

# ADVICE ON MENTAL HEALTH SCREENING, ASSESSMENT AND SUPPORT DURING COVID-19 QUARANTINE

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We acknowledge the progress that all States and Territories have made in refining their policies and practices in relation to quarantine since the onset of the COVID-19 pandemic. This document builds on that progress, and the findings of the Halton review in relation to the potential mental health impacts of quarantine. The principles developed below relate primarily to hotel or camp quarantine rather than home quarantine although a number have relevance to quarantine in all settings.

We acknowledge not all jurisdictions will be able to meet all of these principles in every instance of quarantine, despite their best efforts. Where it is not possible for safety reasons or because of infrastructure constraints for the amenity to include, for example, access to fresh air, it is expected that service providers will be aware of these limitations and do their best to minimise the impact of such restrictions.

## Key Principles

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1. Quarantine, whether in a hotel, camp or other environment is a health response, not a custodial response. People need to retain as much choice and agency as possible.
2. Regular and timely information is crucial – before departure, during travel, on arrival and throughout the period of quarantine. It needs to be provided in an easily accessible way – written, by video, in person.
3. Service providers to quarantine accommodation need to ‘know their cohort’ and plan accordingly. For example, if there are family groups with dependent children, international students who may be socially isolated, older people at risk of developing physical illness, people who regularly consume drugs and/or alcohol.
4. Every person undergoing quarantine will experience some difficulty. The main focus of psychosocial support is to enhance and maintain wellbeing. Key to this is provision of a structured day, with meaningful activity and opportunity for social connection. From day one there needs to be active engagement and provision of a range of individual and group activities from which to choose. Group activities need to be provided in a COVID-19 safe manner, using virtual means if necessary
5. Amenity is important. Every person in quarantine should ideally have access to fresh air through windows or a balcony, space to exercise, and healthy and culturally appropriate food options. Family groups which include dependent children should have separate but connected spaces.
6. Engagement of people in activity, wellbeing checks and information should be active and assertive, although responsive to a person’s request, not passive.
7. General health and mental health services need to be available and able to escalate when a person struggles to cope with quarantine, has a pre-existing or emerging illness or needs a higher level of support and intervention. People in quarantine accommodation need to know when and how to access support and assistance. As much as possible this should be on-site, or at least for office hours.
8. Effective governance means that all providers involved in supporting those in quarantine need to have clear lines of reporting, information sharing and complaints management.
9. For those who develop COVID-19 or return a positive test, there needs to be a clear protocol for whether this impacts the duration of quarantine and how a person transitions from quarantine.

10. Staff need support. This includes hotel/camp staff, security staff and health and welfare staff. Service providers or lead agencies need to have means of replacing or supporting staff, and ensuring ongoing support in relation to infection control and prevention.

## Overview

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According to the Halton report<sup>1</sup>, delivered October 2020, over 130,000 people between March and August 2020 have been placed under hotel quarantine. The report noted that recognition and appropriate response to the psychological impact of quarantine, and of underlying psychosocial vulnerabilities, were important to minimise the negative impact of quarantine.

Being in quarantine is associated with isolation, loneliness, loss of control, stress, frustration, anger, boredom and inadequate information, with some evidence suggesting there may be long-lasting psychological effects if these stressors are not minimised. Deeper and long-term effects can occur in people already living with mental illness as well as people with no prior history<sup>2</sup>. There may also be economic and employment impacts, increased consumption of drugs and alcohol, poorer family relationships, and experiences of trauma, loss and grief.

Mental health supports need to both maintain mental health and wellbeing during quarantine, as well as to identify and address any more serious mental health challenges that may emerge.

