

Mental Health and COVID-19 Findings Survey #2

September 2020

Content warning:

This report contains information about experiences that you may find distressing, including suicide and self-harm. If you are triggered by anything in this report, please call our new service, CHECK-IN, immediately on 1800 845 009.

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SURVEY DETAILS

In March 2020 VMIAC conducted a survey to identify the impact of COVID-19 on our members and others experiencing mental distress. The results of that survey identified a number of concerns, one of which was a significant increases in mental distress including rates of suicidal ideation. VMIAC was able to raise these issues with other services and the Department of Health and Human Services, which advised us that our [initial COVID-19 survey](#) was a major contributor to understanding the pandemic's effect on mental and emotional distress across Victoria.

After the second wave of COVID-19 hit and Stage 4 restrictions were implemented, we knew this would have an impact on people living with mental or emotional distress. Therefore, to better understand how they have been affected, how it differs from the first wave and what services are needed to sufficiently support them, we designed this Survey #2.

The survey ran for two weeks in August and included 29 questions, both open and multiple choice. Where there were multiple choice questions, participants were asked to choose a maximum of three answers so we could gauge the most significant experiences and emotions for them during this time. Some figures may not add up to 100% where 'Prefer not to say' results have been removed. Some figures may add up to 99% or 101% where decimal places in percentages have been rounded up or down.

In total, we had 226 responses from different genders, ages, cultural and linguistic backgrounds, and regions across the state.

SURVEY DEFINITIONS

‘First wave’: the time from the original lockdown in March to when the restrictions eased in early July.

‘Second wave’: the time from the reinstatement of stage three restrictions in early July, and the introduction of stage four restrictions, to present.

‘Respondents’ are those who participated in this survey.

Findings are shown by the percentage of respondents (%), followed by the total number of respondents.

This report is written in the past tense. Even though we are still in the second wave of COVID-19 in Victoria, these findings are from the time the respondents completed the survey. Therefore, at the time of publication, the findings may have changed.

CHECK-IN

As a result of the findings from our first survey the Hon Martin Foley, Minister for Mental Health at the time, provided funding to VMIAC to establish a peer support program. The focus of the program is for people with lived experience, of mental or emotional distress, who are finding the current pandemic situation difficult and would benefit from a peer-based response.

This service is now in operation and is part of the programs offered by VMIAC.

CHECK-IN works from a strengths-based approach and uses a structured model. Its aim is to help people with lived experience to improve their ability to cope with issues related to COVID-19 and more easily manage distress or anxiety.

Please note that CHECK-IN is not a crisis service. If you, or someone you know is in crisis, please call Lifeline or Beyond Blue.

To participate in CHECK-IN, please call 1800 845 009, or [click here to find out more.](#)



SURVEY SUMMARY

In our first survey, 75% of respondents reported that their mental health was worse in the first wave of the pandemic compared to before. In this second survey, 75% of respondents felt their mental health was **even worse** in the second wave of the pandemic compared to the first.

A higher percentage of men, 80%, compared to 73% of women, identified that their mental health was worse in the second wave than the first wave. This higher percentage does not necessarily represent that, overall, men's mental health was worse than women's. According to our first survey women reported higher levels of mental distress since COVID-19 began, as men did not report feeling their mental health was as negatively affected during the first wave of COVID-19, according to our first survey.

Understanding that 79% of women felt their mental health was worse in the first wave, with 73% feeling even worse during the second wave, women would still appear to be more adversely affected by the pandemic.

Women had higher levels of depression and hopelessness, while men had more experiences of loneliness, stress and anger. Neither women nor men felt highly positive, however, men did feel more positive than women. This is interesting given that men felt their mental health was worse in the second wave compared to the first.

SURVEY SUMMARY CONTINUED

Lacking motivation and/or tiredness were by far the most common feelings during the second wave. Since the first wave of COVID-19, lacking motivation and/or tiredness had increased by 28%, whilst anxiety and/or panic decreased by 24%. However, it is important to note that our first survey did not ask respondents to choose specific emotions they felt during the first wave; these respondents noted lacking motivation and/or tiredness and anxiety, unprompted by us.

The most frequently accessed service during the second wave of COVID-19 were Chemists. Psychologists, Therapists or Counsellors and GPs via Telehealth. However, there were mixed responses about Telehealth as a service.

An interesting finding was that Mental Health hotlines were the second least accessed service during the second wave. It would be useful to conduct research to understand why these hotlines are accessed so rarely by the respondents. Considering the hotlines were easily accessible during this time and highly promoted across the state, we could assume that the hotlines were potentially not effective as mental health support for people who already have mental distress and want or need more than a short connection and possible referral.

When asked what they found most helpful during the second wave, the top options chosen by respondents were connecting with others (41%, 92), working or studying (34%, 77), animals (33%, 77), exercising (30%, 68) and hobbies (27%, 61).

SURVEY SUMMARY CONTINUED

The most concerning findings from this second survey, however, were regarding respondents' behaviour.

Half of all respondents experienced either suicidal thoughts or attempts during the second wave. A fifth of respondents experienced self-harm, whilst over 70% have used alcohol or drugs inappropriately.

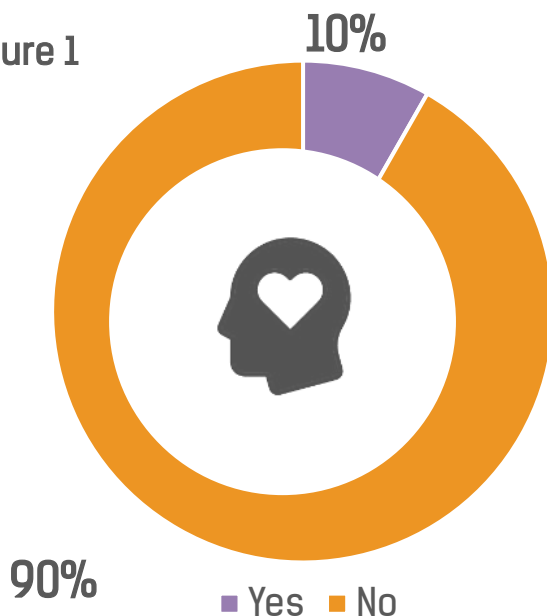
In addition, over three-quarters of respondents have experienced anger, over half are withdrawn, and 20% have experienced violence towards themselves or inflicted it upon others.

These statistics document harmful and destructive behaviours to self and potentially to others, which is extremely alarming. They raise the need to investigate more effective ways to understand and support those people experiencing them, as well as what is required to eradicate these behaviours altogether.

RESPONDENT DETAILS: MENTAL HEALTH AND GENDER

Of the 226 respondents who responded to our second survey:

Figure 1



Lived experience of emotional or mental distress

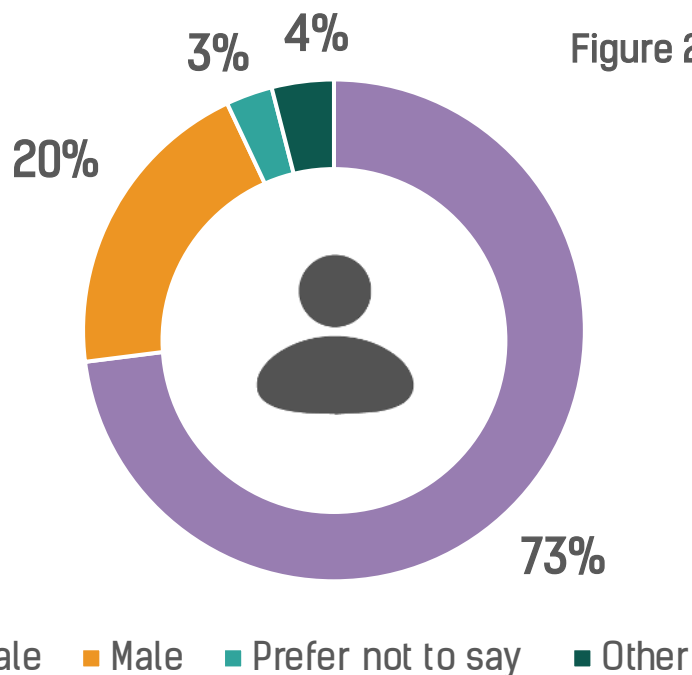
90% had lived experience of mental or emotional distress prior to the first wave of COVID-19.*

Gender

There was a similar division of genders in both the first and second surveys.

The 4% of respondents who chose 'Other' included non-binary, genderqueer, gender diverse and transgender.

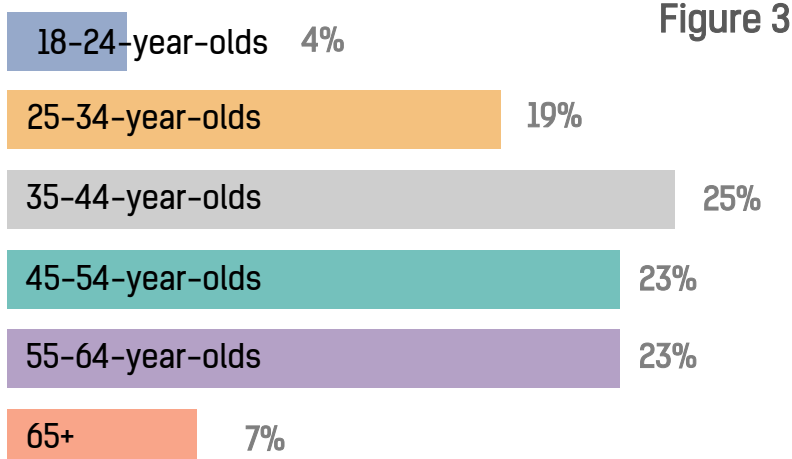
Figure 2



**Even though VMIAC is the peak Victorian organisation for people with a lived experience of mental health or emotional challenges, it is important to spread awareness amongst those without lived experience to strengthen understanding and encourage support to build a community of allies.*

RESPONDENT DETAILS: AGE & ETHNICITY & CULTURAL DIVERSITY

Age Groups



Ethnicity and Cultural diversity

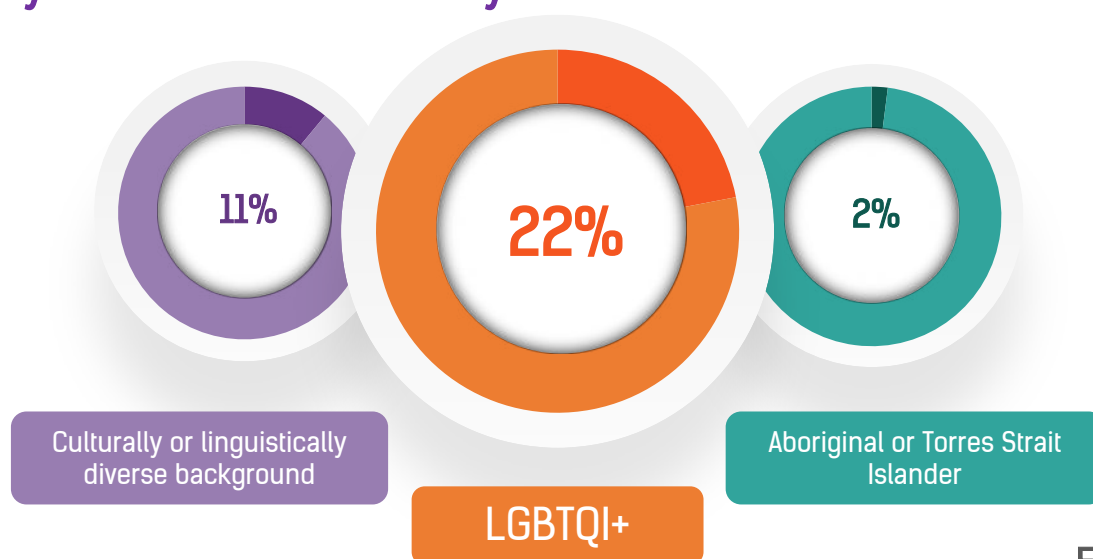


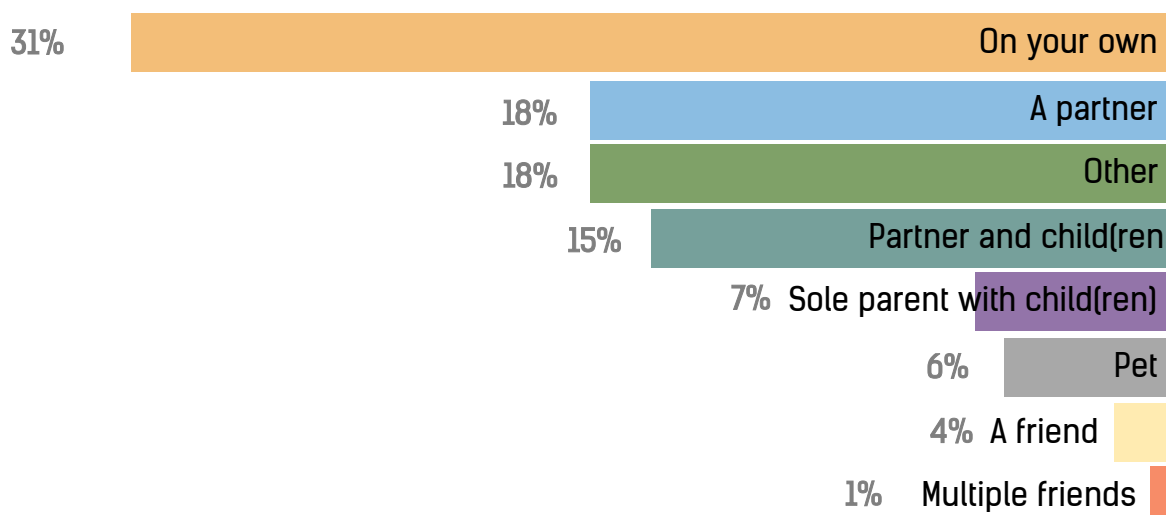
Figure 4

Unfortunately, responses from Aboriginal or Torres Strait Islanders were low and therefore cannot be considered a fair representation of that community. *For future research, we want to encourage more Aboriginal and Torres Strait Islanders to engage with us so we can have a better understanding of how we can engage more appropriately with them.*

