

Resilience in Isolation

The impact of COVID-19 on Australians
with a lived experience of mental ill health

Survey results

The survey and report was a collaboration of:



Where mental wellbeing thrives

flourishaustralia.org.au



Help, hope and purpose

mindaustralia.org.au



neaminational.org.au



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Mental Health • Disability • Specialised Supports

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Executive summary

Much has been written about the impact of COVID-19 on the mental health and wellbeing of the general population. Call centres such as Beyondblue and lifeline, and specialist clinical mental health services, have reported significant increases in demand as a result of the pandemic. But little has been said about the impact on people living with severe and enduring mental ill health issues: on their wellbeing, connections with others, and experiences in accessing specialist mental health support and other community services.

Seven community managed mental health organisations surveyed consumers of their services to gain insight into the impact of COVID-19 and what people need most to support their current wellbeing and ongoing recovery.

Key points

- **Over half of respondents** reported that their **mental health had deteriorated** since COVID-19
- People reported **high levels of fear of contracting the virus, which stopped people accessing services even when they needed them**
- **Social isolation and physical distancing** were significant reasons for **worsening mental health**
- 40% of respondents reported a **deterioration in their physical health** attributed to a **decrease in physical activity, changes in supports received** and an **inability to see health professionals**
- Over half of respondents received **increased financial assistance** and almost all reported that the increase had **positively impacted their health and wellbeing**
- A third of respondents reported **not being able to access a support group** during the pandemic and this had **adversely impacted their mental health**
- **Women report being more adversely impacted** by physical distancing than men
- 40% of respondents reported that their **previous experience of managing mental health** had **assisted them in coping** through the pandemic. Some reported **positive changes in their mental health** and a satisfaction with **being able to self-manage** and be **less reliant on services**

Conclusions

The survey demonstrated a high level of resilience among people who access psychosocial support services; and indicated that people had shown great adaptability to services being delivered virtually. However, the lack of accessibility to clinical and community services and experiences of increased social isolation have led to a deterioration in mental health for many.

Public policy and resources allocated to support the mental health of Australians in the phased reduction of government-imposed restrictions must include strategies to ensure the mental and physical health of people who access mental health services does not further deteriorate. Now more than ever, people need support to build on their skills and resilience by strengthening support networks and a sense of connection to community; assistance to access specialist and community services; and practical support and resources to help people manage day to day. Measures must include:

- Practical and financial support to cover the increased costs of groceries, transport, medications and utilities during public health crises or states of emergency. This includes support to develop mutual support networks with neighbours and local grassroots organisations
- Psychosocial support to build the community connections and networks that reduce isolation and sustain wellbeing in the absence of services. This includes recovery-oriented support and peer support to increase confidence, self-efficacy and skills in connecting with family, friends and professionals
- Support to access specialist and mainstream supports, including via digital means. This includes skill and confidence building in using digital platforms for health and in navigating online support spaces in communities of interest
- As COVID-19 persists (no foreseeable end to date) consideration needs to be made to facilitate improved physical health promotion/activities to halt the decline in physical health already experienced in this cohort

Background and aims

In June 2020, seven leading Australian community managed mental health services providers – Flourish Australia, Mind Australia, Neami National, One Door Mental Health, Open Minds, Stride and Wellways Australia conducted a survey to examine the perceived impact of COVID-19 on people accessing these services. The aim of the survey was to assess the impact of COVID-19 on mental and physical health, living circumstances, work and income, expenses, and services and supports. The data was collected via an online survey, open from 24 June – 24 July 2020. The survey and its subsequent interpretation were codesigned and coproduced with people with lived experience of a mental health issue or psychosocial disability. The findings draw on 738 responses, collected from people around Australia.

1. Who responded to the survey?

Almost 60% of respondents surveyed identified as female and 38% identified as male. Most respondents were aged between 26-65 years (85%) and born in Australia (80%). Around 7% of respondents identified as Aboriginal or Torres Strait Islander Australian. The majority of respondents live in either New South Wales (33%), Victoria (26%) or Queensland (27%), with 77% living in metropolitan areas and 23% in regional areas. Over 85% of respondents reported that they have a mental health issue or psychosocial disability, with approximately 20% reporting that they have a medical condition and over 15% reporting a physical disability. Around 40% of respondents reported that they have an NDIS package.

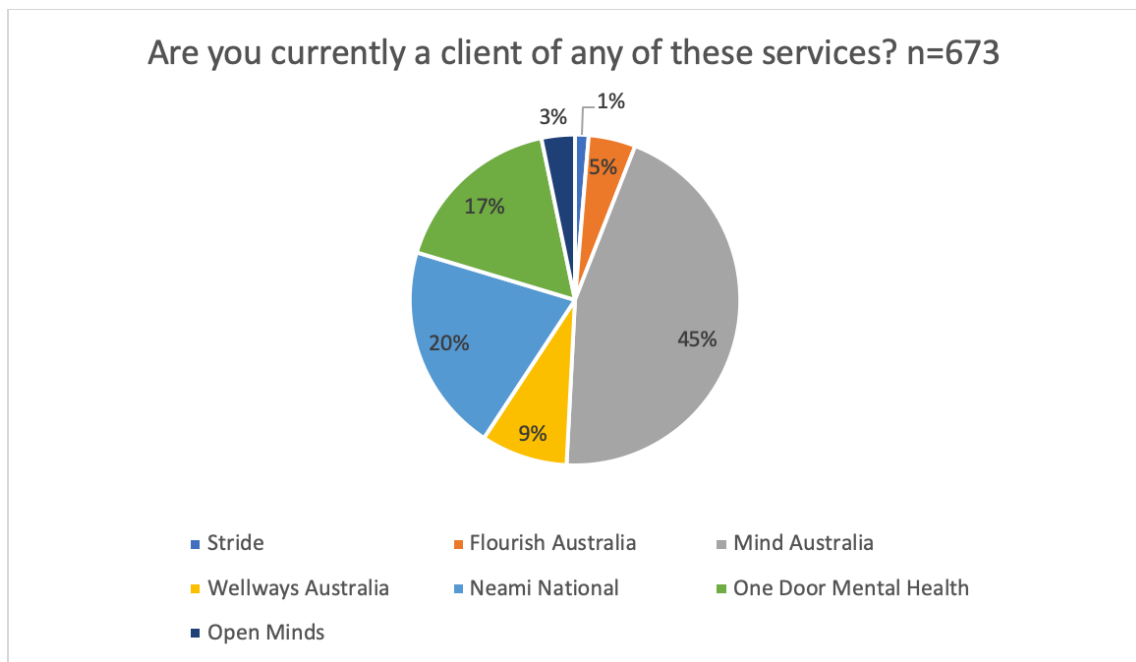


Figure 1: Number of participants across organisations

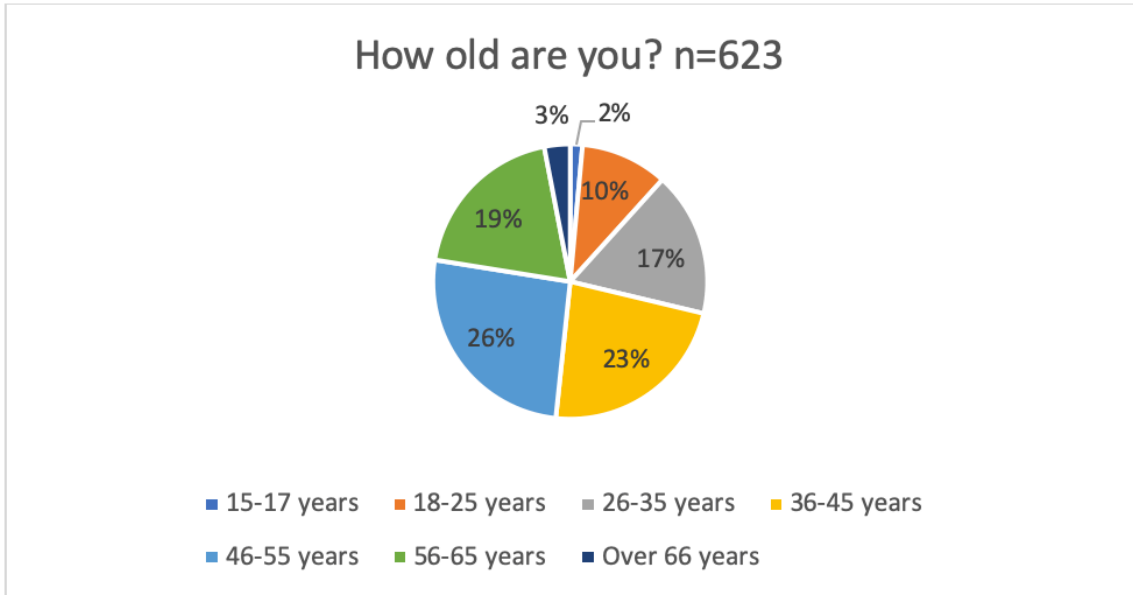


Figure 2: Age of participants across organisations

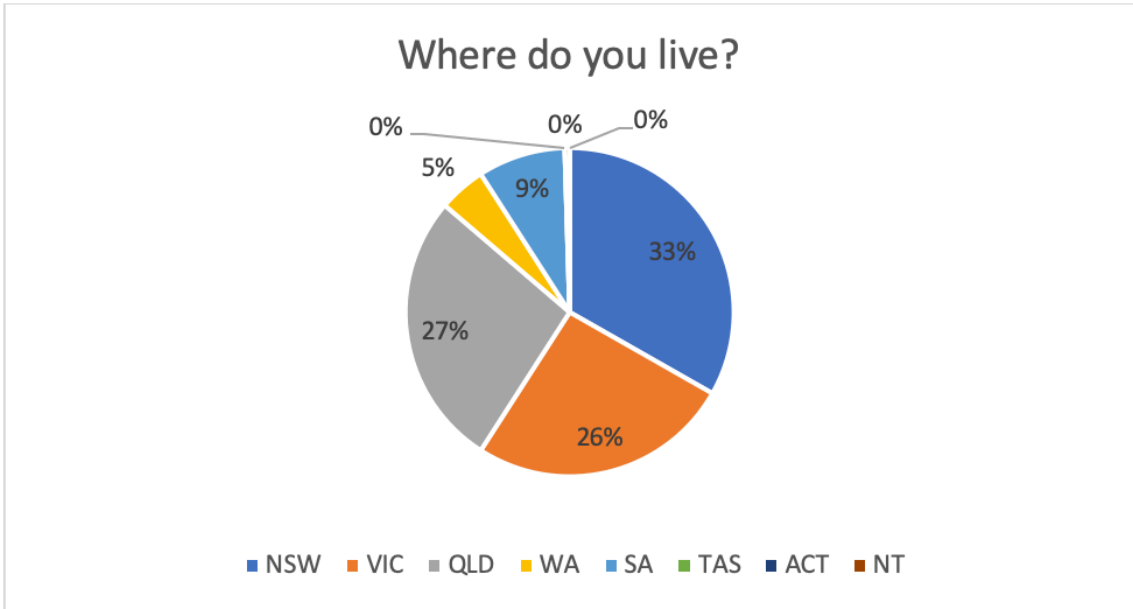


Figure 3 State where participants live

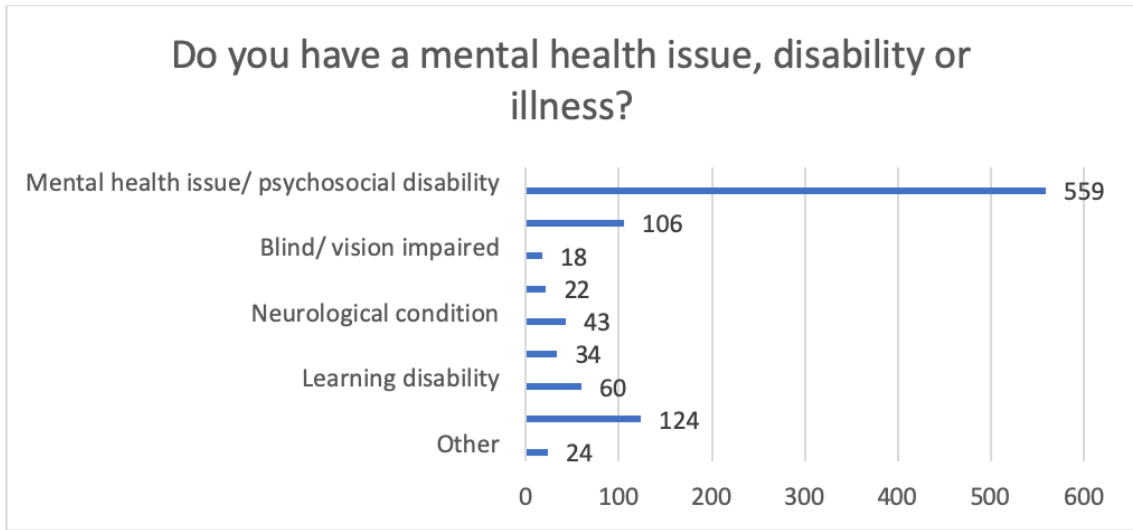


Figure 4 Mental health, disability and medical conditions of participants

2. Impact of COVID-19 on mental health

Over 50% of respondents reported that their mental health has been either a little or a lot worse since COVID-19. A third of respondents reported no change to their mental health. Respondents described a range of factors as contributing towards the deterioration in their mental health, with almost 70% of consumers reporting having to stay at home as a contributing factor and over half the sample reporting impacts associated with

social/physical distancing (55%) and changes in social connections (57%). Respondents described a range of factors as contributing towards the deterioration in their mental health, with almost 70% of consumers reporting having to stay at home as a contributing factor; over half reporting impacts associated with social/physical distancing (55%) and changes in social connections (57%) and just shy of half reporting impacts associated with changes to the supports usually received (45%).

