

Rapid deployment of support for a mental health crisis: 10 priorities framing Australia's COVID-19 pandemic response

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ABSTRACT

The COVID-19 pandemic has challenged the mental health of communities worldwide, with the triple pressures of financial insecurity, lockdowns, and worry about the infection. Australia rapidly deployed resources to protect the mental wellbeing of the community through supplementing existing services, supporting at-risk groups, investing in social supports, embracing technology, and supporting the health workforce. This paper describes the Australian Government's investment in mental health during the COVID-19 pandemic in relation to the 10 priority areas identified in Australia's National Mental Health Pandemic Response Plan.

Keywords: community, COVID-19, mental health, policy.

Introduction

In response to the first cases of COVID-19 in Australia in January 2020, state and national governments implemented travel restrictions and border closures, followed by incremental restrictions on social gatherings, culminating in nationwide recommendations for people to stay at home where possible from 24 March 2020. These measures aimed to prevent disease transmission, protect vulnerable groups, and preserve health system capacity. Pandemics, and measures implemented to control them, can negatively impact mental health (Peng *et al.* 2010; National COVID-19 Health and Research Advisory Committee 2020). However, most people demonstrate resilience in the face of disaster and some find new strengths (Pfefferbaum and North 2020). Those at increased risk of mental illness during a public health emergency include people with previous mental illness and psychosocial and/or socioeconomic vulnerabilities, such as healthcare workers, people who have experienced abuse (Brooks *et al.* 2018), those having to self-isolate or quarantine (National COVID-19 Health and Research Advisory Committee 2020), and those suffering short or long-term economic consequences, including job insecurity (Burgard *et al.* 2012).

Australia's National Mental Health and Wellbeing Pandemic Response Plan

In Australia, COVID-19 unfolded alongside a mental health system that was already under pressure, accompanied by a sense of urgency to identify and address deficits in system capacity to support citizens' mental health (National Mental Health Commission 2019). In November 2019, the Council of Australian Governments (COAG) agreed to address the critical issue of Australia's mental health in light of three ongoing, parallel enquiries: the Australian National Mental Health Commission (NMHC) 2030 Vision for Mental Health and Suicide Prevention (National Mental Health Commission 2019), the 2019–2020 Royal Commission into Victoria's Mental Health System (Royal Commission into Victoria's Mental Health System 2020), and the Productivity Commission's inquiry into the social and economic benefits of improving mental health (2018–2020)

(Productivity Commission 2020). In addition to research examining the mental health impacts of isolation and quarantine (National COVID-19 Health and Research Advisory Committee 2020), these investigations provided important evidence to inform decision-making. They highlighted the groups most vulnerable to poor mental health outcomes during the pandemic, including young people, older people, and people with complex, chronic and severe mental illness (National Mental Health Commission 2020a).

On 29 March 2020, at the peak of Australia's first tranche of restrictions, the Government announced a A\$74 million funding package for mental health initiatives. Australia's National Mental Health and Wellbeing Pandemic Response Plan was developed by the National Mental Health Commission (NMHC) in collaboration with the states and territories, represented by New South Wales and Victorian Governments, and mental health sector leaders with lived, clinical, and research experience. The aim was to monitor and model the mental health impact of COVID-19, strengthen outreach capability, and improve connectedness through clear pathways of care and coordinated service linkage to guide both short- and long-term mental health interventions. Utilising the 10 priority areas identified in the Plan (Box 1), we summarise Australia's national mental health policy response to COVID-19 from January 2020 to December 2021. Australian Government mental health initiatives are outlined in Table 1, and some Victorian Government initiatives during the Victorian second wave during mid-2020 are in Table 2. Fig. 1 presents these chronologically in the context of the evolving epidemiological curve.

Communicating clearly

In March 2020, the NMHC launched a national online campaign, #InThis Together (National Mental Health Commission 2020b). Communicated through conventional and social media channels, the aim was to support social and emotional connections during the pandemic. Links were provided to the many community-based services that were already responding. Reframing the phrase 'social distancing' to 'physical distancing with social connection' was an important aspect of promoting active, problem-based coping mechanisms associated with resilience in the face of stress (Southwick et al. 2005). Australia's past investment in reducing the stigma associated with mental illness (Beyondblue 2015) and existing networks of community mental health services provided a foundation for building community trust and engagement.