We have included LGBTQI+ in the section of cultural diversity in recognition of them choosing to identify as such for this survey.

RESPONDENT DETAILS: WHO THEY WERE IN ISOLATION WITH

Figure 5



18% (41) of respondents selected 'Other'. This included respondents isolating with parents and siblings or housemates. It also included respondents who were currently residing on a mental health ward in hospital and, therefore, with other people with lived experience or emotional distress.

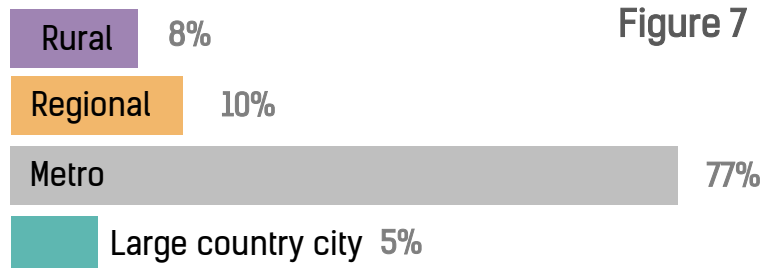
37% of respondents were in isolation alone or with a pet. This means without human physical contact in their isolation, which might link to the high responses of loneliness (see page 18).



Figure 6

RESPONDENT DETAILS: RESIDENCE & EMPLOYMENT STATUS

Residence within Victoria



As can be seen in Figure 5, the vast majority (77%) of respondents lived in the Melbourne Metropolitan area.

Employment status

Figure 8

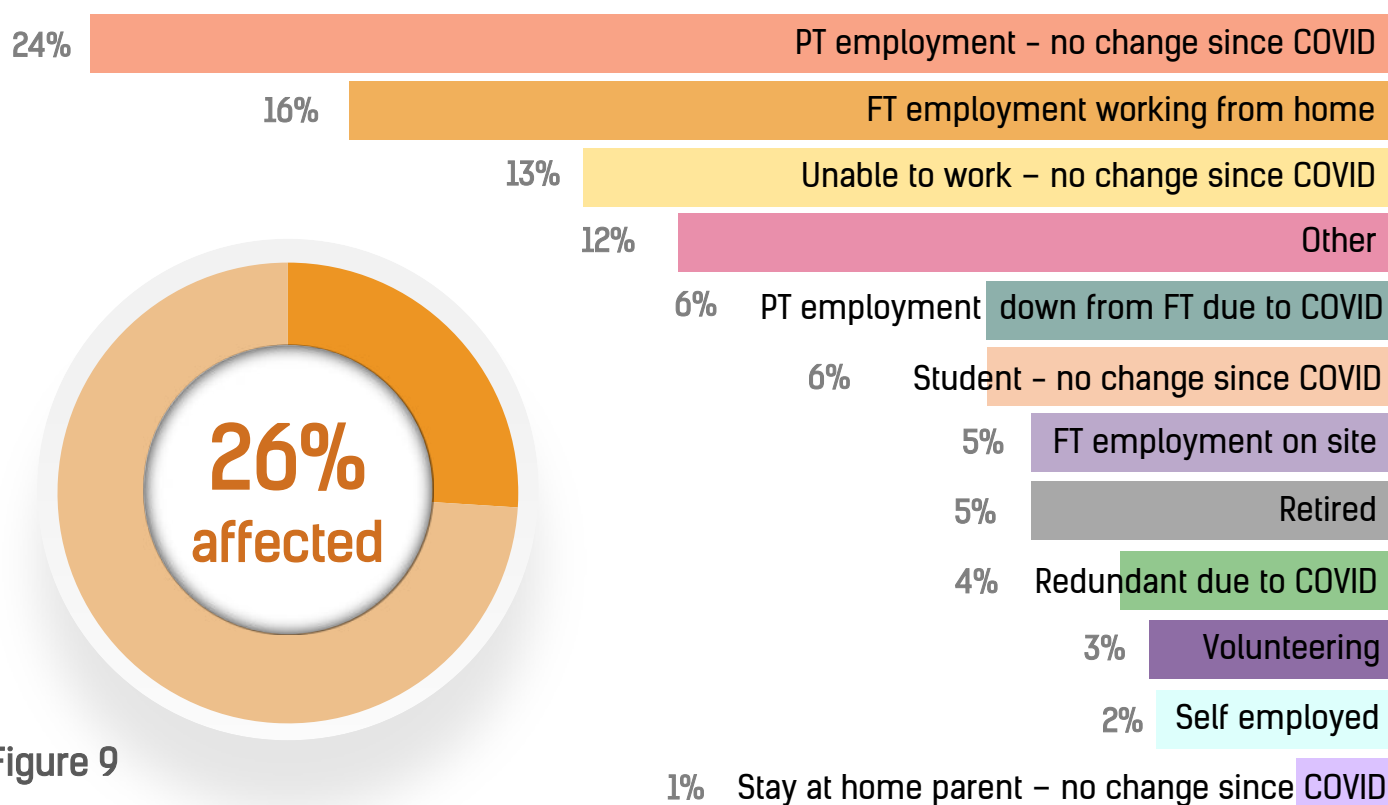


Figure 9

56% of respondents were employed, self-employed or volunteering.

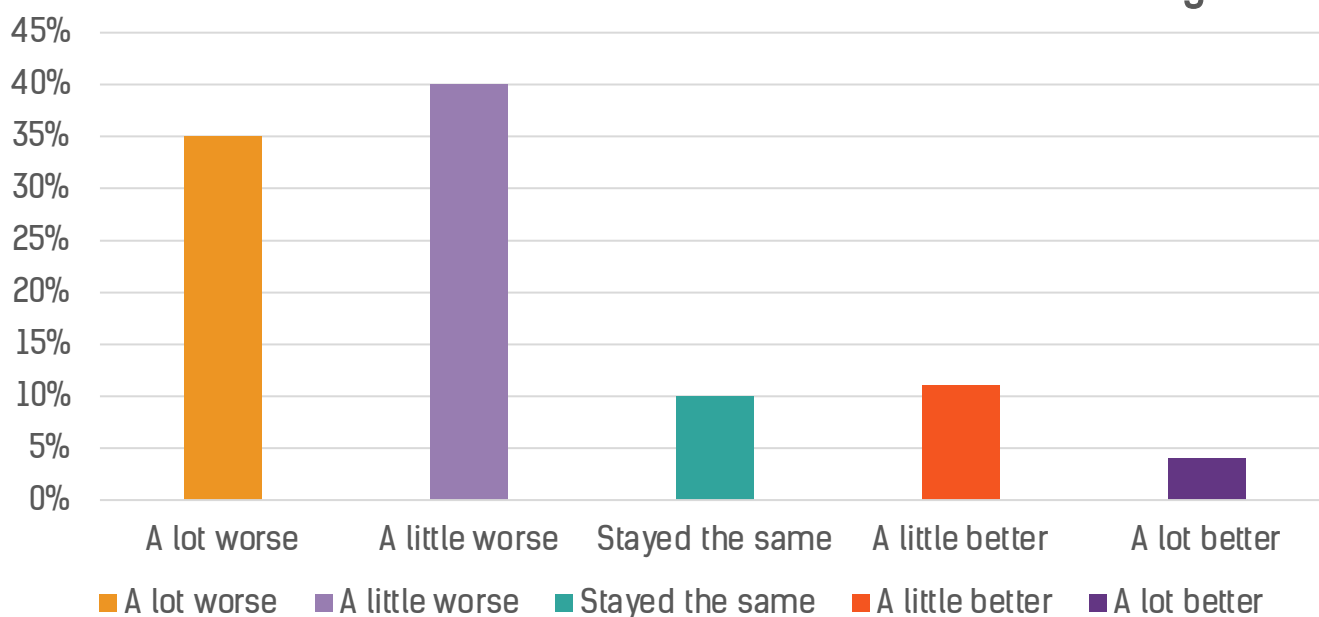
26% of respondents' employment had been affected by COVID-19 including working from home, part-time as a result of the pandemic, and redundancy.

The 12% (27) of respondents who selected 'Other', included Disability Support Pension, casual work and looking for work.

COMPARISON OF MENTAL HEALTH STATUS BETWEEN FIRST AND SECOND WAVES

The majority of respondents reported that their mental health in the second wave was worse compared to the first wave.

Figure 10



75% (169) of the respondents stated that their mental health was worse during the second wave of COVID-19 compared to the first, with 35% (78) reporting that their mental health was *a lot* worse and 40% (91) *a little* worse.

This increase needs to be seen in light of the increase reported in the first survey; together they indicate a major concern of steadily increasing mental distress.

15% (34), however, actually felt their mental health was a little or a lot better, and just 10% (23) felt it had stayed the same.



Figure 11

GENDER ANALYSIS OF MENTAL HEALTH STATUS

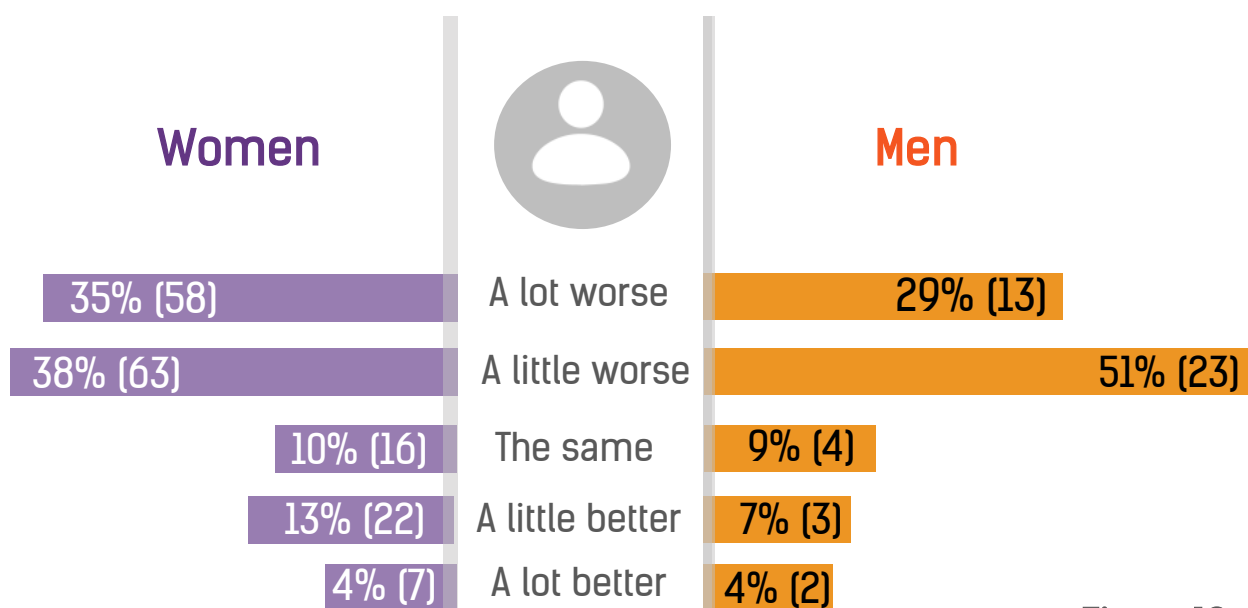


Figure 12

73% (121) of women felt their mental health was either a lot or a little worse in the second wave of COVID-19 compared to the first. This needs to be considered in light of the high increase of mental health deterioration in the first wave.