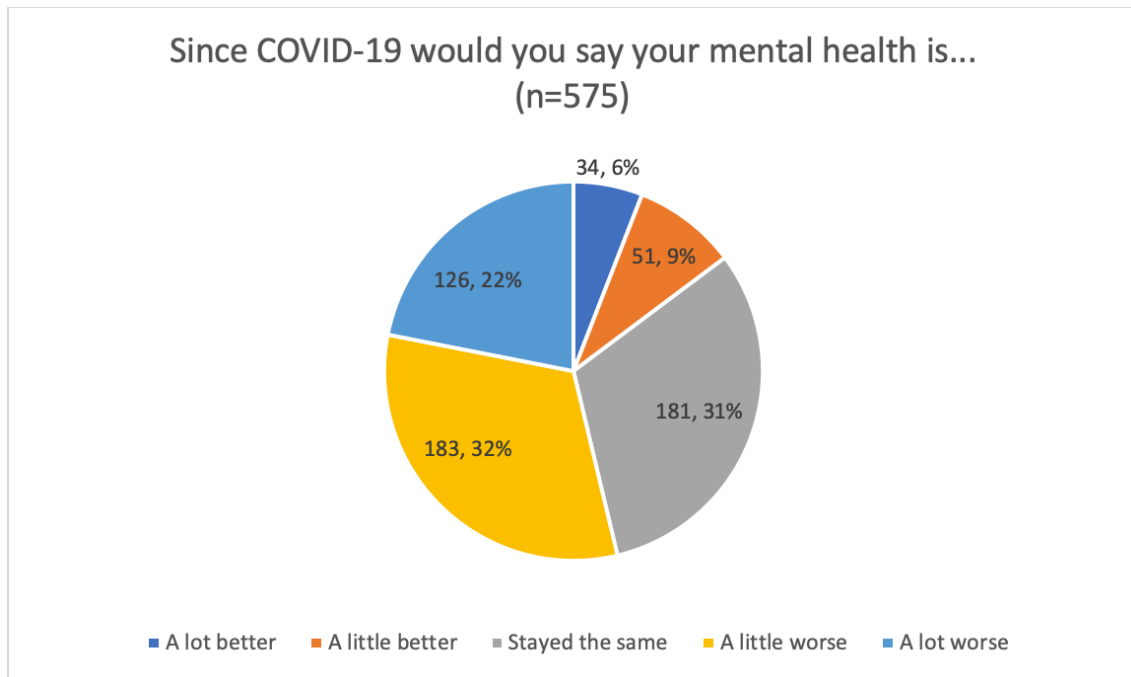


Figure 5: Impact of COVID-19 on participants mental health

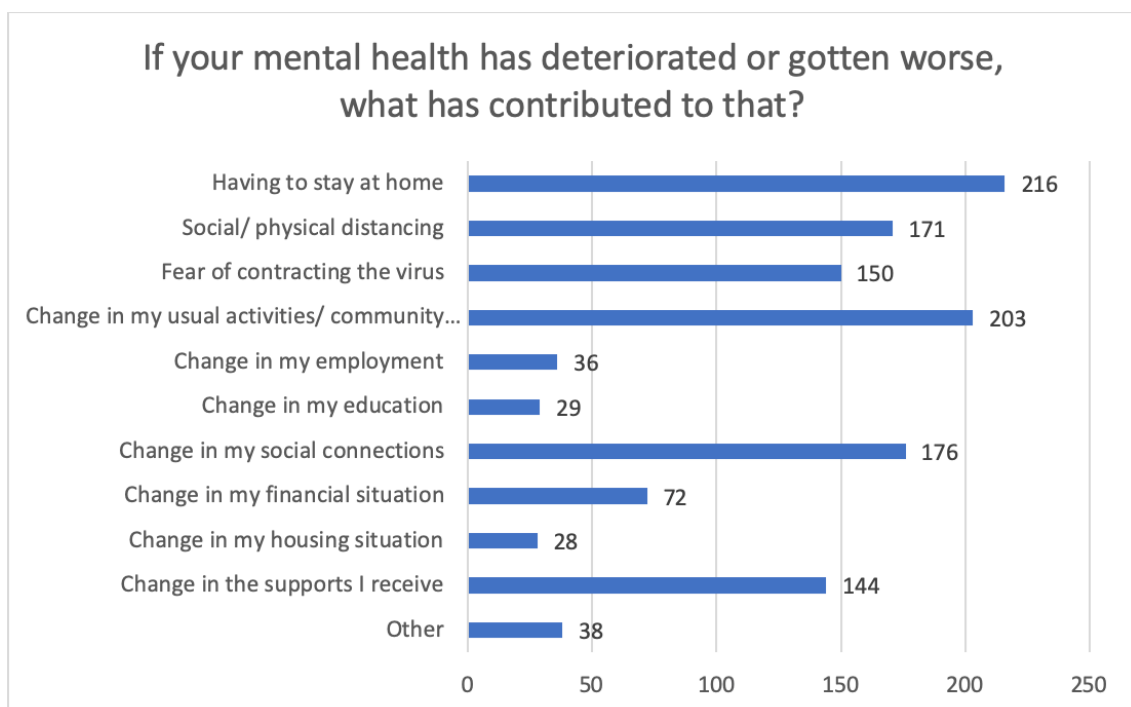
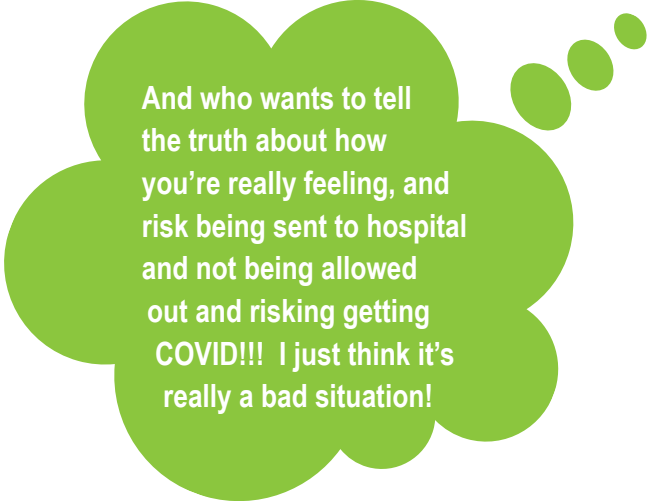


Figure 6: Contributors to deterioration of mental health

In free text responses a few respondents noted that COVID-19 dominated their thinking and choices resulting in an increase in general stress and *“just the feeling of nothing much other than COVID (sic) is really of an importance anymore!”*. People expressed frustration with having to remain isolated, and socially distance and with repetitive messages about having to wash hands and stay home. A few people described fear of being exposed to COVID-19 with one person describing how they avoided letting others know how bad they were feeling in case they were taken to hospital where they might be more at risk of getting COVID-19.




And who wants to tell the truth about how you're really feeling, and risk being sent to hospital and not being allowed out and risking getting COVID!!! I just think it's really a bad situation!


There were no differences in responses to this question according to country of birth, language spoken at home, Aboriginal or Torres Strait Islander origin, or location (metropolitan versus regional). However, different response patterns were identified for females as opposed to males, such that more females (62%) reported their mental health as being either a little or a lot worse as opposed to males (42%). Over 60% of females described the negative impact of physical distancing on their mental health as opposed to 43% of males. More males than females reported impacts associated with changes in their financial situation and changes in the supports they receive.

Younger people (under 25 years) (27%) and people aged 56-65 years (19%) were less likely to report that their experience in managing their mental health had helped them to cope as compared with people aged between 26 to 55 years (44%) although the number of respondents under 25 years was low.

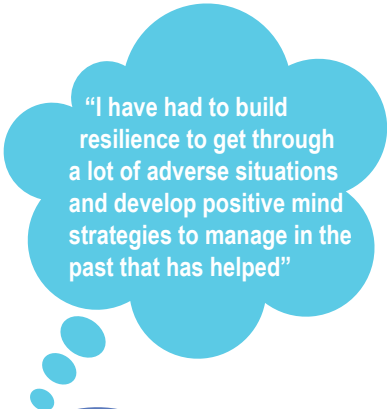
In open text responses reduced face to face mental health support was the most common response contributing to a reduction in mental health and wellbeing, along with the lack of opportunity to draw on usual social supports or to engage in usual routines.



“A lot of services shut down and people like me who isolate are left in the wind”



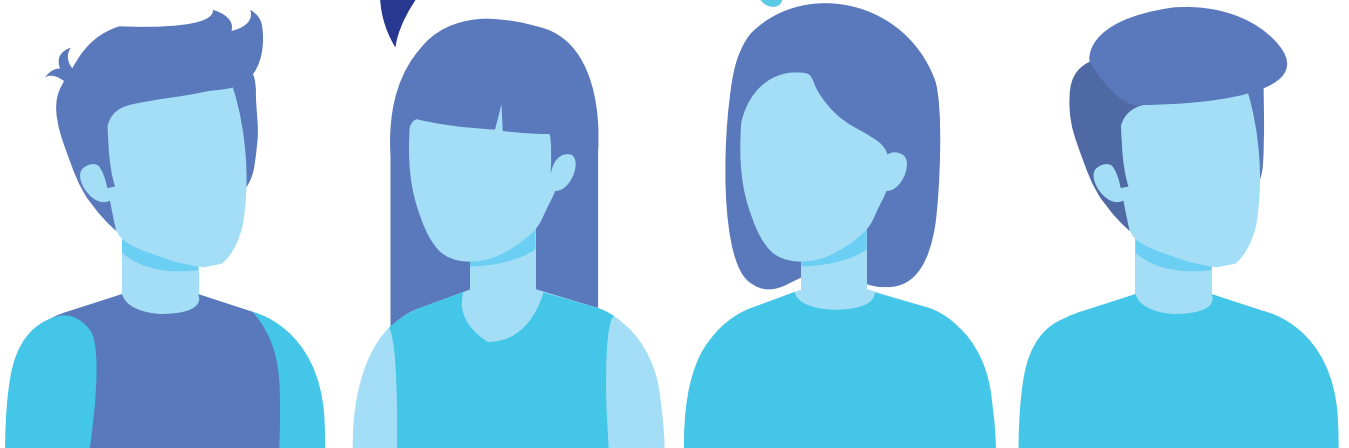
“The fact that I am already so used to social distancing, self-isolating, never leaving the house and passing my time with lots of ‘filler activities’ has made it a lot easier to cope with. There really weren’t many changes in my life when restrictions were introduced”



“I have had to build resilience to get through a lot of adverse situations and develop positive mind strategies to manage in the past that has helped”



“I felt like I have regressed in my mental health. Also, I haven’t had as much social access as I wanted and that was stressful”



Despite these challenges, approximately 40% of respondents reported that their previous experiences in managing their mental health have helped them in coping with COVID-19.

