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ORIGINAL RESEARCH

Impact of COVID-19 restrictions on men's mental health services in Australia

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Abstract: **Introduction:** Mental health services in Australia have faced significant challenges during the COVID-19 pandemic in adopting the new changes to reach service users. The rapid changes in the situation and surge in the number of people seeking help or in crisis have led services to use many strategies which they would not have considered in normal situations. The services working with men were especially experiencing the difficulty in fulfilling the needs of their clients as the evidence shows that Australian men's help seeking behaviour is lower than women. **Methods:** A survey was conducted online to ascertain the level of impact on their services, their client groups and the lessons learned during online service delivery. The survey was conducted by Australian Men's Health Forum with 20 questions, both with multiple choice and narrative answer options. **Results:** In total, 53 male-specific services have responded. 81% made changes to their services; 43% enabled their staff and volunteers to work from home; 84% adopted strategies to conduct their meeting virtually with clients. **Conclusion:** Most services made significant changes such as phone/video counselling, but felt that this cannot be the norm post-pandemic as it lacks the empathic human touch to service delivery. Innovative strategies were developed to reach men living in remote/rural areas with no cost or travel time. However, there are many concerns about vulnerable groups such as older adults, Aboriginal and Torres Strait Islanders and men living in remote areas, who have limited access to electronic devices and reliable internet access. **Implications:** These findings have implications for reorienting frontline health services, particularly in times of widespread crisis when service delivery models need to change. There is, therefore, a direct consequence for building healthy public policy in relation to the health of men and boys from marginalised/vulnerable groups that incorporates healthy environments and positive social connections.

Keywords: Community Health; COVID-19; Health care workers; Men's Health; Mental Health

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1. Introduction

Cucinotta & Vanelli (2020) reported that the World Health Organisation (WHO)(1) declared the novel coronavirus disease 2019 (COVID-19) as a global pandemic on 11th March 2020, which forced many countries to put restrictions on the number of people gathering both indoors and outdoors. These restrictions have resulted in the cancellation of many community events including health promotion and community-based service deliveries. Services, such as Men's Sheds, which play a key role in providing social support to vulnerable groups – the elderly and the unemployed - have announced the closure of sheds across Australia, forcing many members of these communities into social isolation. Usher, Bullar, and Jackson (2020) have identified that isolation is known to be one of the major causes of anxiety and depression(2), which, according to Bornheimer et al., (2020), can lead to suicidal attempts in cases of those with existing mental health conditions(3). According to WHO, there are over 20 attempts associated with every suicide(4), and Wand et al., (2020) note that the elderly in Australia are at the highest risk of loneliness and suicide(5). Thus, the need for health promotion during COVID-19 increases for these distressed groups.

Along with the people with existing mental conditions and

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older adults, according to the Australian Health Sector Emergency Response Plan, Aboriginal and Torres Strait Islanders are at the highest risk as they are highly mobile. The travel is often linked with family visits, cultural and community events, which may mean they come in contact with the virus(6). These behaviours can only be managed by culturally appropriate services and most of the time by Aboriginal people in the workforce. However, most of the service delivery organisations, including Aboriginal services, have scaled back and asked their frontline workers to refrain from site visits to prevent the risk of virus transmission. Along with the economic burden, COVID-19 is causing a huge mental health burden to these vulnerable groups of the population, which Zhou et al., (2020) argues will create a surge in the need for health promotion and alternative approaches to reach people while maintaining the disease prevention measures(7). It is not known how people with limited access to technology are able to manage the social isolation without accessing their regular counselling or social support.

Men in Australia are at four times the risk at suicide than females and suicide is the major external cause of death for Australian males(8). While men's mental health services have been heavily impacted by the COVID-19 restrictions, Torales et al., (2020) indicate that the fear of increase in the rate of suicide across the globe is growing(9). Many services have tried to enable their staff to keep in contact with their clients at risk and training the staff to interact with their clients over phone calls or video calls. However, it is unknown how men and boys are responding to these new types of health services, as the evidence suggests that men can be reluctant to disclose distress in a non-male friendly environment(10). Seidler et al., (2020)(10) also suggest that it is essential to understand the factors influencing men's help-seeking behaviours, which can be challenging for service providers contacting the clients virtually.

Van den Broucke (2020)(11) says the environment of trust and community partnerships developed by acknowledging cultural sensitivities have been successful in Africa in controlling the epidemic of Ebola and its impact on communities. A similar approach could be used in response to COVID-19 by enabling local community organisations to empower their communities without creating stigma or a fear-driven anxiety, which have a serious long-term impact on the individuals(11). To achieve this outcome, it is important to understand the impact of the pandemic on services and the challenges they have faced in the process of adopting the changes at a rapid pace. This study aims to understand the level of changes the service groups had to make in response to the COVID-19. It also explores insights into what worked and what did not work in terms of service delivery to inform practices and plan activities after the restrictions of COVID-19 are eased.

