

Media reporting of COVID-19 and mental health and wellbeing:

A content analysis on media reporting of the impact of COVID-19 pandemic on mental health and wellbeing in New Zealand

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A report issued by Te Hiringa Mahara - the New Zealand Mental Health and Wellbeing Commission.

Authored by Stella Sim, and Matthew Bloomer.

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Te Hiringa Mahara - the New Zealand Mental Health and Wellbeing Commission - was set up in February 2021 and works under the Mental Health and Wellbeing Commission Act 2020. Our purpose is to contribute to better and equitable mental health and wellbeing outcomes for people in Aotearoa New Zealand.

For more information, please visit our website: <https://www.mhwc.govt.nz/>

The mission statement in our Strategy is “clearing pathways to wellbeing for all.” Te Hiringa Mahara acknowledges the inequities present in how different communities in Aotearoa experience wellbeing and that we must create the space to welcome change and transformation of the systems that support mental health and wellbeing. Transforming the ways people experience wellbeing can only be realised when the voices of those poorly served communities, including Māori and people with lived experience of distress and addiction, substance or gambling harm, are prioritised.

Te Hiringa Mahara New Zealand Mental Health and Wellbeing Commission (2022). **Media reporting of COVID-19 and mental health and wellbeing: A content analysis on media reporting of the impact of COVID-19 pandemic on mental health and wellbeing in New Zealand.** Wellington: New Zealand.

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Executive Summary

Te Hīringa Mahara, the Mental Health and Wellbeing Commission, has undertaken to investigate and contribute to understanding the impact of the COVID-19 pandemic on wellbeing in Aotearoa.

This paper is the first in a series of focused insights reports. The series will consist of around eight short, accessible reports highlighting key elements of the wellbeing impacts of the pandemic in Aotearoa.

This paper explores what aspects of mental health and wellbeing have been reflected most in media coverage of COVID-19 in Aotearoa.

Using publicly available media articles, analysed using a natural language processing algorithm, we have investigated and explored themes in media coverage by New Zealand mainstream news media over the course of the pandemic, to April 2022.

The study has identified 9 broad themes and 6 sub-themes that describe the impacts of the COVID-19 pandemic on mental health in Aotearoa. The intensity of media coverage tended to rise with each new phase of the government's pandemic response, then fall as each phase continued.

In general, the media coverage of the pandemic's impact on mental health focuses on the material resources and services that people have access to, and stresses that emerge when these are lacking. These are important elements, but this narrow framing misses out other elements that we know are important to mental health and wellbeing in Aotearoa, including:

- rights, dignity and tino rangatiratanga;
- tikanga and culture;
- whānau skills and resilience;
- connection and value; and
- having hope, purpose and community self-determination.

When these important elements are missing from our conversations about the pandemic, we are not appropriately considering the impacts of the pandemic on the mental health and wellbeing of people in Aotearoa.

Through this analysis, we highlight the need to consider the broader aspects of good wellbeing – including connection, hope, rights, self-expression, and self-determination of individuals and communities. In the pandemic context, this would mean considering mental health much more broadly than the direct impacts on health and work.

We also highlight the need to understand the different experience of different communities. We experience wellbeing differently, based on a variety of factors; and we know that some communities experience poorer wellbeing across a range of measures. We need to recognise this if we are to understand the pandemic's impacts and improve wellbeing for all.

Te Hiringa Mahara will, over the coming year, produce a series of short resources to contribute to our collective understanding of the wellbeing impacts of the pandemic.

Disclaimer

The scope of this paper is limited to the analysis as described in the methodology section below. It looks at the interface between ‘mental health’ and ‘COVID-19’ topics in public media coverage. To provide timely insights, with limited resources, it was not possible to carry out a broader analysis of different terms present, or look at different sources, such as social media. Media articles about wellbeing that do not link wellbeing to mental health were not captured in the analysis. Similarly, news sources in languages other than English are not identified in this analysis.

Related analysis may be included in our future reports, as we seek to better understand the wellbeing impacts of the pandemic, and our country’s responses to it. We would welcome similar or complementary analysis from others, to help improve our shared understanding.

Content warning

The analysis in this report references topics that some readers may find distressing.

As the analysis presents the themes and topics from public media, some of the language used reflects those sources, not the language choices of Te Hīringa Mahara or the communities we work with. Many of the terms used in media coverage, particularly relating to mental distress and harm, are stigmatising, deficits-focussed, and may contribute to prejudice and discrimination.

If you need to talk to someone, you can free call or text 1737 any time for support from a trained counsellor. Some other great places to get support include:

- Depression helpline: free phone 0800 111 757 or free text 4202.
- Suicide Crisis Helpline: free phone 0508 828 865 (0508 TAUTOKO).
- Lifeline: free phone 0800 543 354 or free text 4357 (HELP).
- Samaritans crisis helpline: free phone 0800 726 666 if you are experiencing loneliness, depression, despair, distress or suicidal feelings.

Introduction

The COVID-19 pandemic has disrupted the daily lives of millions in unprecedented ways. As COVID-19 began spreading around the world in January 2020, it overwhelmed health care systems and caused widespread loss of life. Aotearoa New Zealand's government took measures to combat coronavirus transmission, including international border closure, national and regional lockdowns, contact tracing, face mask mandates and societal restrictions¹. The extraordinary crisis required an extraordinary response.

Beyond the health repercussions of the virus itself, these response measures also presented a challenge to the systems that provide mental health and addiction services and that work to support the mental health and wellbeing of people in Aotearoa. A growing body of evidence reveals heightened psychological distress during the pandemic (Anderson et al, 2020): the sudden loss of employment and social interaction, and the added stressors of moving to remote working or schooling have impacted the mental health and wellbeing of many (Officer et al., 2022), exacerbating existing inequality and distress. Understanding the mental health impacts of these response measures and accompanying socioeconomic stressors will be necessary to support better mental health and wellbeing in Aotearoa.

Te Hīringa Mahara, the Mental Health and Wellbeing Commission, has committed to investigate and contribute to the understanding the impact of the COVID-19 pandemic on wellbeing in Aotearoa. This paper is the first in a series of insights reports. Through this paper, we seek to better understand what aspects of mental health and wellbeing have been reflected most in media coverage of COVID-19 in Aotearoa. The findings of this study will help shape the ongoing research in the series, by identifying gaps in the current popular narrative, and the aspects of wellbeing that are neglected.

Traditional survey methods are time-consuming, expensive, and usually do not provide timely information. News articles, however, are a readily available potential data source that can be collected and analysed in near real time. With this data we can evaluate the current state of media coverage of the impacts of COVID-19, particularly on mental health.

Using this publicly available data, this paper uses the natural language processing methodology to investigate and to explore the media coverage by New Zealand mainstream news media over time.

¹ <https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-response-planning>

This study aims to answer two research questions:

1. What are the broad themes reported by New Zealand mainstream news media relating to the impact of COVID-19 pandemic on mental health, since the outbreak in March 2020?
2. Have those themes, and their relative prevalence, evolved over time?

Section 2 of this paper outlines the data and methodology used in the analysis; Section 3 discusses the findings the analysis presents; and Section 4 builds on the answers to those research questions, to explore how mental health is linked with wellbeing, as outlined in our He Ara Oranga Wellbeing Outcomes Framework, in media coverage of COVID-19 and mental health since March 2020.

Data and Methodology

2.1 Data

To explore the impact of COVID-19 pandemic on mental health and wellbeing narratives, we used Fuseworks² media database to track down the URLs (web addresses) that have relevant content on COVID-19 and mental health reported by mainstream media in Aotearoa. The search terms used in the query were **((“COVID-19” OR “corona” OR “coronavirus” OR “delta” OR “omicron”) AND “mental”)**.