In open text responses, respondents said the pandemic supported some people to notice their resilience and ability to adapt and cope with the challenges that everyone was facing. People described a range of strategies they were using to look after themselves including; mindfulness, meditation, exercise, keeping connected with friends, reading, cooking, walking etc. Some people were actively engaging in these activities to maintain their mental health and others noticed how their lifestyle was a 'good fit' for the more restricted COVID life.

3. Impact of COVID-19 on physical health

Forty-five percent of respondents reported that their physical health is either a little or a lot worse, with 40% reporting that there has been no change to their physical health since COVID-19. For respondents who reported a decline in their physical health, a lack of physical activity was the main contributing factor (80%), with changes to the supports received and an inability to see health professionals reported by a third of consumers each. For respondents who reported an improvement to their physical health, approximately 40% described increased physical activity as a contributing factor, with approximately a quarter of respondents reporting positive impacts associated with spending more time at home.

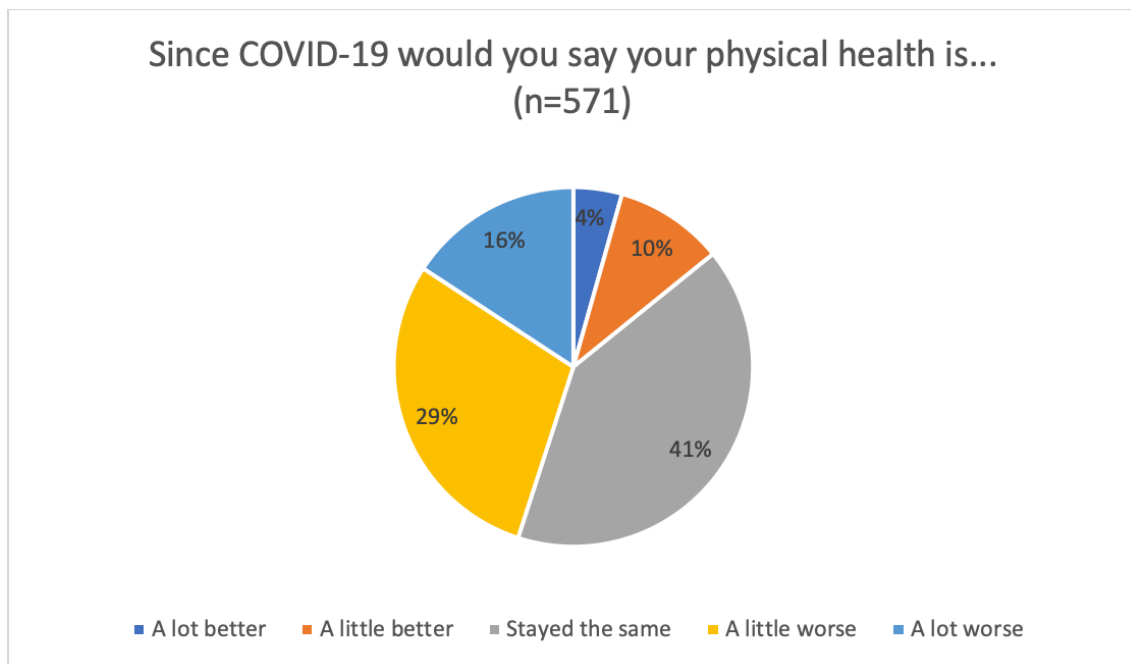


Figure 7: Impact of COVID-19 on participants' physical health

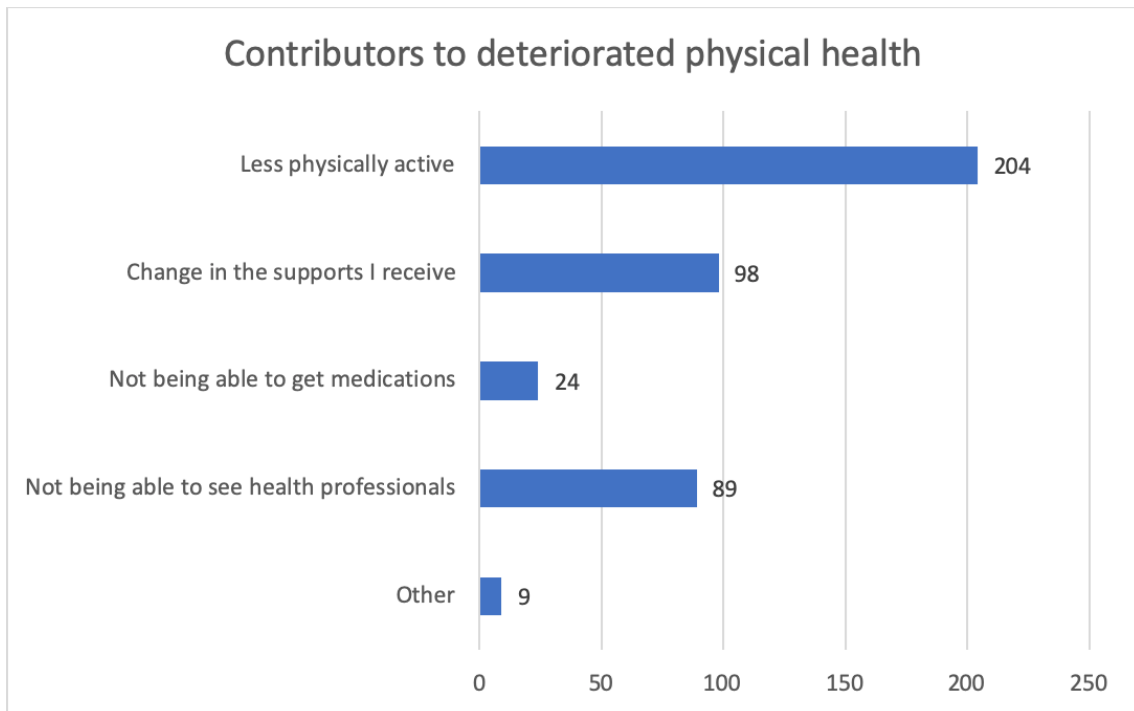


Figure 8: Contributors to deteriorated physical health

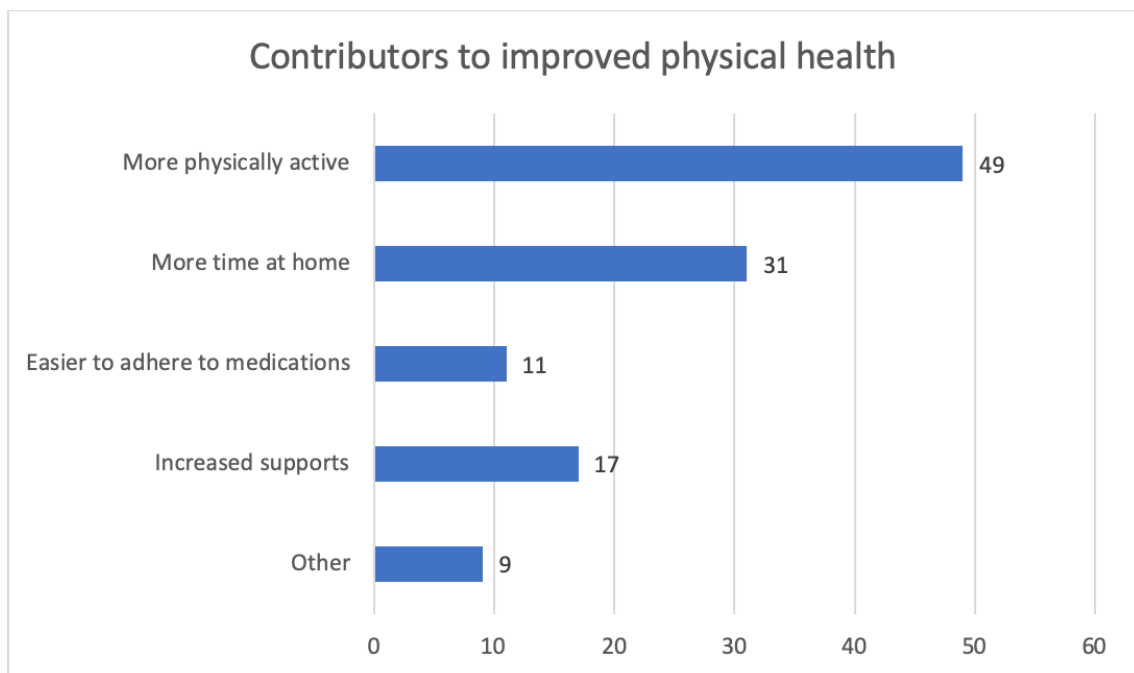


Figure 9: Contributors to improved physical health

There were no differences in responses to this question according to country of birth, language spoken at home, Aboriginal or Torres Strait Islander origin, or location (metropolitan versus regional). However, more females (53%) reported their physical health as being either a little or a lot worse as opposed to males (33%).

People who reported living with less than five people were more likely to report their physical health as being either a little or a lot worse (50%), as compared with people who lived with more than five people (approximately 40%).

4. Impact of COVID-19 on unemployment

Of those who had indicated an impact on their employment status (N=254) 15% of respondents had lost their jobs.

5. Impact of COVID-19 on living situation and costs

Around a third of respondents reported living in a private rental, with a further 20% living in public housing, 8% in community housing, 6% in supported accommodation and 17% living in a house which they own (or are paying mortgage for). About 45% of

respondents reported living alone with approximately a quarter living with one other person and about a third living with two or more people. Almost 15% reported changes to their living situation since COVID-19.

Over 40% of respondents reported that they have had to spend more on living costs, with over 80% of these respondents describing increased spending on grocery shopping, over a third reporting increased expenses associated with medication, and approximately a quarter describing increased spending on health care, cleaning and transport each.

