

# Mental Health and COVID-19 Survey Findings

[www.vmiac.org.au](http://www.vmiac.org.au)



**VMIAC**  
*by and for consumers*

# OVERVIEW

VMIAC is the peak consumer run organisation in Victoria, therefore, we work closely with people with lived experience of mental health challenges. When COVID-19 started, we noticed a worrying increase in calls and emails from consumers, as well as an increase in the complexity of the issues they were experiencing.

Due to this, we designed and shared a survey with our members to find out exactly what was happening and how we could support them during this time.

The survey ran for three weeks and included eighteen questions, including demographics, mental health experience pre and post COVID, helpful coping mechanisms and how VMIAC and other organisations can support consumers during this time.

We had 176 responses in total.

Most of the survey questions were open-ended, therefore, we received a lot of qualitative data that was analysed.

Where multiple choice question were asked, we were able to show graphs adding to 100%. Where open-ended questions were asked, the totals may exceed 100% as respondents could state numerous answers.

Some respondents skipped certain questions; therefore, totals may not add up to 176 for each.

# RESPONDENTS

Figure 1

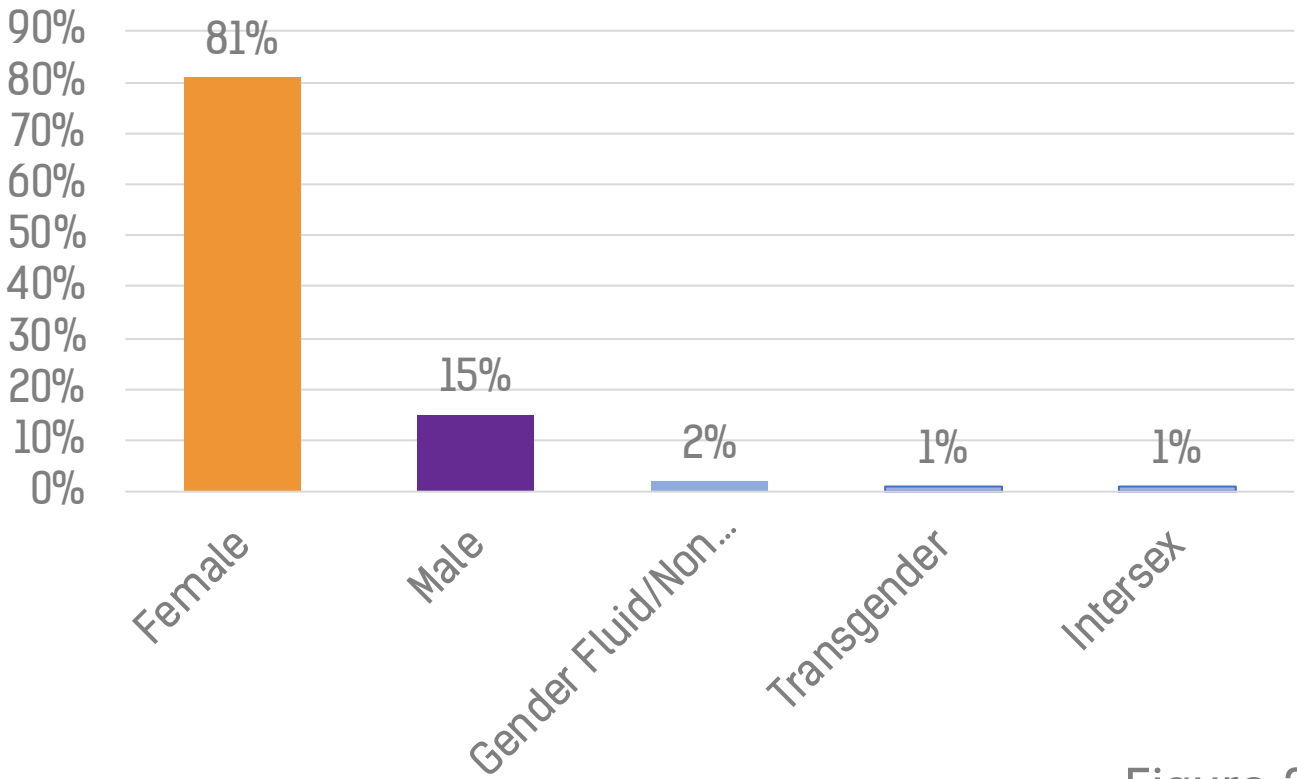
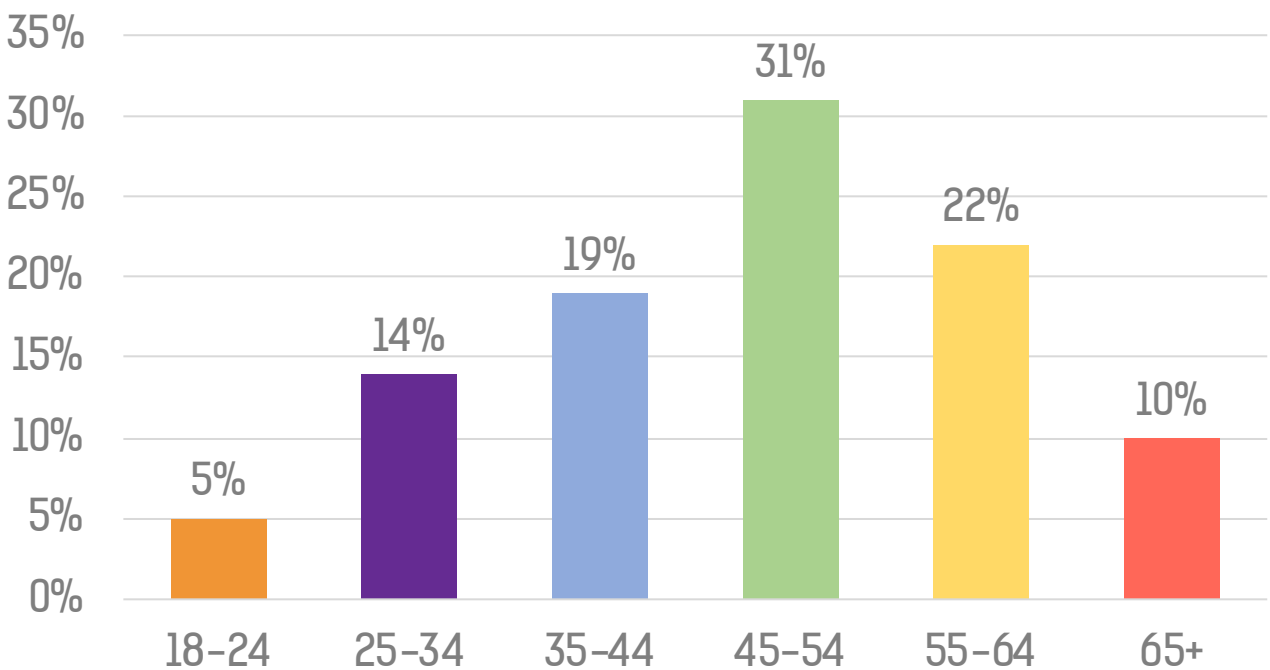
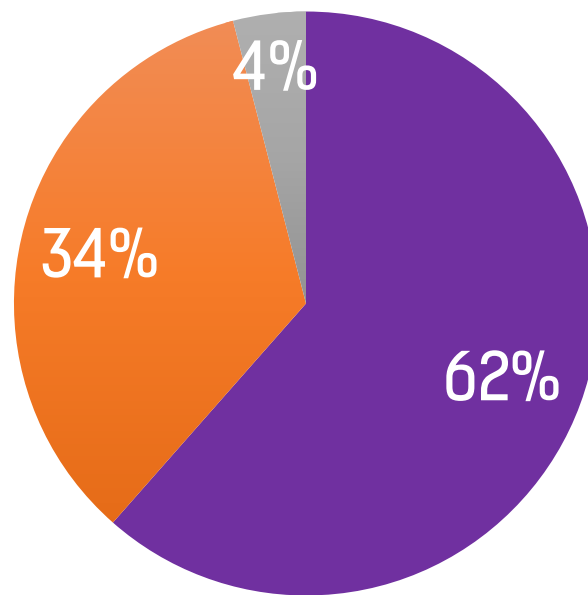


