A National COVID-19 Pandemic Issues Paper on Mental Health and Wellbeing For Aboriginal & Torres Strait Islander Peoples

In response to the COVID-19 pandemic, a national Aboriginal and Torres Strait Islander COVID-19 working party has been convened through the Transforming Indigenous Mental Health and Wellbeing Project at the University of Western Australia to produce an independent report that addresses the specific mental health, and social and emotional wellbeing needs of Aboriginal and Torres Strait Islander peoples in Australia.

Research from previous pandemics shows clearly that an upsurge in the number and severity of mental health difficulties is likely in both the response and recovery phases. To avoid further exacerbating adverse downstream impacts and long-term social and economic costs to society, the historic underinvestment in the mental health of Australia's First Peoples must be addressed.

This report calls for a coordinated response based on best practice research in Indigenous psychology and mental health. Indigenous governance must be prioritised to manage the COVID-19 recovery in communities through equitable, needs-based funding to support strengths-based, place-based, Indigenous-led, and community-led initiatives that address the social and cultural determinants of health and wellbeing.

This report details five key recommendations focused on:

1) right to self-determination

2) the health and mental health workforce

3) social and cultural determinants of health

4) digital and telehealth inclusion with immediate attention to an Indigenous helpline

5) evaluation that includes Indigenous data sovereignty

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Summary

Key Issues.

- Prior to COVID-19, Aboriginal and Torres Strait Islander peoples already faced health and mental health disadvantages and inadequate and inequitable access to mental health care.
- Globally, Indigenous peoples are disproportionately impacted by pandemics. The Australian Government's COVID-19 mental health response must address the existing social inequities that make Indigenous peoples more vulnerable to and heavily impacted by pandemics.
- Suicide rates among Aboriginal and Torres Strait people are double those of other Australians. An increase in suicide rates is now predicted. The impacts of the COVID-19 pandemic and health response on mental health will be devastating if not managed appropriately.
- In response to COVID-19, the Government has provided extra investment in mental health support. Yet, despite known risks, funding has been largely directed to mainstream services that will not meet the specific needs of Aboriginal and Torres Strait Islander peoples and communities alone.
- Culturally safe, trauma-informed, lived-experience solutions that respond to the health and wellbeing needs and diversity of Aboriginal and Torres Strait Islander peoples and communities have been established, but are chronically under-resourced.
- The national pandemic response for Aboriginal and Torres Strait Islander peoples and communities must be a priority and led, developed, and delivered by Aboriginal and Torres Strait Islander organisations, communities, and peoples.

Key Recommendations.

1. Self-determination – Support Aboriginal and Torres Strait Islander leaders and organisations to lead the pandemic mental health responses for their peoples and communities. This calls for direct funding to Indigenous organisations to fund Indigenous-led actions which will best meet the needs of Indigenous peoples, families and communities.
2. Health and Mental Health Workforce – Improve the accessibility of culturally safe care that meets the needs of families and communities. It is critical to support and appropriately utilise the existing local workforce, and to create and grow a longer-term, place-based, multidisciplinary Indigenous social and emotional wellbeing (SEWB) workforce.
3. Social and Cultural Determinants - Implement the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 to enable culturally safe and sustainable approaches to improved mental health. Social determinants of health must be addressed and SEWB programs that are designed, delivered and culturally informed by Indigenous peoples must be supported.
4. Digital and Telehealth - Provide accessible and affordable Internet access and ensure digital and tele-health services to Indigenous communities are culturally safe and trauma-informed.
    - An Indigenous-led helpline to be made available immediately.
5. Evaluation – Implement a comprehensive quantitative and qualitative national research and evaluation program that covers urban, regional, and remote communities, promotes accountability of funding models, and enables Indigenous data sovereignty.

Preamble

COVID-19 was first confirmed in Australian late January 2020. Travel restrictions and an Australian Health Sector Emergency Response Plan began in February. In March, the Governor-General declared that a human bio-security emergency exists and a State of Emergency and Public Health Emergency was declared by governments throughout Australia. In April, the Group of Eight Universities convened a taskforce of over 100 researchers and facilitated a month-long collaboration process to develop a Roadmap for Recovery in response to the pandemic. Chapter 9 addressed the care of Indigenous Australians, in regards to public health and the immediate morbidity and mortality risk of COVID-19. Upon completion of the Roadmap, a working party was convened to prepare a response for the longer-term mental health and wellbeing implications of the pandemic for Aboriginal and Torres Strait Islander peoples and communities.

The working party was supported by the Transforming Indigenous Mental Health and Wellbeing Project at the Poche Centre of Indigenous Health at the University of Western Australia. The working party drew people from a wide range of backgrounds and experiences to inform independent research based and lived-experience based recommendations to the Government on behalf of Australia's First Peoples. Thirty Aboriginal, Torres Strait Islander, and non-Indigenous professors, early-career researchers, experts, leaders, and Elders were brought together in May 2020, to embark on what would become a two-month long collaboration process. During this time the Mental Health Commission released the National Mental Health and Wellbeing Pandemic Response Plan. An opportunity for input towards the Plan was provided to members of the working party and the current issues paper is an adjunct to that initial response.

Virtual round-table meetings were used to investigate the pandemic through different perspectives and places. The aim was to determine the impact of the pandemic and isolation and other restrictions on Aboriginal and Torres Strait Islander peoples and communities, and to understand the core lessons and issues for Aboriginal and Torres Strait Islander peoples as we work together with government departments and service providers towards the new normal and the future organisation of mental health care and cultural, social, and emotional wellbeing. It must be noted that not all voices and issues could be thoroughly addressed in this report and future work must investigate the specific impacts on consumers and carers, and provide targeted support for specific groups, as described in Recommendation 3.

We would like to take this opportunity to express our gratitude to all of the authors in this report for their hard work, the time volunteered, and their patience and care despite the considerable adversity of the pandemic.

Nine Principles for Working with Indigenous Australians

These principles were drawn from Ways Forward report[1] and the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004-2009 [2], and were reaffirmed and endorsed again in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 [3]:

1. Aboriginal and Torres Strait Islander health is viewed in a holistic context, that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.

2. Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.

3. Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander people's health problems generally, and mental health problems, in particular.