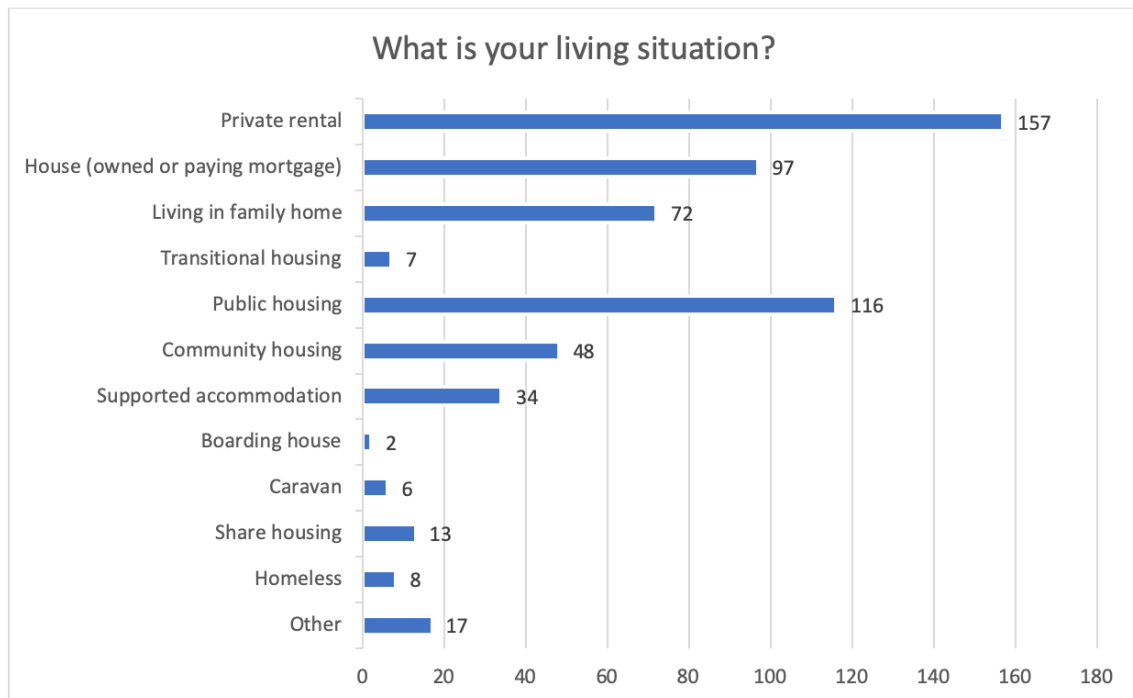


Figure 10: Living arrangements of participants

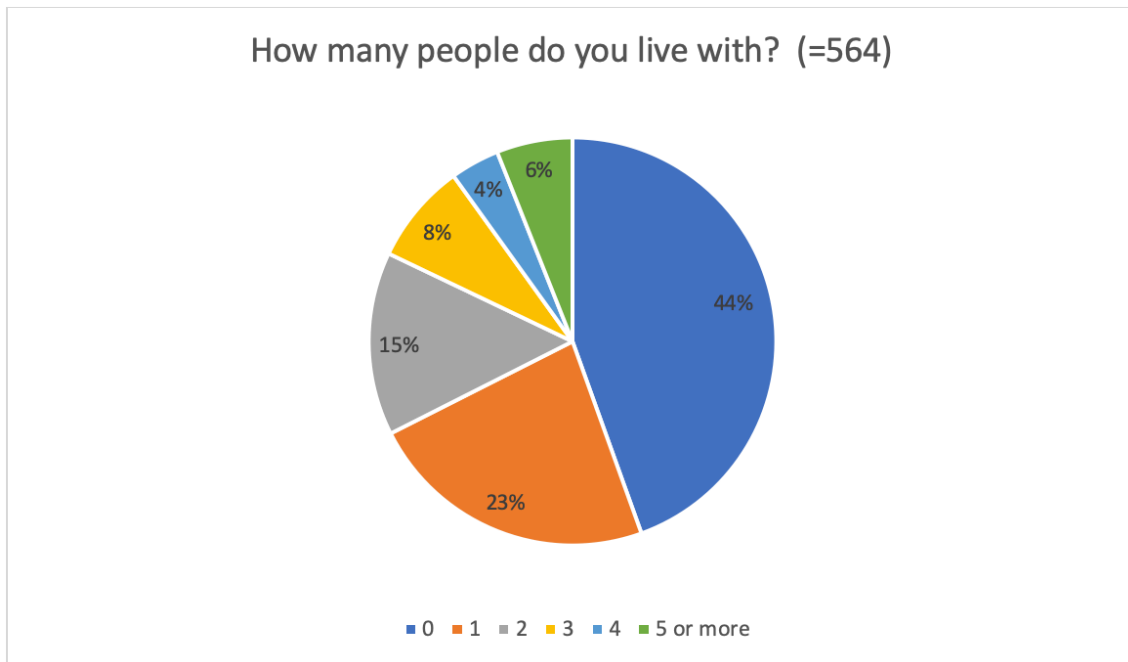


Figure 11: Number of persons participants share their accommodation with

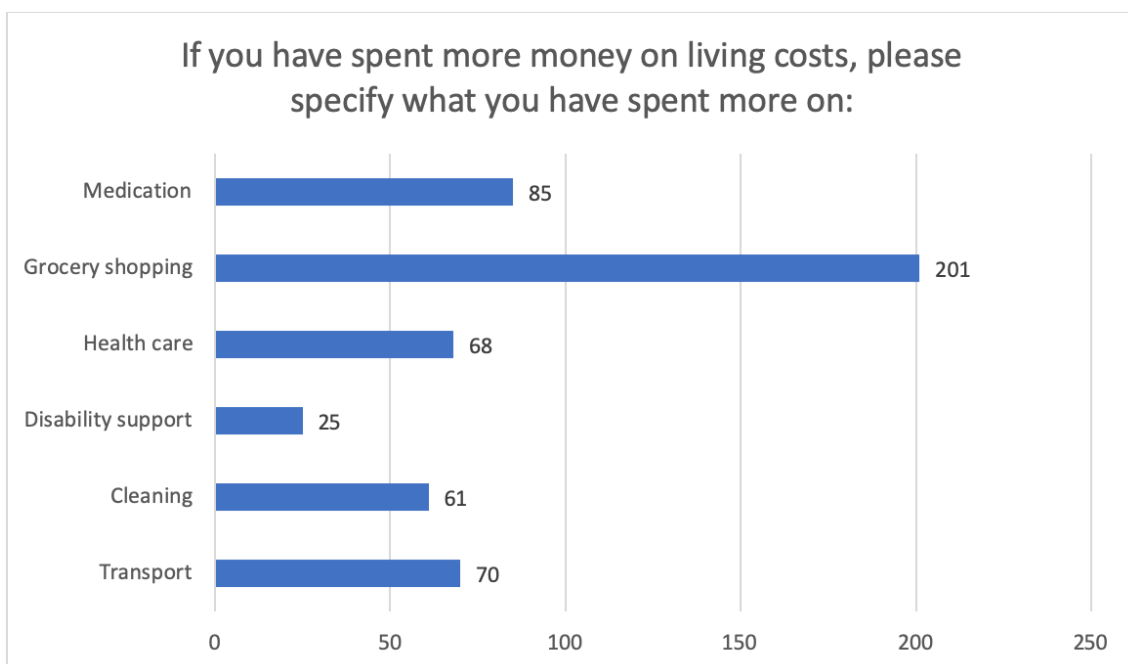


Figure 12 Increased living costs

6. Impact of Government COVID-19 payments

Over half of respondents reported that they had received the \$750 Economic Support payments and almost 20% received the Coronavirus Supplement. Of those who received extra payments, 89% said that these extra payments had improved their wellbeing.

Over half of respondents reported that they had contributed a little or somewhat towards improved wellbeing, with approximately a third reporting that they had contributed a lot or an extreme amount to their wellbeing.

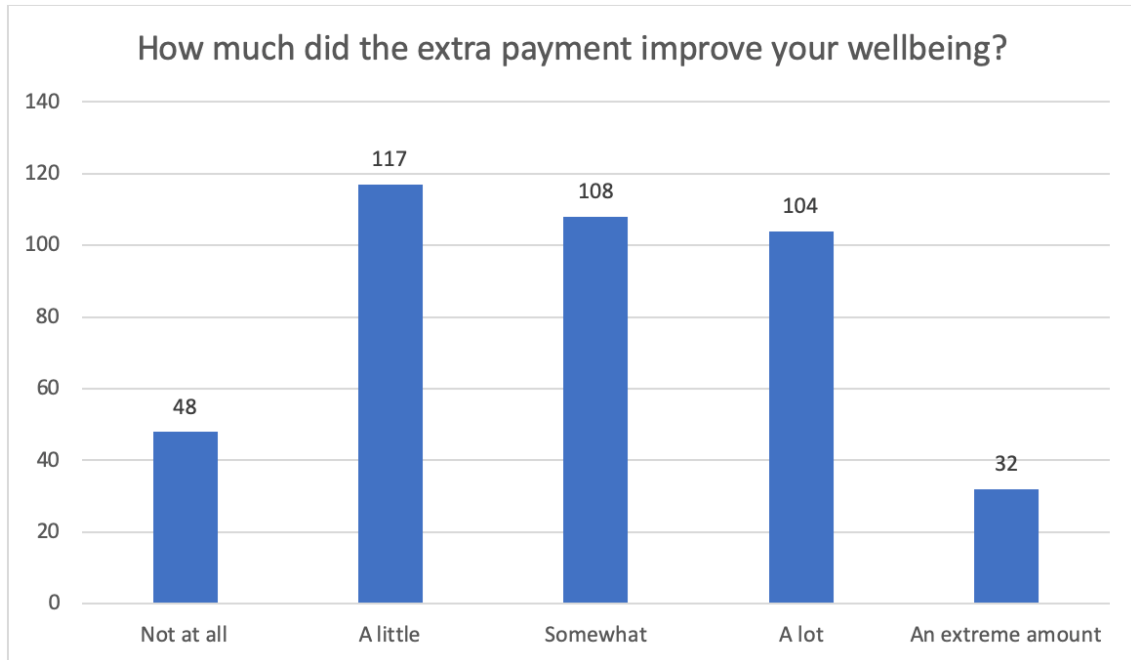


Figure 13: Impact of extra payments on participants' wellbeing

In the open text responses several respondents noted how extra financial support made a material difference to their lives and reduced financial burden. Some also saved money by not engaging in usual activities, by not having to travel for appointments, or by getting access to different benefits, for example when their psychiatrist bulk-billed them for the first time.



7. Impact of COVID-19 on mental health services

The pandemic has had a considerable impact on the respondents ability to access services, with many responding that lack of access has led to an increase in symptoms.

Almost a third of respondents reported that they had been unable to access a support group, with almost 75% reporting that the service was not available, and a third reporting concerns regarding exposure to COVID-19 as a barrier to receiving this support.

Over 40% of these respondents reported an increase in their mental health symptoms as a result of not being able to access this support, with around a third of consumers reporting that they relied on friends/family or support workers or managed on their own in response to this lack of support. Around 15% of respondents reported being unable to access non-clinical mental health supports (such as peer workers or mental health workers) as needed, with a lack of service availability and concerns regarding exposure to COVID-19 reported as the main barriers to accessing this support. Almost 60% reported an increase in their mental health symptoms, with around a third of respondents reporting that they either did nothing or managed on their own in the absence of this service.


Approximately 10% of respondents reported that they had needed but had not been able to access the Emergency Department or a Psychiatric Ward, with around half reporting concerns regarding exposure to COVID-19 as a barrier to accessing these services. Around a quarter of respondents described barriers associated with transport and a further quarter reported a lack of support as a factor that prevented them accessing the Emergency Department or a Psychiatric Ward when needed. Almost 60% of respondents

reported that their mental health symptoms increased as a result of this lack of support, with around a quarter reporting that they coped by either relying on family/friends, or support workers, or by managing on their own.

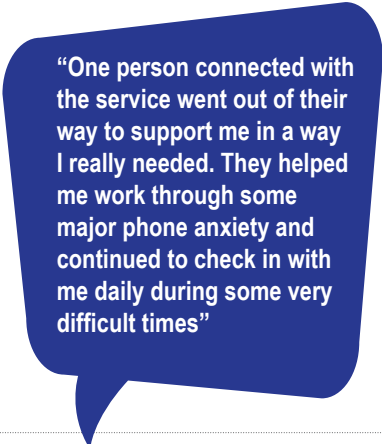
Almost 20% of respondents reported that they had not been able to access a GP when they needed one, with concerns regarding exposure to COVID-19, a lack of available services and a lack of transport described as the main barriers. Around 40% of respondents reported that they managed on their own without this support, with 35% reporting an increase in symptoms. Over 15% reported that they had not been able to access psychologists or psychiatrists as needed, with the main barriers to this support described as no available services, a lack of support in accessing services and concerns regarding exposure to COVID-19. Over half of these respondents described an increase in their mental health symptoms as a result of this lack of support, with over a third of consumers reporting that they managed on their own and a quarter reporting that they relied on their support workers in the absence of this service.

In open text responses there was praise for the ability of non-clinical providers to transition from predominantly face-to-face service provision to alternate methods of support. Many acknowledged that supports had continued and that they were still receiving valued support. Respondents commented on how their services, or individual workers, were highly responsive and made an effort to stay in contact and to provide support that individuals needed.


One person acknowledged how decreased availability of support made them think about how they needed the mental health system less, something they believed was a positive outcome.



"I guess the way in which services have transitioned was done pretty smoothly"



"One person connected with the service went out of their way to support me in a way I really needed. They helped me work through some major phone anxiety and continued to check in with me daily during some very difficult times"



"We are still able to connect!"

