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MANAGING HEALTH DURING THE COVID-19 PANDEMIC: ACTIONS TAKEN FOR MENTAL HEALTH CONCERNS, HEALTH CARE USE AND AVOIDANCE BY WORKING AGE AUSTRALIANS.

A BRIEF REPORT FROM THE COVID-19 WORK AND HEALTH STUDY

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BACKGROUND

Large increases in mental health problems including depression and anxiety symptoms, and psychological stress, have been highlighted during the COVID-19 pandemic. Telephone support lines have seen unprecedented demands (LifeLine, 2020), and emergency department presentations have increased for mental health problems (Kam, 2020). Governments and community mental health organisations promoted actions that individuals can take to support their mental health such as staying active and socially connected, and discouraged potentially harmful actions such as consuming alcohol or illicit drugs.

The COVID-19 Work and Health study is a prospective longitudinal study of the health impacts of Australian adults experiencing work loss during the pandemic (Griffiths, 2020). We examined the association between psychological distress assessed using the Kessler-6 scale upon study enrolment, and data collected 1 month later (during 27 April - 26 July 2020) about whether respondents had spoken to a health professional or other person about mental health concerns, or taken other actions to manage mental health.

This brief report presents the number and percentage of workers selecting different responses to survey questions. We report outcomes in people with high, moderate, and low/no psychological distress as well as the overall sample. Please note that the sample is not representative of the national workforce, and for this report we have not adjusted estimates by demographic or other characteristics. This report provides a simple overview of study findings, and results should be treated accordingly. For more information about the study please view the full study protocol available online (ANZCTR, 2020) and/or the description of the study cohort (Griffiths, 2020).

FINDINGS

Amongst 1631 respondents, 55.6% reported speaking to somebody about their mental health (Table 1). For most people this involved speaking with someone other than a health professional, such as a friend or family member. Engagement with professional health services was uncommon, with 18.5% of respondents reported speaking with a health professional about their mental health. The majority of people (87.8%) took other actions to manage their mental health. The most common actions were watching something uplifting,

positive distractions, or changing exercise regimes. Slightly more than a third of people reported reducing exposure to social and news media. Some potentially harmful behaviours were also reported, including one in five (21.5%) respondents reporting drinking more alcohol, and 8.2% reporting taking non-prescription drugs. Despite the reported increase in telephone support service calls, this was the action least likely to be taken among our sample, with one in 40 (2.5%) people reported calling a support line.

ACTIONS TAKEN BY PEOPLE WITH PSYCHOLOGICAL DISTRESS

A little more than 13% of participants reported high levels of psychological distress, and a further 34.5% reported moderate levels of psychological distress, on the Kessler-6 scale. These people were more likely to reporting seeking professional help than other participants, with 38.8% of those with high distress having spoken with a health professional and 7.9% calling a telephone support line. However, the majority of people in distress did not seek professional help.

People in distress were more likely than others to have spoken with someone about their mental health. One in five (20%) of people in high distress and 28% of people in moderate distress reported not speaking to anyone, compared with 60.6% of people reporting none or low levels of distress.

People in distress reported similar patterns of behavioural changes to the overall sample, however some actions appeared more common. These included reducing exposure to social and news media, changes to exercise, searching for information on mental health, and changing medications. Similarly changes in alcohol consumption were reported more frequently by those in moderate or high levels of distress.

HEALTH SERVICE USE AND AVOIDANCE

Almost one in three people had either avoided seeking medical treatment or delayed/cancelled an appointment with a healthcare provider during the prior month. The avoidance of treatment (19%) was more common than delaying or cancelling appointments with a GP (12%).

People in psychological distress had higher levels of avoidance of health services compared to individuals with no or low levels of distress. A total of 35% of people experiencing high levels of distress reported avoiding medical treatment for a problem they would normally seek help with compared to 10.3% of people with no or low levels of distress.

The most common reason for avoiding health services was the concern of coming into contact with other people, which was reported by one in three of those either avoiding, delaying or cancelling health services. Other common reasons for avoiding, delaying or cancelling health services included being too busy (19%) and having concerns about the cost (19%).

People reporting high levels of psychological distress were more likely to report a number of reasons for avoiding healthcare, including: they were concerned about the cost, they were not sick enough, the doctor/healthcare professional was not available, or that they thought the problem would resolve on its own. Fewer people in moderate or high levels of distress reporting being too busy as a reason for avoiding healthcare.