Figure 2



# MENTAL HEALTH PRE-COVID-19

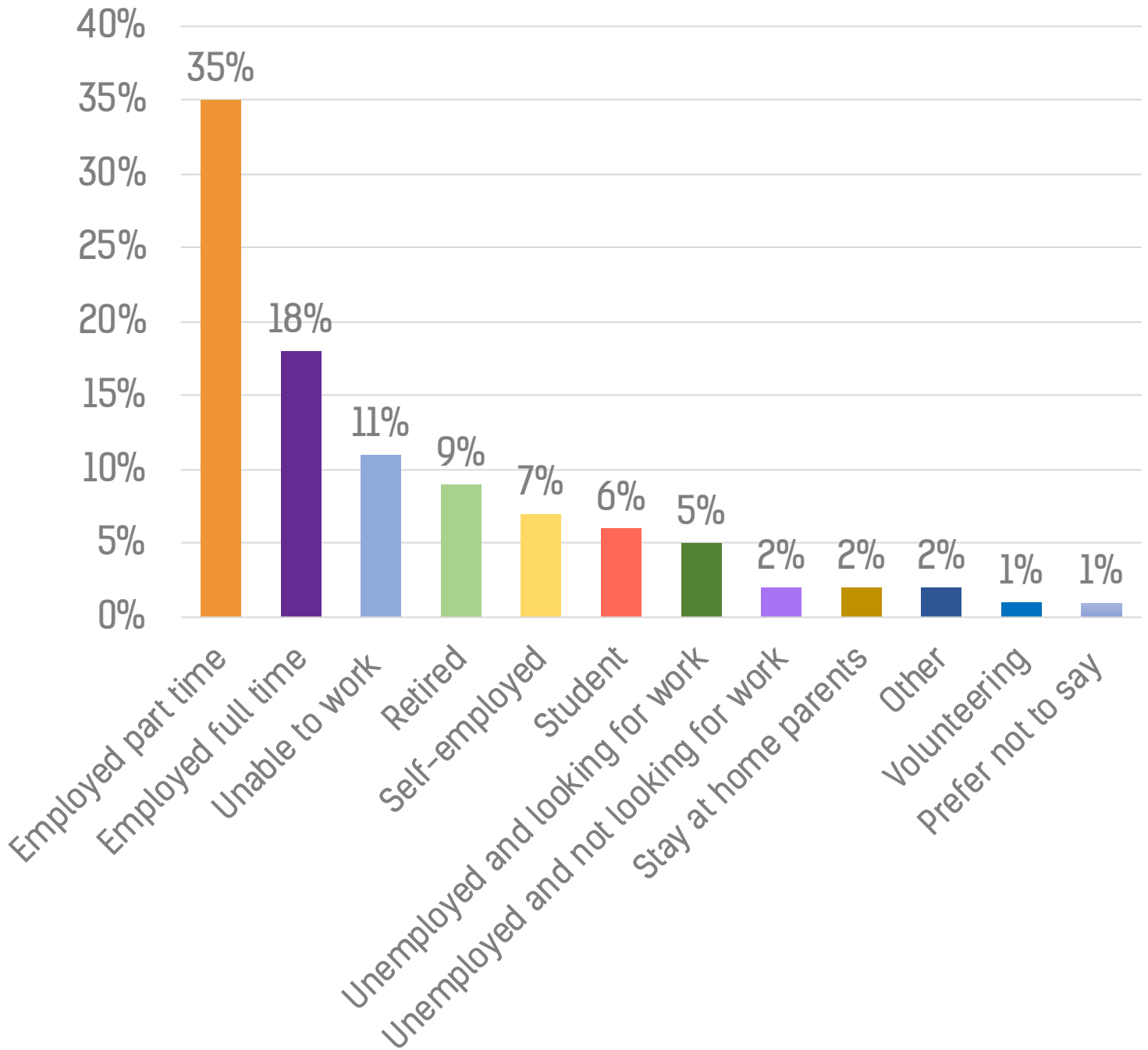
Figure 3



- Currently living with or experiencing mental health or emotional distress
- Previously lived with or experienced mental health or emotional distress
- Prefer not to say

# EMPLOYMENT STATUS PRE-COVID-19

Figure 4



# CHANGES TO WORKING SITUATION DURING COVID-19

Figure 5

Working Situation	%
Decreased hours and/or harder to find work	33%
Employed and working from home	29%
No change to work situation	26%
Unable to work or retired beforehand	8%
Noted that they're experiencing more stress	8%
Increase hours or better working environment	4%