4. It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continues to have inter-generational effects.

5. The human rights of Aboriginal and Torres Strait Islander people must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health. Human rights relevant to mental illness must be specifically addressed.

6. Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.

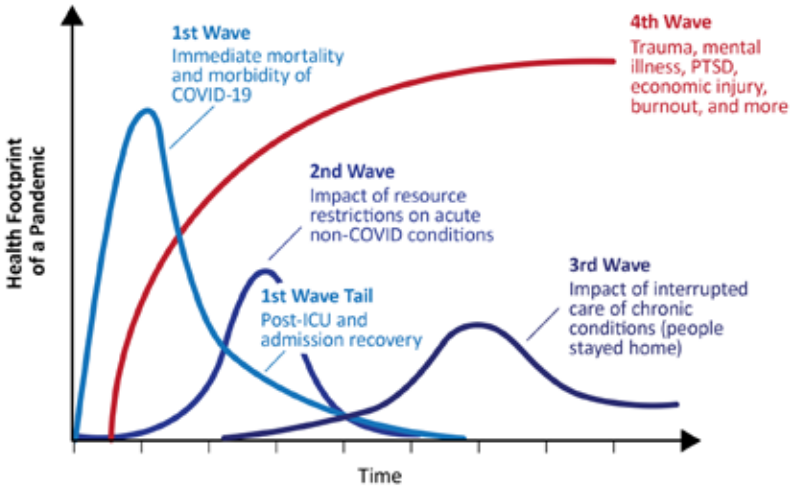
7. The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.

8. There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander people may currently live in urban, rural or remote settings, in traditional or other lifestyles, and frequently move between these ways of living.

9. It must be recognised that Aboriginal and Torres Strait Islander people have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.

Current Context

The COVID-19 pandemic is far from over. The responses to this pandemic will shape our future. Government actions taken now will determine the severity of the mental health impacts and subsequent recovery for Aboriginal and Torres Strait Islander peoples, who have already been disadvantaged by historical and intergenerational trauma, economic inequity, and inadequate access to health services and a culturally safe and responsive workforce. This disadvantage results in higher risk of trauma, mental illness, economic injury, and burnout during the fourth wave of a pandemic (pictured below)[4].



Structural change is needed. The current pandemic mental health plan and system is not sufficient[5,6] to prevent the worst-case scenario for Aboriginal and Torres Strait Islander peoples in the predicted new mental health[7] and suicide[8] epidemic. Immediate action is needed to ensure culturally safe services[9] are accessible and sufficiently resourced to support the psychosocial recovery from lockdown, restricted practices, and the inevitable economic recession to follow.

At the time of writing, under 60 cases of COVID-19 have been notified among Aboriginal and Torres Strait Islander peoples, representing 0.8% of all Australian cases[10].

Our communities have been kept physically safe through a highly successful COVID-19 health response due to the innovation, leadership, and management of the Aboriginal community-controlled health sector (ACCHO), led by National Aboriginal Community Controlled Health Organisation (NAACHO) and peak organisations that:

- were prepared to respond independently and early in the pandemic,
- united diverse sectors (health, education, land councils, government agencies),
- protected and prepared communities for lockdown, and
- developed effective local communication strategies.

These Indigenous-led actions have demonstrated the importance and impact of self-determination in promoting the health and wellbeing of Indigenous peoples in contemporary Australia[11].

Recommendation 1: Self-determination

Aboriginal and Torres Strait Islander leaders and organisations must be supported to lead the COVID-19 pandemic recovery responses for their communities and peoples

The National Mental Health Commission's Pandemic Response Plan states:

"Aboriginal and Torres Strait Islander peoples need to take leadership of and be involved in all decision making regarding mental health supports to ensure they are culturally competent, safe and sustainable."

Shared decision making and equal partnership were renewed commitments in the 2020 Closing the Gap report[12]. The COVID-19 response by the Aboriginal and Torres Strait Islander COVID-19 Advisory Group[13], working with Indigenous communities[14,15,16] and organisations[17,18,19], has shown that the ACCHO network is extremely effective and agile, capable of planning, developing, and implementing early intervention, prevention, and response services for Indigenous communities. This response has demonstrated the importance and impact of self-determination in promoting the health and wellbeing of Aboriginal and Torres Strait Islander peoples in contemporary Australia.

COVID-19 has made clear the self-governance gap needs to be closed[20]. Self-determination provides a key evidence-based policy structure to improve outcomes for Indigenous peoples[21] that includes partnerships and joint decision-making within existing systems[22]. In addition to partnerships and decision-making, Indigenous peoples must also be supported to determine the systems and institutions for Indigenous social, economic, and cultural development, including the provision of key services.

KEY ACTIONS:

- Establish a National Indigenous COVID-19 SEWB Consortium to lead an Indigenous-specific policy response and ensure jurisdictional alignment between national and local planning[23].
- Ensure a cultural governance framework[24] and evaluation strategy[25] applies to the development and implementation of any legislation that may impact Indigenous peoples, including emergency measures such as the Biosecurity Act.
- Direct funding to Indigenous organisations to fund Indigenous-led actions which will best meet the needs of Indigenous peoples, families, and communities.
- Fund the ACCHO sector to continue to lead, plan, develop, and implement COVID-19 related care and recovery efforts in communities, and to coordinate the contribution of non-Indigenous organisations, including through:
    - Financial and legal assistance to ACCHOs to recover from COVID-19 loss of income and unbudgeted expenses.
    - Support for capacity building within the ACCHO sector with a focus on preventing burnout.
- Ensure Indigenous peoples' representatives, leaders, and traditional authorities are present in any entity tasked with the management of the COVID-19 pandemic, during the outbreak and aftermath[26], including:
    - In the development, implementation and evaluation of collaborative response models between service providers, communities, and Government, that are community led and built on culture.

- Through support for Indigenous communities' involvement in decision-making about when to ease restrictions and under what conditions. They are entitled to exercise their right to self-determination in these matters of life and death[27].

Recommendation 2: Health and Mental Health Workforce

Invest in local, place-based workforce solutions which meet the needs of Aboriginal and Torres Strait Islander peoples

The National Mental Health Commission's Pandemic Response Plan states:

"The individual, intergenerational and community trauma experienced by Aboriginal and Torres Strait Islander peoples should be considered in all aspects of care. Issues such as cultural safety are essential to enable a system or service to meet the mental health needs of Aboriginal and Torres Strait Islander communities..." "Engaging [Indigenous] mental health professionals and peer workers in ensuring the long-term sustainability of services."