While the systems and processes of support and oversight for mental health in quarantine accommodation vary between jurisdictions, there are key areas that should be incorporated into national processes for mental health screening, assessment and support. These processes were considered in a widely cited rapid review of the evidence regarding the psychological impact of quarantine.<sup>2</sup>

Amidst growing pressure to increase travel to and from Australia, particularly for Australians returning from vulnerable circumstances, national guidance is needed to ensure we continue to address mental health during COVID-19 quarantine in a consistent, compassionate and equitable way. The national guidance set out in this document considers end to end requirements for mental health support during quarantine. Central to all stages are the provision of information, and mechanisms for complaint, escalation and review.

The majority of COVID-19 quarantine in Australia has occurred in hotels and so much of the evidence and current processes are related to that setting. This has informed, but not limited, the advice set out in this document, which can apply to different quarantine accommodation settings as needed. Jurisdictions can strengthen their COVID-19 quarantine practices by adopting this guidance to ensure arrangements are more consistent and sustainable into the medium term.

## Jurisdictional guidance and procedures

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In preparation of this advice, all States and Territories were approached to provide information on current mental health supports available for people in quarantine accommodation. All jurisdictions have made considerable efforts to ensure that quarantine provisions are safe and caring.

As referenced in the Halton report, good practice operations of mental health support in hotel quarantine is demonstrated by the presence of assertive mental health screening and treatment available to hotel quarantine guests, particularly with evidence of the use of validated mental health assessment tools. The importance of these supports are also reiterated by the National Health and Medical Research Council COVID-19 Health and Research Advisory Committee<sup>3</sup>.

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<sup>1</sup> National Review of Hotel Quarantine. Halton. J, October 2020

<sup>2</sup> Brooks S, Webster R, Smith L, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*. 2020; 395(10227): 912-920.  
[https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)

<sup>3</sup> NHMRC COVID-19 Health and Research Advisory Committee, Mental Health Impacts of quarantine and self-isolation, May 2020.

The Halton report observes that good practice includes assertive in-reach and assessment that does not rely on the traveller seeking out support. Ideally this is undertaken on day one of hotel quarantine to identify immediate concerns, with daily follow up to identify emerging or escalating psychological distress, until guests decline further contact and/or support.

Other important elements for mental health and wellbeing include:

- providing a clear rationale for quarantine and information about protocols;
- appropriate clinical oversight, including access to specialists and treatment; and
- daily entertainment, activities and structure that starts from day one.<sup>1,2</sup>

Based on this guidance, an assessment of current processes in States and Territories shows variable service delivery. Victoria was not included in the Halton report as the quarantine arrangements were being considered separately.

## Options for Commonwealth implementation support

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Implementation of this guidance is time critical. While some States and Territories are already providing services that meet many of the principles, ensuring consistency and the ability to meet increasing demand nationally may require Commonwealth support.

The following proposes implementation actions specific to Commonwealth roles and responsibilities, leveraging already available structures and supports to enhance state and territory service delivery. Using these systems addresses issues of workforce, service location and accessibility.

### Providing information

#### Before departure and on arrival

The Halton review highlights the importance of timely and relevant information. The Commonwealth government through the Department of Foreign Affairs and Trade (DFAT) provides a contact for those seeking to return or travel to Australia. The content and mode of information provision is under regular review.

#### Information and resource dissemination

The Commonwealth government is well-placed to coordinate the early provision of information and identification of vulnerability at each individuals point of departure, or during transit. An example of the content relevant to mental health is provided in Appendix A.

### Providing Support

#### Promote utilisation of COVID-19 Helpline Services

The Commonwealth Department of Health funds BeyondBlue to provide the Coronavirus Mental Wellbeing Support Service, a dedicated, 24/7 service delivering clear, evidence-based information, advice and support specifically tailored to the mental health and wellbeing challenges raised by the pandemic. Trained mental health professionals link callers to other relevant services, such as those relating to financial aid, family violence support and official government COVID-19 information sources. They make clinical referrals and escalate people to more intensive mental health care as required. This service is already available to anyone in Australia including those in quarantine. Mindspot is another digital platform available.