80% (36) of men reported that their mental health was worse in this second wave compared to the first. However, this higher percentage does not mean that men's mental health was worse than women's. This percentage is likely to be higher as men didn't feel their mental health was as negatively affected during the first wave of COVID-19 as women did, [according to our first survey](#). 52% (27) of men felt worse in the first wave of COVID-19 than pre-COVID-19, compared to 79% (112) of women.

Therefore, understanding 79% of women felt worse in the first wave, and 73% of them were feeling even worse during the second, women would appear to still be more adversely affected by the pandemic.

ETHNICITY & CULTURAL DIVERSITY ANALYSIS OF MENTAL HEALTH STATUS

| Mental Health | Aboriginal or Torres Strait Islander | Culturally or linguistically diverse background | LGBTQI+ |
|------------------------|--------------------------------------|---|----------|
| A lot worse | 2 | 38% (9) | 34% (17) |
| A little worse | 2 | 42% (10) | 36% (18) |
| Stayed the same | 0 | 8% (2) | 12% (6) |
| A little better | 1 | 8% (2) | 16% (8) |
| A lot better | 0 | 4% (1) | 2% (2) |

Figure 13

As reported earlier in this report, the numbers of respondents from Aboriginal or Torres Strait Islander backgrounds (5) and those from culturally and linguistically backgrounds (24) was very low and difficult to interpret. However, of the respondents who identified as Aboriginal or Torres Strait Islander and those who identified as a person from a culturally or linguistically diverse background, four of the five reported that their mental health was worse in the second wave compared to the first wave.

For those from culturally and linguistically diverse backgrounds 80% (19) felt worse in the second wave than in the first.

Of the respondents who identified as LGBTQI+, 70% felt either a lot or a little worse, while interestingly 18% (10) stated that their mental health was a little or a lot better in the second wave compared to the first, which was above the 15% average of all respondents. This is interesting data and worth further consideration.

ISOLATION SITUATION ANALYSIS OF MENTAL HEALTH STATUS

Figure 14

| Mental Health | On my own | Pet | A partner | A friend | Multiple friends | Sole parent with child(ren) | Partner and child(ren) |
|------------------------|-----------|---------|-----------|----------|------------------|-----------------------------|------------------------|
| A lot worse | 33% (23) | 38% (5) | 24% (10) | 63% (5) | 0% | 44% (7) | 35% (12) |
| A little worse | 43% (30) | 62% (8) | 51% (21) | 0% | 100% (2) | 38% (6) | 32% (11) |
| Stayed the same | 10% (7) | 0% | 5% (2) | 38% (3) | 0% | 6% (1) | 18% (6) |
| A little better | 10% (7) | 0% | 15% (6) | 0% | 0% | 13% (2) | 6% (2) |
| A lot better | 4% (3) | 0% | 5% (2) | 0% | 0% | 0% | 9% (3) |

As already noted, the majority of participants, regardless of who they were with in isolation, felt worse in the second wave of COVID-19 compared to the first.

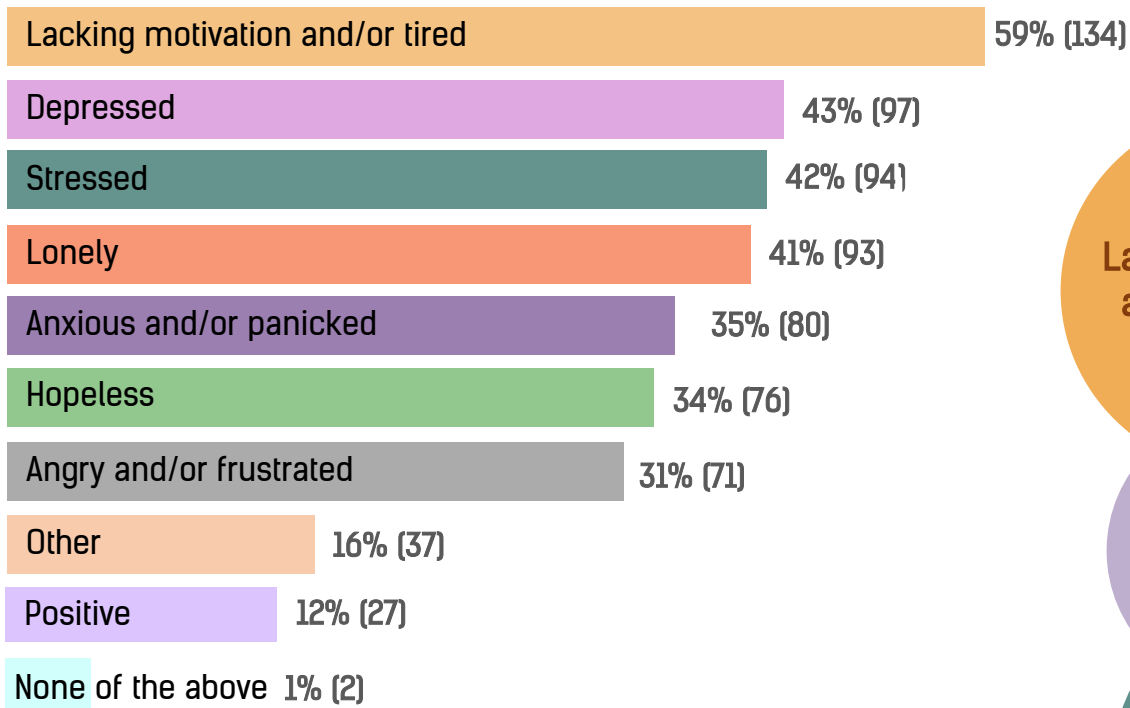
82% of sole parents with children reported feeling worse.

Whether on their own or with a pet, that is without any physical human contact, 80% (66) felt a little or a lot worse. (See Appendix 1 for full findings.)

Only eight of all respondents reported feeling a lot better and ten reported feeling a little better.

EMOTIONS FELT DURING THE SECOND WAVE ANALYSIS

Figure 15



Lacking motivation and/or tiredness was by far the most common feeling during the second wave at 59% (134), compared to the second reported feeling which was depressed at 43% (97).

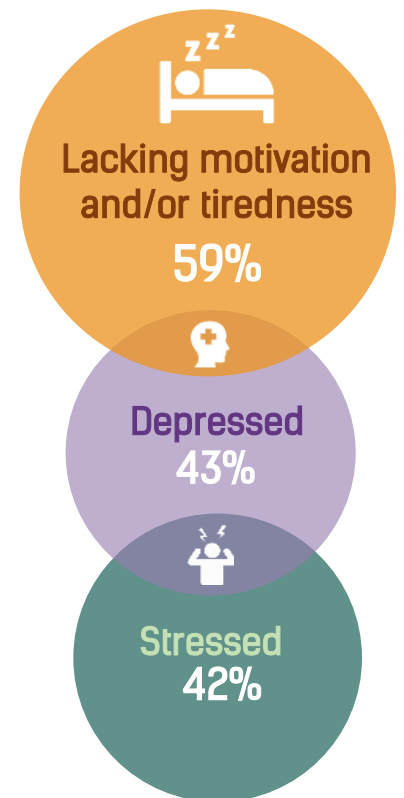
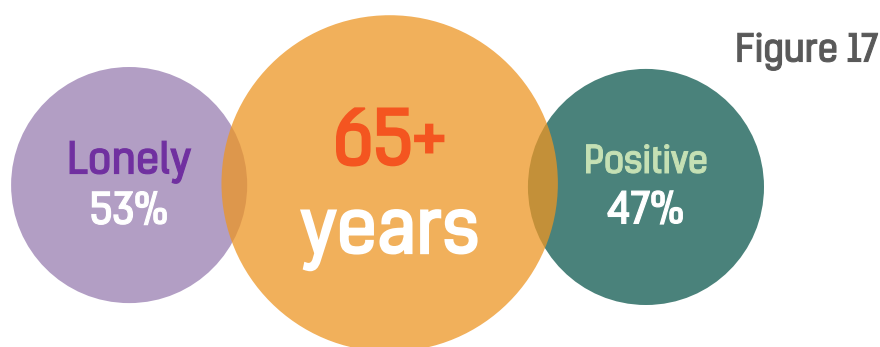


Figure 16

EMOTIONS: ETHNICITY & CULTURAL DIVERSITY ANALYSIS

Age analysis

Further analysis of feelings during the second wave identified that only the 65+ age group did not select lacking motivation and/or tiredness as their top choice, rather selecting loneliness (53%, 8). Interestingly, the second most common feeling was positivity at 47% (7). (Please see Appendix 2 for full findings.)



Ethnicity & cultural diversity analysis

Figure 18

| Mental Health | Aboriginal or Torres Strait Islander | Culturally or linguistically diverse background | LGBTQI+ |
|-----------------------------|--------------------------------------|---|----------|
| Anxious or panicked | 2 | 21% (5) | 37% (18) |
| Depressed | 3 | 58% (14) | 41% (20) |
| Lonely | 1 | 54% (13) | 49% (24) |
| Lacking motivation or tired | 4 | 71% (17) | 53% (26) |
| Stressed | 2 | 33% (8) | 37% (18) |
| Angry or frustrated | 1 | 25% (6) | 27% (13) |
| Hopeless | 1 | 33% (8) | 24% (12) |
| Positive | 1 | 8% (2) | 8% (4) |
| None of the above | 0 | 0% | 2% (1) |

Analysis by ethnicity and cultural diversity of the feelings felt during the second wave of COVID-19 found that the results were consistent with those of the rest of the respondents. The second most commonly reported emotion for both groups was depression. Respondents who identified as LGBTQI+ felt lonely at 49% (24) and depressed at 41% (20).

