

Yarra's Health and Wellbeing Profile: COVID-19 impact supplement

November 2020



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COVID-19 impacts

On March 11 2020 the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a global pandemic. A week later, Australia's Governor-General had declared a human biosecurity emergency, resulting in the forced closure of any non-essential business, enforced social distancing measures, travel restrictions and requiring millions to work from home.

Characteristics of the early stages of the global pandemic have included confusion, conflicting health advice messages, community uncertainty on data reliability, and conspiracy theories. The impacts of the ongoing COVID-19 pandemic and associated restrictions have had, and will continue to have, serious impacts on health and wellbeing.

Many of the essential measures taken to contain the virus have had negative impacts in a variety of areas, including health and wellbeing, safety, financial security, feelings of social connection and access to food, housing, technology and health services. In addition, the members of our community who are more disadvantaged and vulnerable are likely to be heavily impacted. It is expected that there will be an enduring impact on our community's health and wellbeing, and a lengthy recovery process to follow.

The VicHealth Coronavirus Victorian Wellbeing Impact Study conducted in June 2020 found that during the first round of Victorian COVID-19 restrictions inner metro council areas (including Yarra) had higher rates of food insecurity during the pandemic compared to prior, as well as higher rates of running out of food (12%), financial hardship (36%), daily sugary drink consumption (42%) and risk of short term harm from alcohol (17%).¹

Scope

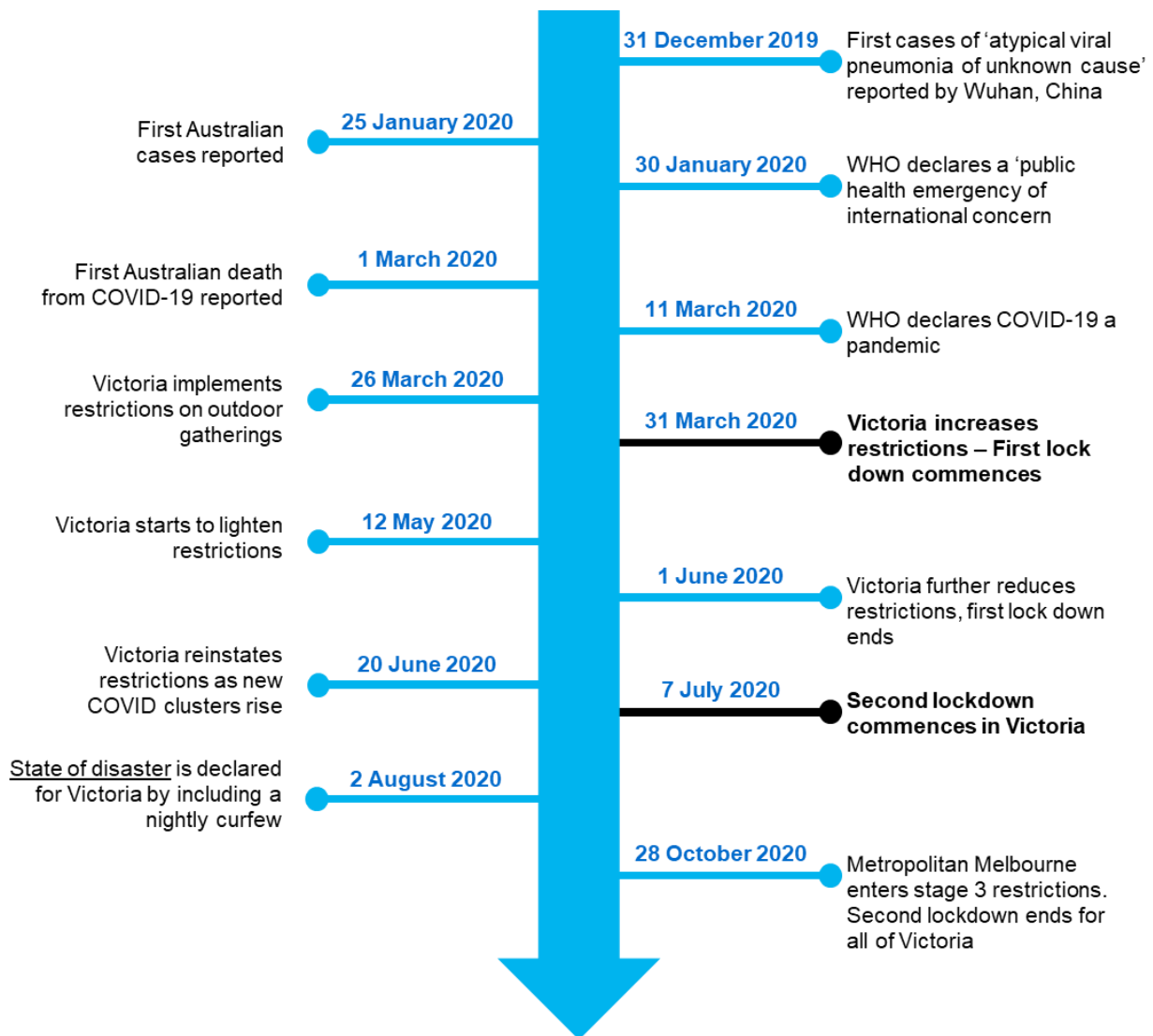
This document complements Yarra's Health and Wellbeing Profile (October 2020). It provides an overview of the latest available evidence on the known impacts of the COVID-19 pandemic on health and wellbeing. The information presented in this supplement may be used to inform ongoing adaptation and recovery planning for Yarra, and support the identification of populations or areas that may require additional support.

