Mental Health Ramifications of COVID-19:
The Australian context

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In the last several weeks, many Australians have been impacted by fear, anxiety and panic about coronavirus (COVID-19). Following on from the bushfire disasters over summer, the community has been in a heightened state of anxiety and struggling to manage the uncertainty surrounding the possible spread and impact of COVID-19. During an immediate pandemic, many people will experience high levels of anxiety and worry, however, for most, anxiety will decline over time as the virus is contained.

There will be a significant minority who will be affected by long-term anxiety as a result. Health care workers, people placed in quarantine, and individuals with life-threatening cases of COVID-19 are at increased risk of long-term mental health problems.

The following summary provides the best available evidence and literature in terms of what can be anticipated in the existing pandemic, after a large-scale outbreak and specific evidence-based mental health interventions that are needed in the short and long term.

What are the negative psychological consequences of COVID-19

Common consequences of disease outbreaks include anxiety and panic, depression, anger, confusion and uncertainty, and financial stress, with estimates of between 25% to 33% of the community experiencing high levels of worry and anxiety during similar pandemics [1]. People with pre-existing anxiety disorders, existing health anxiety (those who worry excessively about having or contracting illnesses), and other mental health disorders (e.g., depression, and post-traumatic stress) are at risk of experiencing higher anxiety levels during the COVID-19 outbreak, and may require more support or access to mental health treatment during this period. This means we will likely see higher rates of accessing mental health treatments and supports, although given concerns about attending in person, many people may be looking to get support in different ways.

Populations groups of increased risk

- As noted above, people with **pre-existing anxiety disorders and mental health problems** are at increased risk of experiencing significant anxiety and distress during a disease outbreak.

- **Health care workers** (including nurses, doctors and auxiliary staff) have been found to have high levels of anxiety during previous pandemics. Overseas experiences of COVID-19 suggest that if the healthcare system is overwhelmed then healthcare staff are likely to have to make decisions on rationing of critical care support. While this is not unusual, the scale and extent of this is likely to be unprecedented. Overseas medical staff have reported high levels of distress through watching patients die who could have, under usual circumstances, been saved. This type of moral injury is likely to have long term consequences on the mental health and morale of staff involved.

- **Being placed in quarantine** is an unpleasant experience and can have long-term negative psychological effects. A recent review found the potential psychological effects of quarantine include depression, PTSD symptoms, confusion, anger, boredom and loneliness. The review found that as many as a quarter of patients in quarantine had trauma-related mental health problems, with evidence that these symptoms could last for a number of years. Longer duration of quarantine, fears of infection (getting sick themselves, or infecting others), having inadequate supplies, inadequate information, experiencing financial loss, and stigma are associated with poorer outcomes following quarantine.

- **Unemployed and casualised workforce** are at increased risk of poorer mental health during times of economic instability and during pandemics [2]. High job insecurity is associated with stress, financial strain, poorer health and increased rates of depression and anxiety.

Recommended strategies

Offer practical support

Fear or anxiety about coronavirus/COVID-19 should not necessarily be regarded as pathological or in need of professional intervention. For those who are in a heightened state of anxiety or worry, it will typically reduce once the pandemic is resolved, and the majority will not require clinical treatment. Practical non-psychological health is likely to be the most effective way of reducing the mental health burden.

People who are unemployed or those with high job insecurity (casual workforce, small business owners) will be placed under financial strain due to the impact of COVID-19. There are currently 3.3 million Australians in Australia who do not receive sick leave entitlements; these individuals are likely to have increased stress levels due to the need to take forced unpaid leave, and because their financial security is being placed under threat. Job insecurity and the perception of job insecurity [3] have been shown to increase effects of poor mental health, and a three-fold increase in rates of anxiety and depression [4]. Practical support and financial resources for those who are under financial strain or whose jobs are at risk due to COVID-19 is an essential part of helping to reduce the mental health burden of the current situation.

Provide good quality information

Community fear and panic can be fuelled by rumours, myths and misinformation, sensationalised and alarmist media coverage, and confusing information and messaging and advice from experts and the government. Studies of prior pandemics show that media portrayals of respiratory illnesses are often threat-based and sensational, rather than accurate, factual, or informative about the symptoms of the virus, and how it can be prevented [6]. To counteract the spread of information (and associated anxiety), most people will need:

a. Access to free, trustworthy, high quality, and accurate information about COVID-19 from a centralised and trusted source.
b. Accurate information about the signs, symptoms, risk factors, about how to effectively prevent or control the disease will give the community a sense of control, and reduce confusion and uncertainty that contributes to anxiety. Having a single website that members of the public can access both information and evidence-based interventions.
c. Provide accurate information which makes the distinction between physical distancing and social distancing, in failing to delineate, this has the potential of having negative longer-term impacts for societal social inclusion. Encourage people to remain socially engaged as this is critical for community connectedness and wellbeing.