COVID-19 related travel and social restrictions have increased the burden on local health services. Without immediate and adequate support this will have traumatic implications on both the workforce and clients[28]. This risk is compounded in many remote communities where itinerant Aboriginal people who were residing in major centres have been relocated, using the Biosecurity Act, to their home communities where services are limited or non-existent[29].

Even where services currently exist, lack of cultural safety and strategy is a constant barrier to improving mental health. To achieve sufficient care in Indigenous communities, needs-based funding and culturally responsive services must be established and supported. The WA Coroner's report into the deaths of 13 children and young people in the Kimberley[30] stated:
"The considerable services already being provided to the region are not enough. They are still being provided from the perspective of mainstream services, that are adapted in an endeavour to fit into a culturally relevant paradigm."

As local health services evolve in response to COVID-19, it is critical to recognise, utilise, and support the existing skills, capacity, and full potential of the Aboriginal and Torres Strait Islander health workforce, especially those with expertise in mental health and social and emotional wellbeing, and to enable this workforce to grow. In addition to the local workforce, Aboriginal and Torres Strait Islander researchers and research organisations are a vital part of the health workforce involved in the pandemic mental health response and related research and evaluation.

KEY ACTIONS:

Component 1 – Upskill and empower current local workforce.

Facilitate immediate upskilling approaches to utilise and develop available local workforce, including provision of dedicated Aboriginal and Torres Strait Islander digital and telehealth services and the involvement of skilled local people to facilitate their use, and implement training and systems that provide ongoing support to individuals, families, and communities. Local engagement in Component 1 will lay the ground for Component 2.

- Promote Aboriginal and Torres Strait workforce development plans[31,32] that:
  - Support the wellbeing of the existing workforce.

- Develop cross-sectoral employment models and appropriate funding mechanisms that will enable better workforce distribution through viable practice in rural and remote Australia.

- Develop online education and training programs and mixed delivery modes to support a place-based, multidisciplinary workforce model.

    - Develop COVID-19 technology innovation to support equitable, culturally safe, and responsive remote education and supervision[33].

- Initiate rapid adaptation, development, and delivery of Indigenous training course approval.

    - Enable professional recognition for the cohort of Aboriginal and Torres Strait Islander mental health graduates of the Bachelor of Health Science (Mental Health) degree, to help bridge the gap between the need and shortage of specialist services.

Component 2 – Build and grow local capability and capacity.

Build and entrench a long-term place-based workforce capability using education and employment models developed in Component 1. Effective scaling requires enablement of local decision-making and workforce development around core Indigenous governance and frameworks.

- Assess and fund service capacity development, in line with national guidelines and standards, to ensure Aboriginal and Torres Strait Islander people have access to culturally safe services regardless of where they live.

- Fund an Aboriginal and Torres Strait Islander led service model that is committed to rural and remote workforce and other community-based development by:

    - Ensuring matched funding and containing the risk of service creep to prevent burnout in health care workers.

    - Engaging people with lived experience of mental health issues and trauma as representatives in codesign, implementation, and evaluation of all workforce development activities.

    - Supporting incremental and professional training for local peoples that is tied to education and career pathways, skills recognition, and ongoing personal and professional development.

    - Formally recognising cultural skills, including cultural healing, through a culturally safe and inclusive job classification system with appropriate remuneration levels and which reinforces capacity to meet the needs of Aboriginal and Torres Strait Islander peoples.

    - Investing in and supporting health career pathways in local and regional communities that are Aboriginal and Torres Strait Islander led, designed and implemented.

Component 3 – Ensure the non-Indigenous workforce is culturally competent.

- Fund the development of national guidelines, standards, and accreditation for Indigenous trauma-informed care, including by:

- Establishing systems and training to provide culturally safe, trauma-informed care in mainstream and non-Indigenous services using a multi-layered approach.

- Training all health professionals working with communities in culturally safe, trauma-informed care as a condition of entry and service provision.

Recommendation 3: Social and Cultural Determinants of Health

Ensure culturally safe mental health services by implementing the National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023[34] and Implementation Plan[35]

The National Mental Health Commission's Pandemic Response Plan states:

"Heightened impacts (of COVID-19) on those in (or with connection to) remote communities where isolation and freedom of movement are more restricted, those who cannot access traditional lands, or those who cannot attend to cultural and sorry business… (and) the potential impact of the loss of Elders on knowledge, culture, heritage and community wellbeing."

A targeted COVID-19 mental health response requires additional funding and support for local Indigenous services and programs that address the risk factors that contribute to mental ill health and may compromise SEWB, and that strengthen protective factors that enable self-care and resilience.

The additional stress, loss, and uncertainty associated with the pandemic, physical and social isolation, and restricted practices combined with increasing rates of unemployment, financial distress, and vulnerability to mental ill health, are all likely to elevate psychological distress within families and fragment community cohesion[36].

The positive impact of the financial assistance provided to individuals by government through the pandemic, which has brought many people above the poverty line, is acknowledged. Still, social disparity will exacerbate health disparity[37] making culturally safe solutions imperative.

It is critical that all COVID-19 responses and initiatives involving Indigenous communities operate under the National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023[38]. Especially when responding to adversity, cumulative trauma, and institutional racism, SEWB is the foundation for the mental and physical health of Indigenous peoples. Indigenous-led research has consistently demonstrated the protective role of cultural determinants of health and SEWB[39,40,41].

KEY ACTIONS

Reducing Risk Factors and Addressing Social Determinants of Health

- COVID-19 must not delay action to meet Closing the Gap targets[42].

- Access to basic needs, especially housing[43], food, water, and energy security, [44,45] must be guaranteed, including for Indigenous people living in bushfire and other disaster affected areas[46,47,48].

- Job creation and continuity must be prioritised, focusing on service and infrastructure development to address needs and priorities determined by community, to build sustained community capacity, including in the vital local workforce.

- Income support that considers adversity is critical to reducing psychological distress[49] and structural economic poverty[50,51] until Indigenous job scarcity and employment is addressed[52]. Adversity to be an urgent consideration of the Abstudy review currently in place.