New data is constantly emerging on the impacts of the COVID-19 pandemic, and this section captures the research available at the time of publication. Research regarding COVID-19 impacts was rapidly reviewed until October 31 2020. Data released after this timeframe is generally outside the scope of this report. Most of the information that follows is national or state level data, as there an absence of local level data.

Timeline

Figure 1 shows a high level timeline of the pandemic and associated restrictions in Victoria, including the dates of the first and second lockdowns.

Figure 1: COVID-19 timeline for Victoria (up to 31 October 2020)



Summary

Population

The impact of the COVID-19 pandemic on Yarra's local population size and age structure is not yet known. However, given the severity and uncertainty of some of the pandemic responses, including international and state border closures, it is expected that there will be flow-on effects to population change (i.e. number of births, deaths, age structure, and migration). The Australian Bureau of Statistics has added data collections to understand COVID-19 impacts, though official population estimates for 2020 will not be released until March 2021. Population forecasts prepared in by .id forecasting in 2018 did not anticipate the pandemic and forecasts are reliant on the accuracy of underlying assumptions for robustness. The forecasts will be reviewed in the year ahead.²

At the state level, Victoria is expected to have almost 400,000 fewer people by the end of 2022 than was forecast pre-COVID.³ Nationally, .id have modelled that due to COVID-19, Australia is likely to have nearly 900,000 fewer residents than previously forecast.⁴ Australia's population growth rate is expected to drop from a growth rate of 1.5 to 2.0% over the past 10 years to less than 1% by 2050.⁵

The reduction in overseas migration is likely to impact Yarra, as it will other inner-city destinations. Historically overseas arrivals have contributed 140% of all people moving into or leaving inner city areas, such as Yarra.⁶ Yarra has good proximity to a number of universities, TAFEs and other higher education institutions, and it is expected that there will be an impact on the numbers of international student residents.⁶

Education

The pandemic has had severe impacts on the education sector. Schools and tertiary education centres have experienced closures, reopening and transitions to virtual learning. Early learning centres and kindergartens have been directed to close to non-permitted workers during stage 4 restrictions. These educational settings provide safe, supportive learning environments for students, they employ staff, and they enable parents and guardians to work. They also provide social, physical, behavioural, and mental health benefits and services. It remains unclear as to what the long term impacts of these closures may have on small children, students and the wider community. In April 2020 a survey of teachers in Australia and New Zealand found that 80% believed students would require extra instructional support when they returned to school, and the top three concerns related to social isolation, a decrease in student wellbeing and learning loss.⁷

The pandemic has brought to light a 'digital divide', that some members of the community are facing real barriers to online participation due to access, affordability and digital ability.⁸ Requirements to participate in remote learning include the availability of and access to appropriate technological devices, internet access and digital literacy, which can be a barrier for some students, especially those experiencing disadvantage. The risk of coronavirus transmission by people in educational settings has been researched globally. While in March 2020 there were concerns that young children may be 'super spreaders', asymptomatic heavy virus shedders who had the potential to infect multiple others, this is not supported by current evidence. As of September 2020, it was concluded that schools and [early childhood education centres] are unlikely to drive transmission.⁹