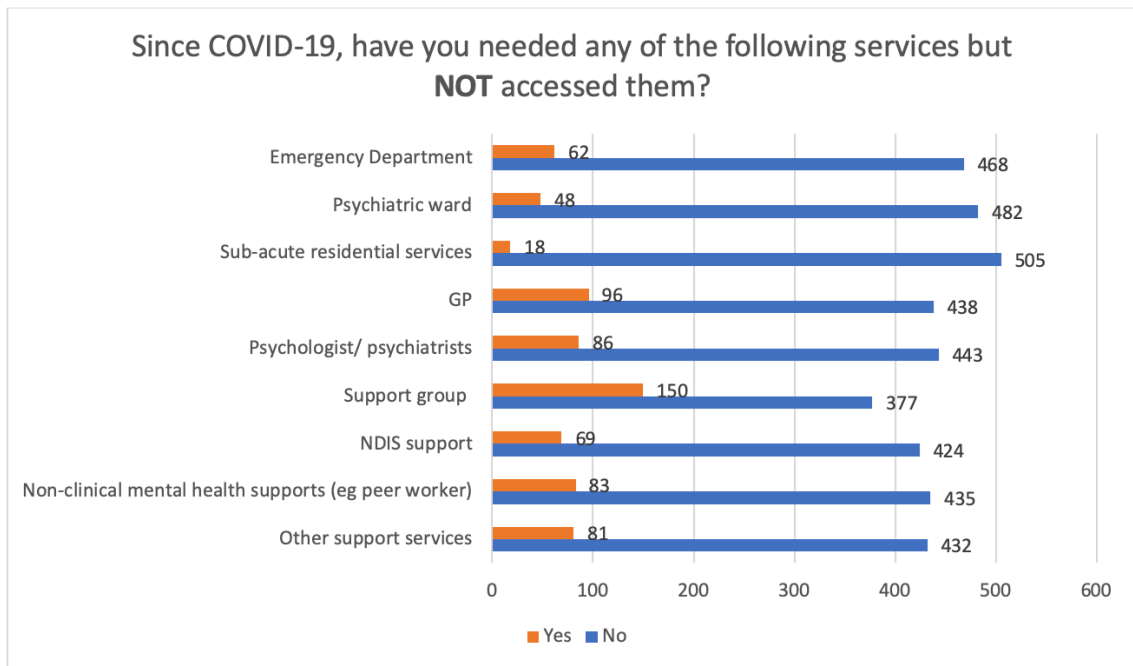


Figure 14: Needed services not accessed due to COVID-19

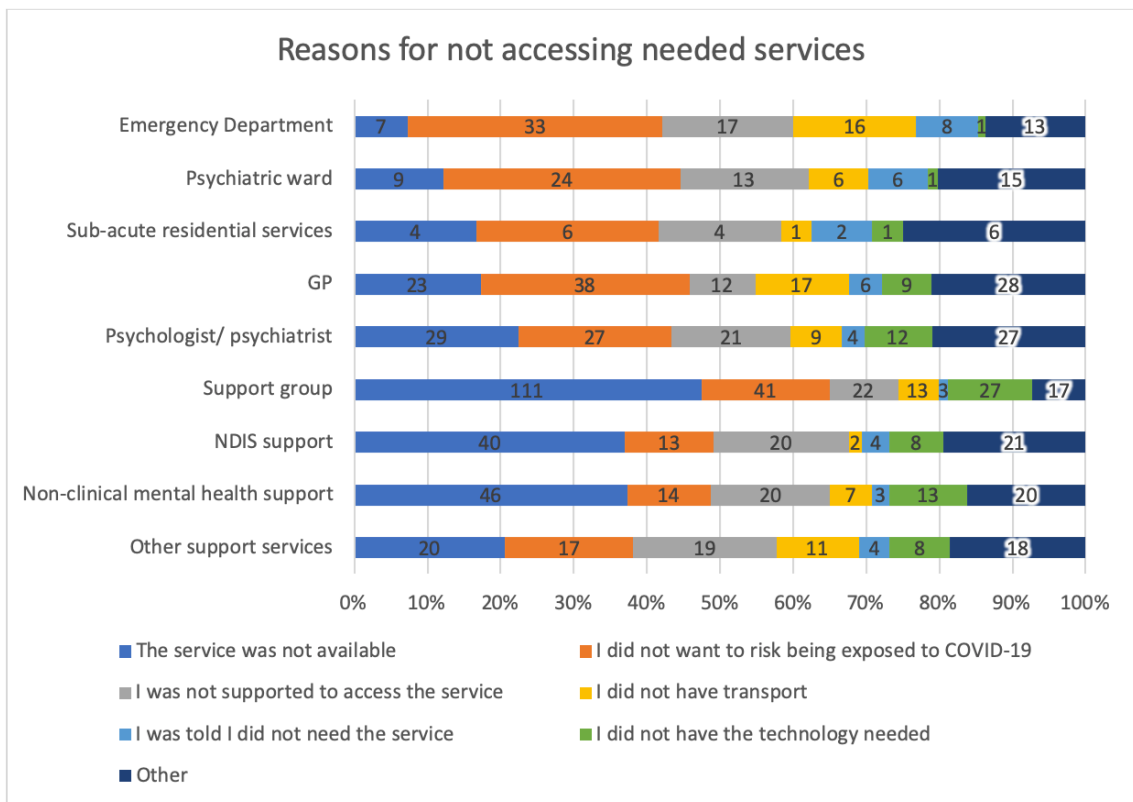


Figure 15: Reasons for not accessing needed services

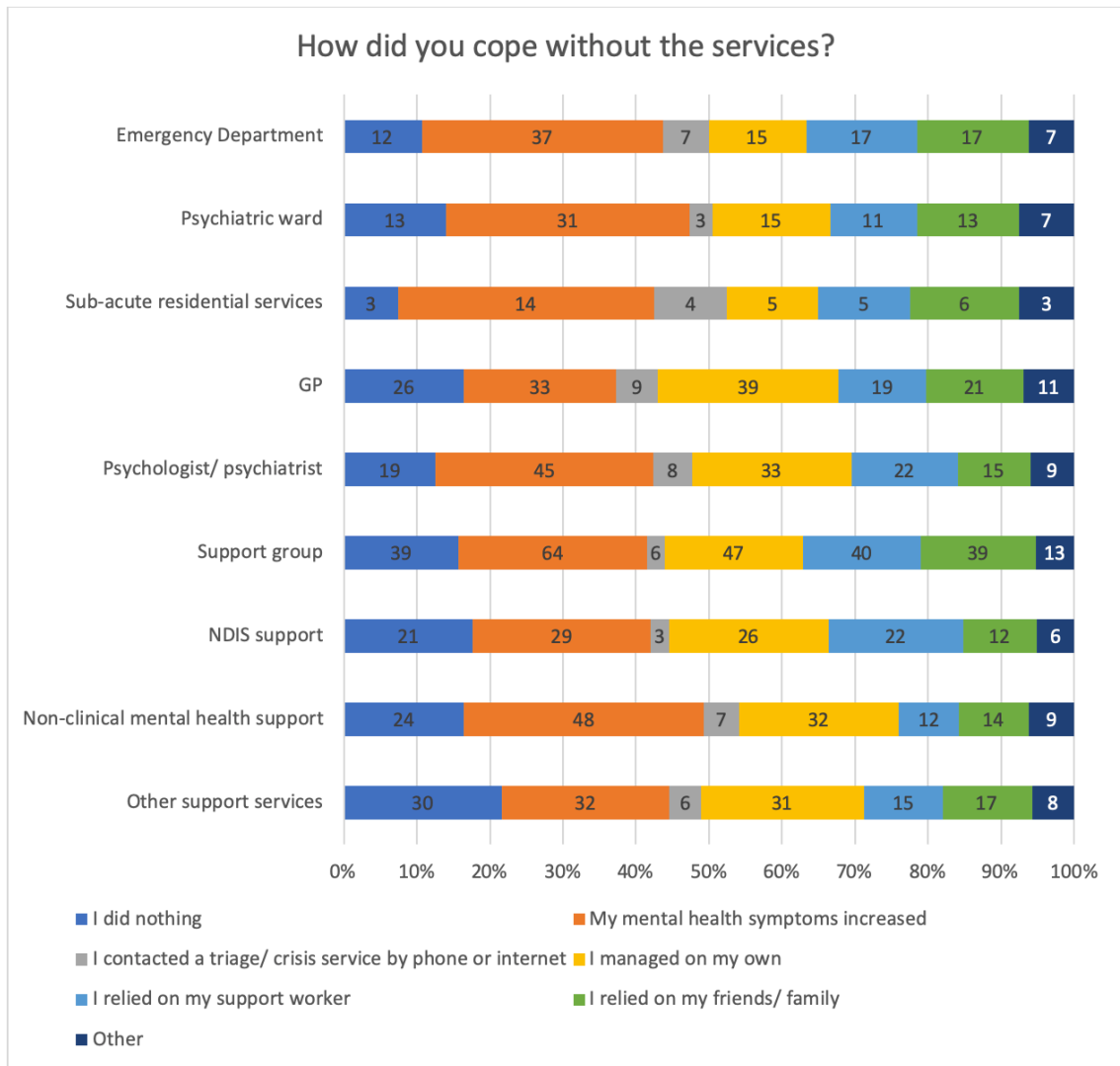


Figure 16 Responses to not accessing needed services

8. How people have engaged with services and their experiences

Around a third of respondents reported that they have received additional support services, with 70% of these services delivered by telephone, around a quarter by

text, WhatsApp or Messenger and another quarter by videoconferencing platforms such as Zoom. Over 50% of respondents reported that they have continued to receive face-to-face support. Many respondents used a mix of provision types.

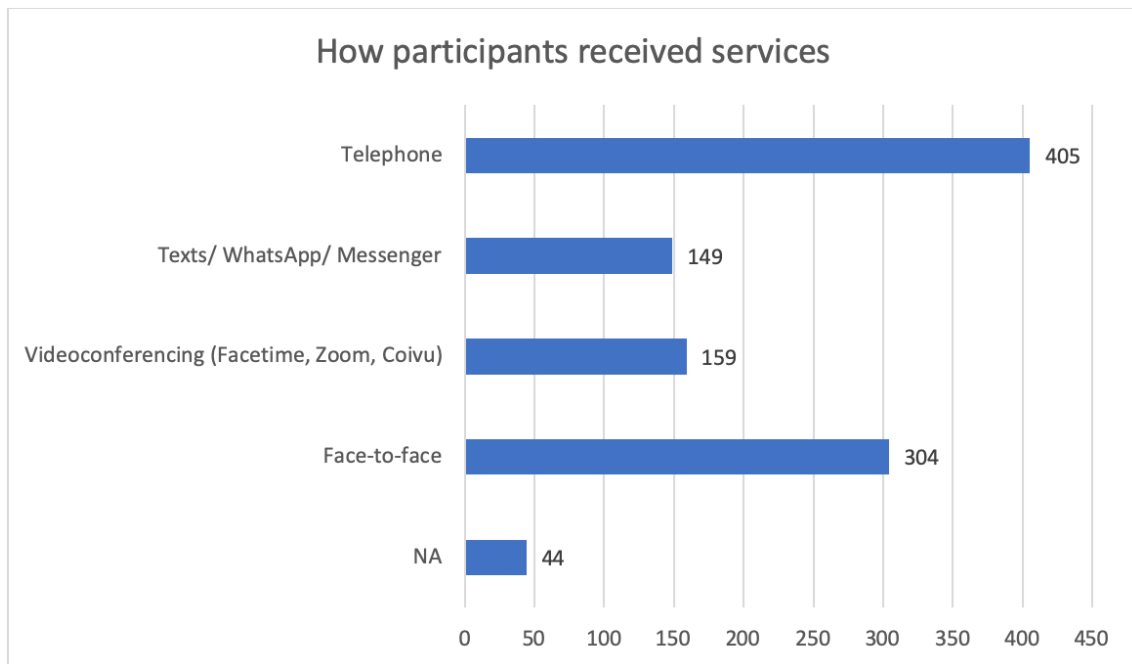


Figure 17: Delivery modes of services

Although a third of respondents reported no challenges associated with using these platforms, others described challenges associated with internet connection, challenges in connecting with people using online services and a preference for face-to-face service delivery. Around 60% of respondents who had received

telephone support also reported feeling either satisfied, very satisfied or extremely satisfied with this support, with the main challenges described as being difficulties in connecting with people on the telephone and a preference for face-to-face support.