Reducing risk by focusing on mental health and suicide risk factors

The potential for COVID-19 to increase suicide rates (Reger et al. 2020) led to calls for urgent preventive action, acknowledging that increased risk need not translate into fact (Morgan 2020). Critical needs such as improving remote

Box 1. Ten key priorities of Australia's Mental Health and Wellbeing Pandemic Response Plan

- Meeting immediate mental health and well-being needs by adapting current services and proactively engaging with those in need.
- Implementing new models of care to meet emerging needs that focus on strengthening our communities and community-based care.
- Facilitating access to care through coordination and integration.
- Addressing complex needs of those with severe, chronic, or acute mental illness in ways that promote best-practice care, assertively reach out to those who are ill, decrease reliance on inpatient services, and increase services within the home and community.
- Reducing risk by focusing on mental health and suicide risk factors in their full social context
- Meeting the needs of our most at risk with targeted responses that acknowledge the unique experiences and diverse requirements of vulnerable populations.
- Communicating clearly with strategies that inform, provide consistent messages, and use community communication as a prevention tool.
- A specific focus on coordinated suicide prevention action facilitating a community-wide, cross-sector response.
- Supporting a multidisciplinary mental health workforce that recognises the value of lived experience and community and clinical professionals in delivering the quality and quantity of care required.
- Providing strong governance and integrated coordination of Australia's federated mental health system to drive implementation.

access points and staff training to support new ways of working were addressed, together with the introduction of economic safety nets, including the JobSeeker and JobKeeper initiatives (Prime Minister of Australia 2020c). Additional funding through the MRFF to investigate the mental health impacts of COVID-19 aimed to provide rapid and actionable scientific evidence within 12–18 months of commencement in 2020 (Table 3; Minister for Health and Aged Care 2020a).

Meeting immediate health and well-being needs

A dedicated COVID-19 mental health support website, *Head to Health* (Australian Government Department of Health 2020b), was established to provide educational resources and services, with particular attention to populations identified as vulnerable. Specific funding was directed to expand existing online, telephone and digital support services. This included fast-tracked access to headspace for young people aged 12–25 years and training additional counsellors to meet potential increases in demand for services provided through Kids Helpline and Lifeline. Specialised services were also bolstered, such as the Butterfly Foundation, Eating Disorders Family Australia, the Older Persons Advocacy Network, Perinatal Anxiety and Depression

Table 1. Australian Government COVID-19 mental health initiatives.

Date and source	Funding	Population	Initiative	Details
13 March 2020 Australian Government	\$669 million		Telehealth Stage 1 of 7 Telehealth	Proportion of this funding to support Medical Benefits Scheme (MBS) subsidised mental health services delivered by GPs, psychologists, psychiatrists, and other mental health professionals
29 March 2020 Australian Government	\$74 million	Whole community	Head to Health	Digital mental health gateway – information and guidance with links to services and resources
		People with urgent, severe, and complex mental illness	Digital peer-support	
		Aboriginal and Torres Strait Islander peoples	Gayaa Dhuwi (Proud Spirit) Australia	
		Whole community	National Mental Health Commission	#InThisTogether campaign
			Independent Community Living	eFriend virtual peer support service
		Frontline health workers	Black Dog Institute with This Way Up, Lifeline, Royal Australian and New Zealand College of Psychiatrists, Phoenix Australia, Hand-n-Hand Network, SAS, the Australian Psychological Society, Cogniss, the University of New South Wales and University of Melbourne	TEN – The Essential Network – (launched 1st week of May 2020)
	\$10 million + Medibank \$5 million	Whole community	Beyond Blue (\$10 m + \$5 m)	Dedicated coronavirus wellbeing support line
	\$14 million		Lifeline	Bolster capacity of mental health support providers
		Young people	Kids Helpline	
	\$10 million	Older Australians	Community Visitors Scheme	Additional staff to train volunteer visitors to keep older Australians connected online and by telephone
	\$6.75 million	Young people	headspace	Digital work and study service and headspace – technical and life skills for young people
	\$28.3 million	Community mental health clients	Community mental health services	Provide additional 12 months support for community mental health clients, allowing more time to complete applications for