Employment

Known COVID-19 pandemic impacts on employment include job losses, reduction in hours of paid work and insecurity, increased uptake of government benefits (Job Keeper and Job Seeker), and varied levels of exposure to COVID-19 by industry.¹⁰

A key transmission source of Victoria's second wave of COVID-19 cases was workplaces, encompassing industries where employees work closely, and those where people may continue to go to work despite being unwell for fear of the economic consequences of isolating (among other reasons). The closure of many businesses has affected people's livelihoods, with impacts expected to be felt into the future. Many Victorians have experienced negative impacts on their employment, including loss of employment, reduction in hours, pay cuts, taking unpaid leave, or concern about future employment opportunities.¹

Service industries, such as retail and hospitality, which are both integral to Yarra's economic output, are some of those most affected by the pandemic-driven economic restrictions. A total of 32% of Yarra's working population are employed in either the industries directly affected by the COVID-19 pandemic, or in secondarily-affected industries.^{10,11} This amounts to a total of 16,329 people living in the Yarra municipality who are likely to have lost their jobs, been stood down, or have an impacted business, signifying a significant increase in hardship.

Of the most impacted industries in Yarra, 7.4% of men were employed in hospitality, similar to the amount of women (7.0%).¹⁴ Retail has also been impacted during the pandemic (though not to the same extent as

hospitality), and in Yarra, this industry employs 7% women, and 3.7% men.¹⁴ Some age groups in Yarra were more likely to be impacted than others by the pandemic. Of those aged 15-19, 64% worked in the industries most impacted.¹⁴ The second highest included people aged 20-24, of who 47% worked in industries most impacted.¹⁴ The age groups least impacted were 80-84 years (12%), and 35-39 years (26%).¹⁴

In July 2020 it was estimated that 46% of local businesses in Yarra had applied for JobKeeper support. Nationally, Yarra was ranked 50 out of 535 local government areas in relation to the number of JobKeeper applications.¹²

There were 6,206 people on JobSeeker in Yarra in June 2020. This is an increase of 126% from March 2020, an additional 3,426 people.¹³ At the neighbourhood level from March to June 2020, Abbotsford saw the largest percentage increase of JobSeeker recipients, with an increase of 210%, closely followed by Carlton North-Princes Hill (188%), and Fitzroy North (180%).¹³ Of the total number of people in Yarra on JobSeeker in June 2020, Richmond residents made up the largest percentage (32%) followed by Collingwood (16%) and Fitzroy (15%).¹³

Insecure employment has also negatively impacted upon health and wellbeing. In early June 2020, compared to before the pandemic, people on Jobseeker were more likely to experience poor mental health outcomes, and people who were unemployed in February 2020 reported feeling less connected.¹

In contrast to these negative impacts, the high proportion of Yarra's residents in professional services (14%)¹⁴ have been able to 'pivot' to working from home, enabling the maintenance of income, and a relatively lower risk of contracting COVID-19.

Economic impacts

Economic hardship has increased as a result of the pandemic. In early June 2020, 24% of Victorians experienced some form of hardship during the first lockdown, up from 16% prior to the lockdown.¹ The most common forms of financial hardship were being worried about not having enough money to buy food, and having to ask family or friends for financial help.¹ In September 2020, the ABS found that 21% of Australians living in family households with children reported that their household finances had worsened in the last four weeks (compared with 14% in lone person households and family households without children).⁶¹ In contrast, since COVID-19 restrictions were implemented in March 2020, more than two in five Australians have increased savings and/or reduced debt.⁶¹

Housing

Vulnerability to homelessness due to unemployment, relationship breakdown, mental and physical health issues, and intensified family pressures and violence brought about by the enforced stay-at-home requirements has increased during the pandemic.¹⁵ In early June 2020, 19% of Victorians said they were concerned about the stability of their housing.¹ In response to COVID-19, the State Government of Victoria swiftly enacted legislative changes to the *Residential Tenancies Act 1997* that included a ban on rental increases and the prevention of any evictions from private rentals during the declared State of Emergency in order to avoid people becoming homeless due to loss or reduction of income.¹⁶ This moratorium is expected to expire on 31 December 2020. For people who were already homeless, many were moved into emergency accommodation during the pandemic. The Council to Homeless Persons noted at 17 July 2020 that there were almost 2,000 people from inner-city Melbourne residing in emergency accommodation, including more than 220 children, 500 women and 1100 single person households.¹⁷ By the end of June 2020, Launch Housing had placed 58 people who were sleeping rough in Yarra into temporary accommodation.¹⁸ The funding extends until April 2021, with the goal of transferring people from emergency accommodation into permanent homes. The government will head-lease properties for this purpose but because of the severe social housing shortfall in Victoria, sustainable long-term housing solutions will be hard to secure in the timeframe.