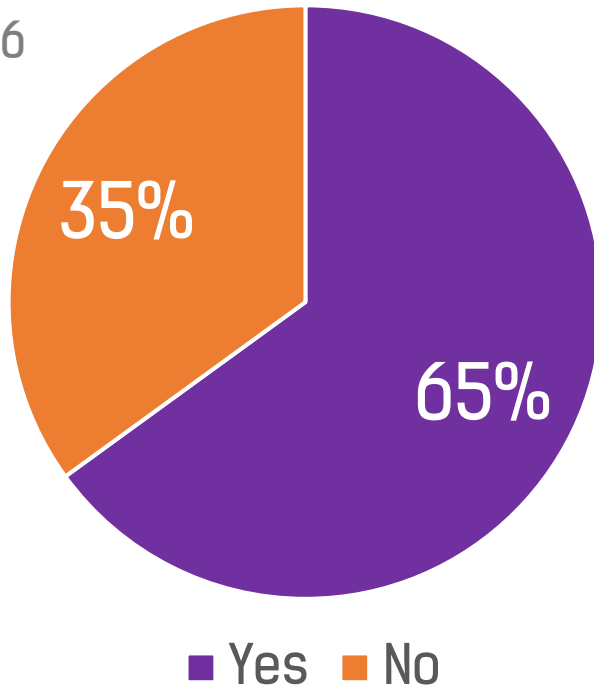
“Working from home and modified flexible hours to enable support for children's learning from home.”

“My industry has been shut down by COVID-19. I am not able to work.”

# SEEKING MENTAL HEALTH SUPPORT

## SEEKING MENTAL HEALTH SUPPORT PRE-COVID-19

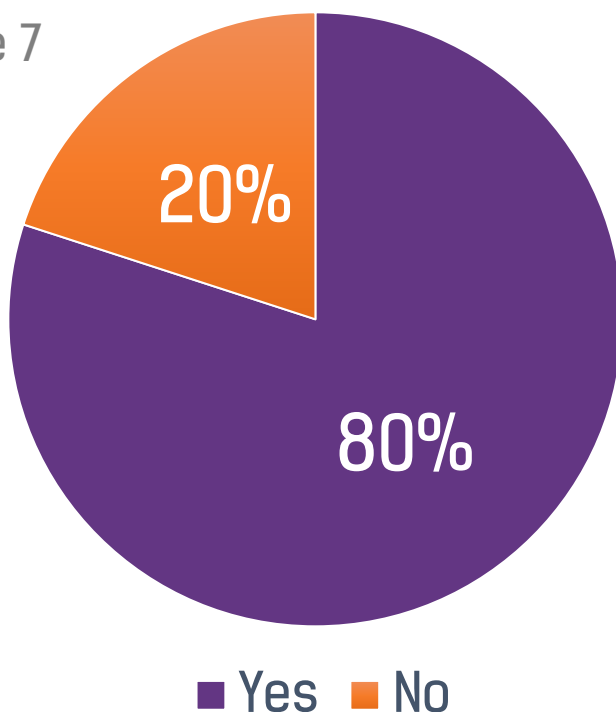
Figure 6



114 (65%) of all respondents were seeking mental health support pre-COVID-19.

## OF THOSE RECEIVING SUPPORT PRE-COVID, WHO CONTINUED TO ACCESS MENTAL HEALTH SUPPORT?

Figure 7



Of the 114 people who were receiving mental health support prior to COVID-19, 91 (80%) continued with it.

Of the 91 who did continue, 39 (43%) stated they had access to video calling or telehealth.

Reasons why people did not continue their mental health services included inaccessibility, financial, not wanting to use telehealth, lack of time, and finding help elsewhere.

# CONTINUING SERVICES DURING COVID-19

Of the 68 (41%) of respondents who stated they had severe mental health challenges during COVID-19, 16 (24%) hadn't continued their mental health services and 52 (76%) had continued.

## CONTINUING SERVICES AND GENDER

Figure 8

	Female	Male	Gender fluid or non-conforming
No	28%	26%	0%
Yes	72%	74%	100%

As can be seen in this table, there was little difference between female and male respondents who did and didn't continue their mental health services during COVID-19. All of those who were gender fluid or non-conforming continued their mental health services.

## CONTINUING SERVICES AND AGE

Figure 9

	18-24	25-34	35-44	45-54	55-64	65+
No	14%	21%	15%	36%	44%	9%
Yes	86%	79%	85%	64%	56%	91%

The age group with the highest percentage of those who did not continue their services were 55-64 years old, at 44% (17 respondents).