The COVID-19 pandemic was mostly referred to as “COVID-19 outbreak” or simply as “COVID-19”, “coronavirus”, “corona”, “delta” or “omicron”. Almost all mainstream media specifically named the situation, with the language of outbreak, pandemic or virus name used. The mainstream media equivalently referred “mental health” by a range of terms, such as “mental condition”, “mental wellness”, “mental crisis”, “mental strain”, “mental illness”, and “mental problem”. Those terms are all used alongside (‘lexical collocated’ with) “mental”, and hence we only included “mental” in our search terms.

The search was limited to content written in English and news articles published between 1 March 2020 and 30 April 2022. We excluded URLs with content from television and radio websites, organisational press releases and advisory, Hansard (New Zealand Parliament’s transcription of speeches and debates) and newsletters. Duplicates and articles that made only minimal reference to the pandemic (e.g., indexes and news briefs), were also excluded from the sample dataset. The search returned 15629 URLs.

2.2 Methodology

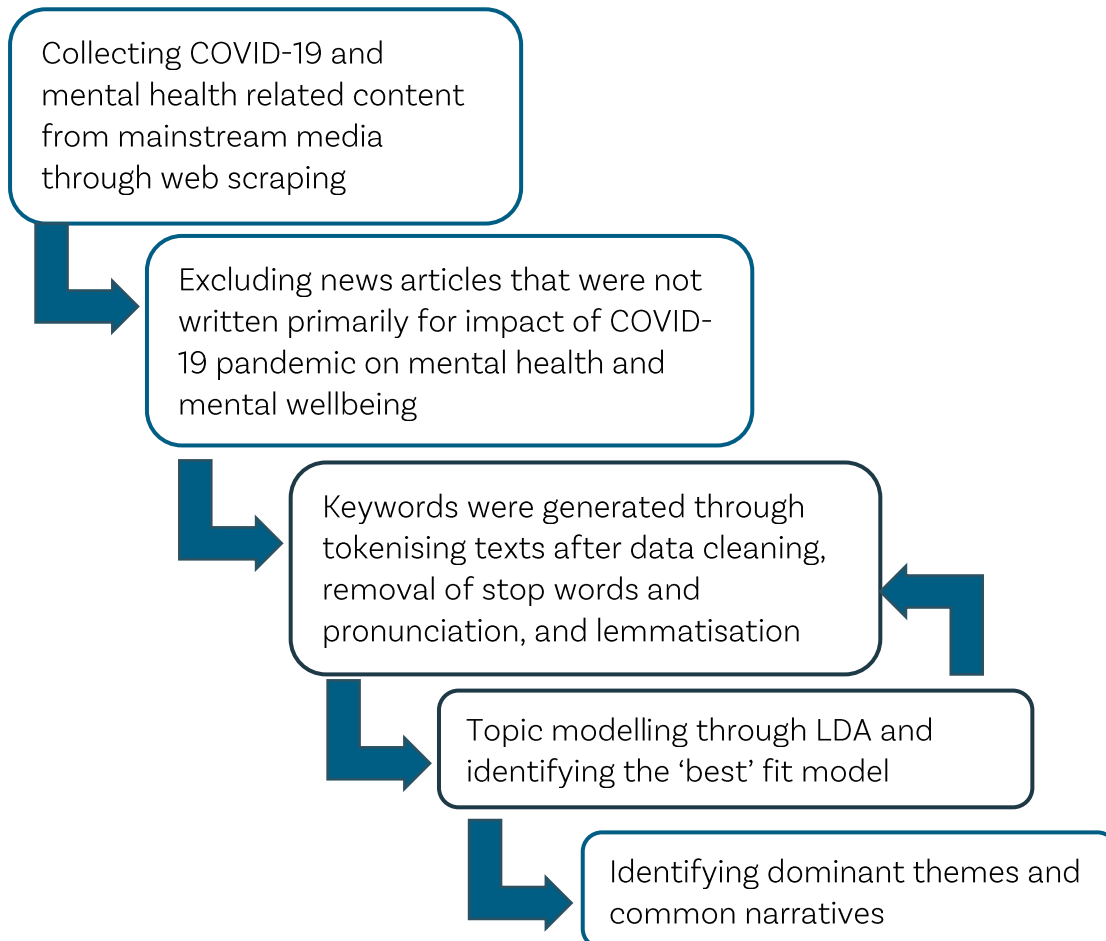
The workflow diagram below illustrates the steps and procedures involved to process and analyse the dataset. Natural language processing (NLP) was used to process and get a deeper understanding of large collections of text. The methodology provides a

² <https://fuseworksmedia.com/>

broad, consistent, objective and reproducible view across the media coverage. The process was performed using bespoke packages written in Python³.

The rest of this section explains the steps, and the technical language used, in further detail.

Figure 2.2-1: Series of NLP steps and procedures.



In the process of collecting COVID-19 pandemic and mental health related content from the mainstream media through web scraping techniques, we encountered several broken URLs where the articles have either been moved or deleted. Two news media sites are behind a paywall; we paid the subscription fees to access their full content.

Closer inspection of the sample dataset found articles either with opaque narratives, or with content of specific topics that were of interest to us. Articles with specific topic content provide the details and insights we sought in the analysis, while those with opaque narratives pose a challenge to associate the relatedness between COVID-19 pandemic and mental health. Here, we adopted the ‘topical passage skimming’ technique: we located specific terms in the content; if these words were close together in a paragraph, it is typically about a specific topic. For example, by

³ <https://www.python.org/>

seeing 'COVID-19' and 'mental', in a paragraph, we are certain that the paragraph is partially about the impact of COVID-19 on mental health.

After refining, as above, our search resulted in a total of **3374** news articles drawn from **171** reputable news sources. 90% of the resulting news articles were drawn from 51 sources. The rigorous inclusion criterion has reduced the number of news articles substantially but provided a better sample dataset for analysis.

Figure 2.2-2: 90% of news articles were drawn from 51 news sources



Text pre-processing steps are essential for NLP, as machine learning tasks cannot readily ingest and analyse raw text documents. The text pre-processing procedures involve data cleaning, tokenisation (separating raw text into small chunks of words or sentences), stop words and punctuation removal, and lemmatisation (reducing many variations of a word to its root). A 'corpus' or collection of keywords are generated after a series of text processing and compression steps and used as an input into topic modelling. In a text document, keywords provide a concise representation of the content, and help to categorise the document into the relevant subject or theme. In this study, the text pre-process steps culminated in around 500 keywords for topic modelling.

Topic modelling involved Latent Dirichlet Allocation (LDA), an unsupervised natural language processing algorithm to find the most salient themes in the sample dataset. LDA is a probabilistic Bayesian network model which characterises each document with a range of keywords and then forms themes based on co-occurrence of keywords in the same document with a certain probability. This means that a theme emerges when a cohort of keywords appear often together and with similar expression in a certain number of documents. To return the best fit model requires

iterations of refinement, and the incorporation of domain knowledge to ensure the model coherence and interpretability.

2.3 Analytical limitations

As the analysis focused on the semantic association between terms related to 'COVID' and 'Mental' subjects, it necessarily takes a narrower view of wellbeing. This is both a limitation and a strength of the analysis. This narrower set of terms was used to allow meaningful analysis to be undertaken; broadening the data gathering to include 'wellbeing' was found unhelpful, as it is a poorly defined term in general use, and the results were unwieldy for our analysis. While our approach limits the ability of the analysis to consider the broader determinants of wellbeing if not also being linked to mental health in the sources, this does have a related benefit – it highlights where and how the public discourse links mental health to broader themes of wellbeing. This is an important and desired outcome of this analysis and is explored in the Discussion section of this paper.

This same limitation means that some media coverage of expressions of self-determination and tino rangatiratanga, and community initiatives and responses to COVID-19 such as vaccine drive-ins, community hubs, and iwi boundary restrictions, are not highlighted in this paper, as coverage of them was not linked to mental health.