Yarra has a high rate of renters with about 40% of households renting in the private market in 2016. Furthermore, a significant proportion (13%) of households were living in share houses, a group known to be vulnerable to housing stress, housing vulnerability and homelessness.³⁸

From a private housing perspective, it is anticipated that there will be ongoing changes to the property market. Property prices are likely to decline in the coming months due to income losses, but there will be some buffer provided by government, banks and the Reserve Bank which may minimise forced sales.¹⁹ If the economic impacts last into mid to late 2021, foreclosure sales may increase, coupled with reductions in government support.¹⁹ The private rental market is expected to see a rise in vacancies and declining rents due to the increase in short-term rentals coming onto the long-term market, coupled with the loss of overseas students and workers returning home, and people with reduced income moving in with family or friends.¹⁹

People from asylum seeker, refugee and migrant backgrounds

People from asylum seeker, refugee and migrant backgrounds have been disproportionately affected by the COVID-19 pandemic and its associated impacts. They are overrepresented in the casual and low-income workforce which has been heavily impacted by COVID-19 in the form of unemployment and loss of hours of work.²⁰ Further compounding these economic impacts is the fact that people on temporary visas, which includes those seeking asylum, international students, backpackers, recent graduates and sponsored workers, have been excluded from federal support packages.²¹ As a result of these financial pressures, Asylum Seeker Resource Centre has reported a 400% surge in people accessing their foodbank.²²

The exclusion of minorities from federal support has left a number of communities feeling devalued and experiencing anxiety, stress and loneliness, threatening their mental health.²³ In addition to this, racially-motivated discrimination towards Asian communities has increased throughout the COVID-19 pandemic, with impacts ranging from verbal to physical assaults.²⁴

The stay at home orders, law-enforcement approach and restrictions on movement has also been reported as a detrimental trigger for people who may have experienced trauma such as siege situations, bombings and war²⁵. Mental health services have reported increases in people from refugee backgrounds presenting for support.²⁶ In Victoria, VicHealth found that 39% of people who speak a language other than English at home said staying connected to others during the first lockdown was difficult.¹ In addition, they also ate significantly fewer serves of vegetables during the pandemic.¹

Aboriginal and Torres Strait Islander people

The ongoing negative impacts of colonisation on Aboriginal and Torres Strait Islander people's health and wellbeing have been further exacerbated by the COVID-19 pandemic. VicHealth found that in June 2020, compared to the Victorian average, Aboriginal or Torres Strait Islander people experienced higher rates of: High psychological distress (28%), financial hardship (74%), risk of short term harm from alcohol (48%), daily sugary drink consumption (80%), and running out of food and being unable to afford more (46%).¹

In addition, Aboriginal and Torres Strait Islander people are overrepresented in casual and insecure employment, areas which are more likely to see job losses during the pandemic.²⁷ Increased rates of unemployment will further exacerbate economic stresses experienced by this community, which prior to the pandemic, already had a significant number of households experiencing income poverty.²⁸

The COVID-19 pandemic has also led to limitations on travel and movement. This has prevented Aboriginal and Torres Strait Islander people from accessing country causing delays to cultural responsibilities and practices and resulting in additional distress and concern for the community.²⁹

Gender equality

The impacts of the COVID-19 pandemic has resulted in what many are calling a 'she' or 'pink' recession, with the economic fallout falling largely on women. Women are over represented in casual and insecure employment, and in industries that have been most affected by the pandemic restrictions, including hospitality, tourism and the arts.^{30, 31} In July 2020 women in Victoria were losing their jobs at five times the rate of men.⁶¹ Women typically spend fewer active years working due to career breaks for maternity leave and caring responsibilities, therefore the impact of unemployment during these active years is problematic.³² Women are also less likely to be eligible for JobKeeper payments due to the casual and insecure nature of their roles.³⁰

Ironically, the economic stimulus released by the federal government in June was found to largely favour industries dominated by men, such as construction.³³ For women still employed through the government benefits scheme, the reduction in JobKeeper payments for part-time workers from \$1500 to \$750 a fortnight in September 2020 impacted women twice as much as men, given women are more than twice as likely to work part-time.³⁴