(Continued on next page)

Table 1. (Continued)

Date and source	Funding	Population	Initiative	Details
				National Disability Insurance Scheme support
	\$150 million	Families, victims of domestic violence, human trafficking, forced marriage and slavery	Domestic violence support	Counselling support for families; 1800RESPECT; Mensline Australia; Trafficked People Program; Support programs for women and children
	\$200 million	Whole community	Emergency relief	Individuals needing assistance
			Food relief	Food relief organisations
			National Debt Helpline	Scale-up of services, including one-on-one tele-financial counselling
			Financial counselling	Training new financial counsellors through the creation of a short-form Financial Counselling course
			No Interest Loan Scheme	Provide immediate financial relief through expanding access to safe, affordable financial products
31 March 2020 Australian Government	\$59.3 million	Older Australians	Commonwealth Home Support Programme (CHSP) – Meals on Wheels and similar services	3.4 million meals for 41 000 people for six weeks; 36 000 emergency food supplies boxes
24 April 2020 Australian Government	\$6 million total	People experiencing drug and alcohol problems	Alcohol and Drug Foundation	Information and awareness campaign
	\$2 million			
	\$1.5 million		Turning Point	Scale-up Counselling Online services and improve integration with primary care providers
	\$1.5 million		Hello Sunday Morning's Daybreak Program	Bolster app service supporting people to reduce alcohol consumption
	\$0.4 million		SMART recovery	Adaptation to online format of service delivery model
	\$0.6 million		Matilda Centre	Support for enhancements to the Crack in the Ice and Positive Choices portals
15 May 2020	\$48.1 million	Whole population	National Mental Health and Wellbeing Pandemic Response Plan	Build national capability to respond to the mental health impact of the pandemic Targeted support for vulnerable community groups

(Continued on next page)

Table 1. (Continued)

Date and source	Funding	Population	Initiative	Details
				Strong pathways of support with improved linkage and coordination
25 May 2020 Australian Government	\$20 million total \$3 m	Whole population	Rapid research on the mental health impacts of COVID-19	New grant rounds under the Medical Research Future Fund (MRFF) Million Minds Mission
27 May 2020 Australian Government	\$690 000	Whole population	Mental Health first aid training for medical students	Mental Health First Aid (MHFA) Australia design of online first level mental health training
9 June 2020 Australian Government	\$24.2 million	Young people 12–25 years	headspace	
19 June 2020 Australian Government	Australian Government and Medical Board of Australia	Doctors and medical students	Doctors and medical students	Drs4Drs Support Service offers free, confidential telehealth mental health services 24/7, every day of the year
2 August 2020 Australian Government		Whole community	Ten additional Medicare subsidised psychological therapy sessions for people subjected to further restrictions in areas impacted by the second wave of COVID-19	An increase from 10 annually subsidised sessions to 20, providing additional support for those who needed it In October 2020, extended to 30 June 2022 In December 2020, eligibility was extended to aged care residents in response to Royal Commission COVID-19 Special Report
4 August 2020 Australian Government	\$92.4 million	Aged care	Supporting Aged Care Workers in COVID-19 Grant	Hotspots of Melbourne and Mitchell Shire – implementing single site workforce arrangements (initially eight week period, extended to 12 weeks on September 13)
6 August 2020	\$12 million total			
	\$5 million	Victoria	headspace	Increased outreach for young people in severe distress
	\$2.5 million		Beyond Blue	Expand webchat to 24/7, boost referral capacity
	\$2.5 million		Lifeline	Deal with more calls from Victoria
	\$2 million		Kids Helpline	Additional demand and service responsiveness