EMOTIONS: GENDER ANALYSIS

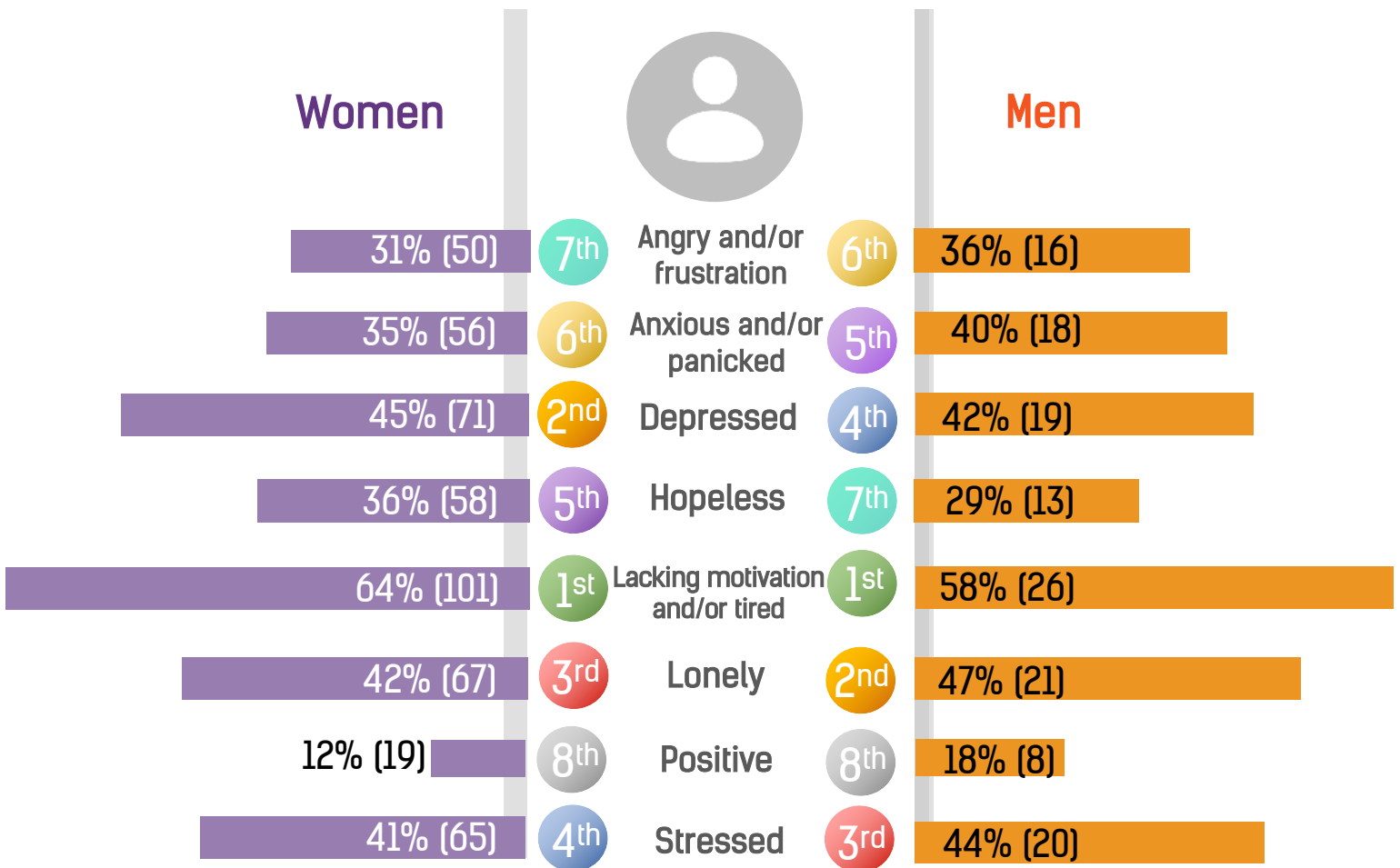


Figure 19

Again, lacking motivation and/or tiredness was the most chosen emotion for both women and men, although women reported this more often. Women were more likely to chose depression as their second choice while men reported higher feelings of loneliness and stress.

A key difference between women and men, in terms of emotions, was that women felt more hopeless than men, and men reported more anger and/or frustration.

Neither gender felt highly positive, however men did feel more positive than women. This is interesting considering men reported that their mental health was worse in the second wave compared with the first.

EMOTIONS: SECOND WAVE VS FIRST

Figure 20

Figure 20

2nd

1st

| Emotion | Order of most common | % of respondents | Order of most common | % of respondents |
|---------------------------------|----------------------|------------------|----------------------|------------------|
| Lacking motivation and/or tired | 1 | 59% (134) | 2 | 46% (103) |
| Depressed | 2 | 43% (97) | 4 | 35% (79) |
| Stress | 3 | 42% (94) | 1 | 47% (106) |
| Loneliness | 4 | 41% (93) | 3 | 35% (80) |
| Anxious or panicked | 5 | 35% (80) | 2 | 46% (103) |

Respondents were asked how they felt during the first wave compared to the second wave. In both circumstances the reported top five feelings were the same, however, the order of these was different.'

As shown in the table above, lacking motivation and/or tiredness was by far the most common feeling during the second wave and since the first wave of COVID-19, this feeling had increased by 28%, whilst anxiety and/or panic decreased by 24%.

However, it is important to note that respondents in the first survey relating to the first wave stated these emotions unprompted by us. We used that information from the first survey to give options for respondents to choose from in this survey.

77% (173) of all respondents stated they also experienced new emotions during the second wave compared to the first.

BEHAVIOUR EXPERIENCED

While the emotions being experienced by respondents lead to concern, there is even greater concern when behaviours are considered.

Total respondents to each behaviour differed, as not all respondents selected 'not at all' where they hadn't experienced specific behaviours.

Figure 21

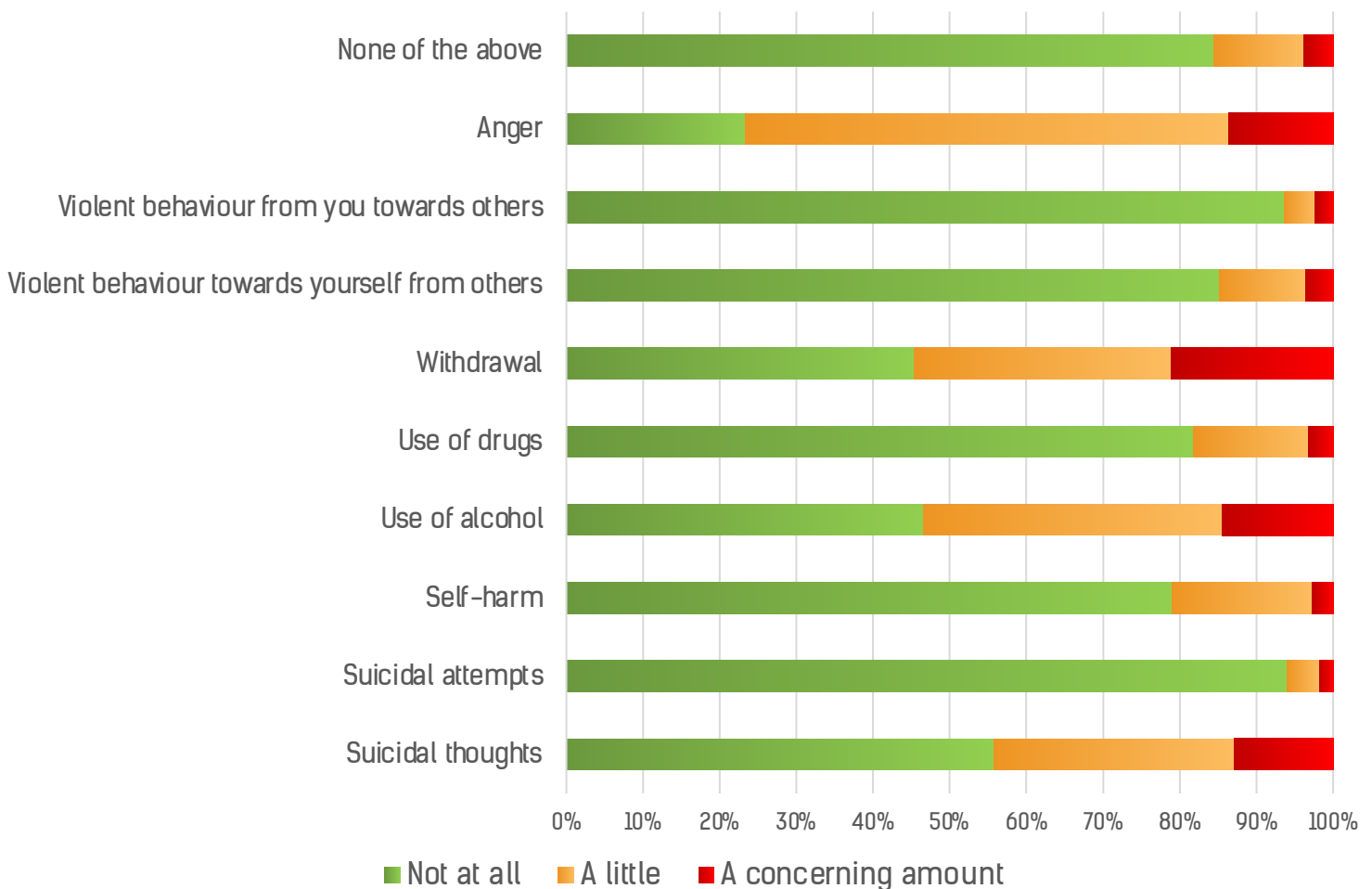


Figure 21 shows that the second wave saw a rise in the level of suicidal thoughts and attempts, with an overall increase of 50%, compared to 4% during the first wave. While we did not ask how respondents had dealt with this, it is necessary to examine the support provided to respondents since the beginning of the pandemic.

Levels of anger, withdrawal and use of alcohol are also extremely alarming.

BEHAVIOUR: SELF-HARMING AND VIOLENCE ANALYSIS

Self-harming behaviour

Further, there has been a reported increase in self-harm between the two stages of the pandemic, with 21% (45) of respondents experiencing a little or a concerning amount of self-harm, 53% (118) having used alcohol and 18% (39) using drugs in the second wave.

Other examples of self-harming behaviour were related to food and included: worsening of *'binge eating'*, *'stopped eating'*, and *'eating disordered habits returning'*.

Violence

15% (32) of respondents experienced violent behaviour from others, whilst 6% (14) of respondents inflicted violence upon others during the second wave.

Below is a breakdown of the respondents who experienced violent behaviour towards them from others.

By gender: While there was a similar percentage of both men and women respondents, the numbers were significantly different:

- 14% (23) of women respondents had experienced violence against them
- 13% (6) of men respondents had experienced violence against them
- 1 person was nonbinary
- The remaining respondents did not disclose their gender, therefore the number of respondents by gender does not total 32.

BEHAVIOUR: VIOLENCE ANALYSIS

CONTINUED

By ethnic and cultural diversity: The numbers in these groups were too small to report.

By residence within Victoria: Although the numbers are small, there is an indication that violence is more likely for those living outside metropolitan Melbourne as is shown in the following figures:

- 27% (3) lived in a large country city
- 23% (5) lived in regional Victoria
- 12% (2) lived in rural Victoria
- 12% (21) lived in Metro Melbourne.

By who they were in isolation with:

- 44% (7) were isolated as a sole parent with child(ren)
- 19% (13) were isolated on their own
- 15% (5) were isolated with their partner and child(ren)
- 2% (1) were isolated with just their partner
- 8% (1) were isolated with just their pet
- 15% were isolated with 'Other', which included parents, family and housemates.

Of those living with a partner and/or partner and child(ren) who had experienced violence towards them, all were women.

BEHAVIOUR: ANGER & WITHDRAWAL ANALYSIS

There has been a significant increase in levels of anger between the first and second waves of COVID-19, with only 23% (52) stating anger and/or frustration as one of their top three emotions for the first wave, compared with 77% (168) in the second wave. This is an increase of 235%.

We must take into account that when asked about emotions during the first wave, consumers had to choose just three emotions and in the second survey they were asked specifically about levels of anger. While an increase could be expected, this percentage increase is extremely concerning.

Some comments implied that this increase came from:

- *'loss of trust in our political leaders to give us all the duty of care we deserve'*
- *'annoyance and frustration with arbitrary rules of govt',* and
- *'anger in the context of reliving psych IPU [Inpatient Unit] trauma and the associated distress'.*

Over half of the respondents (54%, 119) had experienced withdrawal. This is concerning given the current limitations on how we can interact and seek support, in person, especially at a time when connecting with others is key.

BEHAVIOUR: SUICIDAL IDEATION & ATTEMPTS ANALYSIS

Over half of the respondents had experienced suicidal thoughts or attempts during the second wave of COVID-19.

Of the 215 who responded to this question, 44% (95) reported a little or a concerning level, with 6% (13%) attempting suicide during the second wave of COVID-19. **Therefore, exactly half of all respondents had experienced suicidal behaviour during the second wave.**



Figure 22

This is a significant increase from [our first survey](#) that found 4% of all respondents noted suicidal attempts, ideation or self-harm. However, it is important to note that our first survey did not specifically ask about suicidal and self-harming behaviours. The 4% of respondents noted suicidal attempts, thoughts or self-harm unprompted by us.

Of those 50% who had experienced suicidal behaviour in the second wave, all had or are currently living with mental or emotional distress.

Concerning comments from respondents included:

"Not being able to function to voice pain and distress."

"Incapable of achieving anything worthwhile or of value."

BEHAVIOUR: SUICIDAL IDEATION ANALYSIS

Suicidal ideation and emotions felt during the second wave

Of those who had experienced suicidal ideation (44%, 95), the most common emotions felt at the time of the survey included depression (65% 62), lacking motivation and/or tiredness (59%, 56), loneliness (53%, 50), and feelings of hopelessness (49%, 47). Depression amongst this group was higher than the respondent average of 43% (97).

12% (11) of respondents who experienced suicidal ideation also experienced violent behaviour towards them from another person, whilst 19% (18) reported engaging in violent behaviour towards others.

Suicidal ideation and gender

Of all women respondents, 42% (70) experienced suicidal ideation during the second wave, compared to 31% (14) of men respondents. Of all gender diverse, non-binary or transgender respondents, 75% (6) experienced suicidal ideation. Even though this number of gender diverse respondents is not large enough to reflect behaviour absolutely, the percentage is still extremely concerning.