During the pandemic women have fallen into traditional gender roles such as performing unpaid care work, with VicHealth finding that during the first lockdown, 76% of Victorian mothers reported that they were primarily responsible for looking after pre-school aged children compared to 8% of fathers, and 72% of mothers spent the most time helping their kids with remote learning compared to 26% of fathers.¹ Women have also recorded more mental health concerns during the pandemic. The ABS found that women reported higher amounts of moderate to severe levels of psychological distress and stress compared to men.⁶¹ For young women aged 18-24, 37% reported suicidal ideation compared to 17% of men of the same age.⁶¹

At the time of publication there was limited data available about the impacts of the COVID-19 pandemic on the LGBTQI+ community. A research briefing paper prepared in April 2020 by Rainbow Health Victoria outlines the expected impacts on the LGBTQI+ community, including mental health, family violence, drug and alcohol use and homelessness.³⁵ Evidence suggests that LGBTQI+ people experience higher rates of

anxiety and depression, which could be further exacerbated by the impacts of COVID-19.³⁵ The closure of community venues and restrictions on face to face interaction limits important protective factors for LGBTQI+ people's mental health.³⁵ The restrictions imposed in response to the pandemic have meant people are confined to their homes more often, which can be problematic for LGBTQI+ people who may reside in unsupportive households.³⁵ LGBTQI+ people experience higher rates of familial physical, psychological and emotional abuse than their non LGBTQI+ peers, and similar rates of intimate partner violence.³⁵

Living with disability in our community

The impact of COVID-19 has exacerbated existing inequities for people living with disability in our community. People living with disability experience higher rates of unemployment, and during the pandemic this has been further impacted.⁶¹ VicHealth found that people experiencing disability were two times more likely to lose their job during the first lockdown, and that more people with disability experienced financial hardship (32%) compared to the average Victorian (24%).¹ In August 2020 the Disability Royal Commission heard that during the pandemic people with disabilities have felt 'expendable', and have experienced higher rates of family violence.³⁶ VicHealth found that 29% of Victorians living with disability reported high psychological distress, 62% reported low-medium life satisfaction, and 33% reported feeling less connected during the first lockdown restrictions.¹

Youth

The isolation and social disconnection resulting from the pandemic restrictions has negatively impacted on the wellbeing of our youth population. VicHealth found that during the first lockdown, for Victorians aged 18-24, 39% said staying connected to others was difficult, and they had higher rates of sugary drink consumption and risk of short term harm from alcohol.¹ In addition, young people had the highest rate of high psychological distress (23%) compared to all other age groups.¹ Swinburne found that young adults reported the highest levels of loneliness, social anxiety, depression and stress compared to other age groups.³⁷

In addition, young people are facing disproportionate financial hardship from the impacts of the pandemic. During the first lockdown 17% of Victorians aged 18-24 lost their job compared to the average Victorian, who reported job loss of 10%.¹ Young women were more affected with 26% losing their job compared to 11% of men the same age.¹ For young people aged 25-34, 44% experienced financial hardship compared to 24% for the rest of the state.¹ Young people are also more likely to reside in share houses and short-term living arrangements which are more likely to be vulnerable to multiple COVID-19 driven shocks.³⁸ In June 2020 Melbourne University found that 74% of people living in share housing had lost their job or had their hours reduced, and 44% were experiencing housing stress and stress related to crowded living arrangements.³⁸

Food Systems

The COVID-19 pandemic and associated lockdown measures have impacted Victoria's food systems significantly. At the beginning of the pandemic, fear of food shortages led to food stockpiling and supply shortages, which were complicated by border closures and disrupted global logistics and transportation systems.^{39,40} Food insecurity increased in the community, with an increased demand placed on our emergency food relief services, including in Yarra. Just over half of emergency food relief providers have reported they are providing more services to more people during the pandemic.⁴¹ In addition to increased demand for food relief, there has been a growing group of Australians who have experienced food insecurity for the first time (28%).⁴²

In the 12 months leading up to June 2020, increases were seen in consumer price figures and costs of key food categories (meat, cereals, fruits and vegetables), which has coincided with an increase in financial hardship.^{43, 1} In June 2020, more Victorians (17%) were worried about having enough money to buy food, compared to February 2020 (9%).¹ In particular, Victorians living in inner metro areas like Yarra were more likely to eat low cost, unhealthy food due to a shortage of money (36% compared to the Victorian average of 23%).¹ In June 2020, VicHealth found there had been a variety of negative impacts on healthy eating for Victorians, including increased consumption of sugary drinks and snacks.^{1,44}