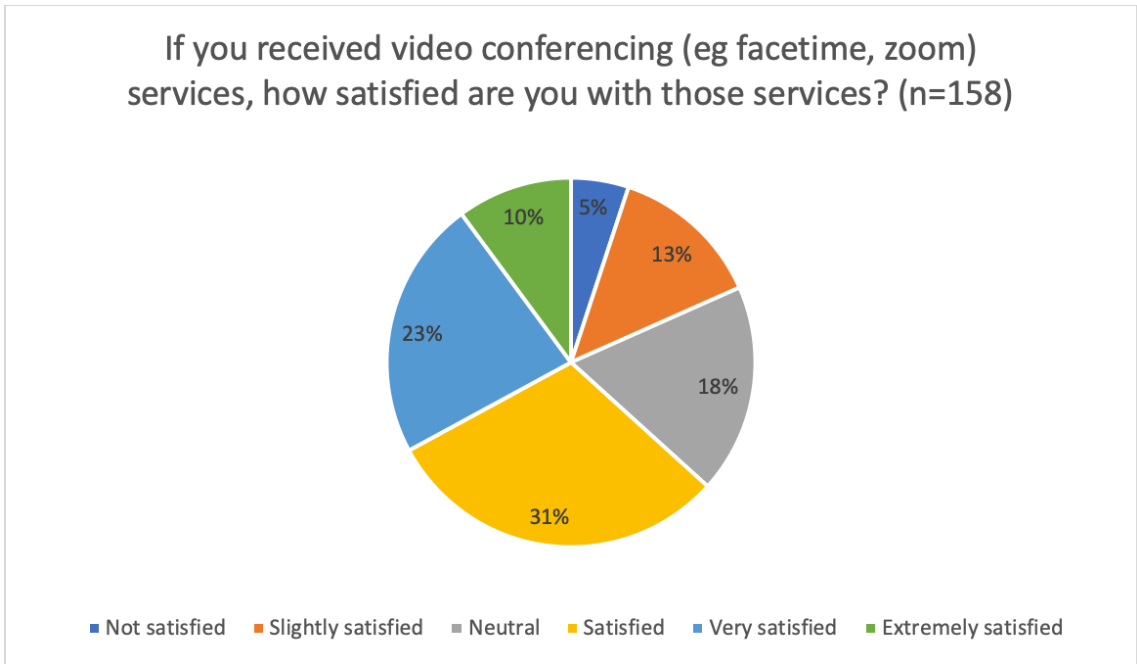


Figure 18: Satisfaction with video conferencing services

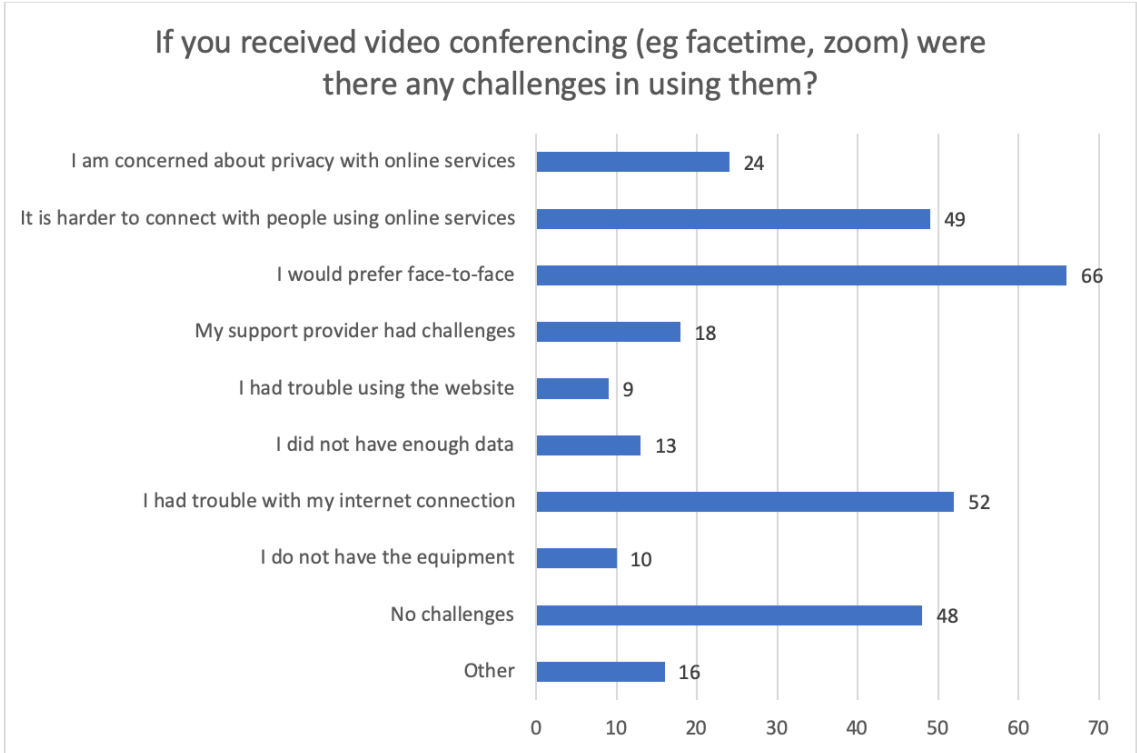


Figure 19: Challenges with online services

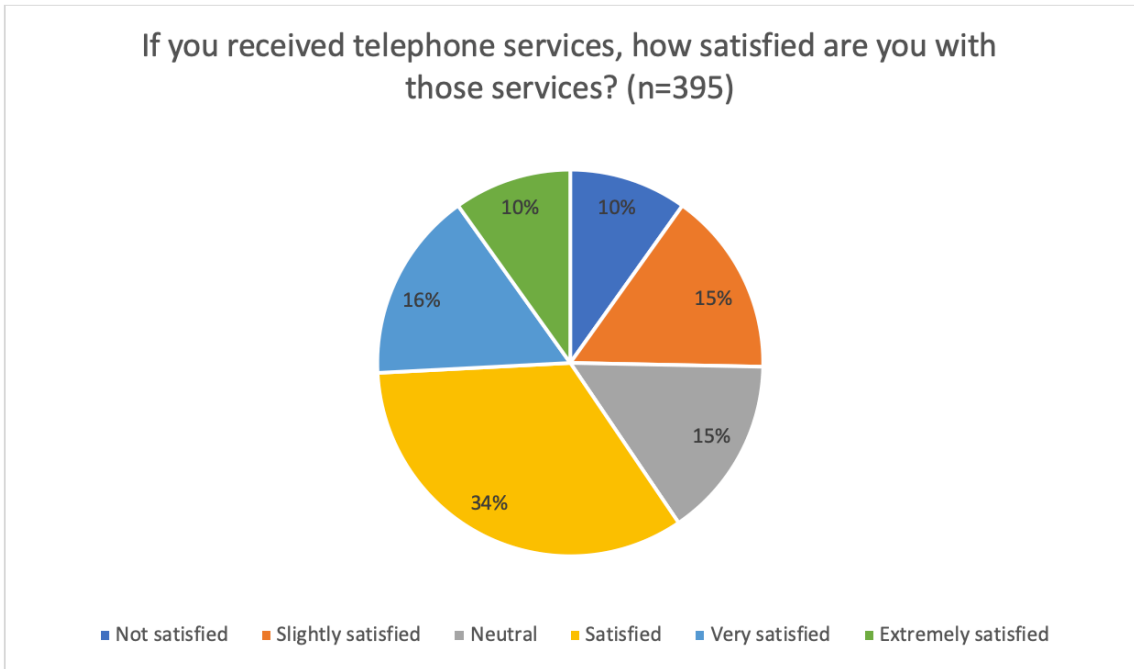


Figure 20: Satisfaction with telephone services

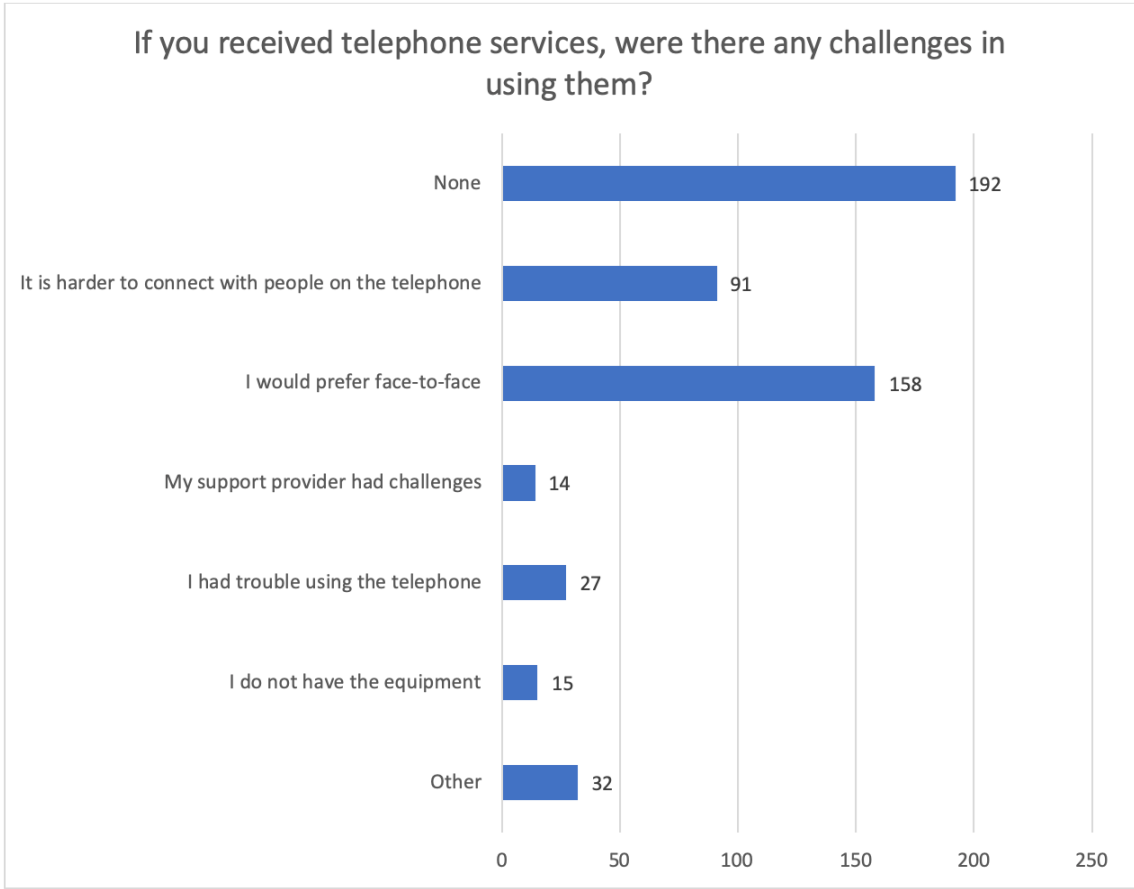


Figure 21: Challenges with telephone services

9. Type of mental health support that is needed

Respondents described a range of mental health supports as being important to them for the future, with the most commonly reported services including support to manage mental health and wellbeing (70%), support with social connections (50%), support to access the

community (40%), psychotherapy (40%) and counselling (45%). Respondents also described the importance of access to support with their physical health care (40%), medication (45%) and help with practical tasks such as shopping and housekeeping (40%).