- Equitable remote education must be supported through COVID-19 technology innovation[53].

- Ensure flexibility to provide tailored responses to specific groups within Indigenous communities, including: the elderly and Elders[54], children and youth[55,56,57,58,59,60,61,62], women's[63] and men's groups[64,65,66], LGBTQI+, people with pre-existing disabilities or comorbidities[67], people experiencing family violence[68,69,70], child abuse and neglect[71,72] , addictive coping strategies[73], homelessness, and people who are or have been incarcerated[74,75,76]. These responses must:

    - Recognise that the social and economic impact on groups who were experiencing vulnerabilities and challenges prior to COVID-19 will now be exacerbated and address their diversity and intersectionality.

    - Include immediate research funding to determine the increased risk to these groups in the areas of: reduced opportunities for activities that promote wellbeing, increased general distress, exacerbated existing mental health conditions, reduced mental health support services, increased burden on carers and children at home, increase in behaviours that adversely effect on mental health or community.

    - The growth of the Black Lives Movement in Australia following the COVID-19 pandemic will have both positive and negative implications for mental health and SEWB. The importance of addressing systemic racism and prison and justice reforms to the Australian public is evident.

Supporting Protective Factors and Cultural Determinants of Health

- A COVID-19 working group must be convened to assess how restrictions have impacted Aboriginal and Torres Strait Islander peoples and communities and develop safe ways to engage in cultural activities and stay connected during a pandemic (see Appendix).

    - SEWB supports and resources must be available to address the additional distress caused by cultural responsibilities and practice, such as funerals, being delayed (see Appendix). Being unable to observe Sorry Business in the proper way will have significant implications for mental health and SEWB.

    - The wider community, including employers and other authorities, must work with Indigenous health organisations to understand and respect the importance of cultural practices and the impact of having these disrupted by the pandemic restrictions.

- Online community initiatives and events need to be supported.

    - Indigenous organisations require additional funding to develop social media and on-line platforms that engage communities and families.

    - Local initiatives clearly show the extent of community contact and connection that can be achieved through relatively small, efficient, and scalable initiatives (see Appendix).

- Comprehensively funded COVID-19 recovery communications strategy guided by the SEWB Framework.

    - Continuing to fund a range of Indigenous specific wellbeing promotion materials.

- Family, youth, men's, and women's SEWB and cultural programs need to be supported, including:

- Strengths-based programs that can involve the whole of families and facilitate specific groups to participate in short term SEWB activities, cultural practices[77,78], and facilitate reconnection with Country, culture, and community.

- Additional support for young children and infants that recognises the potentially harmful impact of the pandemic on developing brains, including 1) heightened feelings of anxiety, distress, and uncertainty, 2) worry about infection or infecting family members and Elders, 3) disruption to usual care and education, especially for those participating in therapy disrupted by the lockdown.

- Culturally safe services must be defined by trauma-informed care and lived experience.

Recommendation 4: Digital and Tele-health

Provision of appropriate and accessible Internet access and tele-health solutions

The National Mental Health Commission's Pandemic Response Plan states:

"The individual, intergenerational and community trauma experienced by Aboriginal and Torres Strait Islander peoples should be considered in all aspects of care. Issues such as cultural safety are essential to enable a system or service to meet the mental health needs of Aboriginal and Torres Strait Islander communities..." "Engaging [Indigenous] mental health professionals and peer workers in ensuring the long-term sustainability of services."

Digital models cannot substitute for local workforce and service delivery, but will be necessary to support it, particularly as this workforce is developing to a level that reflects and meets need. COVID-19 responses are an opportunity to develop more innovative, effective, and sustainable models of digital mental health care for Aboriginal and Torres Strait Islander peoples.

Embracing and harnessing innovative digital SEWB-support tools provides an opportunity for equitable, culturally safe, trauma-informed, and lived-experience service delivery.

Pre-existing inequalities within the health system affect access to care. This has been reaffirmed in the COVID-19 initiated move to digital and telehealth. Service models must be reviewed and evaluated to ensure inadequacies are addressed in current models in the short-term and effective models are developed for the long-term.

Service delivery must reach those who need it the most. Indigenous peoples experience high levels of digital exclusion, especially in remote regions (Australian Digital Inclusion Index; 17% gap)[79]. Digital inclusion barriers have broad-reaching wellbeing implications through limited access to employment websites, educational resources, online learning, e- commerce sites, online banking, government services, and the potential for establishing online businesses.

KEY ACTIONS:

- Immediate and sustained investment in a helpline for Aboriginal and Torres Strait Islander people, including:

    - Scholarships to Certificate IV in Telephone Counselling Skills (CHC42212) programs for Indigenous health workers and non-Indigenous peoples working in communities.

- Build, improve, and co-ordinate technology capacity in all Indigenous communities (urban, rural, and remote).

- Immediate investment in ensuring equitable Internet access to all Indigenous communities.
- Resourcing to ensure access to the necessary equipment in order to access services, such as the COVID-19 app and e-communication strategies (see Appendix).

- In the immediate COVID-19 response, it is imperative that new mainstream models of service delivery are tested and evaluated in terms of their efficacy for Indigenous peoples.
  - Existing systems must be respected and complemented by innovative COVID-19 responses.
  - ACCHOs must remain the primary healthcare network to service Indigenous peoples.
- For the longer-term adjustment to COVID-19, culturally safe, evidence-based tele-SEWB and mental health tools must be designed, tested, and validated by Aboriginal and Torres Strait Islander SEWB and mental health experts.
  - Resource and strengthen the ACCHO sector to provide community level training as first responders, SEWB workforce development, and jurisdictional leadership on service delivery.
  - Collaboratively and strategically develop culturally safe technologies and models[80,81] that include: triage care models, cultural/Elder support, peer networks, clinical pathways, filtered and qualified information, and tools for self-directed care.

Recommendation 5: Evaluation

Implement a comprehensive national research and evaluation program across all communities that enables Indigenous data sovereignty

The National Mental Health Commission's Pandemic Response Plan states as a third core objective, the need to: "define governance, coordination, and implementation requirements including data collection and sharing across jurisdictions to facilitate informed planning and decision making."