Other limitations to consider include:

- While a range of media sources, including prominent Māori news sites, were included in the data gathering, only articles written in English were captured in the analysis. Where English-language articles included words from Te Reo Māori, common recurring terms were captured by the algorithm (for example, whānau was included under family-related themes). However, the general limitation to content written in English will have limited the underlying cultural assumptions and its coverage and generalisability.
- The sample dataset did not encompass the entirety of the media on the topic. For example, media interviews, press releases and newsletters, webinars and social media deliberating the topic were not reviewed and it is possible some themes were missed by excluding these sources.
- Some content may be salient or important but lacks prominence due to under-used keywords. Those topics are likely collapsed into the more general and interpretable topics.
- It was not possible to review the content against existing evidence standards, as no such standards exist; rather we summarise the content and consider its empirical basis.

Note also that the NLP approach is 'research grade' rather than 'forensic grade'. In other words, the level of reliability is not 100% but is sufficient for statistical analysis. There are both false negatives (pandemic/mental health impact is present but not

detected) and false positives (pandemic/mental health impact is mistakenly detected when not truly present).

These analytical limitations should be considered when drawing conclusions from this study.

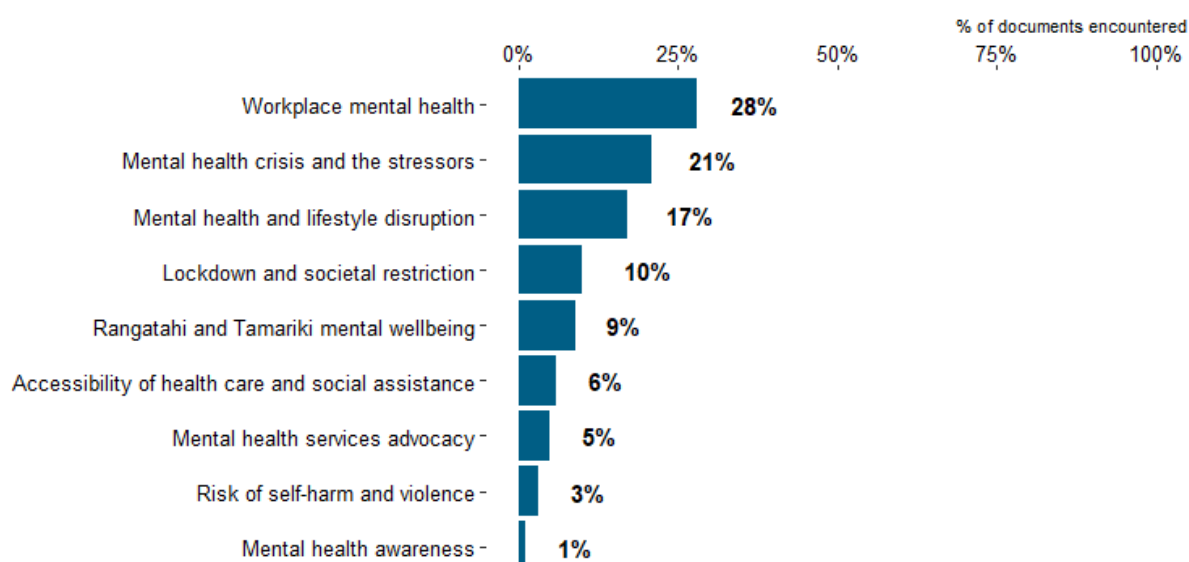
Findings

Through our analysis, this study has identified 9 broad themes and 6 sub-themes that describe the impacts of COVID-19 pandemic on mental health and mental wellness in Aotearoa. Each theme and sub-theme were discussed in detail in the findings and discussion sections.

3.1 The analysis identified key themes

The study revealed media coverage reported on many forms of mental health and wellbeing impacts. However, the top five themes covered 85% of the dataset analysed (as depicted in Figure 3.1-1).

Figure 3.1-1: Broad themes ranked from most to least commonly reported



The themes and sub-themes are presented and described in descending order of prominence in Box 1. The common narratives associated with each theme and sub-theme can be found in **Appendix A**.

Box 1: The illustration of themes, sub-themes and descriptions related to the media coverages.

Theme: Workplace mental health

Sub-theme:

- Mental strain in the workplace
- Emotional wellbeing and workplace resilience

Description: Mental health and emotional resilience in the workplace dominated media coverage, in the context of recurring lockdown measures, fatigue and workplace safety for the frontline workforce, and economic and financial uncertainties. Coverage also focused on the supports and programmes provided to safeguard the mental health of workers.

Theme: Mental health crisis and the stressors

Sub-theme:

- Mental health stressors
- Crisis in mental health

Description: Media coverage highlighted the issue of an emerging 'mental health crisis', and wider stressors including job insecurity, financial concern, overcrowded housing, poor physical health, abuse and violence, fear of virus and worries about the pandemic. There was also coverage relating to how 'long covid' affected mental health due to challenges in resuming quality of life and/or ability to work.

Theme: Mental health and lifestyle disruption

Description: Coverage focused on the risk to mental and physical health, increasingly linked to lifestyle disruption such as sleep deprivation, challenges maintaining healthy eating, and reduced physical activity. There was also significant focus on loneliness over time, from lack of social connection and disruption to support services. Growing mental health issues among professional athletes were also reported, due to the inability to train or compete.

Theme: Lockdown and societal restrictions

Description: Coverage concerning the impact of mental health from the prolonged and recurring lockdown measures, and ongoing societal restrictions; worsened physical health; disrupted education; job and financial insecurities; worrying food supply and medication; and limited access to health care and support. There was also significant coverage on the mental stress experienced by business owners from not being able to trade in lockdown, or trading under reduced capacity and strict social distancing compliance. People finding ways to remain connected through internet and social media was also covered.

Theme: Rangatahi and Tamariki mental wellbeing

Description: Coverage predominantly focused on the impact of mental health of rangatahi and tamariki from the temporary closure of schools and universities, disruption to education, and relocating to online learning, with much of the focus directed to social isolation, and the severance of peer interaction and sense of belonging. There was also significant focus on the long wait time for children and young people to access professional mental health services and care. Funding to

enable schools and whānau to better manage and support mental health of students was also reported on.

Theme: Accessibility of health care and social assistance

Sub-theme:

- Accessibility of specialist care and social assistance
- Accessibility of primary care services

Description: Media coverage broadly tended towards general discussion on the limited accessibility of specialist mental health care, primary care services and social welfare assistance, with an emphasis on delayed care and inadequate social assistance contributing to mental health struggles and crisis. Coverage on the use of telehealth and online mental health and wellbeing services to improve the accessibility of mental health care was also reported.

Theme: Mental health services advocacy

Description: There was strong coverage around the lack of provision and capacity in the mental health sector to meet the surging demand of mental health services.

Theme: Self-harm and violence

Description: Media covered an increase in callouts for mental health, family harm and suicide threat incidents, and hospital admissions for self-harm. Delay in accessing specialist services was partly blamed for the increase.⁴

Theme: Mental health awareness

Description: Coverage around the awareness of mental health concern, and mental health programmes and initiatives to promote positive mental health and wellbeing. There was also coverage of celebrities and sporting stars to mark mental health awareness and speaking out about their distress and struggles.

3.2 Coverage framed the situation and impact of stories in key ways

Normalising distress

Media coverage typically included significant attempts to normalise the impact of the COVID-19 pandemic on mental health and wellbeing. News articles described the situation as having an impact on everyone, emphasising universality.