Suicidal ideation and age

Suicidal ideation was more prevalent in 18-24 year-old respondents at 63% (5/8) and the least prevalent in 65+ age group at 33% (5/10). Across the other age groups, the percentages of those who experienced suicidal ideation was similar. See Appendix 3 for full findings.

BEHAVIOUR: SUICIDAL ATTEMPTS ANALYSIS


Of those who attempted suicide in the second wave of COVID-19 (13), one respondent identified as Aboriginal or Torres Strait Islander, two identified as culturally or linguistically diverse and four as LGBTQI+.

Nearly half were in isolation on their own (4) or living with a pet (2).

Six respondents who attempted suicide also used alcohol inappropriately, two used drugs, six inflicted violent behaviour on others, four experienced violent behaviour from others towards them, and 11 had experienced either a concerning or a little amount of anger.

Of the 13 respondents who had experienced suicidal attempts 10 were women and one man.

Concerning comments included:



"Dreading waking up alive the next day"

"Suicidal and retraumatised from psych IPU [Inpatient Unit] trauma"

POSITIVE EXPERIENCES

Surprisingly, given the negative emotions and behaviours reported by respondents, 58% (131) experienced some positives.

60% (100) of women found positives and 40% (18) of men. This correlates with our findings that men found the second wave harder than the first compared to women, however, disputes that men **felt** more positive (18%) compared to women (12%). (See page 20).



Figure 23

The age group that found the most positives were:

- 45-54 year-olds 75% (38/51)
- 18-24 year-olds, however, this represents just 6 out of 8 respondents, therefore isn't representative of the age group.

It is important to clarify that finding something positive in a situation is not the same as **feeling** positive, as just 12% (27) of respondents chose 'positive' when choosing their top three emotions experienced during the second wave. The positives mentioned included:

- *'more time for self-care'*
- *'saving money'*
- *'better work life balance'*
- *'everywhere is quieter'* with *'air cleaner'*, *'less noise'* and *'less traffic'*
- *'enjoying time'* with family or partner
- *'People are keeping an eye out for each other'; 'learnt more about technology'; and*
- *'physical health not in such crisis'*

EFFECTS OF THE SECOND WAVE

The most common effects impacting respondents' mental health were: feeling more isolated at 46% (103), going back into lockdown after restrictions had eased at 45% (101), length of time 39% (89), and only being allowed outside for an hour and just 5km away from home, also at 39% (89).

'Other' effects included being separated from family, lack of face-to-face contact, despair at the state of the world, 8pm curfew, lack of support from services, and uncertainty.

Figure 24

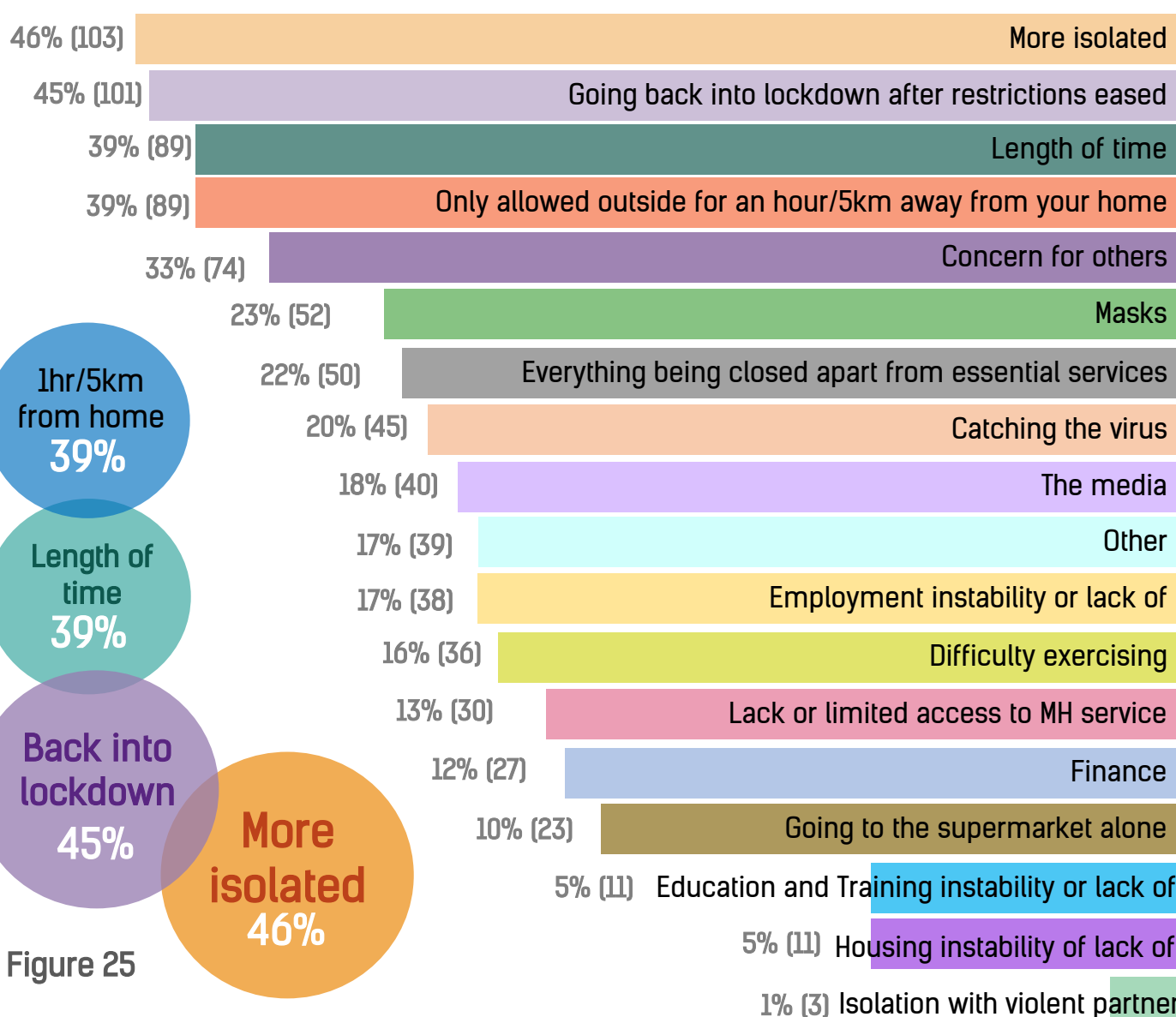
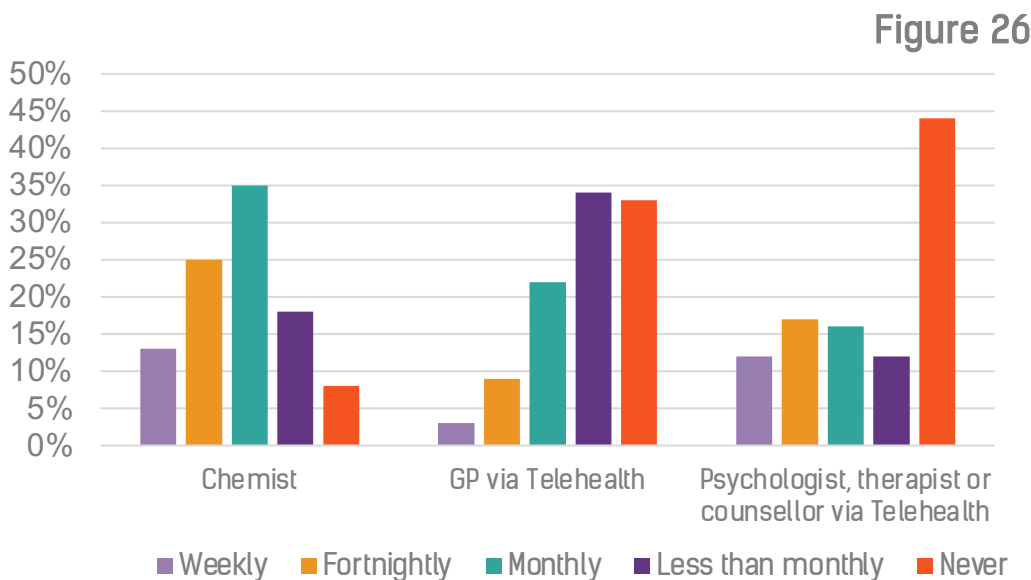


Figure 25

SERVICES ACCESSED DURING COVID-19

'Weighted average' is the average rating for each answer choice. In this case, the result closest to 1 would be the most accessed service and 5 the least.



As shown in Figure 28, the most frequently accessed service during the second wave were Chemists (2.83). Psychologists, Therapists or Counsellors and GPs via Telehealth were also accessed frequently.

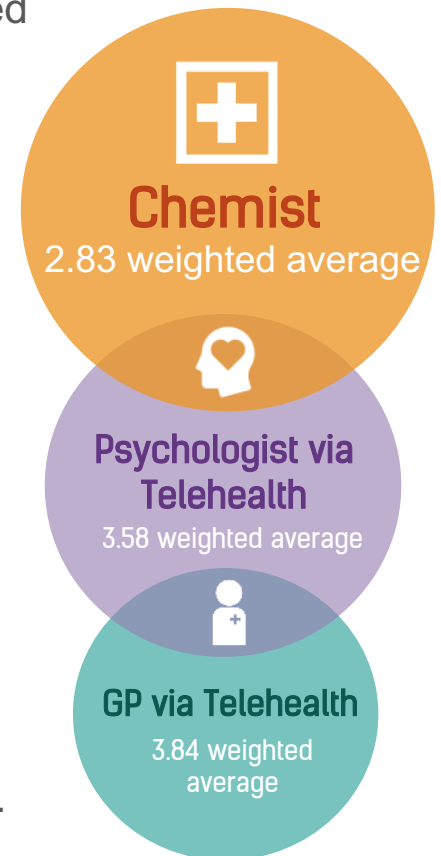


Figure 27

The least used services were Emergency Departments with a weighted average of 4.82, followed by Mental Health hotlines (4.66) and Carers (4.62). It is interesting to note that Mental Health hotlines have been rarely accessed considering they are easily accessible during this time and highly promoted

across the state. We must then consider why these services were not being used. (Please see Appendix 4 for full findings).

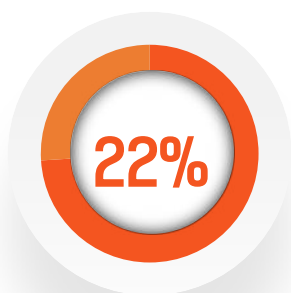
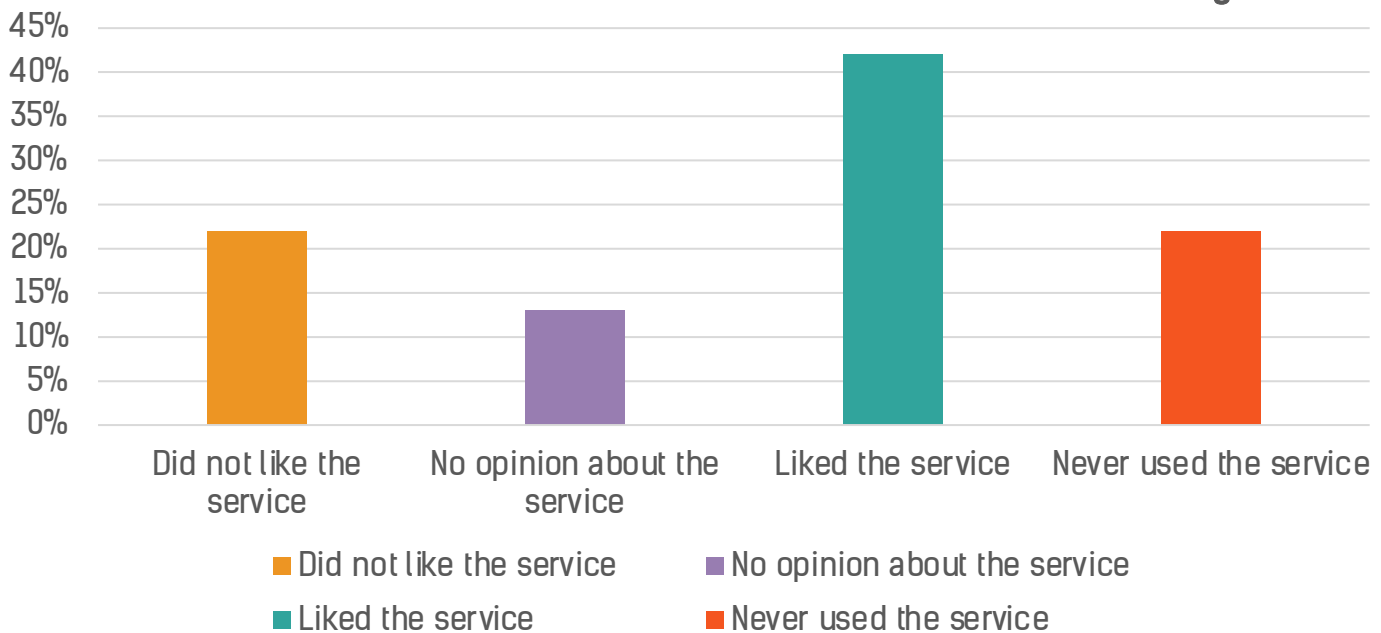


Figure 28

74% (167) of respondents stated that use of services was different. Pre-COVID-19; the majority noted this was due to accessing services online via Telehealth instead of face-to-face.