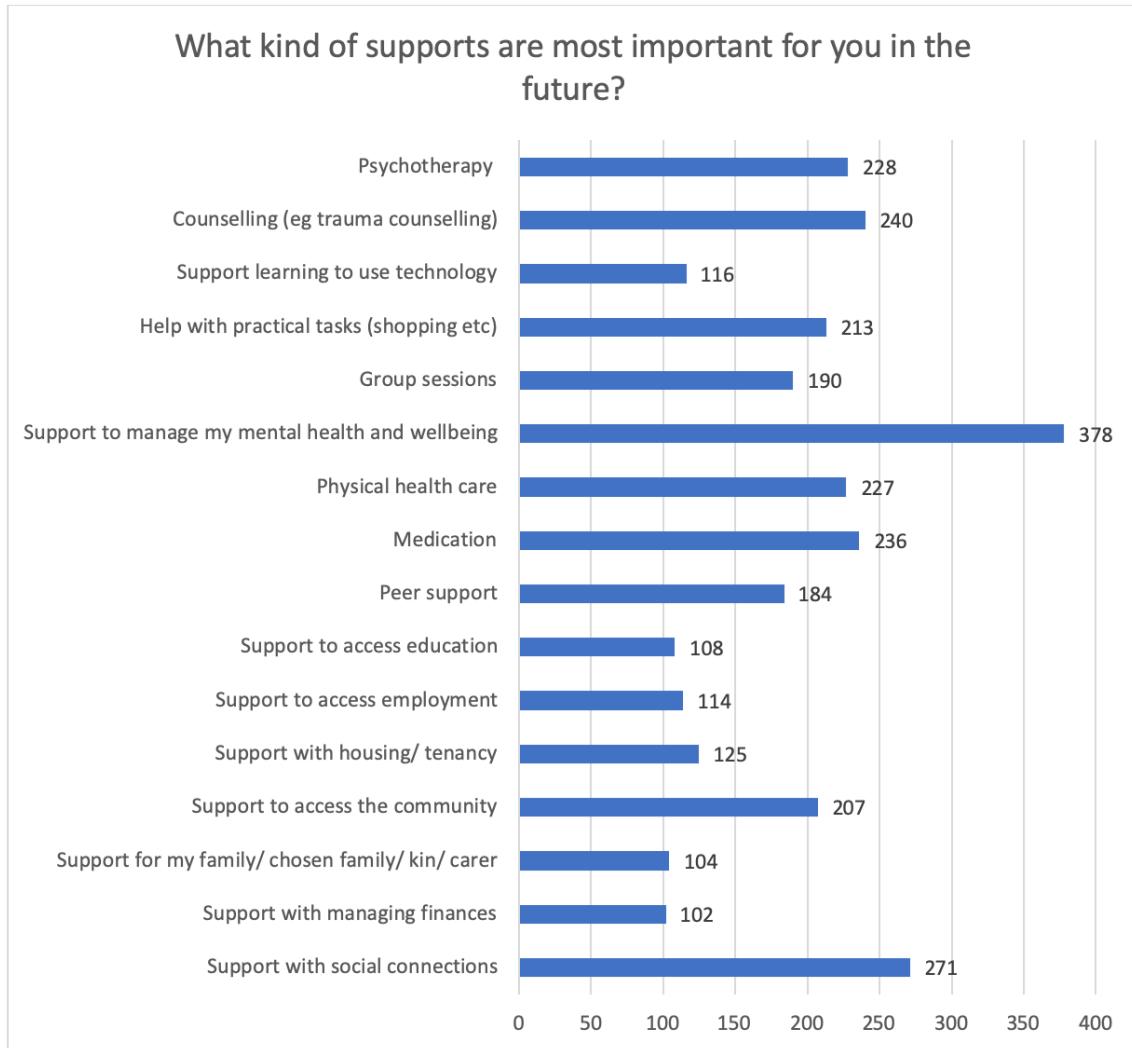


Figure 22: Supports for the future

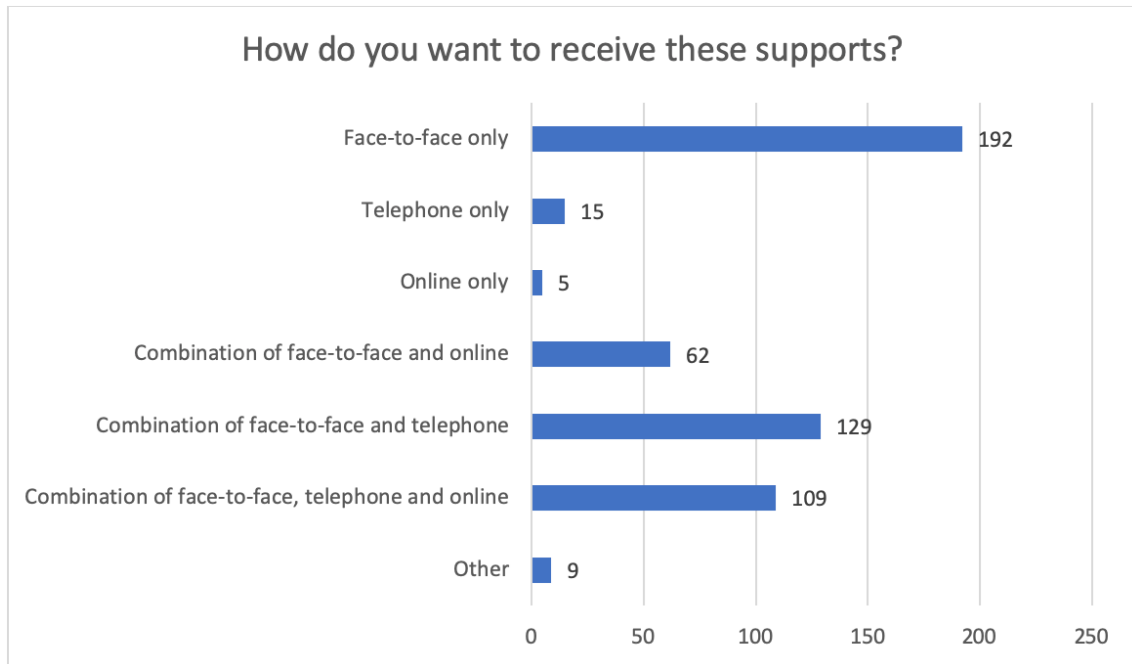


Figure 23: Desired delivery mode of supports

Appendix - Survey questions and responses

Question	N (%)	Total people completing this question
1. Are you currently a client of any of the following services? (tick all that apply) (see Figure 1)	<ul style="list-style-type: none"> • Stride = 9 (1.34%) • Flourish Australia = 31 (4.60%) • Mind Australia = 302 (44.87%) • Wellways = 57 (8.47%) • Neami National = 137 (20.36%) • One Door Mental Health = 115 (17.09%) • Open Minds = 22 (3.27%) 	673
2. Do you have a NDIS package?	<ul style="list-style-type: none"> • Yes = 232 (38.54%) • No = 351 (58.30%) • Don't know = 19 (3.16%) 	602
3. How old are you? (see Figure 2)	<ul style="list-style-type: none"> • 15-17 years = 9 (1.44%) • 18-25 years = 64 (10.27%) • 26-35 years = 106 (17.03%) • 36-45 years = 143 (22.95%) • 46-55 years = 161 (25.84%) • 56-65 years = 121 (19.42%) • Over 66 years = 19 (3.05%) 	623
4. What is your gender?	<ul style="list-style-type: none"> • Female = 362 (57.92%) • Male = 243 (38.88%) • Trans* female/woman = 3 (0.48%) • Trans* male/man = 2 (0.32%) • Gender diverse = 3 (0.48%) • Non-binary/gender non conforming = 4 (0.64%) • Prefer not to say = 6 (0.96%) • Other = 2 (0.32%) 	625
5. Are you of Aboriginal and/or Torres Strait Islander origin? (tick all that apply)	<ul style="list-style-type: none"> • Aboriginal Australian = 34 (5.47%) • Torres Strait Islander Australian = 4 (0.64%) • Aboriginal and Torres Strait Islander = 7 (1.13%) • Neither = 577 (92.76%) 	622
6. Were you born in Australia?	<ul style="list-style-type: none"> • Yes = 481 (79.77%) • No = 122 (20.23%) 	603
7. Do you speak a language other than English at home?	<ul style="list-style-type: none"> • Yes = 107 (18.01%) (see Appendix A1) • No = 487 (81.99%) 	594
8. Where do you live?	<ul style="list-style-type: none"> • New South Wales = 208 (33.23%) • Victoria = 162 (25.88%) • Queensland = 170 (27.16%) • Western Australia = 29 (4.63%) • South Australia = 54 (8.63%) • Tasmania = 0 (0%) • Australian Capital Territory = 3 (0.48%) • Northern Territory = 0 (0%) 	626
9. What is your location?	<ul style="list-style-type: none"> • Metropolitan = 466 (77.15%) • Regional = 138 (22.85%) 	

Question	N (%)	Total people completing this question
10. Do you have a mental health issue, disability or illness? (tick all that apply)	<ul style="list-style-type: none"> Mental health issue/psychosocial disability = 559 (86.53%) Physical disability = 106 (16.40%) Blind/vision impaired = 18 (2.78%) Deaf/hearing impaired = 22 (3.40%) Neurological condition = 43 (6.65%) Autism spectrum disorder = 34 (5.26%) Learning disability = 60 (9.28%) Medical condition = 124 (19.19%) Other = 24 (3.71%) (see Appendix A2) 	646* <i>(*Respondents could select more than one answer)</i>
11. Since COVID-19 would you say your mental health is (see Figure 3)	<ul style="list-style-type: none"> A lot better = 34 (5.91%) A little better = 51 (8.87%) Stayed the same = 181 (31.49%) A little worse = 183 (31.82%) A lot worse = 126 (21.91%) 	575
11b. If your mental health has deteriorated or gotten worse, what has contributed to that? (tick all that apply) (see Figure 4)	<ul style="list-style-type: none"> Having to stay at home = 216 (69.90%) Social/physical distancing = 171 (55.34%) Fear of contracting the virus = 150 (48.54%) Change in my usual activities/community engagement = 203 (65.69%) Change in my employment = 36 (11.65%) Change in my education = 29 (9.38%) Change in my social connections = 176 (56.95%) Change in my financial situation = 72 (23.30%) Change in my housing situation = 28 (9.06%) Change in the supports I receive = 144 (46.60%) Other = 38 (12.29%) (see Appendix A3) 	309* <i>(*Respondents could select more than one answer)</i>
12. Do you feel that your previous experience in managing your mental health has helped you cope with COVID-19?	<ul style="list-style-type: none"> Yes = 234 (42.94%) No = 129 (23.67%) Don't know = 182 (33.39%) 	545
12b. If yes, what has helped you cope with COVID-19?	[Free text response]	
13. Since COVID-19 would you say your physical health is (see Figure 5)	<ul style="list-style-type: none"> A lot better = 25 (4.38%) A little better = 56 (9.80%) Stayed the same = 233 (40.81%) A little worse = 167 (29.25%) A lot worse = 90 (15.76%) 	571
13b. If your physical health has deteriorated or gotten worse, what has contributed to that? (tick all that apply) (see Figure 6)	<ul style="list-style-type: none"> Less physically active = 204 (79.37%) Not being able to see health professionals = 89 (34.63%) Not being able get medications = 24 (9.34%) Change in the supports I receive = 98 (38.13%) Other = 38 (14.78%) (see Appendix A4) 	257* <i>(*Respondents could select more than one answer)</i>