18-44-year-olds were all highly likely to continue their services, however, 65+ year-olds were the age group with the highest percentage of those who continued, at 91% (16).





“Unable to access due to skyrocketing prices.”

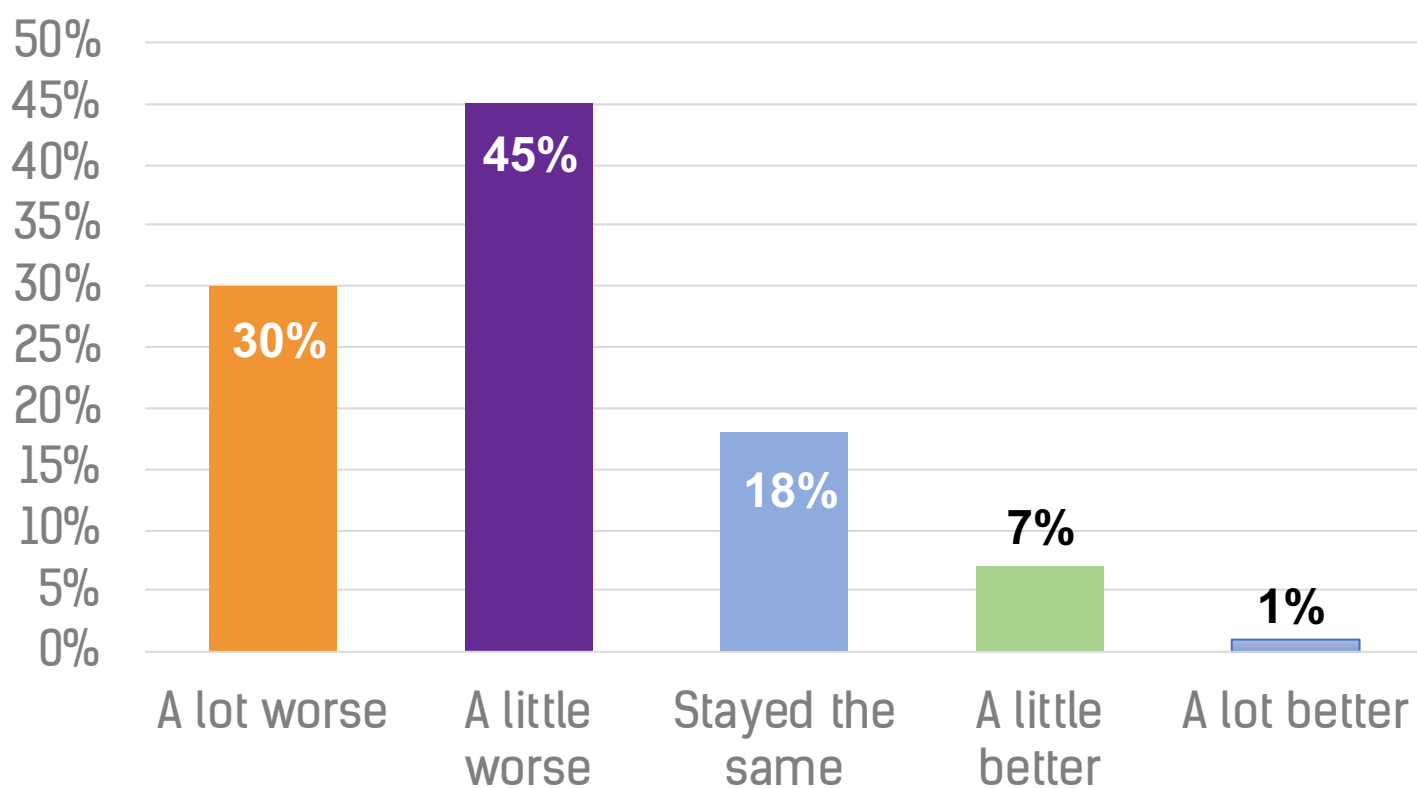
“No not interested in telehealth.”

“My psychologist doesn’t use video calling services. I don’t want to go into her office and phone calls are not comfortable so I haven’t been getting support.”

“Not able to access it because I am home schooling my child.”