A spectrum of emotional and psychological impacts has been expressed and reported, ranging from emotional wellness to mental strain, to mental health crisis. Medical diagnostics labels were used to describe people experiencing mental distress sporadically. The common diagnostic labels used were 'psychosis', 'post-traumatic

⁴ As the analysis presents the themes and topics present in public media, some of the language used reflects those sources, not the language choices of Te Hīringa Mahara or the communities we work with. Many of the terms used in media coverage, particularly relating to mental distress and harm, are stigmatising, deficits-focussed, and may contribute to prejudice and discrimination.

stress disorder (PTSD)', 'panic attack', 'attention deficit hyperactivity disorder (ADHD)', 'depression' and 'trauma'. In the same context, it was often reported that people were also seeking or requiring mental health support, care and medication.

Most news articles offered normalisation of distress, despite describing symptoms or difficulties. People were feeling sad, fearful, distressed, angry, confused, worried, anxious while navigating through the COVID-19 pandemic. Media often reported people experiencing poor mental health or concern about their mental health.

Distress differs for business owners and workers

Recurring lockdowns, workplace burnout, and pressure to work in changing environments have created considerable stress and anxiety for business owners and workers. As 97% of businesses in Aotearoa are small to medium enterprises (SMEs: enterprises with 19 or fewer employees), these business owners are likely SME operators. Workers are more evenly spread across small and large organisations⁵.

The reasons for workplace stress were wide-ranging and differed between business owners and workers. Reduced life satisfaction and greater loneliness were associated with more restrictive lockdowns, with different impacts according to labour market and household status (Grimes, A., 2022). In the media, business owners expressed concern for their mental health due to economic uncertainty, loss of revenue from recurring lockdowns, cashflow problems, staff shortages, supply chain disruption and the possibility of business closure.

For workers, there were media discussions on how extensive workloads, job and financial insecurities, anxiety from returning to the workplace after an extended period, and health and safety concern in the workplace, affected mental health. The mental health of frontline or essential workers was often reported as being hit harder, as they have been exposed to greater risk of catching the virus and managing the brunt of public anger and hostility.

Reflecting a stepped-care approach to support

Social assistance, primary care, and specialist mental health care were often mentioned together in the media coverage. Using these terms together reflects their use in the 'stepped care' approach in the mental health system (see Appendix B), in which the layers provide different levels and intensities of care to people, relative to their needs.

⁵ As of 2021, there are approximately 546,000 SMEs in New Zealand, representing 97% of all firms. They account for 29.3% of employment (<https://www.mbie.govt.nz/assets/small-business-factsheet-2021.pdf>)

3.3 Evolution of media coverage

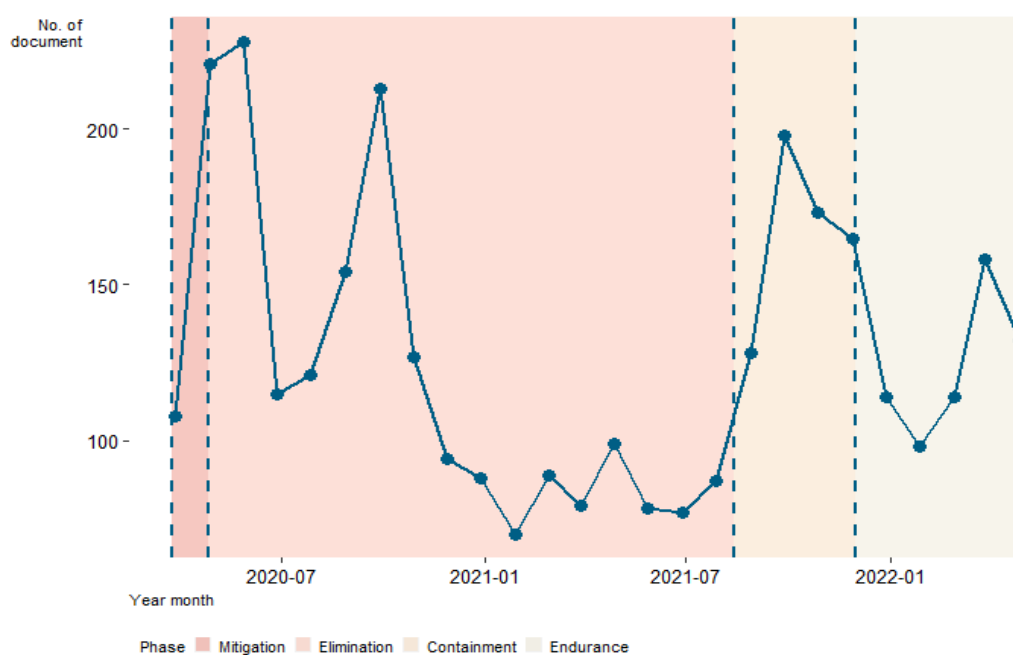
Given the moving nature of the pandemic globally, and the evolving government responses locally, media narratives have shifted over the course of the pandemic.

We broke the media coverage into four phases and compared them. The four phases were defined by New Zealand government's COVID-19 response to the outbreak since March 2020⁶:

- Mitigation phase, March 2020 to April 2020;
- Elimination phase, May 2020 to July 2021;
- Containment phase, August 2021 to November 2021;
- Endurance phase, December 2021 to April 2022

The evolution of media coverage is illustrated in the Figure 3.3-1. Each shaded region depicted different phase.

Figure 3.3-1: Evolution of media coverage



Mitigation phase, March 2020 to April 2020

This phase reflects the first nation-wide lockdown and international border closure in Aotearoa, as part of a 'go-hard, go-early' policy. Only those working in essential businesses or emergency and frontline public services continued to work, and only from a distance if appropriate, following public health guidance from the Ministry of Health and WorkSafe.

⁶ <https://covid19.govt.nz/about-our-covid-19-response/history-of-the-covid-19-alert-system/>

“...Now was the time for people to dig deep and find ways to build up their mental strength during the Alert Level 4 lockdown said Avery. We all need to behave ourselves and focus on what we can do as individuals to improve that ... that's going to rely on building our own personal resilience and mental health capabilities...”

Resilient farmer Doug Avery's advice for coping with lockdown (2020-04-01). Retrieved from <https://www.nzherald.co.nz/the-country/news/resilient-farmer-doug-averys-advice-for-coping-with-lockdown/VS3HWOQHLJVIIQTPDN3V2DTDVA/>

Social isolation, fear of the virus, loss of routine or drastic change of workplace arrangement all took a toll on peoples' mental health and mental wellbeing in this period (Brooks et al, 2020b; Officer, et al, 2022;).

The media coverage during this phase tended to focus on the mental health effects of lockdown and societal restrictions, mental health in the workplace, disruption to lifestyle and the stressors that elevated peoples' distress.

The media reported children and young people experiencing poorer mental wellbeing from the abrupt closure of schools and universities, and swift adaption to distance and online learning.

An increase in callouts of mental health and suicide-related incidents was reported by the media. Table 1 below shows a surge in demand of mental health support through helplines and callouts of police and ambulance.

Figure 3.3-2 - mental health-related callouts

Month Year	Depression and 1737 Contacts ⁷	Police Callouts ⁸	St John Callouts ⁹
Jan 2020	13438	3248	1573
Feb 2020	12214	3210	1535
Mar 2020	17155	3220	1709
Apr 2020	18829	3519	1699
May 2020	17492	3678	1644

Elimination phase, May 2020 to July 2021

In the elimination phase, stringent COVID-19 responses and measures were in place, to manage the pandemic and to prevent community transmission. Those measures included physical distancing, contact tracing, mandatory use of facemasks, and restrictions in travel and gathering. Individual regions moved in and out of alert levels

⁷ Contacts to Depression and 1737 Need to talk (source: Whakarongorau Aotearoa/New Zealand telehealth Services).

⁸ Social/Service demand of police callouts - recorded mental health events or occurrences (source: Demand and Activity report, policedata.nz).

⁹ Mental health cases attended by ambulance personnel in area covered by St John (all districts except Capital and Coast, Hutt and Wairarapa) (source: Hato Hone St John New Zealand).

during that phase when COVID-19 emerged in the community. The elimination program was largely successful in stamping out local community transmission.