Mainstream, evidence-based models of mental health are often not valid for Indigenous peoples[82,83]. Too often the 'evidence' gathered has little to no bearing on Indigenous peoples' wellbeing and their communities. While a range of concerns exist, the first wave response has been successful thanks to the leadership and self-determination of Australia's Indigenous peoples.

It is imperative that services for Indigenous communities are culturally appropriate[84]. To ensure this, Indigenous mental health and wellbeing and data sovereignty must be acknowledged, not as a competing system but as a partnership designed to deliver the most effective care to people who need it.

KEY ACTIONS:

- Issues around accountability of mainstream funding must be addressed. While Indigenous-specific funding is essential, this is insufficient on its own and mainstream services and funding organisations must be accountable for their roles in contributing to the health and wellbeing outcomes of Aboriginal and Torres Strait Islander peoples.

- There must be a comprehensive evaluation strategy[85] for all programs and policies affecting Indigenous peoples during the COVID-19 pandemic and recovery.

- Issues around data quality and sharing of information about Indigenous clients by mainstream service providers must be addressed.
  - Reporting and knowledge translation must also be improved.

- Immediate Indigenous-led research to develop an ethical decision-making framework to evaluate how Indigenous peoples have fared during COVID-19, including both positive and challenging experiences, and to inform future decision-making.
  - The SEWB Consortium is to review how the Government response ensured vulnerable populations were protected and their wellbeing supported during the pandemic.

- Build a pandemic evidence base by establishing robust COVID-19 related data collection and data sharing strategies based on principles of Indigenous data sovereignty, including:
  - Ongoing monitoring of Indigenous household mental health and SEWB at least for the duration of COVID-19, including both remote and urban settings and local ACCHOs.
  - Identification and reporting on the positive impacts of cultural practices and behaviours where they were able to be practised, and the impacts of restrictions on funerals.
  - Improved pathways whereby information about suspected suicides, self-harm, and suicide attempts can be fed back to the Indigenous COVID-19 taskforce in real time to assist proactive prevention strategies.
  - National indicators around family and domestic violence (FDV) and alcohol and other drugs (AOD) emergency department presentations that can trigger escalation of local responses.
    - Care must be taken when interpreting information and patterns of behaviour in this context and time. Example: Lower reporting of FDV may be due to silenced victims during isolation.
  - Identify a suite of culturally safe, trauma-informed mental health assessments and clinical resources for use during a pandemic.
  - On conclusion of the research provide feedback to communities and develop early intervention mitigation strategies to address any adverse findings.

General Background

Indigenous peoples worldwide share similarities including holistic conceptualisations of health and mental health, the negative impacts of continued colonisation and oppression of their peoples, lands, and cultures, as well being disadvantaged by the social determinants of health. There are also significant differences between Indigenous peoples across the world. This is also true of Indigenous peoples within Australia, where there are over 500 nations of Aboriginal and Torres Strait Islander peoples. It is our intention to use language that conveys our respect and acknowledgement of this diversity, and to support diverse communities and peoples to be empowered to find solutions that work for them.

Throughout the world there are social, cultural, economic, political, health, and wellbeing discrepancies between Indigenous and non-Indigenous peoples. The levels of health and socio-economic disadvantage between Indigenous peoples compared with non-Indigenous peoples is particularly pronounced in Australia[86]. Prior to COVID-19 Indigenous Australians were three times more likely to experience psychological distress than other Australians[87], to the detriment of lifelong physical health, social and emotional wellbeing, and economic participation. In addition, suicide rates among Indigenous youth have been a public health crisis for years. This longstanding social and economic inequity, beginning with colonisation and reinforced by continuing inequality across the social determinants of health, exacerbates the risk of cumulative trauma resulting from the COVID-19 pandemic and government actions to address it.

In the 2020 Closing the Gap report[88] the Government made renewed commitment to equal partnership and shared decision-making. This opportunity for self-determination presents the potential to achieve the Close the Gap outcomes and change the lived experience of Indigenous peoples throughout Australia. Now, in the context of COVID-19, it is more critical than ever that these efforts are not delayed.

COVID-19 provides an opportunity to establish innovative and effective models of health care. The COVID-19 response by the Aboriginal and Torres Strait Islander COVID-19 Health Advisory Group[89], working with Indigenous communities[90,91,92] and organisations[93,94,95], has shown that the ACCHO network is extremely effective and agile, capable of planning, developing, and implementing early intervention, prevention, and response services for Indigenous communities. This health response has demonstrated the importance and impact of self-determination in promoting the health and wellbeing of Indigenous peoples in contemporary Australia.

A successful mental health pandemic response for Aboriginal and Torres Strait Islander peoples requires a consistent and open acknowledgement of self-determination as a central factor needed to address the inadequacy of mainstream services for Indigenous peoples and the local workforce shortages.

Evidence and Analysis to support Key Findings

- In facing the global challenges posed by a pandemic, it must be acknowledged that Indigenous people are disadvantaged from historical and on-going disempowerment that exacerbates the risk of mental ill-health and re-trauma in the after-effects of medium and longer term of the COVID-19 response.
    - The disproportionate impact of pandemics on Indigenous populations have been clearly documented worldwide[96] and in Australia[97,98,99,100,101].

- Current evidence from COVID-19 also shows the disproportionate effect of the virus on disadvantaged populations and racial minorities[102,103,104].

- The widespread social and economic impacts of the COVID-19 pandemic and health response has increased isolation and stress in individuals and communities, that inevitably will compound existing health and mental health issues[105,106,107].

- The longer-term economic impacts of COVID-19, including unemployment and poverty, are also expected to disproportionately impact Indigenous peoples[108,109,110].

- COVID-19 highlighted housing and workforce challenges in Indigenous communities that must be addressed to ensure the basic safety of Indigenous peoples during a pandemic or crisis.

    - During a pandemic, the health workforce and community members require access to relevant and current information and training to understand and implement adequate responses, manage and adapt existing service provision, respond to new or acute presentations, and build capacity for future responses.

    - Remote communities are highly reliant on Fly-In-Fly-Out and non-local workforce which is a high risk for disease spread or absence of clinical services if people can't fly in during a pandemic (see Appendix).

    - People living in remote communities have been simultaneously told to isolate for extended periods in communities without access to basic services, to maintain personal distance in accommodation that is severely overcrowded, to be well-nourished when healthy food is neither affordable or necessarily available, and to sustain levels of hygiene without the water, facilities or materials that enable it.