# DURING COVID-19, RESPONDENTS MENTAL HEALTH HAS BEEN ...

Figure 10



75% of all respondents to the survey stated their mental health was worse during COVID-19.

# MENTAL HEALTH STATUS AND DEMOGRAPHICS

## MENTAL HEALTH AND GENDER

Figure 11

	A lot worse	A little worse	Stayed the same	A little better	A lot better
Female	30%	49%	15%	6%	0%
Male	19%	33%	30%	15%	4%
Gender fluid/non-conforming	33%	33%	33%	0%	0%

Overall, female respondents' mental health was far worse during COVID-19 than male respondents:

- Of the total male respondents (27), 52% (14) felt their mental health was a little or a lot worse; compared to 79% (112) of the total female respondents (142).
- 15% (22) of total female respondents felt their mental health stayed the same during COVID-19 compared to before, compared to 30% (8) of all males.
- Just 6% (8) of total female respondents felt their mental health was a little or a lot better, compared to 19% (5) of males.

All transgender respondents felt a lot worse.

## MENTAL HEALTH AND AGE

Figure 12

	18-24	25-34	35-44	45-54	55-64	65+
A lot worse	56%	42%	30%	32%	14%	28%
A little worse	44%	50%	42%	48%	43%	39%
Stayed the same	0%	8%	24%	9%	27%	33%
A little better	0%	0%	3%	11%	14%	0%
A lot better	0%	0%	0%	0%	3%	0%

The age group that had the most respondents who felt their mental health was a little or a lot better during COVID-19, were 55-64 year-olds (17%).

The under 35s, however, were the age group who had the highest percentage of respondents who felt their mental health was worse. All 18-24 year-olds felt a little or a lot worse; and 92% of 25-34 year-olds. Therefore, 94% (31) of the 33 under 35 year-olds felt worse during COVID-19.

# MENTAL HEALTH STATUS AND DEMOGRAPHICS

## MENTAL HEALTH AND EMPLOYMENT PRE-COVID

Figure 13

	Employed full time (40 or more hours per week)	Employed part time (up to 39 hours per week)	Self-employed	Volunteering	Student	Unemployed and currently looking for work	Unemployed and not currently looking for work	Retired	Stay at home parents	Unable to work
A lot worse	29%	23%	46%	0%	64%	38%	25%	20%	0%	40%
A little worse	48%	48%	39%	50%	36%	50%	25%	33%	75%	40%
Stayed the same	16%	24%	0%	50%	0%	0%	25%	40%	25%	5%
A little better	7%	5%	15%	0%	0%	13%	0%	7%	0%	15%
A lot better	0%	0%	0%	0%	0%	0%	25%	0%	0%	0%

The group who felt the worst were students, all of whom felt a little or a lot worse during COVID-19. 75% of stay at home parents also stated they felt a little worse during COVID-19.

## LIVING WITH MENTAL HEALTH PRE-COVID-19

Figure 14

Of the 107 (61%) respondents who were living with or experiencing mental health challenges pre-COVID-19, 86% felt either a little or a lot worse.

	Currently	Previously
A lot better	0%	2%
A little better	6%	8%
Stayed the same	9%	28%
A little worse	43%	52%
A lot worse	43%	10%

# MENTAL HEALTH EXPERIENCES DURING COVID-19

Figure 15

Mental Health Experiences	%
Anxiety and/or panic	39%
Depression, low mood, and/or mood fluctuation	32%
Other*	23%
Loneliness, lack of physical support, and/or disconnection from others	21%
Isolation induced emotional challenges	20%
Lacking motivation, tired and/or fatigue related	15%
Not much has changed and/or found positives from COVID-19	14%
Stress	12%
Anger, frustration and/or agitation	7%
Self harm and/or suicide	4%
Hopelessness and/or despair	5%

\*Other mental health experiences stated by respondents included, an increase in alcohol consumption; low concentration and restlessness; less functional and a loss of direction or focus; too much work; fear and shock; triggering of previous traumas; uncertainty; struggles with helping others; and boredom.

# MENTAL HEALTH EXPERIENCES

## EXPERIENCES AND GENDER

52% of females stated anxiety and/or depression, with anxiety and/or panic being the most common. 41% of males stated anxiety and/or depression, however, the most common experience for them was depression or depressive tendencies.

All transgender respondents noted anxiety.

