

# Pandemic-related surge of mental health issues continues in Australia

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At least one million Australians have sought mental health assistance during the COVID-19 crisis, with new data describing a surge in the use of services in Victoria during the recent “wave” of the pandemic.

The Victorian coronavirus outbreak, which commenced at the end of June and lasted 139 days, resulted in more than 18,000 infections and 806 deaths between July and October.

The first Commonwealth Health Department data on the pandemic, released earlier this month, shows that access to crisis services has risen by 67 percent in Victoria. This included a 30 percent increase in the demand for children’s mental health services in a four-week period during September and October.

The data, obtained by the *Australian* newspaper, reveals that some 350,884 Victorians sought access to Medicare funded GPs, psychiatrists, psychologists and other counselling for that period over this period. That represents a 31 percent increase compared to the same period in 2019, with the Victorian figures three times the national average. The spike is more than double that experienced in New South Wales (NSW), the country’s most populous state.

The figures show the major impact the pandemic has had on the mental health of both children and adults. There were some 3,702 calls to the Kids Helpline in Victoria over the same four-week period, a 61 percent increase and 24 percent higher than the rest of the country. Beyond Blue, another service, recorded 6,472 calls in those weeks, representing a 67 percent increase compared to the previous year.

These findings come at the same time as another national survey released by the Wesley Mission reported that the mental health of three out of four people has been negatively affected by COVID-19. Of those, 40 percent feel uncertain about the future, one third reported stress and more than a quarter stated that they have felt more

anxious during the pandemic. At least 20 experiencing worsening mental health had not received any assistance.

New government statistics have also provided some insight on the state of mental health prior to the pandemic. Data released last month by the Australian Institute of Health and Welfare (AIHW) showed that 4.3 million people, or 17.1 percent of the Australian population, received mental-health related prescriptions in 2018–19.

Other figures show a significant rise in those seeking mental health services over time.

In 2008–09, 5.7 percent of the Australian population accessed Medicare subsidised mental health-specific services. This almost doubled in 2018–19, with 10.6 percent receiving assistance, but even this is likely an underestimation.

Another report by the AIHW and Flinders University released in September, “Suicide in Australia; Trends and analysis 1964–2018” highlights a disturbing increase of people taking their own life. Rates have been increasing steadily over the last 10 years, from an average of over 2,000 annual deaths by suicide in the mid-1980s, to more than 3,000 each year in 2017 and 2018.

In 2016–18, suicide was the leading cause of death for those aged between 15 and 44, with males representing a higher proportion. However, there is evidence of changes to this trend, with suicide rates among teenage girls increasing faster than any other age group. Those born from 1994–98 and 1999–2003 reached six suicide deaths per 100,000 by age 15–19, considerably higher than earlier generations of girls at the same age.

Hospitalisation for self-harm is more common among the younger age groups. According to the AIHW report, in contrast to the high prevalence of male suicide, young girls and women are more likely to be hospitalised for intentional self-harm than men, making up almost two thirds of all cases in 2016–17.

Teenage girls (15–19 years) with 686 per 100,000

persons represent the highest category of reported self-harm compared to 180 per 100,000 for boys. Between 2007–08 and 2016–17 the rates of hospitalised injury cases for intentional self-harm for females aged 15–24 rose 62 percent.

The Australian Bureau of Statistics (ABS) measures “years lost,” which refers to deaths earlier than expected as a result of mental health and suicide and how many more years those affected could have lived. Intentional self-harm or suicide led to 115,000 lost years of life in 2019. By comparison, ischemic heart disease, which is considered one of the highest causes of early death, was responsible for 78,000 lost years.

The average age for those who die from suicide is 44 years. This has fallen over the last 10 years in line with the increase in depression and anxiety among younger cohorts.

The mental health crisis cannot be understood without reference to the enormous growth of social inequality. The global financial crisis of 2008, then the biggest economic downturn since the Great Depression, saw the gutting of funding to essential services such as healthcare and education under Labor and Liberal-National governments, and a marked increase in poverty and other forms of social misery. This was on top of the devastation already caused by the gutting of jobs and wages initiated under the Hawke and Keating Labor governments in the 1980s and 90s, and continued to this day.

Over the same period, the wealth of the corporate and financial elite has soared to astronomical levels.

With the outbreak of the COVID-19 pandemic, millions of workers have been hit with lay-offs, sackings and dramatic falls in income, with the blows falling heavily on younger layers who are disproportionately represented in precarious casual and contract employment. While doing virtually nothing for ordinary people, governments, with the support of the unions, have funnelled hundreds of millions in public funds to the major corporations, and have embarked on a further pro-business overhaul of industrial relations and working conditions.

Professor Ian Hickie, one of the co-directors of the University of Sydney’s Brain Mind Institute told the *Australian* this month that there was “an urgent need for substantive investments in new services” to meet the demands of the crisis. “Victoria, clearly at the moment stands out... but other parts of the country as well where unemployment and uncertain futures is biting hard.”

“Young people are at the top of the list. All the feedback from youth services around the country,

particularly in Victoria, is there is a massive increase in demand in the past three months. What we need urgently is a national response.” He went on to stress that “people will die on waiting lists.”

In an article published in the *Guardian*, Professor Hickey outlined the woefully inadequate response of the federal Liberal-National government, backed by the Labor opposition.

Hickey wrote: “The budget papers predict that the commonwealth will spend \$5.7 billion on mental health in 2020 (alongside more than \$6 billion by states and territories). As national health spending is well over \$180 billion, mental health spending will not increase substantially above its long-term average of 7 percent. In fact, given the additional expenditures urgently required in the physical health and aged care sectors, real mental health spending may fall.”

For decades, state and federal governments, Labor and Liberal-National alike, have ignored repeated warnings about the shortages of mental health services.

In Victoria, for example, a 2007 Office of the Public Advocate report tabled in state parliament revealed a four-year bed shortage in the state’s 106 mental health facilities. It found that some patients waited up to 48 hours in emergency departments for admission to acute mental health units and that the wait time for extended care beds was more than eight months.

In 2018, a report revealed that in an estimated 34 percent of emergency departments across the country, it is typical for mental health patients to wait eight or more hours for a bed, even after being assessed as needing hospital care.



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