TELEHEALTH ANALYSIS

Figure 29



22% (50) of respondents had never used Telehealth and of the 88% (176) who had, 22% (50) did not like it.

Reasons for this included:

- the service being *'impersonal'* and experiencing *'less connection'* with the service provider
- *'very stressful to keep trying with failed tech'*
- *'hard to find space to talk'* with *'less privacy to feel safe talking'*
- *'adding to screen time as on Zoom all day'*, and
- *'prefer face to face appointments'*

"I cannot gauge the person on the other end without being in the same room as someone. It's all very well saying to do Telehealth but people need real contact with real people outside of those that they live with where stresses can be increased."

TELEHEALTH ANALYSIS CONTINUED

For those respondents who wouldn't consider using Telehealth counselling or psychology appointments, their reasons were similar to those who had tried it and did not like it, as shown on page 32.

Other reasons included:

- the inability to *'get the same psychological/emotional support'*
- *'makes [respondent] feel isolated and alone'*
- *'unreliable internet'*; and
- lack of *'availability of appropriate counsellors'* via the service

Some also stated that they did not know Telehealth was an option. For those respondents, it is possible that once they tried Telehealth, they would feel more comfortable to consider it as an option in the future.

A majority of respondents (42%, 96) did like Telehealth for the following reasons:

- it *'reduced some anxieties that come with face to face'*
- *'having access without compromising health'*
- ability to *'get help from the safety of home'*
- *'not having to travel long distances'*
- being *'home after the appointment when (respondent) may be upset or emotional'*, and
- it is a *'convenient'* and *'easy to use'* service.

TELEHEALTH ANALYSIS OF MENTAL HEALTH STATUS

Figure 30

| Mental Health | Did not like the service | No opinion about the service | Liked the service | Never used Telehealth |
|------------------------|--------------------------|------------------------------|-------------------|-----------------------|
| A lot worse | 50% (25) | 37% (11) | 28% (27) | 30% (15) |
| A little worse | 26% (13) | 40% (12) | 47% (45) | 42% (21) |
| Stayed the same | 18% (9) | 3% (1) | 9% (9) | 8% (4) |
| A little better | 6% (3) | 13% (4) | 11% (11) | 14% (7) |
| A lot better | 0% (0) | 7% (2) | 4% (4) | 6% (3) |

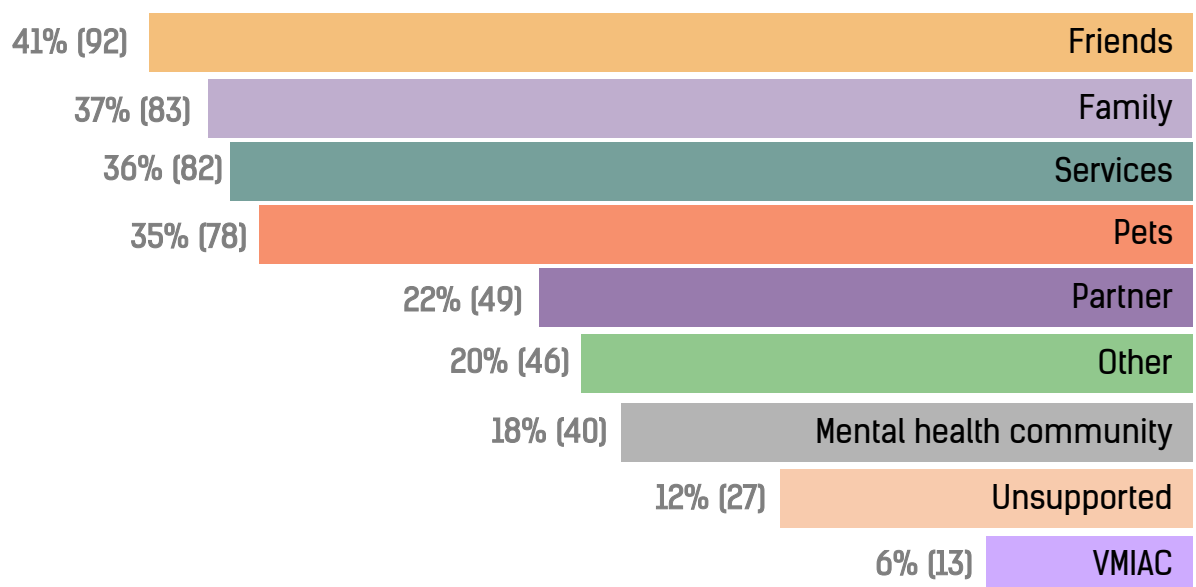
Those who did not like Telehealth felt significantly worse or the same between the two waves of COVID-19 compared to other groups. This implied that respondents who experience negative experiences with Telehealth are worse off than those who do not.

MENTAL HEALTH SUPPORT

The majority of respondents (78%, 175) were receiving their mental health support from friends or family. Other major sources of support included services at 36% (82), pets at 35% (78), and their partners 22% (49).

‘Other’ support included workplace and colleagues, psychiatrists specifically within services, online communities, hobbies and GROW peer support.

Figure 31



It is significant that those who reported that they weren't getting the support they needed (12%, 27) also reported that their mental health was worse in this second wave. This is higher than the total respondent average of 75%.

WHAT RESPONDENTS FOUND HELPFUL

Figure 32

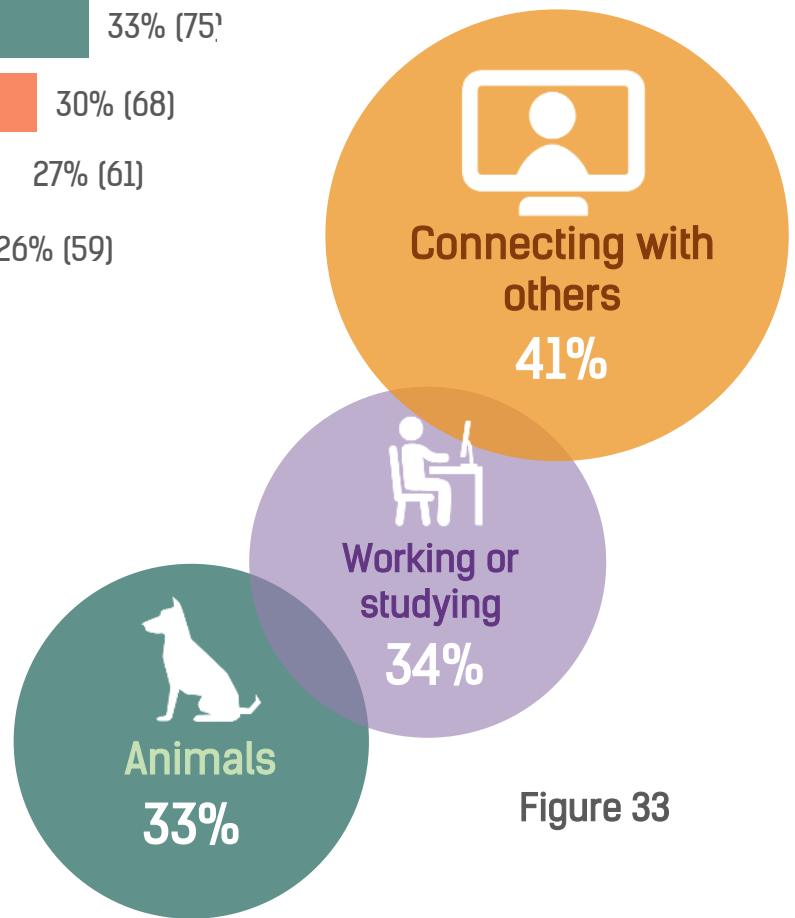
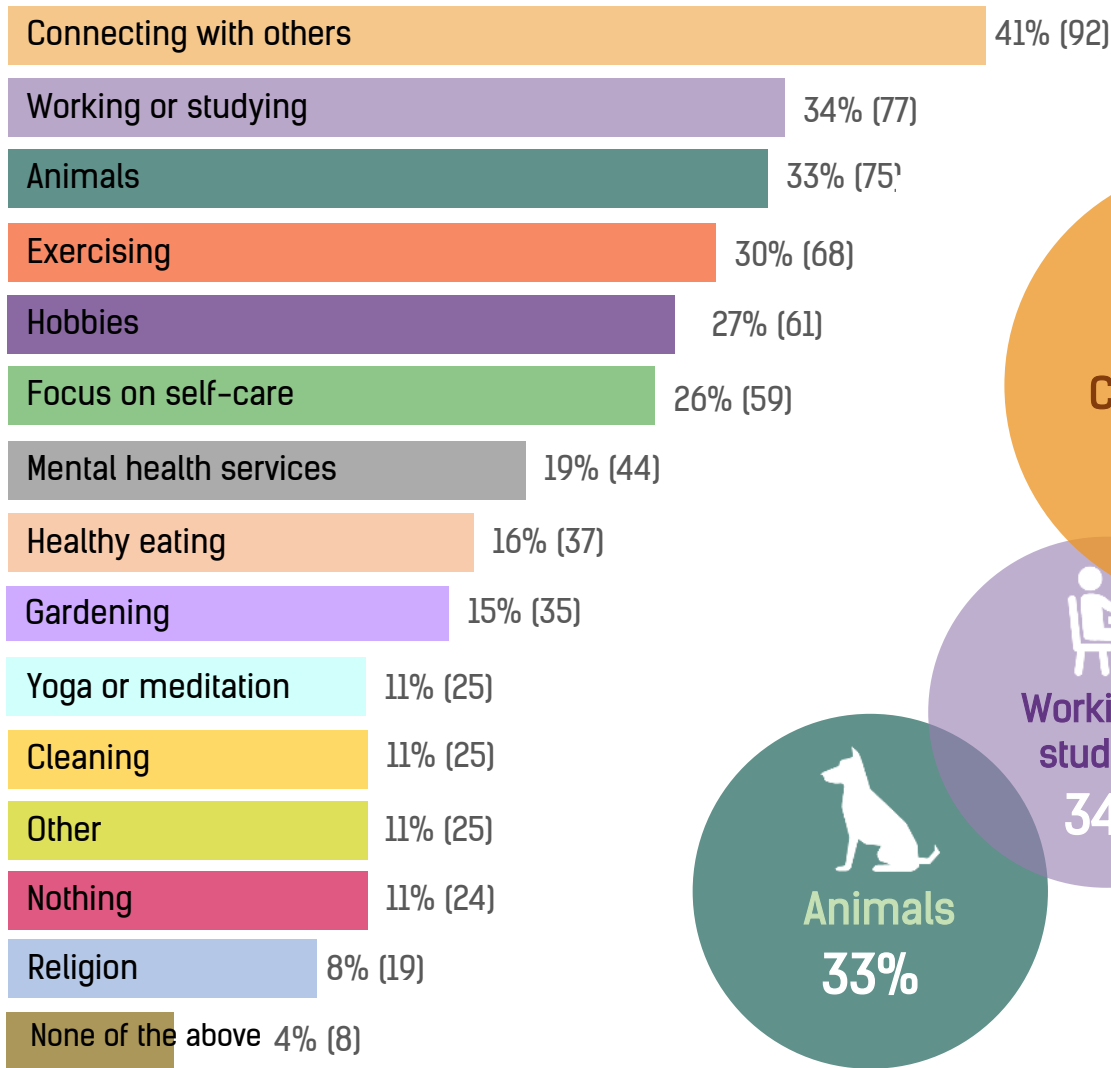


Figure 33

When asked what they found most helpful during the second wave, the top options respondents chose were connecting with others (41%, 92), working or studying (34%, 77), animals (33%, 75), exercising (30%, 68) and hobbies (27%, 61).