## CONTINUING SERVICES AND ANXIETY

Figure 16

Continued support	Anxiety
No	17%
Yes	83%

Because anxiety was the highest referenced mental health experience at 39% (66 respondents), we looked at how many of those had continued their mental health services.

Of those who stated they had anxiety at the time of the survey, 83% (55) had continued their mental health services.

# MENTAL HEALTH EXPERIENCES DURING COVID-19

41% (69) of all respondents stated loneliness, lack of physical support and/or disconnection from others as the main mental health experience they were having.

Of the 69 who experienced loneliness or isolation induced emotional challenges, a majority (40) also experienced at least one other mental health issue.

More than half (54%) of all respondents had more than one mental health challenge at the time of the survey.

Worryingly, 11% of all respondents stated that their mental health challenges pre-COVID-19 including, trauma, OCD, PTSD, bipolar disorder, negative intrusive thoughts, agoraphobia, eating disorders and psychotic episodes, had worsened during COVID-19.

Of the 49 respondents who didn't explicitly state a mental health challenge, 34 referenced symptoms including an increase in alcohol consumption, low motivation, anger, withdrawal, lack of self-care either food or hygiene, and poor concentration.<sup>1</sup>

**Therefore, it is evident that COVID-19 has had a major detrimental impact on people with mental health issues.**

## SUICIDAL ATTEMPTS, THOUGHTS, OR SELF-HARM

4% of all respondents noted suicidal attempts, thoughts, or self harm. All of these were female or transgender.

Most of these stated they weren't working, either because they were unable to work, had their hours reduced, or were students.

Most of these were also between the ages of 18-34., which aligns with the findings that this age group found no positives and stated their mental health was a lot worse during COVID-19, more than any other group.

<sup>1</sup> Source: Symptoms of Mental Health: <https://www.healthdirect.gov.au/symptoms-of-mental-illness>

# POSITIVE MENTAL HEALTH EXPERIENCES

14% of all respondents actually found positives during COVID-19, or that their situation hadn't changed.

Worryingly, however, no transgender or gender fluid/non-conforming respondents stated any positives outcomes or stated that their situations had not changed.

Also, under 35 year-olds did not state any positives and found COVID-19 a lot worse than any other age group.

The age group with the highest number of respondents who noted positive mental health experiences were 55-64-year-olds at 21% (8 respondents).

Figure 17

Age Groups	Positives
18-24	0%
25-34	0%
35-44	18%
45-54	13%
55-64	21%
65+	17%

Of the 88 respondents who continued their mental health services, 22 (15%) referenced positives during COVID-19. Of the 39 who did not continue with their mental health support, 9 (23%) referenced positives.



A close-up photograph of a person's hand, with a white bandage wrapped around the index finger. The background is dark and textured, possibly hair. Large, stylized, golden-brown quotation marks are overlaid on the image, framing the text boxes.

“I have to drink alcohol to cope before Covid-19 I only drank alcohol on a special occasion.”

“Even lower mood, more suicidal, more self critical and feelings of worthlessness and pointlessness, less functional in terms of not even been able to stay awake many hours or do any university work, or sometimes even engage in daily things like showering or eating.”

“Same as the first few months of PTSD after I had a couple of traumatic incidents.”

“I’m trying to look outside of myself (by helping others and promoting community spirit) rather than looking inside of myself and catastrophising.”

# EFFECT OF COVID-19 WITH THE HIGHEST IMPACT ON MENTAL HEALTH


Figure 18

Effect With The Highest Impact	%
Self isolation and/or self quarantine	58%
Social or physical distancing and/or no contact with family or friends	26%
Not being able to go outside, exercise and/or use their car	15%
Work and/or study situation	13%
Shopping, supermarkets and/or lack of public services	9%
Lack of or limited access to health services	8%
Heightened motions	8%
Concerns about others	6%
Finances	5%
Media	3%
Catching virus	2%
Being in public	2%
Everything	1%
Worsening of disabilities	1%
Coming out of COVID-19	1%
Uptake in alcohol consumption	1%

58% of all respondents stated self-isolation and/or self quarantine negatively impacted their mental health the most. 26% stated social or physical distancing and/or no contacting with family or friends; and 15% stated not being able to go outside, exercise and/or use their car.

This means that 99% of all respondents stated that **effects of seclusion** impacted their mental health the most.