2. Material and methods

The online survey with multiple choice questions and an option to write the narrative answer for each question was conducted in the month of April 2020. The survey named "How men's health groups responded to the pandemic", had twenty multiple choice questions such as:

1. What service do you provide to improve the lives and health of men and boys?
2. What level of change has your service made to the way your staff/volunteers work in response to the coronavirus pandemic?
3. Describe some of the changes your service has made to the way your staff/volunteers work in response to the coronavirus pandemic?
4. What level of change has your service made to enable staff/volunteers to work from home, in response to the coronavirus pandemic?
5. Describe some of the changes your service has made to enable staff/volunteers to work from home, in response to the coronavirus pandemic?
6. What level of change has your service made to reduce or modify travel by staff/volunteers, in response to the coronavirus pandemic?
7. Describe some of the changes your service has made to reduce or modify travel by staff/volunteers, in response to the coronavirus pandemic?
8. What level of change has your service made to enable staff to use technology to do their work (e.g. virtual meetings, phone conference etc.), in response to the coronavirus pandemic?
9. Describe some of the changes your service has made to enable staff to use technology to do their work (e.g. virtual meetings, phone conference etc), in response to the
10. What level of changes has your service made to the way you interact with clients, in response to the coronavirus pandemic?
11. Describe some of the changes your service has made to the way you interact with clients, in response to the coronavirus pandemic?
12. What level of impact has the response to the coronavirus pandemic had on your service so far?
13. Describe some of the impacts the response to the coronavirus pandemic has had on your service so far?
14. What level of impact has the response to the coronavirus pandemic had on your clients so far?
15. Describe some of theimpacts the response to the coronavirus pandemic has had on your clients so far?
16. What impact is the response to the coronavirus pandemic having on the community and sector you work in (e.g. events being cancelled, reduced contact with services etc).
17. Describe some of the impacts the response to the coron-

avirus pandemic has had on the community and sector you work in (e.g. events being cancelled, reduced contact with services etc).
18. What have you learnt about the way your service has responded from the coronavirus pandemic so far?
19. Can you describe or share some of the things you have learnt, your tips for others or links to useful resources.
20. Do you have anything else you want to tell us about the men's health sector and the coronavirus pandemic? Use the space below to tell us what you think.
The survey was sent out to the people in the mailing list of Australian Men's Health Forum (AMHF) and also announced on AMHF's website and social media. The survey was specifically targeted for the groups or agencies who provide mental health services to the men and boys in Australia. Only one person on behalf of each organisation was asked to complete the survey to limit the duplication of the results. Participation was anonymous and voluntary, and respondents were made aware that the information would be used for the public dissemination of information.
In total, fifty-three organisations responded to the survey, predominantly those who provide mental health services to men and boys in both urban and rural areas of Australia. Services included counselling, personal risk management, dementia support and advocacy support. Services also included drop-in centres such as Men's Sheds and community event organisers, who provide social support to males of diverse age groups, and males belonging to Aboriginal and Torres Strait Islander and culturally diverse groups.

3. Results

The survey revealed that 81% (n=43) of respondents reported to have made significant changes to the way their staff and volunteers work in response to the pandemic. 43% (n=22) of them had to make changes to enable their staff/volunteers to work from home, as many services could not be delivered online. All the services had to cancel the travel arrangements planned by their staff/volunteers to avoid any risk of contact with virus, which had forced 84% (n=44) of them to make necessary changes and trainings arrangements to staff/volunteers working from home. This also resulted in the temporary closure of many services as either staff or service-users did not have access to electronic devices, reliable internet or skills to use virtual meeting applications. However, 15% (n=8) of respondents had successfully moved all their interactions online to engage their client groups. This affected service delivery, as 64% (n=32) reported a change in the way they interact with their clients using only phone calls or skype (video call). However, 56% (n=27) of reported a significant negative impact on their clients as virtual communication was not the same as face to face (in-person) interaction. This impact includes loss of social interaction, loss of employment for casual staff/volunteers, loss of contact to know the status of clients' health, increased loneliness and anxiety regarding the virus transmission. Most services made significant changes such as phone/video counselling but felt that this cannot be the norm post-pandemic as it lacks the empathic human touch to service delivery.
Rosen, Gurr, and Fanning (2010) show that mental health services in Australia are grounded to community-based interventions, which have been extremely successful compared to institutional based care(12). While it is important to acknowledge the need for everyone to maintain social distancing and not to gather in community events, it is important to keep an eye on vulnerable people who are at the risk of depression and suicide(9). Various community groups have been in the field for many years for the support of these individuals by giving them social support in an informal environment. This informal support has been forced to stop without being prepared for the consequences. This study found that the majority of the services in the men's mental health sector had scaled back their services and adopted for alternative approaches. While narrating the impact of COVID-19 on their service, one respondent said:
Our service provides a safe space for men over 50 - we have 5000 registered attendances annually at our weekly activities, events and workshops. This has been ceased. While digital solutions are being identified, over a third of our current clients are digitally challenged. A hard copy of newsletter is sent out monthly, however cost of postage and significant budget cuts is prohibiting this.
As Baker at al., (2020) argue, the unexpected nature of the pandemic exposed the poor planning of the mental health service delivery by the policy makers before enforcing the COVID-19 restrictions in place(13). Another service provider commented, We have to strengthen skills of more people to be comfortable with technology. We also need to have contingency plans for future pandemics, which can impact on mental health of large populations.