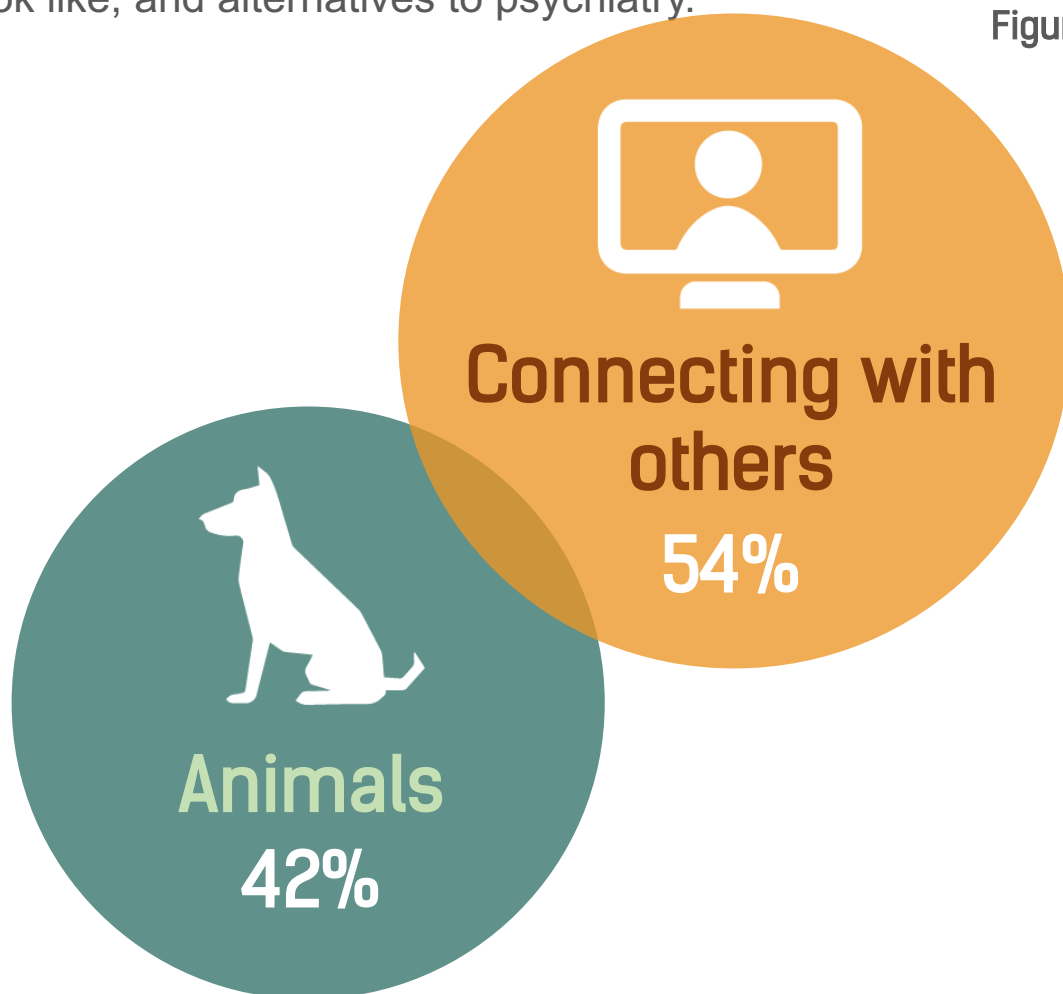
WHAT RESPONDENTS FOUND HELPFUL: LGBTQI+ ANALYSIS

As respondents who identified as LGBTQI+ had a higher percentage of those who felt their mental health was better during the second wave (18%) compared to the respondent average (15%), we looked at what they specifically found helpful.

Over half of this group (54%, 27) found connecting with others the most helpful, closely followed by animals at 42% (21). (See Appendix 5 for full findings).

These findings of what people living with mental or emotional distress found helpful should be considered when we assess what the mental health system should look like, and alternatives to psychiatry.

Figure 34



HOW VMIAC HAD BEEN HELPFUL & WHAT FURTHER SUPPORT COULD BE GIVEN

During the second wave of the pandemic respondents said online engagement was the most helpful support they received from VMIAC. This is understandable as, given the current circumstances, it was (and is) a way where we can connect with each other.

Other forms of support reported as being helpful from VMIAC are shown in Figure 37. (See Appendix 6 for full findings).

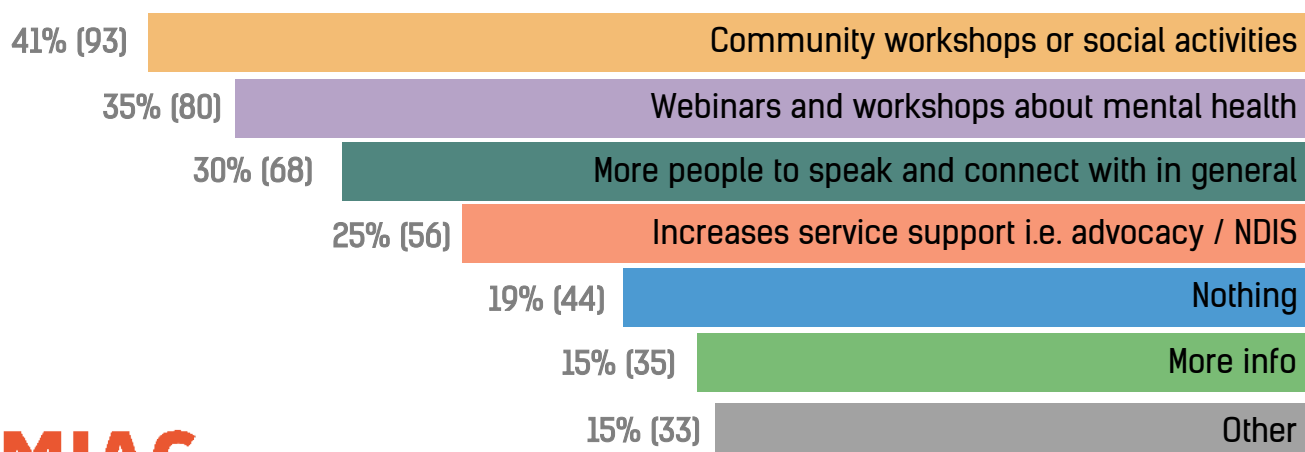


Figure 35

Advocacy (8%, 19) and general support (5%, 11) were chosen the least, however, this may be due to respondents wanting more online support during this time. We also received comments that this survey was the first time some respondents had engaged with VMIAC, meaning it was a source of awareness and potential future engagement with new people living with mental or emotional distress.

Further support VMIAC could give

Figure 36



CONCLUSION

In conclusion, it is clear that people living with mental or emotional distress are worse off as a result of the pandemic. Our first survey showed that 75% of respondents felt worse in the first wave of COVID-19 compared to before the pandemic; more than half had more than one mental health challenge; and 4% referenced suicidal attempts, thoughts and/or self-harm.

Our second survey shows even deeper concerns, as set out below

For women, results of this survey have shown (see Appendix 7 for full findings):

- 43% of women who had mental distress prior to the pandemic were in isolation on their own or with a pet, which meant lack of physical human contact, and 10% were sole parents in isolation with children. This means more than half were coping on their own
- 46% felt more isolated than in the first wave
- 28% of women's employment was affected
- 79% stated their mental health was worse in the first wave, and this increased again by 73% in the second wave
- 68% reported lacking motivation and/or tiredness, closely followed by depression (45%) and loneliness (42%)
- 21% reported self-harm, 14% experienced violence towards them, and 42% experienced suicidal ideation
- 60% found positives in the situation.

CONCLUSION CONTINUED

For men, results of this pandemic have meant (See Appendix 7 for full findings):

- 47% were in isolation by themselves or with a pet, both without physical human contact, and 48% were living with either a partner or a partner and child(ren)
- 27% of men's employment was affected
- 80% felt their mental health was worse during the second wave, which was higher than women
- As well as lacking motivation and/or tiredness (58%), they felt more angry (36%), lonely (47%) and stressed (44%) than women
- Neither gender felt highly positive, yet men did feel more positive than women. This is interesting considering they felt their mental health was worse in the second wave compared with the first
- They were more likely to be violent against others, with 13% reporting inflicting violent behaviour on others
- 13% self-harmed, 13% experienced violence towards them from others, and 31% experienced suicidal ideation
- 40% found positives.

CONCLUSION CONTINUED

For LGBTQI+ respondents, results of this pandemic have meant (See Appendix 8 for full findings):

- 47% were in isolation on their own or with a pet, both without physical human contact, and 29% were in isolation with a partner
- 36% of LGBTQI+ respondents' employment was affected by COVID-19
- 70% stated their mental health was worse in the second wave compared with the first, and 18% stated it was better
- As well as lacking motivation and/or tiredness (53%), LGBTQI+ respondents felt high levels of loneliness (49%) and depression (41%)
- 30% self-harmed, 52% experienced suicidal ideation and 6% experienced violence towards them from others.

Due to low numbers of respondents who identified as from culturally or linguistically diverse backgrounds, or as Aboriginal or Torres Strait Islanders, we have not been able to conduct a detailed analysis into the pandemic's effect on their mental health; however it is clear that the pandemic has been even worse for them.

We have not seen the end of the impact of the pandemic on people with lived experience of mental health, and we must be alert as to how these issues can be dealt with, as well as monitor their progression.

If any of these issues apply to you personally, and you feel you would benefit from a peer-based service, please contact our new service CHECK-IN. Please see page 6 for more details.

Phone: (03) 9380 3900

Email: reception@vmiac.org.au **Address:**
Building 1, 22 Aintree Street, Brunswick
East, VIC, 3057

APPENDIX

Appendix 1. Isolation situation analysis of mental health status

| Mental Health | On your own | Pet | Total respondents | Total percentage of respondents |
|-----------------|-------------|---------|-------------------|---------------------------------|
| A lot worse | 33% (23) | 38% (5) | 28 | 34% |
| A little worse | 43% (30) | 62% (8) | 38 | 46% |
| Stayed the same | 10% (7) | 0% | 7 | 8% |
| A little better | 10% (7) | 0% | 7 | 8% |
| A lot better | 4% (3) | 0% | 3 | 4% |