    - Travel restrictions meant that inadequately trained community members were left to manage mental illness and were at high risk for fatigue and burnout.

    - Digital and tele-health solutions must be integrated into existing teams and services, and are crucial to support local workforces, access, and support as services develop.

    - The health workforce in communities face specific challenges, including working with non-Indigenous professionals that lack understanding of the implicit cultural and social responsibilities of Aboriginal and Torres Strait Islander peoples.

    - Aboriginal and Torres Strait Islander communities have not been met with responsive and adequately resourced mental health care. Aboriginal and Torres Strait Islander clients with clinical needs require access to culturally safe community-level SEWB support and mental health treatment. Professional support is stretched and reliant on non-Indigenous and non-local people.

- The need for health care is approximately two to three times higher in Aboriginal and Torres Strait Islander Australians than non-Indigenous Australians. Mental ill health is approximately four to seven times higher. There is a clear need for an equitable public health agenda[111] that includes the allocation of needs-based funding to Aboriginal and Torres Strait Islander mental health services, with public policy change prioritising self-determination[112,113,114].

- The core requirement for both the acute phase and the recovery is sound evidence-based policy, based on research findings and experience in Australia and for Indigenous people in other countries. That policy needs to be developed by and led by Indigenous peoples, based on Indigenous values, funded on a needs basis, with clear accountabilities and systematic evaluation.

- Indigenous leadership, worldviews and values need to be at the forefront on the path to recovery, and in preparing for subsequent and future crises. This is to ensure the inclusion of important cultural considerations of resilience, strength, self-determination, and holistic understandings of health[115].

- Addressing the inequities in services and access that have been highlighted by the COVID-19 pandemic will require systemic reform and long-term investment. Immediate health and mental health concerns need to be balanced with longer term cultural, social and emotional wellbeing of individuals and communities.

    - A whole-of-community approach to healing is needed, as well as culturally appropriate services for grief and community wellbeing. In order to be culturally appropriate, mainstream services must be adapted through Indigenous lived experience, trauma-informed care, and cultural safety guidelines.

    - Cultural wellbeing includes valuing the Indigenous knowledges of Australia's First Peoples and especially the knowledge that our Elders possess. Losing Elders is devastating to the ongoing practice and transmission of cultural practices. Protecting Elders is a priority for the communities and should also be a priority for Australia.

    - Although all peoples have experienced higher stress and fear in response to COVID-19, young people have been confronted in different ways. Young people were not initially identified as a high-risk group. Yet as information emerged, young people, most vulnerable to the onslaught of information on social media platforms, felt responsible to protect families, and their Elders, who are the knowledge holders of culture. Many provided linkages and information around the pandemic, and mobilised to ensure others felt connected through isolation, and have been left exhausted. Young people must be protected from this increased stress and disruption to routine and educational practices. They need to be supported to inform and be leaders in the way forward, as they hold essential roles across communities.

    - This is also true of the inequities highlighted by the Black Lives Matter movement in Australia. There are significant disadvantages for prisoners, their families, and others, including youth, in detention. It is critical to investigate how these individuals have fared during COVID-19. There may have been significant additional fear due to overcrowding in prisons during the lockdown. There may also have been benefits due to accessing digital platforms during lockdown that enabled prisoners to connect with family and friends long-distance. These changes must be acknowledged and understood, so that interventions can continue longer-term and in other contexts, such as residential care.

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Appendix One – Aboriginal Experiences During COVID-19

1. ABORIGINAL COMMUNICATIONS STRATEGIES DURING THE PANDEMIC

It is important that messaging during COVID-19 is undertaken by Aboriginal and Torres Strait Islander people for their communities. For Indigenous mental health, Gayaa Dhuwi Proud Spirit has taken a lead national role[116]. Other local/regional Aboriginal organisations such as the Kimberley Aboriginal Medical Services in WA also offered important messaging[117].

The following excerpt is used with permission from the author and taken from Kerrigan, V., Lee, A., Ralph, A, & Lawton, P. (2020) Stay Strong: Aboriginal Leaders Deliver COVID-19 Health Messages[118]

The NT has experienced the lowest rate of infections nationally. Described as the "safest place in Australia," this may be attributed to pandemic control measures implemented before the rates of infection took hold. Despite the relative safety of the NT bubble, enforced by human biosecurity controls, including a ban on all nonessential travel to and from Aboriginal communities, leaders were worried. During previous pandemics (H1N1 in 2009), Aboriginal peoples were not identified as a priority group and experienced higher rates of illness. The ongoing impacts of colonisation have been well documented as a driver of Indigenous poor health. For Aboriginal peoples in the NT rates of rheumatic heart, cardiovascular, lung and end-stage kidney disease and psychological distress are disproportionately high.

Elders, cultural educators, former politicians and health professionals from Darwin, Barunga, Lajamanu, Wurrumiyanga and Galiwinku created five short videos in English, Kriol, Warlpiri, Tiwi and Djambarrpuyngu catering to the largest language groups across the Top End of the NT[119]. In addition, to the medical messages, which were workshopped with leaders (not delivered as a script), community concerns were addressed. Smartphones were used to film messages in selfie mode, by grandkids, via video conference and by a dialysis nurse in Lajamanu, 900 km southwest of Darwin. Messages were back translated to the non-Indigenous English-speaking video producers by other language speakers. To rapidly disseminate the messages, videos were freely shared with government departments, clinicians, Aboriginal community-controlled health organisations, chronic illness peak bodies, local radio and TV networks, and Facebook (including remote community noticeboards), Twitter and health professionals WhatsApp groups (with a message encouraging clinicians to show patients videos). One month after posting, the videos reached 20,000 views.

While COVID-19 messages created for the general population and translated into local Aboriginal languages were vital, many were created using actors overdubbed by anonymous interpreters. Successful dissemination of health information requires more than a translation. Mainstream public health campaigns have been known to inspire resistance amongst Aboriginal and Torres Strait Islander peoples, whereas messages delivered by trusted members of the community who can act as a cultural broker between the medical advice and their community have been shown to be more effective.