**It is clear that these effects of seclusion clearly have a detrimental impact on consumers' mental health, therefore it is extremely concerning that it is still in practice in mental health services across Victoria.**



“Self quarantine, I need to be with people otherwise I quickly become depressed and isolated”

“Loss of freedom to just go out and do the usual things. Worrying about my elderly mum, sister and in-laws getting Covid. Also been concerned for my 12 year old son who is very lonely and has Aspergers.”

“Demands of being a single parent of children also adapting to change.”

“Self quarantine. Negative catch phrases such as social isolation. The negative images constantly bombarding us via the media and the effect that such images have on those I live with ...”

# WHAT HAS BEEN HELPFUL DURING THIS TIME?

Figure 19

Helpful Categories	%
Connecting with others	47%
Focus on self-care, rest and/or routine	30%
Hobbies	23%
Exercising	22%
Getting outside	13%
Mental health organisations and services, and/or medication	13%
Animals	11%
Spirituality, mindfulness and/or meditation	10%
Working, studying and/or volunteering	10%
Healthy eating and/or cooking	7%
Nothing and/or negative	7%
Time away from computer, TV and/or media	6%
Gardening	6%
Cleaning and/or organising	4%
Religion	1%

47% of respondents stated connecting with others was most helpful.


## Of those who found hobbies useful...

Figure 20

Hobbies	%
Arts and crafts	27%
Online videos, information, and/or good news stories	22%
Reading and/or podcasts	22%
Movies and/or TV	16%
Music and/or singing	11%
Journaling	5%
Gaming	5%
Knitting	3%
Comedy	3%

Of the 37 (23%) respondents who found hobbies most helpful for their mental health, ten specifically stated arts and crafts; eight reading and/or podcasts; six movies and/or TV, and four music and/or singing.

This page of findings should be considered when we assess what the mental health system should look like.

A person is painting a colorful abstract artwork with a brush. The background is a blurred image of the person's hands and the brush. The text is overlaid on the image in white speech bubbles.

“Writing an adjusted self-care plan, including going for walks, meditations, video calls with friends and family, talking about what I’m experiencing...”

“Talking and connecting to others. And making the time to still prioritize my strategies.”

“Exercise in the morning, housework in the afternoon. A routine”

“Mindfulness therapy is something I practiced heavily before and am still doing it helps a lot. I try to take some time each day on my patio in my nice little area to get some air and sun”.

# FURTHER SUPPORT DURING COVID-19

## What further support would look like

Figure 21

Further Support	%
Mental health service support	35%
Social connectedness and/or someone to talk to	31%
Nothing and/or unsure	21%
Connectedness with loved ones	12%
Help keeping active	10%
Ways to cope and/or support network	6%
Information	5%
Support with work and/or university	5%
Financial support	5%
Physical support for myself or family	3%
Other	1%

## Further support from VMIAC

Figure 22

Further Support From VMIAC	%
Unsure and/or nothing	49%
Continue as is	17%
General support and/or someone to talk to	15%
Services support - advocacy and NDIS	11%
Regular information	9%
Consumer engagement opportunities	8%
Social activities	6%
Advocate for consumers to the government	5%

When asked what further support respondents would like to see from VMIAC during this time, 17% stated for VMIAC to continue as is. Of those 27 (17%), 19 referenced the website content, social media, newsletters – specifically the Good News Newsletter – and the CEO updates.

Other supportive ideas included online and video community activities; anonymous online support; online workshops and surveys information on self care; mental health networks; ECPR; and increased advocates available on the phones.

# SUMMARY

Overall, most respondents' mental health was worse during COVID-19 compared to their prior situation. Females felt significantly worse than males, and referenced suicidal thoughts, attempts, or self-harm more.

The highest risk age group were under 35 year-olds. Their mental health was a lot worse than any other age group; they didn't see any positives during this time; and also referenced suicidal thoughts, attempts or self-harm the most.

More than half of all respondents had more than one mental health challenge at the time of the survey; the most common being anxiety and depression. Worryingly, 11% of respondents stated their mental health challenges pre-COVID-19 had worsened; and 4% referenced suicidal attempts, thoughts and/or self-harm.

Almost all (99%) respondents stated that effects of seclusion, including self-isolation or quarantine, social and physical distancing and not being able to go outside or exercise, negatively impacted their mental health the most.

More than a third of respondents wanted additional mental health service support.

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