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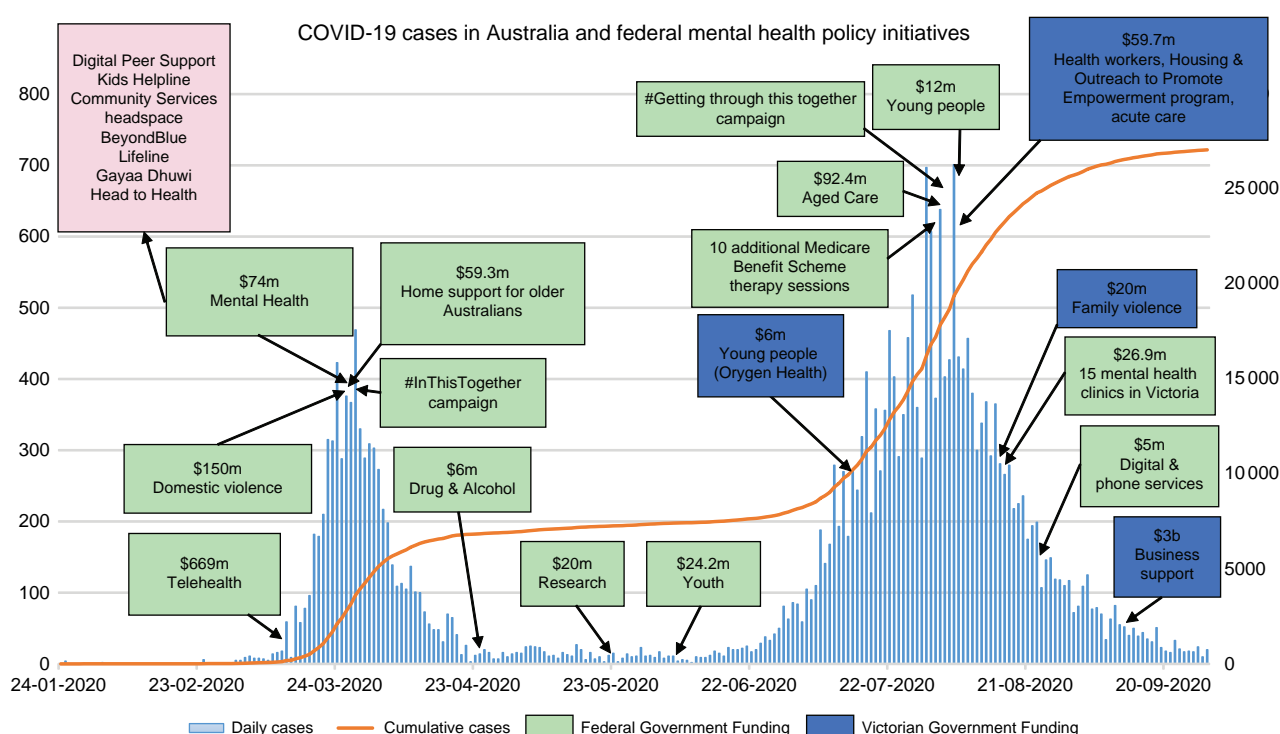
Table 1. (Continued)

Date and source	Funding	Population	Initiative	Details
	Additional \$2.6 million		Primary Health Networks (PHNs)	Assistance for Victorians with severe mental illness whose access to psychosocial supports was impacted by COVID-19 (through Commonwealth psychosocial supports program)
15 August 2020 Australian Government		Whole population	#GettingThroughThisTogether launched (National Mental Health Commission)	Part 2 of the #InThisTogether campaign
17 August 2020 Australian Government	\$31.9 million total	Victoria		
	\$26.9 million		Mental Health Clinics	Fifteen mental health clinics formed across Victoria to enhance mental health access and support during the pandemic (nine greater Melbourne; six regional – opened 14 September)
	\$5 million	Whole population	Digital and phone services	Enhance existing services for specific groups, e.g. Eating Disorders National Support line
	\$2 million		Evaluation	Evaluation of the impact of these strategies
21 August 2020 Australian Government	\$171.5 million	Aged care		
1 November 2020	\$10 million	Whole population	How's your head today? Campaign launched (National Mental Health Commission)	Urging people to prioritise mental health, identify problems and encourage help-seeking
10 August 2021				Additional 10 pop-up clinics in and around Sydney and 12 clinics in Victoria extended to 30 June 2022

Values in bold represent the total amount for each section; values not bold represent the smaller amounts that make up each bold total within a section.

Table 2. Victorian Government mental health initiatives during the COVID-19 second wave until September 2020.