The public were adjusting to the 'new normal' while navigating through the COVID-19 pandemic. The Department of Prime Minister and Cabinet reported that stories about ten consecutive days of zero cases received overwhelming engagement on social media, between May 31 and 1 June 2020. This indicated people were feeling optimistic and positive and less negative about their mental health (Department of Prime Minister and Cabinet, 2022). Around the same time, experts across a range of disciplines also expressed cautious optimism on Government's response to mitigate the COVID-19 pandemic in Aotearoa (Baker et al, 2020): the economy was holding up better than expected, unemployment was low, disposable income for many people had gone up, and life satisfaction remained high.

However, the emotional burden of the pandemic and its consequences may increase risk of distress for people who have been diagnosed with a mental illness, or who have used specialist mental health services in the past. Socioeconomic stressors such as unemployment, housing insecurity and financial burden, are all implicated in the development of distress, including in experiences diagnosed as mental illness. People who have used specialist mental health services also have an increased susceptibility to poor physical health and face barriers and prejudice when seeking physical healthcare.

Well-intentioned pandemic response measures, such as lockdowns and social distancing, diminished access to mental health services with many providers forced to close; leaving people with difficulty accessing support services (Officer et al., 2022).

“A quarter of Kiwi parents say their kids have been showing increased signs of anxiety thanks to the COVID-19 lockdowns...The survey found less than half of kids got an hour of physical activity each day under lockdowns, thanks to school and playground closures...noticed a "significant" increase in their child's anxiety levels, including pulling out hair and showing reluctance to go back to school or even play outside...”

Coronavirus: Kids pulling hair out, scared of going back to school as lockdown anxiety rises (2021-03-10). Retrieved from <https://www.newshub.co.nz/home/new-zealand/2021/03/coronavirus-kids-pulling-hair-out-scared-of-going-back-to-school-as-lockdown-anxiety-rises.html>

Early in this phase, there was increased media coverage on people experiencing mental distress; mental strain in workforce due to fatigue, occupational burnout, workplace safety concern and job insecurity; financial burden and uncertainty relating to the lack of a definitive 'rulebook' for trading caused distress for business owners; caring responsibilities, parental stress, disruption to lifestyle and loss of routine having an impact on mental health; and social isolation and interruptions to education being particularly stressful for children and youth.

Mental distress remained the predominant focus. However, through this phase media coverage began to shift to the accessibility

of health care and social welfare assistance, and advocacy messages on better funded mental health services.

Towards the end of the phase there was a notable waning of media interest in the impact of the pandemic on mental health (see figure 3.3-1). The media coverage was overtaken by news on vaccine rollouts, vaccine misinformation and the ‘Trans-Tasman bubble’.

Containment phase, August 2021 to November 2021

Following the easing of border restrictions, the more transmissible Delta variant was detected in the community, resulting in a national lockdown to contain the spread. After this, regions like Northland, Auckland, and Waikato moved in and out of alert levels three and four.

The Delta variant created a second wave of mental health coverage presented in the media. The mood appeared to shift from optimism towards becoming sombre, angry and afraid. The recurring of regional lockdowns started to make people feel mentally exhausted, helpless and unable to control their own lives.

The phase witnessed a considerable increase in intensity of media coverage on mental health (see figure 3.3-1).

“The Government is boosting mental health funding in Auckland amid growing demand for services as people grapple with the pressures of the latest Covid-19 lockdown... For years we already had an ongoing crisis in mental health, neglected for decades by governments of all colours... helplines have seen spikes in demand, particularly around alert level announcements, with much heightened anxiety, fear and even anger...with this prolonged lockdown some people are really struggling...While for those who were already struggling, this would not have helped, especially given restrictions on access to services...” Covid 19 Delta outbreak: Funding boost for lockdown Auckland mental health services - ‘A looming crisis’ (2021-11-08). Retrieved from <https://www.nzherald.co.nz/nz/covid-19-delta-outbreak-funding-boost-for-lockdown-auckland-mental-health-services-a-looming-crisis/DCCTQUIJL3MEITPT3GHDX3XZ6U/>

Endurance phase, December 2021 to April 2022

“Child health experts say closing schools should be the very last resort in an Omicron outbreak, especially while other higher-risk locations stay open...many of the pandemic's indirect harms have come amid school closures and lockdowns, including poorer mental health, loss of learning and relationships, poverty, overcrowding, and worryingly high rates of family violence and abuse. Those harms could have life-long impacts, and they weren't evenly spread - Māori and Pasifika children and those who already suffer disadvantage would be hit hardest...” Covid-19 Omicron:

Paediatricians say school closures should be last resort (2021-01-26). Retrieved from <https://www.nzherald.co.nz/nz/covid-19-omicron-paediatricians-say-school-closures-should-be-last-resort/BG5TD6AVABHWMTL5VI2AWJ2PY4/>

On 2 December, all New Zealand moved to the COVID-19 Protection Framework “traffic light” system. The protection framework sets out the plan to manage COVID-19 in the community while reducing the impact of future outbreaks. The community outbreak of Delta cases continued to wane and was slowly replaced by the Omicron variant. On 23 January 2022, Aotearoa moved into the red setting of the traffic light system, to put on hold an expected wave of Omicron cases.

The Omicron variant created a third, but smaller, wave of mental health coverage. The ongoing disruptions of the pandemic, financial burden and uncertainty of global economic outlook continued to heighten the stress in the workplace.

The ongoing impacts of pandemic on mental health remained a focus of media reporting. Media coverage on the negative wellbeing of youth and children remained high. There was also considerable focus on

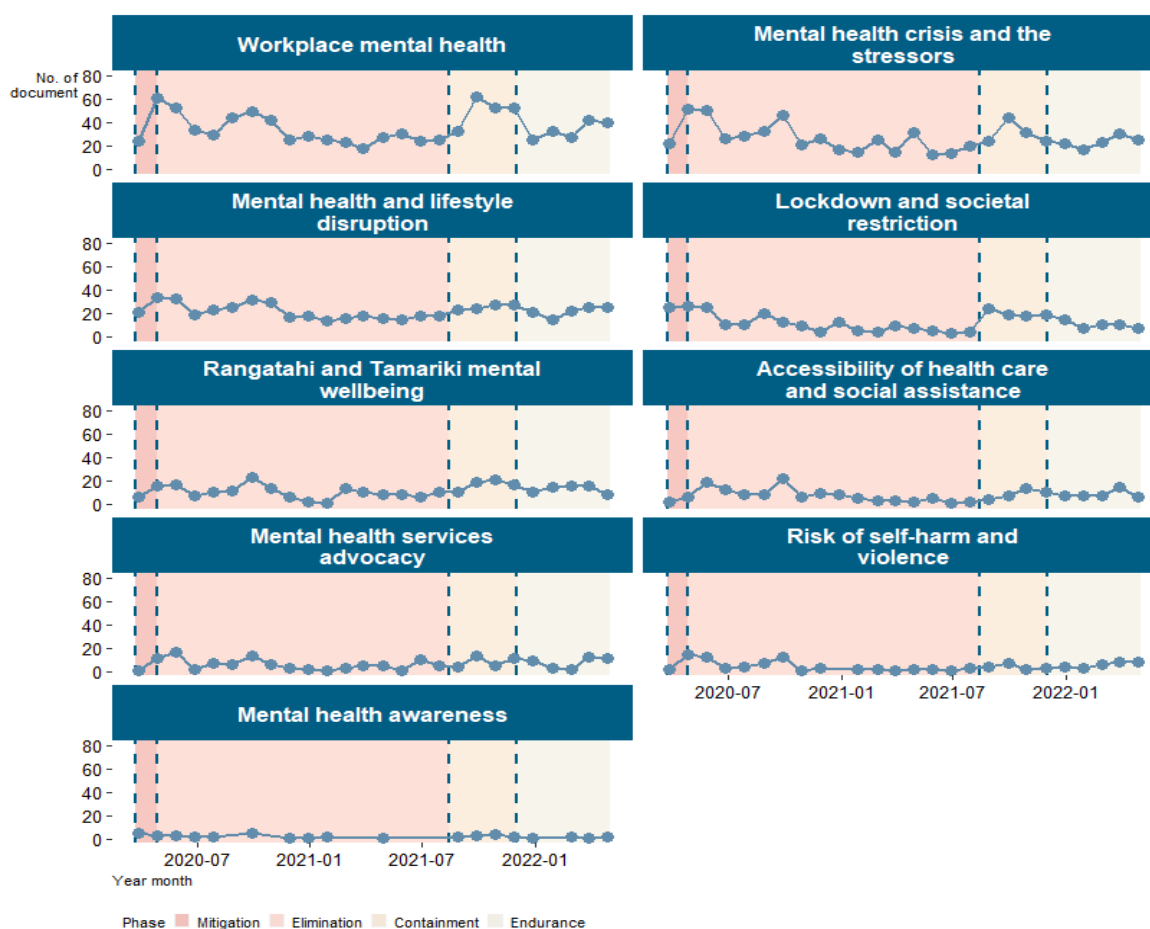
the ongoing physical and mental health impacts from long-covid, self-harm, and violence; and on more funding and better mental health services through advocacy.