2. FAMILY VIOLENCE AND HEALING INITIATIVE - DARDI MUNWURRO

A great example of a rapid response to COVID-19 in Victoria was by Gunai man Alan Thorpe and his Aboriginal family violence healing organisation Dardi Munwurro. As the COVID-19 pandemic escalated and many of Dardi Munwurro's clients and families became increasingly isolated. Alan Thorpe quickly initiated 24 hour/7 days a week crisis response line for community members. From 2 until June 11approximately 350 Aboriginal men and/or their family members not only from Victoria, but also from WA, NT and NSW, have used the crisis response line.

This was a COVID-19 response to prevent violence and support men with crisis work, referral pathways and case management. Dardi Munwurro initially contacted the Commonwealth Government seeking funding for this initiative

but there was no response. So, Alan Thorpe decided to implement the initiative with without funding. It is the only 24 hours/7-day week support line for Aboriginal men that Dardi Munwurro is aware of. Alan Thorpe is still seeking funding to try and increase the number of staff working at the crisis response line.

Dardi Munwurro also recently hosted a 2-hour Facebook Aboriginal Men's State-wide gathering that involved Victorian Aboriginal Elders, musicians, youth, community role models, psychologists, and much more. The 2-hour on-line event received 4,500 views and reached 17,000 people within one week. These initiatives and many others have been created and implemented by local Aboriginal leaders quickly and efficiently

3. SELF-DETERMINATION INITIATIVE - RUNRONA[120]

In the face of COVID-19, the Victorian Aboriginal organisation Clothing the Gap launched a virtual event designed to combat the rising physical inactivity, social isolation and disconnection throughout Australia. 'RunRona' is an example of an independent and un-funded self-determination initiative supporting community health and wellbeing through engaging and meaningful health promotion. The organising team behind RunRona was made up of a collective of Aboriginal health promotion practitioners, personal trainers and communication professionals from Clothing The Gap and Spark Health Australia. The team were seriously concerned about the rising levels of inactivity, obesity and mental ill health in our communities and we know the difference social connection, physical activity and a positive routine can make.

In total, 4,114 people registered to participate in the event and got active with their friends and family over the weekend of 30-31 May. The RunRona message went far and wide, with vast representation from both across the country and the globe seeing 143 international participants from 13 countries. The team are proud that Aboriginal and Torres Strait Islander people made up at least 20% of registrations. This high number of Aboriginal participants was encouraged by a tiered registration system enabling equity in accessing registrations for the Aboriginal Community.

Throughout COVID-19, RunRona encouraged people to take the time to look out for their mental health[121] amidst concerns this was being left more vulnerable than usual. RunRona reminded participants to keep their social supports strong and helped to boost mental health, acknowledging the connection of mental health and wellbeing to our physical health and wellbeing. Spending time outdoors safely and connecting to the land, Country, was encouraged as a protective factor for holistic well-being too: body, mind, spirit and Country[122]. Aboriginal people have known this for tens of thousands of years. Clothing the Gap operates as a social enterprise and re-invests 100% of funds raised in to health and wellbeing initiatives delivered by Spark Health Australia. This independent initiative also enabled a unique source of fundraising that allowed both Clothing the Gap and Spark Health to maintain full staff employment during COVID-19 economic crisis.

4. EXPERIENCES OF REDUCED WORKFORCE IN RURAL AND REMOTE ABORIGINAL COMMUNITIES

During the pandemic, there has been a significant loss to mental health and social and emotional wellbeing (SEWB) program support to rural and remote communities. For example, in some places drive-in drive-out counsellors have ceased visits during the lockdown, in other places locally based counsellors have withdrawn from community, and there has been a significant reduction in fly-in fly-out population health services. This has resulted in an increased burden on the "essential" primary health staff embedded in the communities working in the KAMS clinics.

The lack of services during this stressful time has caused a significant increase in community fighting and unrest due to the increased and unmet demand for mental health and SEWB responses. To try to cope with this increased tension, additional staff have needed to be embedded in clinics.

The change to mental health tele-health was perceived to be an ineffective solution, as the agencies funded to these regions were not able to engage the people in need in these communities due to a lack of internet services. The cumulative effect of the lack of mental health and SEWB provisions by drive-in drive-out and fly-in fly-out services visiting regularly is a regular concern. It means that the SEWB issues for these communities have hit crisis point several times in the past month. In some remote communities, this has resulted in additional police being sent out to manage community unrest.

5. ABORIGINAL AND TORRES STRAIT ISLANDER CONCERNS ABOUT CHILDREN

The Australian Government has been emphatic that Aboriginal and Torres Strait Islander people over the age of 50 are at the same level of risk as non-Indigenous people over the age of 70 and should self-isolate. Understandably, this has exacerbated stress levels of parents, family members and staff providing services to children. To address COVID-19 mental health issues, a model of telehealth is being rolled out across Australia. Yet there is concern that Indigenous families are missing out. Indigenous families encounter multiple access barriers to telehealth. Barriers include a lack of access to technology for some, restricted capacity of services to build trusting relationships, services that are not culturally safe, and services that are not designed to meet the specific needs of children and their families. The Secretariat of National Aboriginal and Islander Children Care (SNAICC) has identified a number of other barriers for vulnerable children and families to accessing mental health services which have not been addressed, including; families that do not have access to technology to be able utilise online and phone-based interventions and remote communities that do not have access to internet in general – due to lack of telecommunications infrastructure. SNAICC consultations have indicated that the COVID-19 restrictions have disrupted Indigenous children's ability to maintain a strong sense of wellbeing through connections to their community, culture, county and language. There is a clear need to support and strengthen local services. To do so, governments must invest additional resources to ACCHOs, which have the highest capacity to understand and respond in culturally safe and appropriate ways to mental health and wellbeing needs for our children and families; particularly for children in or at-risk of entering out-of-home care. Children in out-of-home care are particularly vulnerable due to the limited the ability to progress reunification plans, interruptions to contact visits and service access, and increased levels of stress for parents. In addition to these increased risk factors, protective factors have been diminished by compromised cultural support plans, limited contact with extended family, and restrictions on access to Country. Indigenous children and families in contact with child protection systems are another group particularly at risk of negative impacts.