Date and source	Funding	Details
13 July 2020 Victorian Government	\$6 million plus \$1 million (Telstra Foundation)	Enhance Orygen Health – Digital Moderated Online Social Therapy (MOST) platform
6 August 2020 Victorian Government	\$59.7 million total	Counselling services – Community, Ambulance Victoria, nurses, midwives and personal care workers; Housing & Outreach to Promote Empowerment (HOPE) post-suicide program
17 August 2020 Victorian Government	\$20 million	Bolster family violence services
11 September 2020 Victorian Government	\$51.2 million	Early rollout of mental health practitioners in secondary schools initiative
13 September 2020 Victorian Government	\$3 billion	Business support

**Fig. 1.** Australian Government mental health initiatives during the first 8 months of the COVID-19 pandemic.

Australia, and support for families, schools and employers through the Raising Children Network ([Raising Children Network Australia 2020](#)). This facilitated responsiveness to the 25–56% increases in service demand reported by Beyond Blue, Lifeline and Kids Helpline in May 2020 ([Prime Minister of Australia 2020b](#)).

Meeting the needs of the most at risk

Loneliness became a parallel epidemic with the potential to negatively impact physical and mental health ([Nobel 2020](#)). For some, including older people, migrants and refugees, social distancing compounded existing isolation and loneliness ([Armitage and Nellums 2020](#); [Lima et al. 2020](#);

[National Academies of Sciences, Engineering and Medicine 2020](#); [National COVID-19 Health and Research Advisory Committee 2020](#)). For many residents of aged care facilities, loneliness was amplified by visitor restrictions. In March 2020, further funding enabled the expansion of a community visitor scheme to help older people stay connected by telephone or online. This bolstered the *Commonwealth Home Support Programme* for older Australians, allowing the provision of emergency food supply boxes to people's homes during the pandemic.

Social isolation measures may result in reduced access to drugs of dependence and substitution with other drugs, or use of alcohol or drugs as a coping mechanism. Reduced access to support services can lead to relapse for some in

Table 3. Medical Research Future Fund 2020 COVID-19 Mental Health Research-funded projects.

University	Project	Chief investigator	Amount funded
University of Canberra	Implementing Artificial Intelligence (AI) to enhance Lifeline's crisis support service capacity in response to COVID-19 and emerging crises	Professor Debra Rickwood	\$218 140
Monash University	Mobilising and empowering parents in the COVID-19 mental health response: a single-arm trial of an enhanced online parenting intervention to improve parent risk and protective factors for adolescent mental health	Associate Professor Marie Yap	\$610 923
University of Technology Sydney	Identifying the mental health effects and support needs of people bereaved during and following COVID-19: a mixed-methods project	Professor Elizabeth Lobb	\$748 750
Deakin University	Evaluating the effectiveness of lifestyle therapy versus standard psychotherapy for reducing depression in adults with COVID-19 related distress: the CALM trial	Associate Professor Adrienne O'Neil	\$885 303
University of Wollongong	Narratives of recovery – practices supporting community mental health and well-being post bush fires and COVID-19	Associate Professor Lynne Keevers	\$425 803
University of New South Wales	A novel text mining and data linkage approach to investigate the mental health needs of the population during the COVID-19 period	Professor Tony Butler	\$232 159
Total			\$3 121 078

recovery ([Alcohol and Drug Foundation 2020](#)). Anticipatory government funding enabled the scale-up and expansion of services such as the Alcohol and Drug Foundation, Turning Point, and SMART recovery.

Addressing complex needs

People with existing mental health challenges experienced both physical and mental health impacts. Emerging evidence indicated that some people with complex, chronic, and severe mental illness had disconnected from services early in the pandemic ([National Mental Health Commission 2020a](#)). Peer support services were expanded for those with urgent, severe, and complex mental health conditions. Existing psychosocial support services for community mental health clients were extended to prevent delayed presentations and increased acuity and severity of subsequent presentations ([Prime Minister of Australia 2020a](#)).

Developing and implementing new models of care

Dedicated funding enabled Beyond Blue, a prominent national mental health support organisation, to develop resources for people experiencing COVID-19-related stress or anxiety, including an information hub, digital resources and a 24-h telephone counselling service ([Beyondblue 2020](#)). Gayaa Dhuwi (Proud Spirit) Australia was funded to develop culturally relevant resources for Aboriginal and Torres Strait Islander peoples.

