

## **COVID-19 and mental health: findings from the MAPrc survey**

The **COVID-19 and Mental Health Survey** was designed with a group of multi-disciplinary mental health researchers, with expertise spanning psychiatry, psychology, neuropsychology, statistics, women's mental health, rural mental health, indigenous mental health and digital mental health. Our prospective longitudinal survey is tracking the psychological impact of the COVID-19 pandemic over the next two years, with surveys disseminated every two months. The current COVID-19 pandemic is unique in relation to the number of countries affected, its high transmissibility; potential infectivity via people who are mildly symptomatic or asymptomatic; and the absence of a vaccine (at the time of writing). Our online survey is measuring different risk factors that contribute to poorer mental health and different coping strategies and resilience factors that are associated with better mental health. This data is essential to provide the evidence base for developing effective resources to manage the mental health and wellbeing community impact of COVID-19. This study is approved by the Monash University Human Research Ethics Committee (MUHREC: 23963).

**The first wave of data analysed** was collected from April 3<sup>rd</sup> to May 3<sup>rd</sup>. During this time, Australia was in a stage of enforced restrictions, including physical distancing, cancellation of mass gatherings as well as confinement and isolation for those who may have been exposed to people infected with COVID-19. At the time of data collection Australia had 6,784 cases of COVID-19 reported, with 89 deaths (as of May 3<sup>rd</sup>, 2020) (COVID-19 National Incident Room Surveillance Team., 2020). We analysed data from 1495 participants, all residing in Australia at the time of the survey.

**Our initial findings** demonstrated a range of psychological responses to the COVID-19 outbreak, with females reporting more severe psychological symptoms than males. Almost half of the respondents reported at least one PTSD symptom. In relation to depression, anxiety and stress, 35% of females and 19% of males reported moderate to severe levels of depression; 27% of females and 10% of males reported moderate to severe levels of stress; 21% of females and 9% of males reported moderate to severe levels of anxiety. Suicidal thoughts were reported in 17% of females and 14% of males.

Our survey also looked at **coping strategies** people are using in an attempt to reduce any psychological distress associated with the COVID-19 pandemic. Our initial analyses show that coping styles associated with better mental health were classified as "positive emotion focused" coping styles. To help cope with symptoms of depression, our findings suggest recommendations could include trying to look for positives and reframing the current situation in a positive way. For example, focusing on what people can still do during a lockdown, rather than focusing on what they can no longer do. Encouraging people to accept the current situation may be recommended for people experiencing anxiety and stress. Humour is also effective for coping with stress and, where appropriate, could be incorporated into mental health resources, for example COVID-19 related memes on social media. Aspects of these strategies are also core components of more formal therapeutic interventions, such as cognitive behavioural therapy and acceptance and commitment therapy, pointing to the potential of these psychological treatments within a COVID-19 context. In conjunction with use of these positive emotion based coping strategies, maladaptive coping strategies, such as venting and self-blame, should be discouraged.

Gurvich, C., Thomas, N., Thomas, E.H.X., Hudaib, A-R., Sood, L., Fabiatos, K., Sutton, K., Isaacs, A., Arunogiri, S., Sharp, G., Kulkarni, J. Coping styles and mental health in response to societal changes during the COVID-19 pandemic, *International Journal of Social Psychiatry*, Accepted 01 Sept.