6. DISRUPTIONS TO CULTURAL ACTIVITIES DURING THE PANDEMIC

During the pandemic, a much-loved Gooreng Gooreng Elder died. She was in her 90s. Her family and community had to deal with many issues arising from the pandemic restrictions, which meant that many people were unable to participate in the funeral ceremony. Family members negotiating the complexities of arranging a funeral at such a time felt an increased burden and that they were unable to lay their loved one to rest and grieve in the way they would have liked. Nor could they comfort each other with hugs and family and community gatherings in the usual way.

However, the flexibility and open communications style of key staff members at Hervey Bay Hospital and the local funeral service made an important difference, in enabling the family to follow as many cultural practices as possible. The hospital enabled a family group to gather in the hospital room of the Elder, and for others to participate long-distance to say goodbye by telephone. The funeral service began with a Welcome to Country and a Yidaki player. Under the pandemic restrictions, only 20 people could attend the funeral service, including the funeral service staff members, which meant it was a very small and intimate experience. It was important to have access to technology,

such as Wi-Fi, mobile phones, tablets and social media, so people could share stories and connect even if they could not be present. The senior funeral director was sensitive to cultural needs, in inviting family members to assist with carrying of the coffin and acknowledging family groups at the graveside, who had to adhere to COVID-19 restrictions.

This case study is a reminder of the importance of funeral services being culturally safe and appropriate, and what a difference this can make at such a sensitive and emotional time. A second memorial service may be held after pandemic restrictions are lifted; while this will be important in enabling others to participate, it also means many people will go through the grieving processes twice. The disruption of funeral ceremonies and cultural grieving practices across Australia will have profound impacts upon mental health and SEWB. Employers and other authorities will have to understand that there will be further sorry business and family responsibilities to undertake once pandemic restrictions lift.Bodies have been held in morgues in remote Australian Aboriginal communities as families delay funerals for cultural reasons due to the COVID-19 restrictions on attendees and travel[123].

7. EXPERIENCES OF SOCIAL AND EMOTIONAL WELLBEING DURING COVID-19 LOCKDOWN

An Aboriginal grandparent couple have been looking after several grandchildren for many years prior to COVID-19. The grandparents had previously struggled with looking after so many children. In the later years, as some of the children became teenagers, the children had become disruptive in their community and at school. The grandparents had tried working with the community and the school and had struggled to improve the situation. Both grandparents also have serious chronic health issues. Early on during the COVID-19 pandemic, one of the grandparents had been hospitalised for a few weeks. Despite the health issues, the grandparents reported feeling more secure during COVID-19. The hospital experience was fine, and the grandchildren were less disruptive.
The grandparents reported that they thought that this was due to the children having to stay at home and be with family and having fewer external interactions and distractions. In this way, they were able to strengthen their connection to family which improved their wellbeing. The grandparents were able to recognise these impacts on their wellbeing through learnings from the local CSEWB Program[124]. Connection to kin is a protective factor as described in the SEWB Framework[125]. Also described in the SEWB Framework are risk factors, including the social determinants of health. As well as the COVID-19 experience strengthening protective factors of wellbeing, the grandparents felt that the risk factors were also reduced by the provision of additional welfare income.

8. EXPERIENCES OF INCREASED PSYCHOLOGICAL DISTRESS DURING COVID-19 LOCKDOWN

A young Aboriginal woman who worked full-time prior to COVID-19, was sent to work from home due to lockdown restrictions. Soon after being sent home, she began feeling isolated and experienced a serious mental health breakdown. Due to the seriousness of this breakdown, she was hospitalised. She then spent a few weeks in the care unit. She reported that during this time she did not receive care that was appropriate to her needs or culturally appropriate care. During her time in care she received bruises that were the result of physical contact with a security guard.

Upon release she returned to the same home environment and very quickly became unwell again. Here she had another very serious episode of unwellness. She returned to the same mental health unit and again experienced a lack of concern for her social and emotional wellbeing. Prior to being hospitalised, she has learnt about the SEWB Framework[126] and programs[127]. This resonated with her and she had tried to discuss this with the staff in the unit, who were not able to respond in a culturally sensitive and appropriate manner. The staff were unable to help in this way.

Alignment with the National Mental Health and Wellbeing Pandemic Response Plan

The foundational principles and priorities of the National Mental Health and Wellbeing Pandemic Response Plan (NMHWBPRP) direct both immediate responses and long-term system reform that will need to come as a result of COVID-19. These principles and priorities align with our five key recommendations as shown in the table below.

Principles	Recommendation 1: Self-determination	Recommendation 2: Health Workforce	Recommendation 3: Determinants	Recommendation 4: Digital Inclusion	Recommendation 5: Evaluation
1. PARTICIPATION WITH LIVED EXPERIENCE	X	X			X
2. PARTNERSHIP AND COLLABORATION	X	X	X	X	X
3. INTEGREATED APPROACH TO WELLBEING			X	X	
4. BALANCED COMMUNITY-BASED APPROACH		X		X	
5. BEST PRACTICE CARE	X		X		X
6. FLEXIBLE SOLUTIONS		X		X	
7.EQUITY AND EQUALITY	X	X			X

Enablers	Recommendation 1: Self-determination	Recommendation 2: Health Workforce	Recommendation 3: Determinants	Recommendation 4: Digital Inclusion	Recommendation 5: Evaluation
1. PRIORITY AREAS FOR ACTION	X	X	X	X	X
2. COMMITMENT TO DATA COLLECTION AND MODELLING					X
3. ROLES AND REPSONSIBILITIES	X				

Priorities	Recommendation 1: Self-determination	Recommendation 2: Health Workforce	Recommendation 3: Determinants	Recommendation 4: Digital Inclusion	Recommendation 5: Evaluation
1. MEETING IMMEDIATE MENTAL HEALTH AND WELLBEING NEEDS	X	X	X	X	X
2. IMPLEMENTING NEW MODELS OF CARE	X	X	X	X	X
3. FACILITATING ACESS TO CARE	X	X		X	
4. ADDRESSING COMPLEX NEEDS	X	X	X		
5. REDUCING RISK	X	X		X	X
6. MEETING THE NEEDS OF OUR MOST AT RISK		X	X		
7. COMMUNICATING CLEARLY	X		X	X	
8. SPECIAL FOCUS ON CO-ORDINATED SUICIDE PREVENTION	X		X		X
9. SUPPORTING A MULTI-DISCPLINARY WORKFORCE		X		X	X
10. PROVIDING STRONG GOVERNANCE	X				

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