In addition, the closure of health services and reduction in face to face services has had impacts on new parents, including on the initiation and continuation of breastfeeding. The Australian Breastfeeding Association found that 40% of mothers expressed concern about insufficient milk supply and inadequate infant growth, concerns exacerbated by limited health care access and maternal health checks.⁴⁵

Active living

Due to lockdown measures and physical distancing, there have been many impacts on recreational activity. VicHealth found that overall, Victorian adults were doing less physical activity during the first lockdown than before the lockdown.¹ One in four people in Victoria were physically inactive during lockdown, and two in five

exercised less in the first lockdown compared to February 2020.¹ The Australian Institute of Family Studies found that nationally, work arrangements were an influencing factor on physical activity levels, with people working from home more likely to report increases in physical activity.⁴⁶ It is likely that these findings relate to people having more opportunities to participate in planned physical activities rather than incidental activity, as at the start of the lockdowns the Heart Foundation found that people working from home walked significantly less than they usually would.⁴⁷

VicHealth investigated the barriers to physical activity, and found that the most common barrier reported was low motivation to exercise (39%).¹ Other barriers listed were not having access to a space to exercise in at home, concerns about contracting COVID-19, having no one to exercise with, and not feeling safe exercising outside.¹

The pandemic has had a significant impact on travel behaviours, especially in Melbourne.⁴⁸ Public transport use was 85% lower than normal in July 2020, and by August congestion levels on roads was 50% lower than normal in Melbourne.⁴⁸ Looking beyond the emergency response to the pandemic, 19% of Melbournians reported that they did not intend to use trains on a daily basis and 30% are not intending to use buses on a daily basis.⁴⁸ Early findings from the Monash Public Transport Group suggest that the public transport use may only reach 80% of pre-pandemic levels, and could take five to ten years to return to normal.⁴⁹ This may result in an increase in the use of cars, with 30% of people reporting they will increase the use of their vehicle.⁴⁹ Active commuting could increase by as much as 55% pre COVID-19 levels in Melbourne.⁴⁹

Alcohol, tobacco and other drugs

Alcohol

The alcohol industry has used the period of the COVID-19 pandemic to promote their products more. The Cancer Council found that on a Friday in May 2020, in one hour, there were 107 alcohol advertisements displayed on a single personal Instagram and Facebook page.⁵⁰ The majority of the advertisements (71%) mentioned the COVID-19 pandemic, or related words and hash tags, and 66% linked out to an online store.⁵⁰

The lockdown measures resulted in the closure of many venues that sell on-premises alcohol, which led to state liquor and gaming commissions relaxing liquor-licensing conditions to allow more businesses to sell takeaway alcohol. This has increased at-home access to alcohol, with more businesses providing takeaway and home delivery alcohol.⁵¹ Alcohol purchasing has increased across Australia, with the Foundation for Alcohol Research and Education (FARE) finding that during the first lockdown, one in five people reported buying more alcohol than usual since the pandemic began.⁵² In addition, Commonwealth Bank of Australia data showed that card spending on alcohol increased by 34% in March 2020, and despite a decline in spending at venues, spending on alcohol products between May-August 2020 was higher than in 2019.⁵³

Though there is a clear increase in alcohol sales, there is varied data available on alcohol consumption during the COVID-19 pandemic. Surveys conducted by VicHealth, Australian National University (ANU), ABS, FARE and Australian Drug Foundation (ADF) all found that during the pandemic there was a proportion of people who reported drinking more than usual, but also a proportion who reported drinking less than usual.^{1,52,54,55,61} As there is a variety of statistics available, it is difficult to pinpoint if there has been a significant increase in alcohol consumption during the pandemic, and by how much. However, it is evident that there is a subsection of the community who have increased their alcohol consumption during the pandemic. VicHealth investigated reasons why people were drinking more during the pandemic. The most commonly reported were boredom (43 per cent), anxiety and stress (42%) and having more time (38%).¹