3.4 Enduring issues

As described (and as shown in figure 3.4-1), several themes maintained their prominence throughout the phases, whereas other themes became more prominent in phases of the COVID-19 response. It comes as no surprise that the intensity of media coverage on lockdown and societal restriction was responsive to national or localised lockdowns announced by the government.

Despite the high vaccination coverage and the presumed ending of stringent lockdowns, the pandemic is not over, and it’s social and economic effects continue to cast a long shadow and affect peoples’ mental health and wellbeing. Mental health in the workplace, mental health crisis and the stressors, disruption to lifestyle, and the wellbeing of rangatahi and tamariki are likely to endure as key themes of media coverage into the future.

Figure 3.4-1: Prominence of themes throughout the phases



Discussion

Considering the findings of the analysis presented in this paper, in general:

- The media coverage on mental health **problems** from the pandemic have been concentrated on the changes to people's work, education, and lifestyle, the material impacts of this, and loneliness.
- The media coverage on mental health **solutions** has focused chiefly on access to services, supports, and resources.
- Distress and other impacts of the pandemic have frequently been normalised and universalised in media coverage.

At Te Hiringa Mahara – the Mental Health and Wellbeing Commission, our objective is to contribute to better and equitable mental health and wellbeing outcomes for all people in Aotearoa. We do this by assessing and reporting publicly, and by advocating and making recommendations for improved services, supports, and approaches. One key tool we must support this is the He Ara Oranga Wellbeing Outcomes Framework (Appendix C), which describes what good wellbeing looks like for people in Aotearoa.

News media plays an important role in Aotearoa, in both shaping and reflecting the views of the nation. During the pandemic, this role has been as important as ever – leading our national conversation on the pandemic and sharing important information to keep Aotearoa safe.

In general, media coverage of mental health in the pandemic focuses on the material resources and services that people have access to, and stresses that emerge when these are lacking. These are important elements, but this narrow framing misses out other wellbeing elements that relate to mental health in Aotearoa:

- rights, dignity and tino rangatiratanga;
- tikanga and culture;
- whānau skills and resilience;
- connection and value;
- and having hope, purpose and community self-determination.

Further, by universalising the impacts of the pandemic, some media narratives may be counter-productive to understanding wellbeing.

A sense of ‘we are all in this together’ may be beneficial for rallying together a public health response, and for encouraging empathy, however, if our understanding of the peoples’ experience of wellbeing is monolithic, we miss the opportunity to understand and subsequently support greater wellbeing for different communities.

Conclusion

This analysis shows that the way we collectively talk about mental health, as represented by media coverage, can be too narrowly focused. Mental health and wellbeing are tied together and require much more than having access to services in times of distress. Good mental health and wellbeing means having connections to our families, whānau and communities, as well as having the environment and resources we need to thrive. It means having hope and trust, and the freedom to flourish.

We have already seen that the pandemic has exacerbated many existing inequities – addressing these requires understanding who has been affected, and how. As we outlined in **Te Rau Tira Wellbeing Outcomes Report 2021**¹⁰, most communities in Aotearoa New Zealand tend to experience good wellbeing, most of the time, but a concerning large minority of people and communities experience persistently poor wellbeing. That the experience of these communities did not emerge as a theme in the analysis in this report reflects that their voices are too often missed from our public conversations and the decision-making that follows.

¹⁰ <https://mhwc.govt.nz/assets/Te-Rau-Tira-Wellbeing-Outcomes-Report-2021/Te-Rau-Tira-Wellbeing-Outcomes-Report-2021-FINAL-WEB.pdf>

As we seek to understand the impacts of the pandemic, and as the public and government responses to it evolve, we need to understand the impacts of the pandemic in Aotearoa and how we can support greater wellbeing in general.

This analysis highlights the need for:

- Greater inclusion of the broader aspects of good wellbeing – including connection, hope, rights, self-expression, Māori cultural needs, and self-determination, of individuals and communities. In the pandemic context, this would mean considering mental health and wellbeing much more broadly than the direct impacts on health and work.
- Recognising the different experience of different communities, and the mental health and wellbeing impacts of that. We experience wellbeing differently, based on a variety of factors; and we know that some communities experience poorer wellbeing across a range of measures. If we are to improve wellbeing for all, we need to understand it.

Te Hiringa Mahara will, over the coming year, produce a series of focused reports to contribute to our collective understanding of the wellbeing impacts of the pandemic. This programme of work will seek to address some of the gaps identified in this analysis, by examining the pandemic experiences of different parts of Aotearoa, and the impacts on the varied elements of wellbeing.

References

- Anderson, D., Dominick, C., Langley, E., Painuthara, K. and Palmer, S. (2020). **The immediate and medium-term social and psychosocial impacts of COVID-19 in New Zealand**, Ministry of Social Development. Available from <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/statistics/covid-19/immediate-and-medium-term-social-and-psychosocial-impacts-of-covid-19-in-new-zealand.html>
- Baker, M., A. Kvalsvig, J. Maguire, D. Sutherland, C. Gale, A. Basu (2020) **Covid-free New Zealand: The experts on a big milestone and alert level one**. Retrieved from <https://thespinoff.co.nz/science/08-06-2020/covid-free-new-zealand-the-experts-on-a-big-milestone-and-alert-level-one>
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & 64 Rubin, G. J. (2020b). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. In **The Lancet**. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
- Department of Prime Minister and Cabinet (2022), **Annalect Social Media Listening Reports** (April 2020 – April 2022). Available on <https://covid19.govt.nz/assets/Proactive-Releases/Research/14-June-2022/UAC-Social-Conversation-Analysis-Part-1-May-31-1-June-to-June-10-2020-release-document.pdf>
- Every-Palmer S, Jenkins M, Gendall P, Hoek J, Beaglehole B, Bell C, et al. (2020) **Psychological distress, anxiety, family violence, suicidality, and wellbeing in New Zealand during the COVID-19 lockdown: A cross-sectional study**. PLoS ONE 15(11): e0241658. Available on <https://doi.org/10.1371/journal.pone.0241658>
- Giuntella, O., Hyde, K., Saccardo, S. and Sadoff, S. (2021), Lifestyle and mental health disruptions during COVID-19. Proc Natl Acad Sci U S A. 2021 Mar 2;118(9):e2016632118. Available on <https://pubmed.ncbi.nlm.nih.gov/33571107/>
- Grimes, A. (2022), **Measuring Pandemic and Lockdown Impacts on Wellbeing, Review of Income and Wealth**, Series O, Number O, 200. Available on <https://onlinelibrary.wiley.com/doi/full/10.1111/roiw.12585>
- Houkamau, C.A., Dell, K., Newth, J., Mika, J.P., Sibley, C.G., Keelan, T., & Dunn, T. (2021). **The wellbeing of Māori pre and post Covid-19 lockdown in Aotearoa / New Zealand**. Available on <https://www.psych.auckland.ac.nz/en/about/maori-identity-financial-attitudes-study.html>
- Mikolajczak, Moïra & Gross, James & Roskam, Isabelle. (2019). Parental Burnout: What Is It, and Why Does It Matter?. **Clinical Psychological Science**. 7. 10.1177/2167702619858430.
- Officer, T. O., Imlach, F., McKinlay, E., Kennedy, J., Pledger, M., Russell, L., Churchward, M., Cumming, J. and McBride-Henry, K. (2022). COVID-19 Pandemic Lockdown and