4. Discussion

The results of the survey indicate that tele-health and virtual counselling have been somewhat cost-effective by reducing the time and cost to travel to the service delivery institutions, however as Lattie et al., (2020) identify, face-to-face interactions are essential in engaging and supporting people with existing chronic mental health illness(14), and as reported by Wand et al., (2020), also for older men(5). AIHW (2020) indicates that help-seeking attitude of males is lower than females in Australia(15), but it is also important to acknowledge that there are fewer male-specific services. However, through the use of subtle engagement techniques, a program

which provides support to allow men to develop an emotional language and develop a pathway forward, means that engagement in regular peer support is a key to suicide prevention.

While telephone support is helpful for existing clients, Zhou et al., (2020) reported that it is extremely challenging for any new clients to initiate the contact via telephone consultation(7). Furthermore, Tan et al., (2019) suggest that interactions made over the phone/virtual tools reduce the human emotional dimension and lack visible empathy, which plays a key role in mental health service delivery(16). This study also found that the additional administration changes to deliver the service was adding significant stress to the frontline workers to adopt the changes rapidly, a finding also reported by Greenberg et al., (2020)(17). The service groups also felt that a reduction in the face-to-face opportunities and meetings means that it is more challenging to communicate the organisation's health promotion messaging. However, for a few organisations, these innovative changes have created new opportunities to reach the men in rural and remote areas, which may continue after the social distancing measures are eased. Virtual meeting arrangements are relatively easy for a few men, who struggle to physically visit the services and encourages to visit services as they do not need to pay out of pocket expenses on top of Medicare rebate.

To enable these new innovations to be successful in the long-term, community mental health services need a boost in funding to prepare their staff. This preparation should include vital training to identify men's needs by interacting with them on screen or phone. Cultural competency training and a clear understanding of the social determinants of health approach should be the focus of workers' in post-pandemic strategies, to consider the broader and underlying factors for vulnerable groups such as Aboriginal communities, people who lost their jobs during the pandemic and separated fathers isolated without much direct contact to their children.

Most importantly, WHO (2020) emphasises that there needs to be an acknowledgment for the need of self-care of these frontline workers(18). Many of the workers are working under unique and unprecedented occupational anxiety, which can have long-term psychological impact on them if the correct strategies are not used to de-stress themselves(18).

This study has a number of limitations that must be considered. Firstly, this was targeted to only service groups in the men's health sector and results cannot necessarily be generalised into all groups who may be efficient in providing services virtually. Secondly, this study explored the prospective of the service providers only and not involved the service users. Research along these lines with health consumers could produce more valid comparisons in a health promotion continuum from end-to-end of the chain in service delivery(19). Thankfully, there are many studies(20) (21)being published around the world about how the mental health services are responding to the COVID-19 crisis to build better interventions in the future. Future research should focus on preparedness of frontline workers for crisis situations such as COVID-19 pandemic and how people with limited access to electronic devices and internet access can be included in tele-health interventions. Furthermore, the future studies also should focus on how the referrals to other relevant centres were addressed in this service system from the service user's perspective. It is also important to explore how communities are building resilience on their own with limited access to the regular services.

5. Conclusion

Many of the men's services across Australia have had to make changes to the way they operate and they have adopted strategies to interact with their clients online and by other alternative means. However, most of the respondents felt that this cannot be the norm post-pandemic as it lacks the empathic human touch needed for effective service delivery. Some have pointed to the positive impact that the virtual approach is enabling people from rural and remote areas to access their services without any cost of travel and time. However, there are many concerns about vulnerable groups such as older adults, Aboriginal and Torres Strait Islanders and men living in remote and rural areas, who have limited access to the electronic devices and reliable internet access to seek help. It is also important to prepare the frontline workers to the situations such as distress among people due to long-term unemployment and suicidal risks after the social distancing measures are eased. In terms of reorienting health services, there is clearly a need for sound planning and building both pro-active and responsive new health policies to cater for effective service delivery in the future.

6. Appendix

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6.2. Author contribution

All authors have equally contributed in the study, data analysis and writing the manuscript.

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6.4. Conflict of interest

In accordance with Journal's policy and my ethical obligation as a researcher, I am reporting that I Shravankumar Guntuku

holds a governance position as Board Member in the Australian Men's Health Forum, which has conducted the survey. Glen Poole, holds a paid position as CEO in the organization that had collected the data using the survey that may be affected by the research reported in the enclosed paper.

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