Facilitating access to care

New telehealth measures were rapidly implemented in March 2020, to facilitate safe access to regular healthcare while reducing the risk of COVID-19 transmission ([Desborough et al. 2020](#); [Hall Dykgraaf et al. 2021](#)). Both first contact

and continued engagement with mental health services were supported by introducing specified telehealth items for mental health care services under the MBS. An increase from 10 to 20 annual Medicare-subsidised psychological therapy sessions offered under the Better Access Initiative were made available for people subjected to further restrictions ([Minister for Health and Aged Care 2020b](#)). This was subsequently expanded to aged care residents in response to the Royal Commission into Aged Care Quality and Safety COVID-19 Special Report ([Australian Government Department of Health 2020a](#)).

Supporting a multidisciplinary workforce

The well-being of the healthcare workforce, as the foundation of the health system, was considered crucial ([Pfefferbaum and North 2020](#)). Healthcare workers have suffered high levels of distress and anxiety in previous pandemics ([Black Dog Institute 2020a](#)), and funding initiatives aimed to support workforce capacity, including training additional counsellors for services such as Kids Helpline, Lifeline, and headspace. Head to Health's healthcare worker portal provided links to Mindspot, where psychological tips for front-line staff were available ([Australian Government Department of Health 2020b](#)). TEN – The Essential Network for Health Professionals, a resource developed by the Black Dog Institute with nine collaborating organisations, was launched in May 2020 ([Black Dog Institute 2020b](#)).

Providing strong governance

Planning and decision-making were facilitated through data sharing across jurisdictions, with responses informed by local needs, services, and epidemiological context. During the second wave in mid-2020, a joint Commonwealth and Victorian Mental Health Pandemic Response Taskforce was established

to support the implementation of 15 new mental health clinics in Victoria and ensure they complemented existing services while avoiding duplication and fragmentation. These clinics, initially established in Greater Melbourne ($n = 9$) and regional Victoria ($n = 6$) for 12 months, were welcomed by communities and mental health providers, resulting in calls for their continuation (Kinsella 2021). In August 2021, 10 additional clinics were established in NSW, with 12 Victorian clinics extended until June 2022. The recently developed National Safety and Quality Digital Mental Health Standards (Australian Commission on Safety and Quality in Health Care 2020), were available to support the uptake of digital mental health services.

Responding to changing circumstances

The first tranche of social restrictions effectively limited the physical health impact of the pandemic and started to ease from early May 2020. The potential for ongoing and long-term mental health impacts of COVID-19 containment measures was acknowledged. Further investment was aligned to the National Mental Health and Wellbeing Pandemic Response Plan and announced when National Cabinet endorsed the plan on 25 May 2020. For many Australians, the initial reprieve was short-lived. In mid-June 2020, community transmission of COVID-19 began increasing in Victoria, culminating in stage 4 restrictions plus a nighttime curfew in metropolitan Melbourne and stage 3 restrictions in regional Victoria for several months. Intermittent lockdowns occurred across state jurisdictions during late 2020 and early 2021. In August 2021, following the easing of mask wearing and physical distancing restrictions and coinciding with the emergence of the Omicron variant, a resurgence of cases was seen in NSW, followed by Victoria and Queensland (Australian Government Department of Health 2022).

Preceding the pandemic, in November 2019, demand for mental health services in Victoria had reportedly overtaken capacity and was being 'driven by crisis' (Royal Commission into Victoria's Mental Health System 2020). Re-imposing restrictions during the State's second wave tested community resilience even further. The impact was felt on work, social and family life, by healthcare workers and their families, and those combining home schooling and home working. Older residents of aged care facilities were particularly affected, which was distressing for their loved ones, who were again unable to spend time with them due to isolation restrictions. In response to this second wave, the Victorian Government implemented several complementary initiatives, outlined in Table 2.

By 10 September 2020, 3360 Victorian healthcare workers had been diagnosed with COVID-19; 17% of Australia's 19 668 total cases (Victorian Healthcare Association 2020). In the preceding month, national helplines reported both increased calls and severity of distress (Morgan 2020).