Appendix 2. Emotions felt during the second wave age analysis

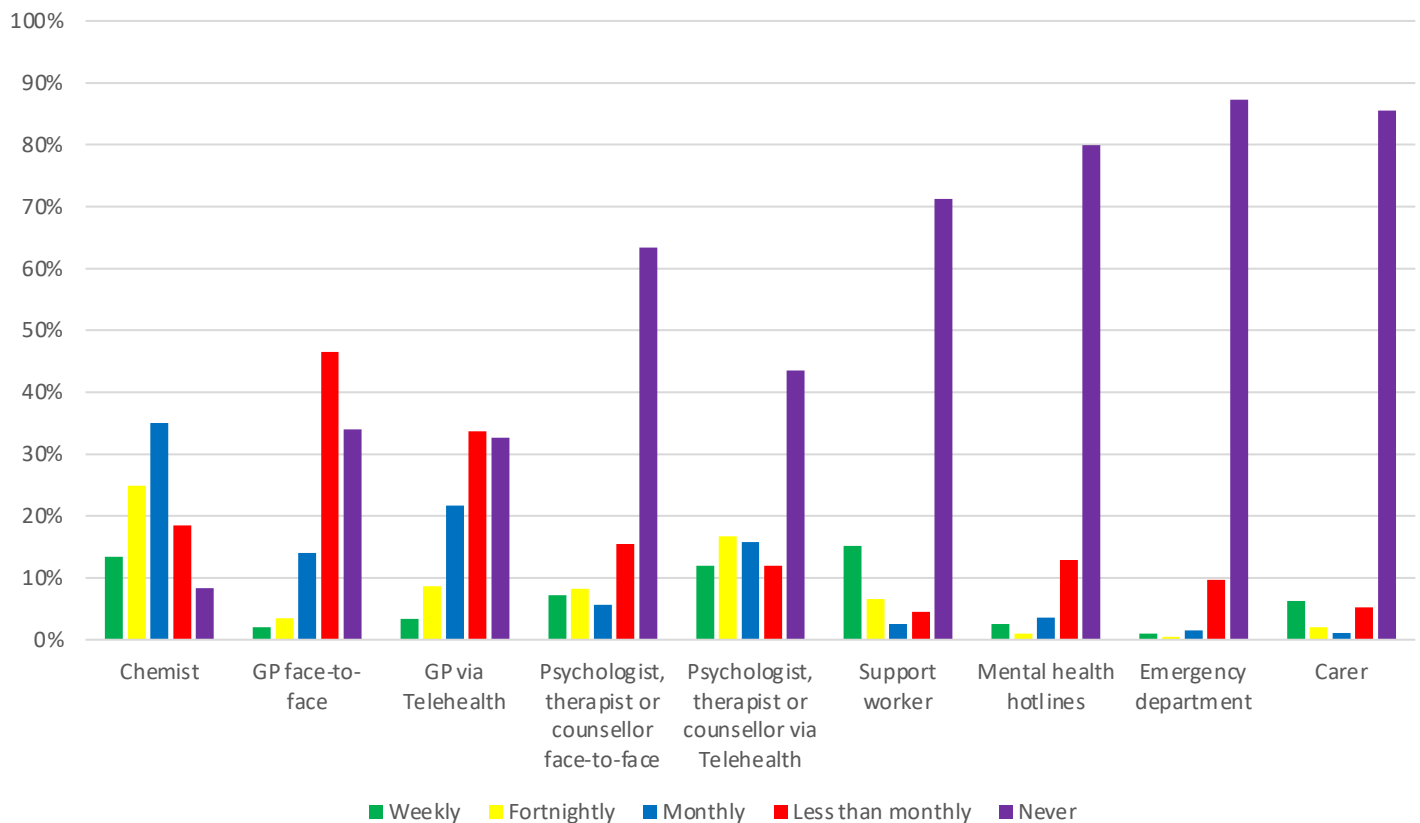
| | 18-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ |
|---------------------------------|-------|--------|--------|--------|--------|-------|
| Anxious and/or panicked | 13% 1 | 38% 16 | 39% 22 | 39% 19 | 37% 18 | 27% 4 |
| Depressed | 50% 4 | 43% 18 | 48% 27 | 43% 21 | 47% 23 | 27% 4 |
| Lonely | 63% 5 | 36% 15 | 41% 23 | 51% 25 | 35% 17 | 53% 8 |
| Lacking motivation and/or tired | 75% 6 | 69% 29 | 59% 33 | 55% 27 | 67% 33 | 40% 6 |
| Stressed | 50% 4 | 43% 18 | 45% 25 | 43% 21 | 45% 22 | 27% 4 |
| Angry and/or frustrated | 25% 2 | 33% 14 | 38% 21 | 27% 13 | 35% 17 | 27% 4 |
| Hopeless | 38% 3 | 38% 16 | 36% 20 | 37% 18 | 33% 16 | 20% 3 |
| Positive | 13% 1 | 10% 4 | 11% 6 | 10% 5 | 8% 4 | 47% 7 |

Appendix 3. Suicidal ideation and age

| Age | % Suicidal ideation |
|-----------------|---------------------|
| 25-34 year-olds | 42% |
| 35-44 year-olds | 40% |
| 45-54 year-olds | 45% |
| 55-64 year-olds | 40% |
| 65+ year-olds | 33% |

APPENDIX

Appendix 4. Services accessed during COVID-19

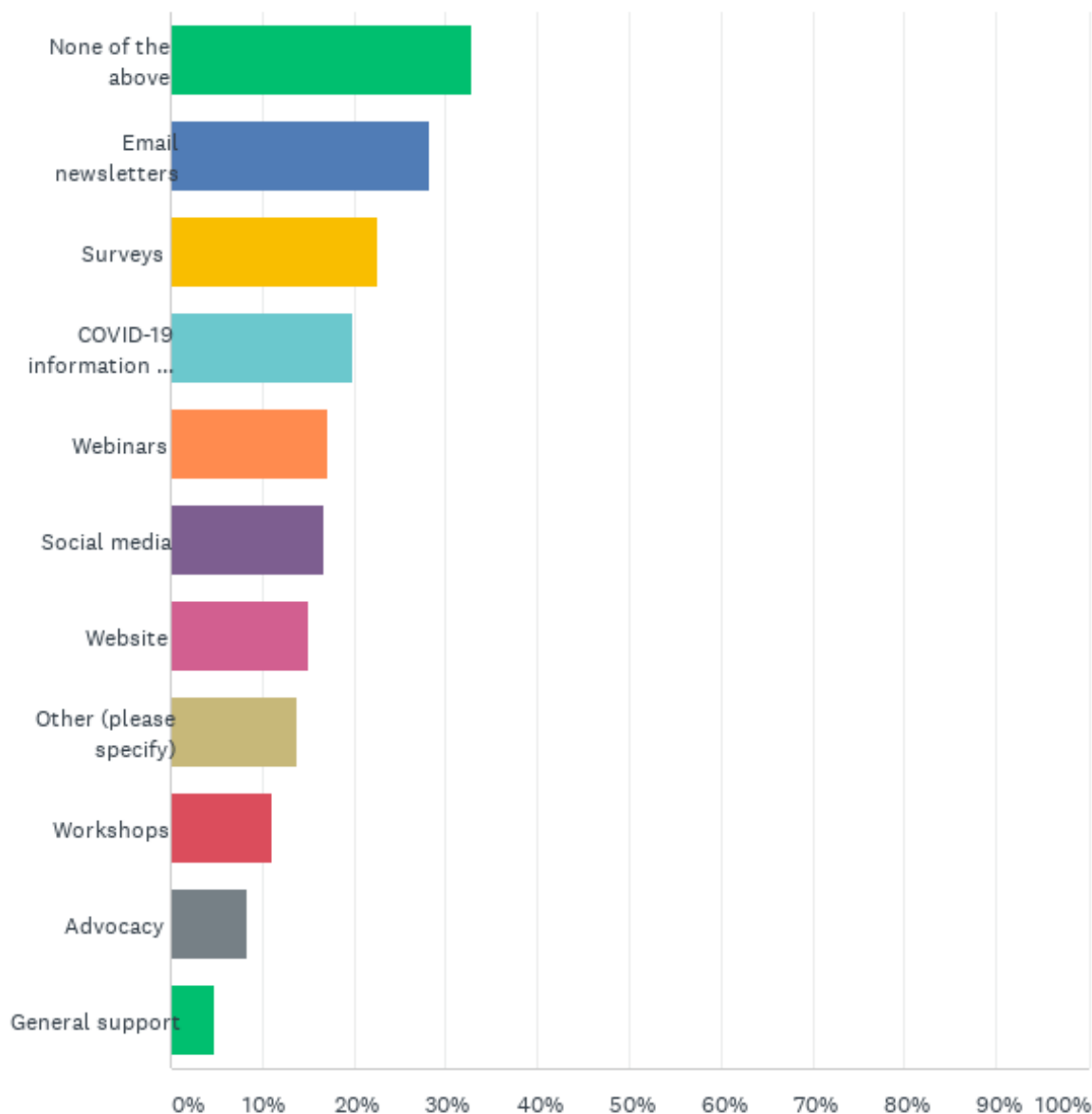


Appendix 5: What respondents found helpful LGBTQI+ analysis

| | |
|------------------------|--------|
| Connecting with others | 55% 27 |
| Focus on self-care | 27% 13 |
| Hobbies | 31% 15 |
| Exercising | 27% 13 |
| Mental health services | 31% 15 |
| Animals | 43% 21 |
| Yoga or meditation | 4% 2 |
| Working or studying | 24% 12 |
| Healthy eating | 14% 7 |
| Gardening | 8% 4 |
| Cleaning | 10% 5 |
| Religion | 4% 2 |
| Nothing | 6% 3 |
| None of the above | 4% 2 |

APPENDIX

Appendix 6: How VMIAC had been helpful



APPENDIX

Appendix 7: Women's and men's findings

7.1 Who they were in isolation with

| | Women | Men |
|-----------------------------|----------|----------|
| On your own | 35% (48) | 41% (14) |
| Pet | 8% (11) | 6% (2) |
| A partner | 21% 29 | 26% 9 |
| A friend | 4% 6 | 6% 2 |
| Multiple friends | 0 | 3% 1 |
| Sole parent with child(ren) | 10% 14 | 6% 2 |
| Partner and child(ren) | 22% 31 | 9% 3 |

7.3 Employment status

| | Women | Men |
|---|--------|--------|
| Full time employment working from home | 18% 26 | 23% 10 |
| Full time employment on site | 6% 9 | 5% 2 |
| Part time employment down from full time employment due to COVID-19 | 5% 7 | 12% 5 |
| Part time employment – no change since COVID-19 | 27% 39 | 23% 10 |
| Volunteering | 4% 5 | 5% 2 |
| Redundant due to COVID-19 | 5% 7 | 2% 1 |
| Retired | 8% 11 | 2% 1 |
| Student – no change since COVID-19 | 8% 11 | 2% 1 |
| Self employed | 3% 4 | 2% 1 |
| Unable to work – no change since COVID-19 | 15% 21 | 14% 6 |

7.2 Mental health status first vs second wave

| | Women | Men |
|-----------------|--------|--------|
| A lot worse | 35% 58 | 29% 13 |
| A little worse | 38% 63 | 51% 23 |
| Stayed the same | 10% 16 | 9% 4 |
| A little better | 13% 22 | 7% 3 |
| A lot better | 4% 7 | 4% 2 |

7.4 Emotions

| Emotions | Women | Men |
|---------------------------------|-----------|----------|
| Angry and/or frustrated | 31% (50) | 36% (16) |
| Anxious and/or panicked | 35% (56) | 40% (18) |
| Depressed | 45% (71) | 42% (19) |
| Hopeless | 36% (58) | 29% (13) |
| Lacking motivation and/or tired | 64% (101) | 58% (26) |
| Lonely | 42% (67) | 47% (21) |
| Positive | 12% (19) | 18% (8) |
| Stressed | 41% (65) | 44% (20) |

7.5 Behaviours

| Behaviours | Women | Men |
|--------------------------------------|-----------|----------|
| Self-harm | 21% (35) | 13% (6) |
| Violence towards them from others | 14% (23) | 13% (6) |
| Violence inflicted by them to others | 4% (7) | 13% (6) |
| Suicidal ideation | 42% (70) | 31% (14) |
| Positives | 60% (100) | 40% (18) |

APPENDIX

Appendix 8: Women's and men's findings

8.1 Who they were in isolation with

| | |
|-----------------------------|--------|
| On your own | 39% 15 |
| A partner | 29% 11 |
| A friend | 8% 3 |
| Multiple friends | 3% 1 |
| Sole parent with child(ren) | 13% 5 |
| Pet | 8% 3 |

8.2 Mental health status first vs second wave

| | |
|-----------------|----------|
| A lot worse | 34% (17) |
| A little worse | 36% (18) |
| Stayed the same | 12% (6) |
| A little better | 16% (8) |
| A lot better | 2% (2) |

8.3 Employment status

| | |
|---|-------|
| Full time employment working from home | 18% 7 |
| Full time employment on site | 8% 3 |
| Part time employment down from full time employment due to COVID-19 | 13% 5 |
| Part time employment – no change since COVID-19 | 21% 8 |
| Volunteering | 3% 1 |
| Redundant due to COVID-19 | 5% 2 |
| Retired | 5% 2 |
| Student – no change since COVID-19 | 10% 4 |
| Unable to work – no change since COVID-19 | 18% 7 |

8.4 Emotions

| | |
|---------------------------------|----------|
| Anxious and/or panicked | 37% (18) |
| Depressed | 41% (20) |
| Lonely | 49% (24) |
| Lacking motivation and/or tired | 53% (26) |
| Stressed | 37% (18) |
| Angry and/or frustrated | 27% (13) |
| Hopeless | 24% (12) |
| Positive | 8% (4) |
| None of the above | 2% (1) |

8.5 Behaviours

| | |
|--------------------------------------|----------|
| Self-harm | 30% (15) |
| Violence towards them from others | 6% (3) |
| Violence inflicted by them to others | 4% (2) |
| Suicidal ideation | 52% (26) |