Illicit drugs

Border closures, travel restrictions, lockdowns, disruptions to mail services, limited social interactions and service closures resulting from the COVID-19 pandemic have all impacted on the supply, procurement and use of illicit drugs. Additionally, access to services for treatment and harm reduction has been impacted.^{56,57} The National Drug and Alcohol Research Centre (NDARC) surveyed people living in capital cities between April-June 2020, and found that cannabis (82%), MDMA (41%) and cocaine (30%) were the most commonly used illicit drugs since the introduction of restrictions.⁵⁸ When looking at drug use before and after the introduction of restrictions, cannabis, benzodiazepines, pharmaceutical opioids and LSD had most commonly increased, while MDMA, cocaine and ketamine had most commonly decreased.⁵⁸

With regard to access, the Ecstasy and Drug Reporting Systems (EDRS) found that nearly half of the participants in their study reported that MDMA pills were harder to obtain, and 30-50% said that it was more difficult to access MDMA capsules, crystal, cocaine, LSD and ketamine.⁵⁶

Service demand

A June 2020 survey of state peak bodies for alcohol/drug services found that participating agencies in Victoria indicated that the pandemic had impacted their services, with over 60% saying that they had been considerably impacted.⁵⁹ More agencies reported an increase in demand (42%) than those who reported a

decrease (19%).⁵⁹ Demand for phone and online services increased, with calls to the national AOD Hotline nearly doubling in January to May 2020 compared to the number of calls in the same period in 2019.⁵²

Tobacco

VicHealth found that daily smoking did not change during the pandemic, remaining at around 12%.¹ The restrictions may have been a catalyst for some to cease smoking, with 13% of smokers attempting to quit and 7% reporting they were successful in quitting.¹ For those who did smoke more during the pandemic, over half said this was due to anxiety or stress, boredom or having more free time.¹

Mental wellbeing & social inclusion

Mental wellbeing and social inclusion have been a significant concern during the pandemic, due to the impacts of the restrictions and social distancing requirements. In May 2020, the Australian Medical Association predicted that Australia is likely to see increases in youth suicide and increased demand for mental health services.⁶⁰ Rates of anxiety have doubled during the pandemic, as has the prevalence of severe depression.⁶¹ In July, Beyond Blue reported that calls from Victorians have doubled since the state entered its second lockdown in July 2020.⁶² Relevant to Yarra, in June 2020 VicHealth found that Victorians in inner metro areas experienced high psychological distress at over double the rate of regional cities (24% compared to 10%).¹ Other disorders and behaviours are likely to emerge, including post-traumatic stress disorder, reducing contact with people, not returning to work, and avoiding public and enclosed spaces.⁶³

There has been an alarming concern that the impacts of the COVID-19 pandemic could lead to an increase in rates of suicide. Initial data from the Victorian Coroners Court indicates that there has been no increase in the number of suicides this year, showing 530 people have died from suicide at 30 September 2020 compared to 534 people for the same period in 2019.⁶⁴ However in July 2020, the University of Sydney released a report that forecasts an increase in suicide deaths by at least 13.7% over the next five years, particularly as social supports like JobKeeper and JobSeeker are reduced or removed.^{65,66}

Social inclusion for our community has been challenged by the impacts of social distancing and the widespread closure of services and workplaces. In June 2020, three in ten Victorians found it hard or very hard to stay connected to family and friends, and there was an increase during the pandemic in Victorians reporting that they did not feel connected to others.¹ Household relationships became more challenging, with one in five people who lived with others reported that their relationships had become strained.¹ The increased time spent at home has been especially difficult for people living with non-family members, who have reported the most severe depression symptoms and the highest perceived stress scores.⁶⁷ Communication methods have evolved as people connect with their networks virtually, with an increase in video conferencing, telephone use, and group messaging.¹

Loneliness has emerged as a key indicator of concern during the pandemic, and has been linked to higher rates of social anxiety and depression.⁶⁷ Between April-June 2020, one in two Australian residents reported feeling lonelier since the pandemic (54%), and more than one in six people reported problematic levels of loneliness.⁶⁷ People who live alone reported the highest level of loneliness.⁶⁷ In addition, one in three Victorians reported a decline in domains of future security/sense of safety.¹

Family violence

Crisis situations such as the current COVID-19 pandemic are known to increase risk and severity of family violence⁶⁸. The introduction of lockdowns has created an environment that can aggravate family violence, with victims being confined to home with perpetrators, limited opportunities to seek support from social networks and service providers and increased economic stresses.^{69, 70} The United Nations Population Fund estimates that for every three months of lockdown, there will be an additional 15 million cases of gender-based violence globally.⁷¹