To enhance utilisation of these services, quarantine locations should be supported to ensure:

- Accessibility of phone or internet connection to all individuals and capacity for private conversation for those quarantining with others
- Dissemination of information about the services prior and on entry to quarantine
- Callers are encouraged to identify themselves as currently being in quarantine accommodation

If needed the Coronavirus Mental Wellbeing Support Service could be utilised to provide:

- Screening and assessment;
- In-reach contacts at key points during quarantine; and

- Referrals and escalation to local services as required.

#### Access to care through MBS telehealth items

Quarantine presents unique challenges to accessing mental health care. Those who have been overseas may not have a current Mental Health Plan or may not previously have accessed mental health care in Australia. In the quarantine environment they are limited in the kinds of care they may be able to access. Arrangements should be put in place to ensure that individuals in quarantine can receive Mental Health Treatment Plans and access psychological services under the Better Access Initiative.

It is possible that returning travellers will be disconnected from current services or practitioners in Australia. In addition to information on general support services and Helplines, information on bulkbilling and other General Practitioners able to provide mental health plans via telehealth should be collated and made available to everyone entering quarantine. This information could be collected, collated, and disseminated by healthdirect through current online portals or information sheets given to those in quarantine.

#### Integrating with State and Territory Processes and Programs

Duplicating of services, separating duties across jurisdictions and increased complexities in coordination increase the risks to consistent implementation of guidelines in the provision of support. It is critical that there are easily identifiable lines of responsibility for responding to mental health needs, risk and distress as they arise in quarantine.

Design and delivery of programs will need to include details for connection between any remotely provided services and the State or Territory based services overseeing on the ground service delivery.

Where possible, the policy should support the standing up of locally available workforces to deliver quarantine services.

The above proposed Commonwealth measures for providing mental health support to those in quarantine assumes:

- Delivery of quarantine meets the proposed guidelines in all states and territories;
- Those in quarantine have access to Medicare, or are able to be supported onsite to register for Medicare; and
- Availability of minimum mental health workforce to facilitate safe, quality care as needed including an onsite general practitioner as well as access to mental health clinicians and allied health professionals.

When implementing Commonwealth measures that align with and support State and Territory based services, it is important to consider clinical governance, planning and coordination of care. External supports including the use of Medicare funded services should be linked to on-site supports and structures so that:

- Shared care is encouraged and facilitated with agreed responsibilities and methods for communication between onsite health staff and external programs and practitioners
- Information shared with travellers on mental health is consolidated and consistent
- Local workforce can be supported by providing those in quarantine with access to external mental health practitioners using telehealth
- Inability to find necessary telehealth care for those with a current mental health care plan prompts an escalated on-site mental health response.

3<sup>rd</sup> November, 2020

## Addendum: Clinical Best Practice

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### Key service elements

The service model should be able to accommodate:

- Person-centred support that recognises the needs of the cohort (e.g. families with children, overseas students returning).
- Screening (tools such as K10).
- Triage function (number available on the TV screen in every room) for prompt response to requests for assistance or advice.
- On-site presence of experienced mental health staff across extended hours.
- Access to general health support through on-site nursing and/or a general practitioner.
- Specialist needs (such as child and youth, perinatal, people with cognitive or physical disability, eating disorders, drug/alcohol intoxication or withdrawal).
- Escalation pathways for urgent assessment and transfer to hospital and admission.
- Staff support with option for rotation and replacement.
- Consistent education and implementation of infection control and prevention.

Person centred support includes:

- Registration before arrival, accompanied by information ahead of time to demonstrate a clear rationale and processes for quarantine.
- Welcome pack and information on arrival that provides advice on mental health and wellbeing, what will be provided, and listings of helplines, peer support forums, and bulk billing health and psychology services. Information should be provided in Easy Read format and in relevant languages.
- Wellbeing check on arrival, and then daily or less frequent contact as agreed through phone, text, or webchat.
- More assertive welfare checks and psychosocial/clinical support for those with identified needs such as pre-existing or emerging mental illness.
- Providing access to services that support the concept of a 'structured day', for example, regular activities.
- Providing access to services, while still allowing people choice.
- Assistance with needs on leaving quarantine including travel, accommodation and referral.