Offer technology enabled mental health services

An increased focus on technology enabled mental health is critical due to the fears of illness, and potential for a significant proportion of the community being placed in isolation or quarantine.

- Technology-enabled mental health services such as mobile apps, telehealth, and online treatment provide an efficient and practical means of delivering treatment to anxious individuals and communities. These services provide an accessible mechanism for people in the community to seek support, advice and practical strategies to manage anxiety, without having to attend in-person sessions. Studies show that online treatments can improve the most common types of anxiety and

stress reactions we would typically see during pandemics including health anxiety, generalised anxiety and stress, PTSD and depression [7-9]. Services such as the Black Dog Institute's Online Clinic which allows patients to be linked to these services, should be promoted as part of the broader response to the current crisis.

- Attending in-person therapy sessions may be too anxiety provoking for those who fear contracting COVID-19, or impossible for those in quarantine or self-isolation. This means those with existing mental health problems risk disturbances to their ongoing care – this increases the risk of relapse and worsening symptoms. The recent additions of new telepsychiatry Medicare items will assist with this but could go further.

- GPs need to be made aware of how they can use online programs to help their patients. eMHprac a resource guide for practitioners that provides an overview of various Australian online and tele-web programs should be disseminated through professional associations and colleges.

Understand the negative psychological impacts of mass quarantine

Consideration needs to be given to weigh the potential benefits of quarantine with the potential negative psychological effects [10]. For example, when deciding about whether to move from requiring self-isolation to mass quarantine of the population, governments should consider the potential negative psychological impacts, including depression, post-traumatic stress symptoms, confusion, anger, boredom and loneliness.

Voluntary quarantine is associated with lower levels of distress and fewer long-term health impacts. Factors known to exacerbate the stressful nature of quarantine include longer duration of quarantine, fears of being infected or infecting others, frustration and anger, boredom, inadequate supplies, inadequate information, experiencing financial loss (especially for those with low or uncertain income) and stigma.

Key evidence-based recommendations to minimize the potential harmful negative psychological effects of quarantine are as follows:

- Where possible limit the duration of quarantine and only quarantine for as long as necessary.

- Provide clear rationale for the purpose of quarantine.

- Provide clear information about protocols and guidelines about actions to take when quarantined.

- Provide sufficient medical and general supplies.

- Provide advice about strategies to ensure people in quarantine are accessing social support (via phone, telehealth, media, messaging) to minimise boredom and depression and manage stress/ anxiety.

- Reinforce the altruistic nature of quarantine and gratitude from health authorities.

Strengthen mental health support systems for health care workers

Special consideration needs to be given to front-line health care workers, who are either at risk of becoming infected with COVID-19, or in regular and direct contact with patients with COVID-19. They are likely to be experiencing understandable anxiety and concern about exposure to the virus and consequences to their health and the health of their loved ones and colleagues.

Studies show that front-line health care workers experience higher anxiety than the general community about contracting viruses during pandemics [11]. Most affected by anxiety are nurses, and auxiliary staff (reception staff, practice managers), and to a lesser extent, some medical doctors will also be affected by anxiety about contracting COVID-19.

Feeling informed, prepared and properly trained, having access to the appropriate protective equipment and access to psychological support, all help to alleviate fears and can help to minimise the impact of psychological distress on health care workers. In addition to these practical measures, additional and ongoing psychological support is likely to be needed for frontline healthcare workers. Consideration should also be given to establishing an ongoing program of mental health monitoring for impacted healthcare workers.

Provide mental health screening support for COVID-19 patients

In past pandemics, patients who experienced severe and life-threatening illnesses were at risk of post-traumatic stress disorder and depression, months to years following their illness [12, 13]. Appropriate systems and supports need to be put in place to screen patients, especially hospitalised patients who have survived COVID-19, to screen for common mental health problems and to provide appropriate psychological supports. This type of monitoring program needs to be centrally managed and should be linked to ongoing data collection to allow responses to adapt over time.

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