Wellbeing: Experiences from Aotearoa New Zealand in 2020. **Int. J. Environ. Res. Public Health** **2022**, *19*(4), 2269. Available on <https://doi.org/10.3390/ijerph19042269>

Sibley, C., L. Greaves, N. Satherley, M. S. Wilson, N. C. Overall, L. CHJ, P. Milojev, J. Bulbulia, D. Osborne, T. L. Milfont, C. A. Houkamau, I. M. Duck, R. Vickers-Jones and F. K. Barlow (2020), Effects of the COVID-19 Pandemic and Nationwide Lockdown on Trust, Attitudes toward Government, and Well-being, **American Psychologist**, *75*, 618–30. Available on <https://psycnet.apa.org/fulltext/2020-39514-001.html>

Appendix A: Common narratives reported under each theme.

Theme	Sub-Themes	Common narratives
Workplace mental health	Mental strain in the workplace	<ul style="list-style-type: none"> • Mental health strain in the workplace caused by a range of factors and stressors; recurring COVID outbreak and regions reverting to lockdown, under pressure or anxious with a return to work after lockdown, job insecurity, future uncertainty, drastic change of work routine, workforce fatigue from increasing workload or staff shortage. • Mental health effects on frontline or essential workers from customer hostility and lack of safety in workplace. • Poor mental health in business owners due to stress and anxiety from business and financial concerns, skill and workforce shortage, possibility of business closure and economy uncertainty. • Workplace recognises the emerging mental health concern and put in place supports and programs to safeguard the mental health of workers.
	Emotional wellbeing and workplace resilience	<ul style="list-style-type: none"> • Emotional wellness to navigate the ongoing pandemic disruption and stress in the workplace. • Workplace resilience to cope with stress, persistent of long working hours, poor work life balance, workplace social distancing and workplace loneliness.
Mental health crisis and the stressors	Mental health stressors	<ul style="list-style-type: none"> • Wider stressors have heightened mental health stress and anxiety; job insecurity, financial concern, overcrowding housing, home schooling, transitioning to working from home, relationship, overuse of personal technologies, fear of virus, concern and safety of pandemic, poor physical health, family violence, alcohol and drug abuse, pandemic specific worry and rumination. • Impact of long covid on mental health owing to challenges in resuming quality of life and/or ability to work.
	Crisis in mental health	<ul style="list-style-type: none"> • Rapid increase in people seeking mental health support, who never had any mental

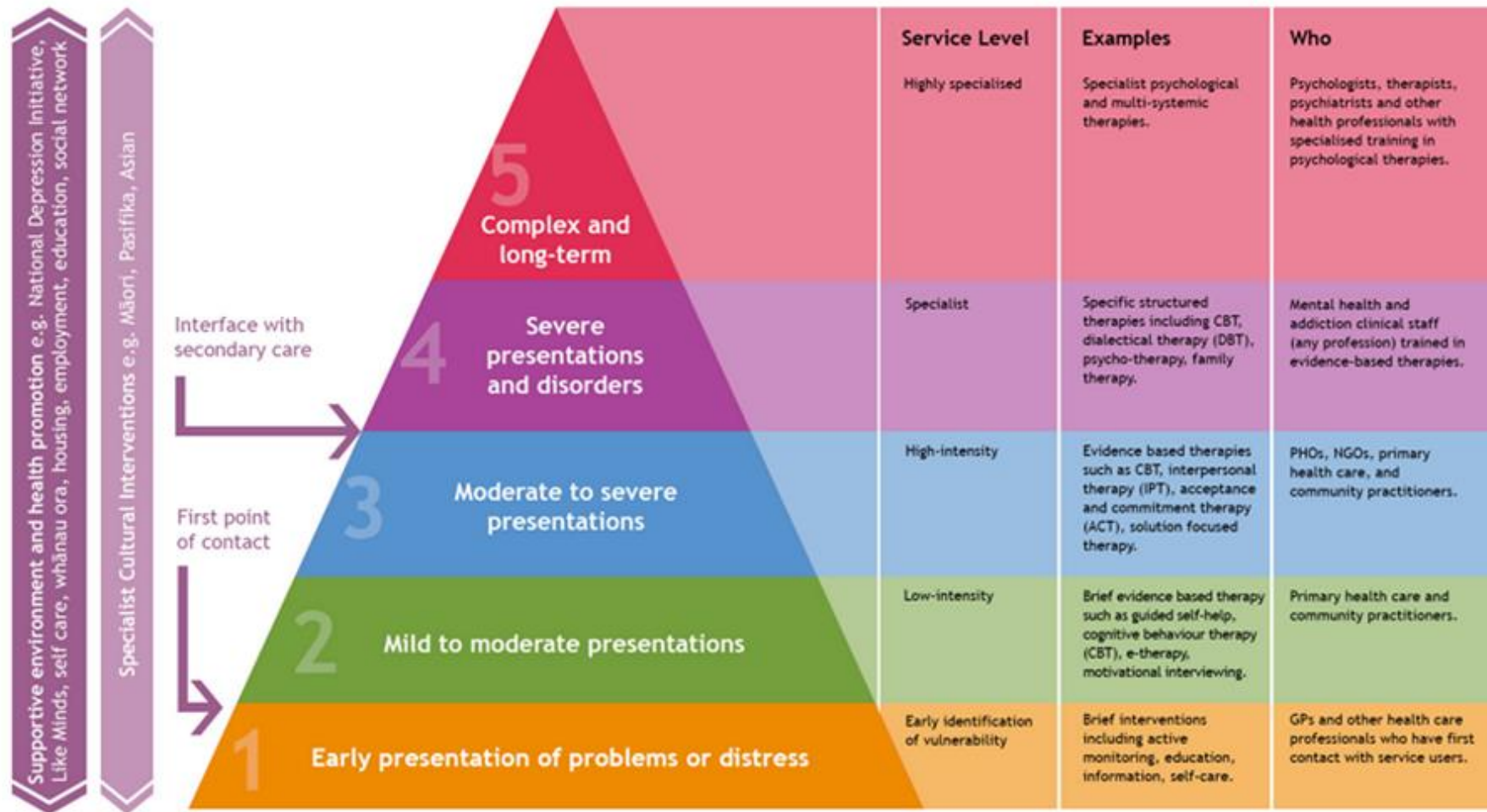
Theme	Sub-Themes	Common narratives
		<p>health issue and those who have suffered a relapse in their mental illness.</p> <ul style="list-style-type: none"> • Increase in antidepressant prescription rate, especially among children and young people. • COVID-19-related discrimination or racism cause negative emotional and mental traumas.
Mental health and lifestyle disruption		<ul style="list-style-type: none"> • Disruption of lifestyle and routine pose mental and physical health risks. Sleep deprivation reduced physical activity and poor eating habits affect mental health. • New or young mothers experienced perinatal distress and anxiety from missing out the support from friends and families, and maternity care. • Growing mental health issues among professional athletes who were unable to train or compete. • Increased parenting stress from temporarily closure of school and childcare and home schooling. • Feeling of existential loneliness over time from lack of social connection has affected mental health.
Lockdown and societal restrictions		<ul style="list-style-type: none"> • Restricted social contact, worsen physical health, disrupted education, financial concern, fear of job loss, worrying food supply and medication, limited access to health care and support resulted from the prolonged lockdown has affected mental health of many, especially to those in housing crisis, have complex physical and mental health need or battling addiction. • Missed or delayed major health diagnosis or procedure due to lockdown has caused mental stress for people. • Mental strain for business owners due to unable to operate or trade business during the lockdown or trade under reduced capacity and strict social distancing compliance. • People are finding way through internet and social medium to remain connected, especially the rangatahi living alone in lockdown.