The staffing model will depend on the number of people in the quarantine facility and cohort. Clinical staff should be experienced and well supervised, with access to senior staff when needed. It is expected that the model will include people with a mental health nursing background, allied health, and psychology, with access to psychiatrist (or supervised psychiatry registrar).

Quarantine in Australia has two main variants: hotel quarantine - where people are housed in individual hotel rooms, and camp quarantine - where a larger number of people are housed in a more congregate setting. The Howard Springs camp in the Northern Territory is an example of the latter, which is expected to take around 500 Australians returning from overseas in the near future. Whatever the setting, there is a need for appropriate provision of amenity and activity. There should be access to fresh air, preferably open space such as a balcony, and the ability to exercise in a COVID-19 safe manner. Where a family group includes dependent children, there should be access to separate spaces – ideally in connected but conjoint rooms so that there can be supervision as well as privacy. All quarantine accommodation settings should provide appropriate and flexible mental health support.

## Characteristics of returning Australians and vulnerabilities

Australians travel for many reasons. Some will have been in other countries for considerable periods of time because of employment or family commitments, others may have travelled for holiday or other work related activity. Some will be on their own and others with their family including dependent children or elderly parents. While many Australians have already returned, for some the delay in return will have been considerable, with associated stress and probable financial strain. Some may also be facing domestic and financial uncertainty on their return to Australia. Some may have experienced loss and trauma, and have increased risk of extended grief and social disconnect.

Over time, it is likely that there will be greater numbers of people travelling to Australia for reasons other than returning home. This will include those who travel to Australia to work or study. These groups will have different requirements in terms of access to health services, social supports and accommodation after the period of quarantine.

Areas for consideration in relation to tailored supports include:

- A history of mental illness, self-harm, drug and alcohol misuse
- Recent or expected bereavement or loss
- History of trauma
- Travelling with dependent children
- Older people with increased risk of cognitive decline
- Physical illness or disability
- LGBTQI
- Culturally diverse, non-English speaking

Responses may also need to address what happens when quarantine ceases as people face yet another shift in circumstances. Whatever the reason for entering Australia, people should have their ongoing needs for supports assessed while in quarantine and followed up in the period after leaving quarantine.

## Organisational and staffing considerations

People entering quarantine come with a range of known and unknown vulnerabilities that may change over the course of the period of quarantine. Initial screening will assist in predicting the levels of risk and areas of vulnerability, but mental health service provision needs to be flexible to be able to respond to changing demands.

All people entering quarantine should have an opportunity through screening to provide details of their medical and mental health history, use of alcohol and other substances, and current treatment regime. All should be aware of what information is being collected, by whom and for what purpose and that this will be treated as health information with appropriate protections.

Individual adherence and compliance with the requirements of quarantine will be influenced by the extent to which the quarantine experience stirs up negative thoughts, behaviours and feelings; and their level of agreement and understanding of the measures imposed. Factors that foster motivation to comply with quarantine requirements include selection of appropriate venues and facilities; provision of buddy systems; culturally appropriate and regular communication including appeals to social solidarity and positive outcomes; and a proactive and humanistic approach to support of mental health and wellbeing from the time of arrival and throughout quarantine. These aspects are relevant when considering the staffing model for quarantine support.

The design of support should encompass a continuum and variability of need from a whole of quarantine population wellbeing approach to an assertive, multi-disciplinary stepped care approach for those assessed at higher risk or with more complex presentations. The approach should be person-centred and focus on engagement and support. The emphasis is on mental health and wellbeing rather than clinical/medical. Quarantine should not be experienced as being punitive or authoritarian.

