of COVID. The impacts of lockdown were identified early, and steps taken to mitigate them. There was no spike in tertiary mental health presentations. Telehealth was embraced, support services mobilized, and public awareness of mental health issues made part of the conversation. While anxiety seemed raised nationwide, much of this lays at a subclinical level, manifesting through activities such as increased consumption of alcohol. Management of the burden of increased nationwide anxiety was carried out through online-based nongovernmental organizations, often directly recommended by the government itself.

Key words: Australia, COVID, pandemic

INTRODUCTION

The Australian mental health response to COVID currently operates in the realms of uncertainty. It was not too long ago that Australia could call itself lucky in its successful navigation of the COVID crisis. Through measures such as border control, quarantining, and social distancing, Australia was able to limit cases nationwide to below 7000.¹ Local transmission had become nearly nonexistent. In response to this, restrictions were steadily lifted. People were even speaking of the Australian–New Zealand “bubble,” whereby travel would resume between two countries thought to have “beaten” COVID.² However, in the last weeks, outbreaks have begun afresh. In one of our most populous cities, quarantines are being reenacted. With this comes a rise in anxiety and a reactivation of fears of the mental health crisis, many thought averted.

When COVID first reached Australia, initial government advice was similar to that given internationally. Indeed, it closely paralleled the health advice given over a 100 years ago during the Spanish Flu. Social distancing, advocated slightly in excess of the WHO recommended 1 m, was the central component. Public gatherings would be limited to <500 people. International travel would be curtailed. These goals were met with rare unity from both major political parties.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Kendrick K, Isaac M. Mental health impact of COVID-19: Australian perspective. Indian J Psychiatry 2020;62:S373-6.
HOW DID AUSTRALIA “FLATTEN THE CURVE”?  

There are several factors which might explain the unusual unity in Australia’s COVID response. First, Australia had recently emerged from the “black summer” bushfire crisis lasting from late 2019 to early 2020.[3] Thus, much of Australia was still in an emergency mindset. The government had been critiqued for its management of the fires, including its lack of bipartisan coordination, creating additional incentives to manage the pandemic differently. Second, many of the protocols regarding COVID response were closely based on the 2009 H1N1 epidemic. Third, compared to other nations, Australia had ample time to prepare for the pandemic. Moreover, compared to some other Western countries, antiscientific sentiment had a minimal role in the national discourse, rendering discussion more apolitical.  

The central mantra of the government to “flatten the curve” was well received. There were reasons to suggest that this would be easier in Australia than elsewhere. As a geographically isolated country with a small population, border closure was a comparatively simpler matter. Australian cities tend toward suburban sprawl rather than density, rendering social distancing less challenging. Finally, Australia has a high rate of internet access, which theoretically reduces the burden of isolation during short-term quarantining. The question then was that of execution.  

Despite a robust public awareness campaign, these goals were not immediately successful. Scenes of a packed Bondi beach were broadcast internationally,[4] highlighting public skepticism of social distancing. Many citizens appeared intent on claiming their last gasps of preisolation normality. The ubiquity of such attitudes was highlighted by the Australian Prime Minister stating his intent to attend a Rugby Game only days pre-lockdown as “it might be the last game I will be attending for a long time.”[5] Cases continued to peak until the end of March. In response, a bipartisan national cabinet, akin to that in wartime, was convened. This included both federal and state-level representation, with the intent of a unified COVID response. Citizens were largely limited to their homes, with nonessential services and schools closed. Portions of emergency departments nationwide were converted to COVID clinics. Elective surgeries were ceased. To curb infection, tertiary psychiatric services reduced the face-to-face contacts, shifting toward phone- and telehealth-based care. Yet, for most Australian hospitals, the COVID crisis never came.  

MENTAL HEALTH CONSEQUENCES  

From the period between late March and early June, the nation remained in anticipatory shutdown. Many had suspected that there would be a surge in demand for mental health services. However, at a tertiary level, the opposite happened. Although definitive data are limited, compared to previous years, tertiary contacts with psychiatric services appear to have fallen, potentially due to fears hospital attendance risked contracting COVID. While anxiety seemed raised nationwide, much of this lays at a subclinical level, manifesting through activities such as increased consumption of alcohol and the much commented upon hoarding of antiseptics and toiletries. Typically, such worries might have been managed at a primary care level. However, with the closure of many general practices countrywide, the burden was instead shouldered through online-based non-governmental organizations, often directly recommended by the government itself.[6,7]  

The impacts of the quarantine on Australia paralleled those of other westernized countries, although the degree of anxiety appeared mitigated by its brevity. There were nonetheless certain subpopulations that were more disadvantaged. With the closure of international borders, many immigrant and transnational families struggled with prolonged separation. This was particularly noted within the health-care sector, where recruitment of foreign-trained medical staff through 22,000 employer-selected “temporary skilled visas” increased the number of foreign-trained professionals.[8] That these individuals often lacked the migration rights of permanent residents, yet were frontline staff for the expected pandemic, only further increased their burden.  