Theme	Sub-Themes	Common narratives
Rangatahi and Tamariki mental wellbeing		<ul style="list-style-type: none"> • Severing of peer interaction and sense of belonging has impacted the mental wellness of rangatahi and tamariki. • Back-to-school blues while COVID-19 is still a consideration. • Boost of funding to enable school and whanau to better manage and support mental health and wellbeing of students. • Long wait time for rangatahi and tamariki to access professional mental health service and support, lockdown restriction was partly blamed. • Temporarily school and university closure, socially isolating, disruption to education and relocating to online learning have caused stress and anxiety among the students, especially to the rangatahi and tamariki with special need and mental health issues.
Accessibility of health care and social assistance	Accessibility of specialist mental healthcare and social assistance	<ul style="list-style-type: none"> • Limited access to specialist mental health care and facility due to surging demand for mental health services and staffing shortage. • Use of telehealth platform and online mental and wellbeing service to improve the accessibility in mental health care. • Inadequate social assistance perpetuates the mental health struggle.
	Accessibility of primary care services	<ul style="list-style-type: none"> • Delay of primary health care or treatment of chronic illness has caused mental anguish. • Primary care and mental health support for people in managed isolation facility. • Heightened health risk and mental stress for disabled people.
Mental health services advocacy		<ul style="list-style-type: none"> • Voice the concern of increasing need of mental health assistance and services resulted from the pandemic than the funding can manage. • Lack or insufficient of provision and capacity in mental healthcare services to meet the growing demand for mental health service and the escalated mental health risk.
Risk of self-harm violence		<ul style="list-style-type: none"> • Increased risk of self-harm and/or violence for people with mental health and/or

Theme	Sub-Themes	Common narratives
		<p>substance abuse issues due to delay in accessing specialist services.</p> <ul style="list-style-type: none"> • Increased callouts of mental health, family harm and suicide threat incident, and hospital admissions for self-harm.
Mental health awareness		<ul style="list-style-type: none"> • Heightened the awareness of mental health concern. • Celebrities and sporting stars marked the mental health awareness week; some have spoken about their mental illness battle and struggle. • Mental health promotion programmes and initiatives to improve positive mental health.

Appendix B: Stepped care model of mental health care

Te Pou o te Whakaaro Nui (<https://www.tepou.co.nz/initiatives/brief-interventions/216>).



Appendix C: He Ara Oranga Wellbeing Outcomes Framework



He Ara Oranga wellbeing outcomes framework

Our Vision: "Tū tangata mauri ora, thriving together."

This will be achieved when tāngata / people, whānau / families and hapori / communities in Aotearoa experience...

Wellbeing from a te ao Māori perspective:

Tino rangatiratanga me te mana motuhake

Legal, human, cultural, and other rights of whānau are protected, privileged, and actioned.

Rights are in line with Te Tiriti o Waitangi and te ao Māori, which includes application of tikanga tuku iho.

Māori exercise authority and make decisions about how to flourish. Tino rangatiratanga is expressed in many self-determined ways.

Upholding whānau rights is recognised as beneficial to Aotearoa.

Whakaora, whakatipu kia manawaroa

Whānau are culturally strong and proud – whānau flourish through the practical expression of ritenga Māori, tikanga Māori, and mātauranga Māori.

Māori express connection through awhi mai, awhi atu and the use of te reo me ona tikanga every day – starting from infancy.

The beauty of Māori culture is celebrated and shared by all people in Aotearoa and globally.

Whakapuāwaitanga me te pae ora

Thriving whānau and equitable wellbeing is the norm.

Whānau have the resources needed to thrive across the course of their lives – especially mokopuna, who are unique taonga.

Whānau needs are met, and unfair and unjust differences are eliminated.

Whānau live in a state of wai ora, mauri ora, and whānau ora, which enables pae ora.

Whanaungatanga me te arohatanga

Whānau flourish in environments of arohatanga and manaaki.

Kaupapa and whakapapa whānau collectively flourish intergenerationally.

The active expression of strengths-based whakawhanaungatanga supports positive attachment and belonging.

Kotahitanga is realised.

Wairuatanga me te manawaroa

The mauri and wairua of whānau are ever-increasing, intergenerationally.

While whānau are already resilient, whānau skills, capabilities, and strengths continue to grow.

Taonga Māori are revitalised and nurtured – the unique relationship Māori have to te taiao, whenua, whakapapa, and whānau is actively protected, enhanced, and strengthened.

Tūmanako me te ngākaupai

Whānau are hopeful.

Whānau feel positive about self-defined future goals and aspirations.

Whānau have the resources and capacity needed to determine and action preferred futures.

Wellbeing from a shared perspective:

Being safe and nurtured

People have nurturing relationships that are bound by kindness, respect, and aroha (love and compassion).

People of all ages have a sense of belonging in families and / or social groups. Where people experience disconnection, reconnecting or forming new positive connections is possible.

People feel safe, secure, and are free from harm and trauma.

People live in, learn in, work in, and visit safe and inclusive places.

Having what is needed

People, families, and communities have the resources needed to flourish.

This includes (among other things) enough money, financial security, access to healthy food, healthy and stable homes, safe physical activity, lifelong learning, creative outlets and time for leisure, including play for children.

People have the support and resources needed to maintain their health across their life course, and experience equity of health.

All people live in communities and environments that enable health and wellbeing.

Having one's rights and dignity fully realised

All people have their rights fully realised and are treated with dignity.

People can fully participate in their communities and broader society, and live free from all forms of racism, stigma, and discrimination.

Rights framed by Te Tiriti o Waitangi, other New Zealand law, and international commitments are fully met.

The negative impacts of colonisation and historic breaches of rights are recognised and addressed.

Healing, growth and being resilient

People and families experience emotional wellbeing.

This includes having the skills, resources, and support needed to navigate life transitions, challenges, and distress in ways that sustain wellbeing and resilience.

People and families can experience and manage a range of emotions – celebrating each other's strengths and practising empathy and compassion – personal and collective.

Where adversity or trauma occurs, people experience support and belief in their capacity to heal and grow.

Being connected and valued

All people are valued for who they are and are free to express their unique identities.

People are connected to communities in ways that feel purposeful and respectful. People are meaningfully connected to their culture, language, beliefs, religion and / or spirituality, and can express important cultural values and norms.

People experience connection to the natural world and exercise guardianship of the environment.

Having hope and purpose

People, families, and communities have a sense of purpose and are hopeful about the future.

There is respect for people's voices, perspectives, and opinions.

People make self-determined decisions about the future and have the resources needed to pursue goals, dreams, and aspirations.

Communities of belonging make their own choices, have resources, and are trusted to develop solutions for themselves.

The 'shared perspective of wellbeing' and 'te ao Māori perspective of wellbeing' should not be read as direct translations. They represent related concepts of wellbeing from different worldviews. The 'shared perspective of wellbeing' may also apply to Māori.