TABLE 1. ACTIONS TAKEN TO MANAGE MENTAL HEALTH DURING THE PREVIOUS MONTH BY LEVEL OF PSYCHOLOGICAL DISTRESS.

	Cohort % (N=1631)	Kessler-6 Psychological distress scale category (%)		
		No or Low Distress (N=855)	Moderate Distress (N=562)	High Distress (N=214)
Have you spoken to anyone about your mental health? (past month)				
Health professional(s) [†]	18.5%	8.7%	25.8%	38.8%
Non-health professional(s) [‡]	51.8%	37.4%	66.7%	70.1%
No	44.3%	60.6%	28.6%	20.6%
Other actions taken to help manage mental health (past month)				
Watched or read something uplifting	51.6%	54.5%	51.1%	41.6%
Distracted yourself by keeping active or learning a skill	50.2%	48.2%	53.4%	50.0%
Made changes to your exercise	40.6%	35.8%	44.3%	50.0%
Reduced your exposure to news and social media	34.6%	29.7%	37.9%	45.8%
Practiced meditation or mindfulness	28.5%	25.6%	33.3%	27.6%
Made changes to your diet	26.5%	21.5%	30.8%	35.0%
Drunk more alcohol than normal	21.6%	17.2%	24.7%	30.8%
Taken your prescribed medications	18.5%	8.7%	25.6%	38.8%
Searched for information on managing mental health	13.7%	6.9%	18.5%	28.5%
Participated in an online forum / chat group	8.5%	6.0%	11.7%	10.3%
Taken non-prescription drugs	8.2%	4.8%	11.6%	13.1%
Made changes to your medications	8.1%	4.2%	10.3%	17.8%
Called a telephone support line	2.5%	0.7%	3.0%	7.9%
No actions	12.2%	17.2%	7.5%	4.7%

[†]i.e. a general practitioner, psychologist, psychiatrist, or other specified health professional. [‡]i.e. a friend, family member, partner, spouse, colleague, or other specified non-health professional.

TABLE 2. CANCELLATION AND POSTPONEMENT OF HEALTH SERVICES AND REASONS FOR THE AVOIDANCE OF HEALTHCARE SERVICES.

	Cohort % (N=1631)	Kessler-6 Psychological distress scale category (%)		
		No or Low Distress (N=855)	Moderate Distress (N=562)	High Distress (N=214)
Have you delayed or cancelled a consultation? (in the past month)				
Yes – with a General Practitioner (GP)	11.6%	7.0%	14.1%	23.8%
Yes – with another healthcare provider (not a GP)	15.4%	11.3%	18.0%	24.8%
I have avoided seeking medical treatment for a problem I would normally seek help with	18.5%	10.3%	24.7%	35.0%
None of the above	69.4%	78.9%	62.1%	50.5%
Reasons for delaying or cancelling consultation(s), or avoiding medical treatment		(N=180)	(N=213)	(N=106)
I was concerned about coming into contact with other people	33.7%	27.8%	36.2%	38.7%
I was too busy	19.4%	26.1%	16.4%	14.2%
I was concerned about the cost	19.0%	13.3%	20.7%	25.5%
I was not sick enough	11.8%	9.4%	10.3%	18.9%
The doctor / healthcare professional was not available	11.4%	6.7%	13.1%	16.0%
I thought my problem would improve on its own	10.4%	6.7%	9.4%	18.9%
I thought the doctor / healthcare professional would be too busy	7.8%	5.0%	7.5%	13.2%
I do not like going to the doctor / healthcare professional	5.6%	2.2%	6.1%	10.4%
The doctor / healthcare professional asked me not to come	4.8%	4.4%	5.6%	3.8%
I was worried about receiving bad news	4.4%	2.2%	5.6%	5.7%
I've had bad experiences with doctors / healthcare professional	2.4%	1.1%	1.4%	6.6%

SUMMARY AND NEXT STEPS

People experiencing distress during the COVID-19 pandemic made several positive behavioural changes to manage their mental health, and were more likely to seek help. However, most people in distress had not sought healthcare and were also more likely to report unhelpful behaviours such as increased alcohol consumption. Additionally, people in distress had higher levels of delaying or cancelling healthcare appointments, and avoiding seeking medical treatment in general. Future analysis of our study data will examine changes in actions taken to manage mental health over time, engagements with health services, and also examine actions in specific time periods such as during the Victorian winter lockdown between July and October 2020, or in sub-groups such as older/younger people and people reporting pre-existing mental health or other conditions.

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