

**Australian Medical Association Limited**

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## **JOINT STATEMENT**

**Dr Tony Bartone, Australian Medical Association (AMA) President, and GP**

**Professor Ian Hickie AM, Co-Director, Health and Policy, The University of Sydney  
Central Clinical School, Brain and Mind Centre**

**Professor Patrick McGorry AO, Executive Director, Orygen, Centre for Youth Mental  
Health, University of Melbourne**

### **COVID-19 IMPACT LIKELY TO LEAD TO INCREASED RATES OF SUICIDE AND MENTAL ILLNESS**

Australia will likely see increases in youth suicide and a surge in demand for specialist mental health services as the full and lasting impact of the COVID-19 pandemic is experienced across the community.

AMA President, Dr Tony Bartone, and leading mental health experts, Professor Ian Hickie AC and Professor Patrick McGorry AC, are today calling for long-term modelling and investment in mental health to guide critical decision making in social, economic, and health policy to help Australia transition out of the coronavirus pandemic.

The National Cabinet has done an outstanding job in protecting Australia and taking decisive measures to stop the spread of COVID-19. As we consider how to transition back, there is an urgent need to prioritise mental health and suicide prevention.

Dedicated public mental healthcare services and practitioners have continued to provide the best care they can, within extraordinary and unprecedented constraints, during the crisis. Many health professionals - including GPs, psychiatrists, and emergency physicians - are seeing significant growth in the number of patients seeking treatment and support for their mental health.

We know that young people are going to be disproportionately affected by the COVID-19 pandemic, and the measures that are needed to stop the spread of this deadly disease.

Dynamic modelling of the adverse impacts of COVID-19 on unemployment, social dislocation, and mental health - conducted by the Systems Modelling and Simulation Team of the Brain and Mind Centre at the University of Sydney, and the NHMRC Centre for Research Excellence on prevention of youth suicide (YOUTH), in which Orygen and the University of Melbourne are partnering - highlights the urgent need for the mental health sector and governments to put in place a national response to the pandemic.

The modelling shows that there may be a 25 per cent increase in suicides, and it is likely that about 30 per cent of those will be among young people. If the Australian economy deteriorates further, this number may increase.

We are facing a situation where between an extra 750 and 1500 more suicides may occur annually, in addition to the 3000 plus lives that are lost to suicide already every year.

Furthermore, this tragically higher rate is likely to persist for up to five years if the economic downturn lasts more than 12 months.

Such a death rate is likely at this stage to overshadow the number of deaths in Australia directly attributable from to COVID-19 infection.

The impacts will be greatest among the young, those who live in rural and regional Australia, and in those areas hardest hit by job losses in sectors that will not recover quickly.

Young people comprise a large proportion of Australia's casual workforce. Many students and younger people working in retail and hospitality have lost their income, and are unable to continue their studies. Some younger people may be experiencing cognitive and emotional development issues. These people are vulnerable to experiencing psychological, financial, and housing stress in the short and longer terms.

As restrictions on physical distancing and isolation are eased, Australia's mental health system, already poorly designed and seriously under-resourced, must urgently be equipped with the capacity to respond to the expected dramatic increase in demand for services.

We are calling for:

- Urgent consideration of the modelling data by the Australian Health Protection Principal Committee, so that best health, economic, educational, and social policy options can be considered by the National Cabinet.
- Adding a Mental Health Deputy Chief Medical Officer (CMO) to assist CMO Professor Brendan Murphy's team. The national response to COVID-19 necessitates a clinically qualified recognised expert in mental health being at the fore of mental health communications, media, and advice.
- Direct support by psychiatrists, psychologists, and mental health nurses, supported by new Commonwealth funding, for general practitioner-based delivery of team-based mental health assessments and support.
- Immediate direct commissioning by the States and Territories, supported by Commonwealth funding, of new clinically based mobile crisis assessment services.
- Rapid deployment of new technology-assisted solutions and digital health services, including expanding Telehealth services and the related infrastructure, particularly in rural and regional areas and to disadvantaged communities. Digital Mental Health platforms should be supported for all young people to complement face to face care and telehealth.
- Specific expansion of youth mental health services, with particular focus on urgent assessment and support for engagement and participation in education and employment.
- Expansion of specialised clinical aftercare services for those who have attempted suicide.

GPs are best placed to manage the increased demands for mental health care and related physical health care. Not everyone will need clinical help. GPs are, and always have been, the most appropriate 'first call'.

It is the GP who can best assess and assist in the referral pathways to other clinical care, and also help patients manage other coexisting health issues that have been coexisting or have arisen during this unique period.

New measures are needed as we are likely to see increased demand for all levels of service - from primary care right through to specialist care and emergency services- as a consequence of the significant social and economic disruption caused by the coronavirus pandemic crisis.

The duration and depth of the disruption to our lives is not yet known. However, we do know that people living in outer urban areas, rural and regional Australians, casual workers, those recently unemployed, and older workers will most likely be affected by the social and economic impacts.

We must act quickly to increase key capabilities before the surge in demand for mental health services becomes evident.

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