The strains of lockdown were greater for many clients of mental health services. Under-resourced, isolated, and minority individuals were suggested to be particularly vulnerable.[9] Those dependent on external care, such as individuals with treatment-resistant psychotic illnesses, struggled as care agencies and disability support organizations reconfigured to comply with COVID restrictions. Those in domestic violence relationships were potentially trapped with abusers.[10] The elderly, due to physical vulnerability and lack of mobility, were often exposed to profound social isolation. Reactions of vulnerable youth subcultures varied from existential despair and hospitalization to utilization of compensating electronic socialization and seeking comfort in of preelectronic hobbies such as bread baking. Yet, as the case numbers dwindled, the lockdown eased, and many changes were revealed as transient.  

In the socioeconomic sphere, some lockdown-induced changes may be more permanent. Many businesses converted from office-based to disseminated models, accentuating preexisting trends of working from home.[11] Others, particularly those labeled inessential, went bankrupt. Precisely, which areas did better than expected was somewhat unpredictable. As an example, indigenous Australian peoples are one of the world’s most vulnerable populations, with high rates of poverty and reduced lifespan, alongside respiratory, cardiac, and metabolic diseases.
Physical crowding is endemic in many communities. Partially, due to these factors, indigenous communities in the far Northern Territory were found to have hospitalization rates more than 12 times their nonindigenous counterparts.[12] Yet, in the current pandemic, only sixty indigenous cases were confirmed, with none in remote communities.[13] How these communities will respond to the ongoing economic fallout of the pandemic remains unclear, but it appears less disastrous than was earlier predicted.

It is suggested that the economic impacts of the COVID pandemic will be the primary driver of worsened mental health outcomes. While there have been predictions of a spike in suicidality, alongside suggestions that planned funding increases are inadequate, these statements have not been universally accepted.[14] Prediction of outcomes is made more complex by an inability to judge the likelihood of a second wave, and the economic burden of COVID being shared unevenly. This has again been out of control of the populace. Whether an area is heavily dependent on tourism, export, or a tertiary campus is not something that can be rapidly changed. Other communities, such as the far remote, are at the mercy of the impacts of the virus on funding and supply lines that enable semi-essential supports to continue. Again, the locus of control has become very much external.

These socially focused discussions all emerged with the presumption that Australia was recovering rapidly from COVID. Within mental health, the focus has been upon planning for the post-COVID world and returning to normalcy. Yet, since the most recent outbreaks that feeling has turned to dismay. The prevailing narrative of Australia as the lucky country, navigating the early days of COVID, adhering to guidelines, and being justly rewarded, was shaken. The images of public housing towers, inhabited by large number of immigrants, indigenous, and people with enduring mental health conditions, being placed into police-driven lockdown brings into focus the conflicts between liberty and safety we had thus far largely avoided.[15] Criticisms have taken a harsher tone, and blame for the relapse has taken an edge of geographically based condemnation.[16] While once our principal target for blame was foreign nationals, it now encompasses interstate residents.

CONCLUSIONS

It is difficult at this point to take clear lessons from how Australia has navigated its pandemic. It clearly had a plan for the mental health consequences of COVID. The impacts of lockdown were identified early, and steps taken to mitigate them. Telehealth was embraced, support services mobilized, and public awareness of mental health issues made part of the conversation. One might reflect on the absence of a spike in tertiary mental health presentations and consider these interventions a success. Yet, despite these plans, the nation is again tilting into anxiety, unsure of its economy, and tightly bound to world events outside its control. It may yet be the lucky country, but for the moment, it is very much simply an island nation adrift.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