A national Australian Institute of Criminology (AIC) study conducted in May 2020 showed that 6.8% of women had experienced at least one form of violence in the past three months⁶⁹. For women in a cohabiting relationship for previous 12 months, the prevalence of violence was higher⁶⁹. The study also indicated that one in three women said they experienced violence from their partner for the first time following the onset of the pandemic. Of those reporting violence for the first time, one in three said it was the first time their partner had been violent towards them.⁶⁹ The onset of the pandemic has exacerbated violence for women already experiencing it. For women already experiencing violence, more than half reported that the violence had increased in frequency or severity⁶⁹. The Crime Statistics Agency reported that family violence incidents were 15 per cent higher in June 2020 than they were in June 2019.⁷²

Family violence support services have reported an increase in support needs during the pandemic. Two in five family violence practitioners reported that there has been an increase in the number of women reporting family violence for the first time, and nearly 60% reported that the frequency of family violence had

increased.⁷⁰ There was a significant increase in service demand by perpetrators, with an average weekly increase by 400 calls to the Men's Referral Service at the start of the pandemic compared to the same period in 2019.⁷³ In contrast, Safe Steps family violence reported a 30% decrease in calls from women.⁷³ Studies undertaken during the pandemic have showed that restrictions have impacted women's ability to seek support, allowing perpetrators to increase their surveillance of women's online and phone communications, limiting their opportunities to access services.⁷³

Gambling

The closure of many non-essential businesses as part of the pandemic restrictions resulted in widespread closures of gambling venues. In addition, the cancellation of many sporting events has reduced opportunities for betting. These impacts can be expected to change gambling behaviours in our community. An Australian Gambling Research Centre study conducted in mid-2020 found that online gambling had increased from 62% prior to the pandemic to 78% during the pandemic restrictions.⁷⁴ They found a significant increase in the frequency of gambling during restrictions, including a 4% increase in the proportion of people who gambled once a week (79% to 83%) and a 9% increase in the proportion of people who gambled at least four times a week (23% to 32%).⁷⁴ An Australian Institute of Criminology study conducted in April 2020 found that 24% engaged in online gambling in the past month, and of these 45% indicated that their use had increased, while 50% said their use had decreased, indicating changes to gambling behaviour was split.⁷⁵

There is evidence to suggest that median expenditure on gambling decreased during the pandemic, likely due to the closures of gambling venues in Victoria on 23 March 2020.⁷⁴ Expenditure by men increased, while expenditure by women decreased.⁷⁴ People aged 18-34 were more likely to increase their spending than any other age group for both men and women, with the largest increase in spending was from young men aged 18-34.⁷⁴

The climate change crisis and health

The changes in global lifestyles caused by the pandemic has sparked hope that there might be a reduction in some of the contributors to climate change, as evidenced by global greenhouse emissions falling at a faster rate than any other time since records began.⁷⁶ In the first six months of 2020, emissions fell 1.551 billion tonnes, a drop of 8.8% compared to the same period in 2019.⁷⁶ Transport sectors recorded the largest drop in emissions, reflective of the drop in air and land travel and transport.⁷⁶ However, a report released by the UN has found that the drop in emissions due to the pandemic will not make a difference to the climate change emergency overall, with the concentration of CO₂ in the air still increasing and sea levels still rising.⁷⁷

Unexpected positive impacts

There have been some unexpected positive outcomes from the COVID-19 pandemic. The VicHealth Coronavirus Victorian Wellbeing Impact Study found that:

- Two in five (44%) respondents indicated that there were positive aspects of the coronavirus period that they would like to maintain after restrictions stopped. The most common responses were:
 - Work life: 25% working from home, 10% flexible work hours;
 - Social life: 17% staying in touch with people through technology, 11% socialising more;
 - Home life: 26% spending time with family and friends, 12% gardening;
 - Personal wellbeing: 25% keep exercising, 8% maintain a healthy lifestyle.

Data sources

The following rapid evidence reviews prepared by Inner North West Primary Care Partnership were invaluable in preparing this supplement:

- COVID-19 and Mental Health: Environmental scan
- Impacts of COVID-19 on Healthy Eating and Food Security: A Rapid Evidence Review
- Impacts of COVID-19 on Physical Activity and Active Living: A Rapid Evidence Review
- Impacts of COVID-19 on Alcohol and Other Drug Use: A Rapid Evidence Review
- Impacts of COVID-19 on Gambling: A Rapid Evidence Review
- Impacts of COVID-19 on Family Violence: A Rapid Evidence Review

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