It is preferable for all medical, mental health, and AOD support to be overseen by a single organisation to improve overall staffing, information sharing and data collection activity. Where more than one organisation is engaged to do this, there needs to be clear operational oversight and process for escalation and review, as well as for information and data sharing. Other agencies likely to be involved include non-government organisations such as the Red Cross, and security agencies such as police or ADF. Effective governance means that across sector and government agencies there are clear roles and responsibilities, quality assurance processes, complaints management and reporting.

## Environments that protect good mental health

Quarantine facilities should protect against the onset or escalation of mental health conditions. This should include:

- Physical environment that is conducive to good mental health. This includes natural light, access to fresh air, secure space to exercise, space for children to play, healthy and culturally appropriate food options.
- A culturally safe and equitable environment which considers culture and language, disability, digital access and affordability. This may include access to free wifi, interpreting services, community led support groups.
- Good connections to family, friends and support groups, including a positive community that can provide peer support with others in quarantine.
- Ensuring people have something meaningful to do – entertainment, remote schooling activities, reading materials and games.
- Providing as much choice as possible in all the above.

## Phases of Quarantine

1. Pre-flight. Information, screening, pre-planning for placement and management
2. On flight – information on quarantine destination, amenity, opportunity to communicate with others
3. When landed – pre-brief on process, travel arrangements, likely duration
4. When dis-embarked – screening, information, further determination on placement and management (especially those who may need acute care, physical health needs met), travel arrangements
5. At place of quarantine – support by mh and AOD staff, information about how to contact and how often they will be contacted, when review/resting will happen
6. In room/facility – access to friends/family through virtual means, entertainment, food
7. Prior to going home – screening, check support needs, information on relevant contacts

## Appendix A: Information to be disseminated

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*The following highlights recommended key mental health messages for returning travellers. It is important that this information be integrated with state or territory and DFAT processes.*

### Your Mental Health is Important

It is normal to feel stress or worry when in isolation or quarantine. You might find it hard to stay mentally healthy or continue managing your mental illness. There are lots of important things you can do to stay mentally well; stay connected with friends and family, try self-care strategies, keep to daily routines and maintain physical activity if you can. If you already have concerns with your mental health, keep an eye out for signs that things might be.

It's important to reach out and get help early if you need it.

### Support is Available

In addition to the supports provided by [state or territory], you can get help from a number of digital and telehealth services.

#### BeyondBlue Coronavirus Mental Wellbeing Support Service

A 24/7 Helpline that can support you through mental health and wellbeing challenges raised by the pandemic. This service provides phone and web-based advice and support along with useful online factsheets and information and an online support community.

- [www.coronavirus.beyondblue.org.au](http://www.coronavirus.beyondblue.org.au)
- Ph: 1800 512 348
- Chat online [here](#)

### Telehealth

A telehealth appointment with a GP is a good place to start getting help for your mental health while in quarantine. Talking to a GP may help if:

- You have new concerns about your mental health and want to get advice, create a mental health plan and/or be referred to other professionals
- You've previously had a mental health plan and need to talk about what's happening for you right now and get a review.

You can find out more about telehealth and mental health [here].

If you are already managing mental health issues and need to keep going with your current treatment plan you may also be able to access your GP, psychologist or other mental health professional using telehealth.

If you do not have access to your regular GP or mental health professional, you can find a list of bulkbilling telehealth providers [here].

If you do not have access to Medicare you can contact Services Australia on 132 011 or discuss your situation with the [state or territory] team.

### Ask for Help

If you need additional support or have trouble accessing the supports, it's important you ask for help. Contact the health team [state or territory service] to get help accessing the care you need. Let them know if you have a mental health plan and if you've had problems following your treatment plan.

You can also reach out to

- Lifeline Australia (24/7) 13 11 14
- Kids Helpline (24/7) 1800 551 800

In an emergency, contact [state or territory service] or call 000.