REFERENCES

1. Australian Government Department of Health. Coronavirus (COVID-19) Current Situation and Case Numbers; 03 June 2020. Available from: https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers. [Last retrieved on 2020 Jun 03].
2. Rafferty S. Desperate Tourism Operators Say Trans-Tasman Bubble Needed to Happen ‘Yesterday’; 06 May, 2020. Available from: https://www.abc.net.au/news/2020-05-07/queensland-tourism-operators-trans-nbtasman-bubble-cost-12220070. [Last retrieved on 2020 Jun 19].
3. Guy J. After More than 240 Days, Australia’s New South Wales is Finally free from Bushfires; 03 March, 2020. Available from: https://edition.cnn.com/2020/03/03/australia/new-south-wales-fires-extinguished-scli/intl/index.html. [Last retrieved on 2020 Jul 01].
4. BBC News. Coronavirus: Police Take C Cl on Bondi Beach Crowds. Available from: https://www.bbc.com/news/world-australia-51984725. [Last retrieved on 2020 Jul 01].
5. SBS News. Coronavirus: Federal Government Advises Against Mass Gatherings from Monday. Available from: https://www.sbs.com.au/news/coronavirus-federal-government-advises-against-mass-gatherings-from-monday. [Last retrieved on 2020 Jun 21].
6. Hayne J. Australians are Living in ‘Pressure Cookers’, But Seeking Less help for Mental Health. Available from: https://www.abc.net.au/news/2020-04-29/mental-health-coronavirus-impact-beyond-blue/12196922. [Last retrieved on 2020 Jun 11].
7. Australian Government Department of Health. Head to Health: Mental Health and COVID 19; 2020. Available from: https://headtohealth.gov.au/ covid-19-support/covid-19. [Last retrieved on 2020 Jun 12].
8. Hawthorne L, Health Workforce Mobility. Migration and Integration in Australia. Presented at WHO 4th Global Forum on Human Resources for Health, Ireland, Dublin; 2017. Available from: https://www.who.int/hrh/Track-Health-workforce-mobility-Hawthorne-15Nov15h30-17h.pdf?ua=1. [Last retrieved on 2020 Jun 13].
9. Fisher JR, Tran TD, Hammarberg K, Sastry J, Nguyen H, Rowe H, et al. Mental health of people in Australia in the first month of COVID-19 restrictions: a national survey. 2020. Available from: https://www.mja.com.au/journal/2020/mental-health-people-australia-first-month-covid-19-restrictions-national-survey. [Last retrieved on 2020 Jun 29].
10. AFP. Coronavirus Drives Surge in Australia Domestic Violence Cases; 29 March, 2020. Available from: http://www.straitstimes.com/asia/australianz/coronavirus-drives-surge-in-australia-domestic-violence-cases. [Last retrieved on 2020 Jun 12].
11. Australian Bureau of Statistics 2015. Characteristics of Employment, Australia; August, 2015. Available from: https://www.abs.gov.au/ausstats/abs@.nsf/mf/6333.0. [Last retrieved on 2020 Jun 26].
12. Flint SM, Davis JS, Su J, Oliver-Landry EP, Rogers BA, Goldstein A, et al. Disproportionate impact of pandemic (H1N1) 2009 influenza on Indigenous people in the Top End of Australia’s Northern Territory. Med J Australia 2010;192:617-22.
13. COVID-19 National Incident Room Surveillance Team (2020). COVID-19, Australia: Epidemiology Report 19: Fortnightly Reporting Period Ending; 21 June, 2020. Available from: https://www1.health.gov.au/internet/main/publishing.nsf/Content/1D03CB8527F40C8BC258503000302EB/$file/covid_19_australia_epidemiology_report_19_fortnightly_reporting_period_ending_21_june_2020.pdf. [Last retrieved on 2020 Jun 26].
14. Henninger-Gomes L. Stress, Isolation, Suicide: Australia’s New Mental Health Officer on the Challenges of Covid-19; 24 May, 2020. Available from: https://www.theguardian.com/australia-news/2020/may/25/stress-isolation-suicide-australias-new-mental-health-officer-on-the-challenges-of-covid-19. [Last retrieved on 2020 Jun 26].
15. Wahlquist C, Simons M. Melbourne’s ‘Hard Lockdown’ Orders Residents...
of Nine Public Housing Towers to Stay Home as Coronavirus Cases Surge; 04 July, 2020. Available from: https://www.theguardian.com/world/2020/jul/04/melbournes-hard-lockdown-orders-residents-of-nine-public-housing-towers-to-stay-home-as-coronavirus-cases-surge. [Last retrieved on 2020 Jul 04].

16. Dempster A, Bogle I, Tesla C. Victorians Allegedly Abused, Cars Vandalised when Crossing into SA; 01 July, 2020. Available from: https://www.abc.net.au/news/2020-07-01/tensions-rise-amid-coronavirus-fears-along-sa-victoria-border/12409442. [Last retrieved on 2020 Jul 01].