Victorian emergency departments reported a 19% increase in presentations for emergency and urgent mental health services. Particular concern was expressed for young people, with a 33% increase in presentations for self-harm observed (Dunlevie 2020). In response, further Australian Government funding focused on supporting young people, including Year 11 and 12 students, tertiary students and young unemployed through outreach services connected with headspace. Beyond Blue's capacity to provide 24/7 web chat support was expanded. Assistance was given for Lifeline and Kids Helpline to respond to additional service demands (Department of Health 2020). Additional funds were directed through PHNs to supplement support for people with severe mental illness affected by COVID-19 (Minister for Health and Aged Care 2020c).

In August 2020 the NMHC, in partnership with 20 mental health organisations, launched the #Getting Through This Together campaign (National Mental Health Commission 2020c). Key at-risk groups were prioritised, including women and children, people struggling with financial and unemployment stress, young people – especially year 12 and university students, women, and vulnerable people living alone or disconnected from support services and community. On 17 August, the Victorian Government announced additional funding for family violence services (Premier of Victoria 2020a). As Victorian COVID-19 cases decreased in September, the impact on secondary students and economic impact on businesses was acknowledged. To support recovery, early rollout of the secondary school mental health practitioners initiative (Premier of Victoria 2020b) and a \$3 billion funding package for businesses were announced by the Victorian Government (Premier of Victoria 2020c).

In November 2020, a further \$10 million was committed to a new NMHC 'Hows' your head today?' campaign that urged people to prioritise their mental health and encouraged identification of problems and help-seeking behaviour (Minister for Health and Aged Care 2020d). In August 2021, 10 additional pop-up clinics were opened in the greater Sydney region in response to widespread outbreaks across NSW. The operation of 12 Victorian clinics was extended until 30 June 2022 (Vines 2021).

Policy impact and evaluation

Building on pre-pandemic concerns about underfunding of the mental health system relative to the burden of disease and the social impact of mental ill-health, there is a growing need for mental health strategies targeting at-risk groups and those with the poorest mental health, including youth and those in regional areas (Enticott *et al.* 2021). The substantial mental health impact of the pandemic, unfolding against this background (Rosenberg *et al.* 2020), poses composite risks but may also offer opportunities to reshape responses to ongoing challenges for mental healthcare in

Australia (Blecher *et al.* 2020). Guided by the National Mental Health and Wellbeing Pandemic Response Plan, national policy responses aimed for greater engagement with people with lived experience of mental health issues, more agile coordination between acute and primary care, and acknowledgement of essential social and basic needs such as housing for the homeless. However, limited data are currently available to assess outcomes.

Early reports indicated that expanded levels of service and technical integration between primary, community, and tertiary mental healthcare, and access to e-health, were key to organising an effective response in Australia (Rosenberg *et al.* 2020). Head to Health was a well utilised resource, with significantly increased traffic. Utilisation of the dedicated COVID-19 pages more than doubled the average daily sessions during October 2020, with over 380 000 unique views in the 7 months to 26 October (Minister for Health and Aged Care 2020d). Consistent with the marked switch towards telehealth delivery modes for many healthcare services, remote mental health consultations were also widely adopted. Over 2.4 million phone and video consultations were undertaken by general practitioners, psychiatrists, and other mental health service providers between March 2020 and September 2021 (Services Australia 2022). Further research is required to evaluate the effectiveness of these initiatives, and Government funding has been dedicated for this purpose. Funding was distributed rapidly to various providers – many more than described in our tables and figures. Despite efforts to the contrary, this might have resulted in duplication and fragmentation of mental health services.

Conclusion

Australia's emergency mental health response to COVID-19 was supported through more than \$500 million in Australian Government funding allocated in the first 6 months of the pandemic. This investment targeted expanded capacity for existing services and rapid development and implementation of new services. Collaborative planning, early recognition, and ongoing reflexive policy initiatives were instituted to progressively support community mental health and well-being as the COVID-19 pandemic evolved throughout 2020 and 2021.

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Data availability. The data supporting this study will be shared upon reasonable request to the corresponding author.

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