Question	N (%)	Total people completing this question
13c. If your physical health has gotten better, what has contributed to that? (tick all that apply)	<ul style="list-style-type: none"> • More physical activity = 49 (41.88%) • More time at home = 31 (26.49%) • Easier to adhere to medications = 11 (9.40%) • Increased supports = 17 (14.53%) • Other = 9 (7.69%) (see Appendix A5) 	117* <i>(*Respondents could select more than one answer)</i>
14. Since the COVID-19 (Coronavirus) outbreak, have you lost your job?	<ul style="list-style-type: none"> • Yes = 38 (7.13%) • No = 216 (40.52%) • Not applicable = 279 (52.35%) 	533
15. What is your living situation? (see Figure 7)	<ul style="list-style-type: none"> • Private rental = 157 (27.21%) • House (owned or paying mortgage) = 97 (16.82%) • Living in family home = 72 (12.48%) • Transitional Housing = 7 (1.21%) • Public housing = 116 (20.10%) • Community housing = 48 (8.32%) • Supported accommodation = 34 (5.89%) • Boarding House = 2 (0.34%) • Caravan = 6 (1.04%) • Share housing/ share accommodation = 13 (2.26%) • Homeless = 8 (1.38%) • Other = 17 (2.95%) 	577
16. Since COVID-19 has your living situation changed?	<ul style="list-style-type: none"> • Yes = 81 (14.29%) • No = 473 (83.42%) • Don't know = 13 (2.29%) 	567
16b. If yes, how has it changed?	Two people described becoming homeless as a result of changed situation. One had found a rental after one month of homelessness while they other was still homeless	
17. How many people do you live with?	<ul style="list-style-type: none"> • 0 = 251 (44.50%) • 1 = 130 (23.05%) • 2 = 82 (14.54%) • 3 = 45 (7.98%) • 4 = 22 (3.90%) • 5 or more = 34 (6.03%) 	564
18. Since the COVID-19 outbreak, have you had to spend more money on living costs?	<ul style="list-style-type: none"> • Yes = 245 (43.29%) • No = 273 (48.23%) • Don't know = 48 (8.48%) 	566
18b. If you have spent more money on living costs, please specify what you had to spend more on:	<ul style="list-style-type: none"> • Medication = 85 (34.69%) • Grocery shopping = 201 (82.04%) • Health care = 68 (27.75%) • Disability support = 25 (10.20%) • Cleaning = 61 (24.89%) • Transport = 70 (28.57%) • Other = 52 (21.22%) (see Appendix A6) 	245* <i>(*Respondents could select more than one answer)</i>

19. Since COVID-19, have you needed any of the following services but NOT accessed them? (see Figure 9)

Services	Yes	No	Total people completing this question
Emergency Department	62 (11.70%)	468 (88.30%)	530
Psychiatric ward	48 (9.06%)	482 (90.94%)	530
Sub-acute residential services	18 (3.44%)	505 (96.56%)	523
GP	96 (17.98%)	438 (82.02%)	534
Psychologist/psychiatrists	86 (16.26%)	443 (83.74%)	529
Support group	150 (28.46%)	377 (71.54%)	527
NDIS support	69 (13.99%)	424 (86.01%)	493
Non clinical mental health supports (ie peer worker, mental health worker)	83 (16.02%)	435 (83.98%)	518
Other support services	81 (15.79%)	432 (84.21%)	513

19b. If yes, why did you not access these services? (see Figure 10)

Services	The service was not available	I didn't want to risk being exposed to COVID-19	I was not supported to access the service	I didn't have transport	I was told I didn't need the service	I did not have the technology needed	Other (please specify) (see Appendix A)	Total* <small>(*Respondents could select more than one answer)</small>
Emergency Department	7 (11.29%)	33 (53.23%)	17 (27.42%)	16 (25.81%)	8 (12.90%)	1 (1.61%)	13 (20.97%)	62
Psychiatric ward	9 (18.75%)	24 (50%)	13 (27.09%)	6 (12.5%)	6 (12.5%)	1 (2.08%)	15 (31.25%)	48
Sub-acute residential services	4 (22.22%)	6 (5.55%)	4 (22.22%)	1 (5.56%)	2 (22.22%)	1 (5.56%)	6 (5.55%)	18
GP	23 (23.96%)	38 (39.58%)	12 (12.5%)	17 (17.71%)	6 (6.25%)	9 (9.38%)	28 (29.17%)	96
Psychologist/psychiatrists	29 (33.72%)	27 (31.40%)	21 (24.42%)	9 (10.47%)	4 (4.65%)	12 (13.95%)	27 (31.40%)	86
Support group	111 (74%)	41 (27.34%)	22 (14.67%)	13 (8.67%)	3 (2.00%)	21 (14.00%)	17 (11.34%)	150
NDIS support	40 (57.97%)	13 (18.84%)	20 (28.99%)	2 (2.90%)	4 (5.80%)	8 (11.59%)	21 (30.43%)	69
Non clinical mental health supports (ie peer worker, mental health worker)	46 (55.42%)	14 (16.87%)	20 (24.10%)	7 (8.43%)	3 (3.61%)	13 (15.66%)	20 (24.10%)	83
Other support services	50 (61.73%)	17 (20.99%)	19 (23.46%)	11 (13.58%)	4 (4.94%)	8 (9.88%)	18 (22.22%)	81

19c. If yes, how did you cope without the services? (see Figure 11)

Services	I did nothing	My mental health symptoms increased	I contacted a triage/ crisis service by phone or internet	I managed on my own	I relied on my support worker	I relied on family/ friends	Other (please specify) (see Appendix A)	Total* <small>(*Respondents could select more than one answer)</small>
Emergency Department	12 (19.35%)	37 (59.68%)	7 (11.29%)	15 (24.19%)	17 (27.42%)	17 (27.42%)	7 (11.29%)	62
Psychiatric ward	13 (27.08%)	31 (64.58%)	3 (6.25%)	15 (31.25%)	11 (22.92%)	13 (27.08%)	7 (14.58%)	48
Sub-acute residential services	3 (16.67%)	14 (77.78%)	4 (22.22%)	5 (27.78%)	5 (27.78%)	6 (33.33%)	3 (16.67%)	18
GP	26 (27.08%)	33 (34.38%)	9 (9.38%)	39 (40.63%)	19 (19.79%)	21 (21.88%)	11 (11.46%)	96
Psychologist/ psychiatrists	19 (22.09%)	45 (52.33%)	8 (9.30%)	33 (38.37%)	22 (25.58%)	15 (17.44%)	9 (10.47%)	86
Support group	39 (26%)	64 (42.67%)	6 (4.00%)	47 (31.33%)	40 (26.67%)	39 (26%)	13 (8.67%)	150
NDIS support	21 (30.43%)	29 (42.03%)	3 (4.35%)	26 (37.68%)	22 (31.88%)	12 (17.39%)	6 (8.70%)	69
Non clinical mental health supports (ie peer worker, mental health worker)	24 (28.92%)	48 (57.83%)	7 (8.43%)	31 (37.35%)	12 (14.46%)	14 (16.87%)	9 (10.84%)	83
Other support services	30 (37.04%)	32 (39.51%)	6 (7.41%)	31 (38.27%)	15 (18.52%)	17 (20.99%)	8 (9.88%)	81

Question	N (%)	Total people completing this question
20. Since COVID-19, have you received additional support services?	<ul style="list-style-type: none"> • Yes = 166 (31.20%) • No = 344 (64.67%) • Don't know = 22 (4.13%) 	532
21. Since COVID-19, how have you received support services? (tick all that apply)	<ul style="list-style-type: none"> • Telephone = 405 (70.56%) • Text/WhatsApp/Messenger etc. = 149 (25.96%) • Video conferencing (e.g., Facetime, Zoom) = 159 (27.70%) • Face-to-face = 304 (52.96%) • Not applicable = 44 (7.66%) 	574* <i>(*Respondents could select more than one answer)</i>
21b. If you received video conferencing (e.g. Facetime, Zoom) services, how satisfied are you with those services?	<ul style="list-style-type: none"> • Not satisfied = 8 (5.06%) • Slightly satisfied = 21 (13.29%) • Neutral = 29 (18.36%) • Satisfied = 48 (30.38%) • Very satisfied = 36 (22.78%) • Extremely satisfied = 16 (10.13%) 	158
21c. If you received video conferencing (e.g. Facetime, Zoom) were there any challenges in using them? (tick all that apply)	<ul style="list-style-type: none"> • No = 48 (30.19%) • Yes, I don't have the equipment = 10 (6.29%) • Yes, I had trouble with my internet connection = 52 (32.70%) • Yes, I did not have enough data = 13 (8.17%) • Yes, I had trouble using the website = 9 (5.66%) • Yes, my support provider had challenges = 18 (11.32%) • Yes, I would prefer face-to face = 66 (41.50%) • Yes, it is harder to connect with people using online services = 49 (30.82%) • Yes, I'm concerned about privacy with online support = 24 (15.09%) • Yes, other = 16 (10.06%) 	159* <i>(*Respondents could select more than one answer)</i>
21d. If you received telephone services, how satisfied are you with those services?	<ul style="list-style-type: none"> • Not satisfied = 39 (9.87%) • Slightly satisfied = 61 (15.44%) • Neutral = 60 (15.19%) • Satisfied = 133 (33.67%) • Very satisfied = 63 (15.95%) • Extremely satisfied = 39 (9.87%) 	395
21e. If you received telephone services, were there any challenges in using them?	<ul style="list-style-type: none"> • No = 192 (47.41%) • Yes, I don't have the equipment = 15 (3.70%) • Yes, I had trouble using the telephone = 27 (6.67%) • Yes, my support provider had challenges = 14 (3.46%) • Yes, I would prefer face-to-face support = 158 (39.01%) • Yes, it is harder to connect with people on the telephone = 91 (22.47%) • Yes, other = 32 (7.90%) (see Appendix 25) 	405

Question	N (%)	Total people completing this question
22. Did you receive any extra Government support payments as part of the COVID-19 support packages? (tick all that apply)	<ul style="list-style-type: none"> No = 118 (20.56%) Yes, Coronavirus Supplement (extra \$550 fortnight) = 112 (19.51%) Yes, Economic Support Payments (\$750 payment) = 320 (55.75%) Yes, Job Keeper Payment = 27 (4.70%) Not sure = 46 (8.01%) 	574* <i>(*Respondents could select more than one answer)</i>
22b. If yes, how much did the extra payment improve your wellbeing? (see Figure 8)	<ul style="list-style-type: none"> Not at all = 48 (11.88%) A little = 117 (28.96%) Somewhat = 108 (26.73%) A lot = 104 (25.74%) An extreme amount = 32 (7.92%) 	404

22c. Did the extra payment improve your wellbeing?

Services	Not at all	A little	Somewhat	A lot	An extreme amount	Total people completing this question
Coronavirus supplement	12 (10.71%)	28 (25%)	30 (26.78%)	33 (29.46%)	11 (9.82%)	112
Economic Support payments	41 (12.81%)	96 (30%)	85 (26.56%)	76 (23.75%)	26 (8.12%)	320
Job Keeper payment	0 (0%)	7 (25.92%)	8 (29.62%)	7 (25.92%)	5 (18.51%)	27

Question	N (%)	Total people completing this question
<p>23. What kind of supports are most important for you in the future? (tick all that apply) (see Figure 12)</p>	<ul style="list-style-type: none"> • Psychotherapy (eg CBT, DBT) = 228 (41.91%) • Counselling (eg trauma counselling, substance use counselling, grief counselling) = 240 (44.11%) • Support learning to use technology = 116 (21.32%) • Help with practical tasks (shopping, housekeeping etc) = 213 (39.15%) • Group sessions = 190 (34.93%) • Support to manage my mental health and wellbeing = 378 (69.49%) • Physical health care = 227 (41.72%) • Medication = 236 (43.38%) • Peer support = 184 (33.82%) • Support to access education = 108 (19.85%) • Support to access employment = 114 (20.95%) • Support with housing/tenancy = 125 (22.98%) • Support to access the community = 207 (38.05%) • support for my family/chosen family/kin/carer = 104 (19.12%) • Support with managing finances = 102 (18.75%) • Support with social connections = 271 (49.82%) 	<p>544*</p> <p><i>(*Respondents could select more than one answer)</i></p>
<p>24. How do you want to receive these supports? (see Figure 13)</p>	<ul style="list-style-type: none"> • Face-to-face only = 192 (36.85%) • Telephone only = 15 (2.88%) • Online only = 5 (0.96%) • Combination of face-to-face and online = 62 (11.90%) • Combination of face-to-face and telephone = 129 (24.76%) • Combination of face-to-face, telephone and online = 109 (20.92%) • Other = 9 (1.73%) (see Appendix 26) 	<p>521*</p> <p><i>(*Respondents could select more than one answer)</i></p>