

# Mental Health Pandemic Response Plan

## DRAFT PLAN OUTLINE AND CONSULTATION QUESTIONS

### Inclusion of Aboriginal and Torres Strait Islander Mental Health

In the overall document there needs to be more specific mention of Aboriginal and Torres Strait Islander peoples mental health recovery in COVID-19. For example, in [Part 2: Principles for a National Approach there needs to be a specific statement similar to that for lived experience:](#)

- **An Indigenous leadership group will be convened** to guide the development and implementation of strategies, approaches and outcomes and that co-design, co-producing and co-leading are prioritised under the Plan.

***In your service delivery, are you using any local mental health plans/frameworks (specific to this pandemic or general disaster response)?***

The Social and Emotional Wellbeing Framework (Gee et al., 2014), which is underpinned by the nine guiding principles for working with Aboriginal and Torres Strait Islander peoples (National Strategic Framework 2004-2009; 2017-2023), is critical in all mental health responses for Aboriginal and Torres Strait Islander peoples. It should guide all critical responses to the COVID-19 pandemic and will become increasingly important as Australia moves into the recovery phase.

The evidence base on health in Australia has been clear and consistent in reporting the need for separate and targeted responses to Aboriginal and Torres Strait Islander health and mental health (Dudgeon, Milroy, Walker, 2014; Group of Eight Australia 2020). Local plans for any community that includes Aboriginal or Torres Strait Islander peoples in its representation should be Indigenous-led or at least co-designed with Indigenous leadership from the earliest planning phases. Mainstream organisations and services with Indigenous client groups need to ensure cultural safety and that they have appropriate governance in place.

During the critical phase of the pandemic, the National Aboriginal Community Controlled Health Organisations (NAACHO) and their State and Territory Peak Organisations have participated in a National COVID-19 Advisory Group which has been exemplary in their efforts to mitigate risk and prepare communities for the worst case scenario, which for now, Australia has been extremely fortunate to avert. The lockdown was implemented earlier and with much tighter restrictions for Aboriginal and Torres Strait Islander communities than mainstream Australia, and the recovery phase might not be implemented as soon as with mainstream Australia. This will mean the impact on businesses, employment, education, health and overall poverty will be more severe in these communities. The need for greater caution and care is due to the health and mental health inequity between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians, that this pandemic continues to highlight. Research needs to be undertaken to look at the positive and negative

consequences of lock down, disruptions to protective factors and functions such as family and cultural activities, the usefulness of telehealth and digital mental health and Indigenous mental health workforce needs.

***What non-clinical approaches/programs are you using?***

Preventative intervention/checking in and positive messaging have been a primary element in the response from National Community Controlled Health Organisation (NACCHO) and Aboriginal Community Control Health Organisations (ACCHO). Although these may be non-clinical, they are evidence-based approaches. Strengths-based approaches (Fogarty et al., 2018), Indigenous voices and perspectives, and retaining connection to community, culture and Country (Gee et al., 2014) have been central to Indigenous-led approaches to COVID-19. Gayaa Dhuwi Proud Spirit has also provided messaging from Indigenous mental health experts. It is imperative that the considerations for people who were not able to be on their traditional country due to current measures are included.

***In your view, what principles of governance and communication are needed between Commonwealth, states/territories and community managed organisations, to enable effective coordination of mental health activities?***

Self-determination and self-governance are essential to the efficacy of mental health and suicide prevention activities. Indigenous peoples need to be indispensable partners in emergency response and recovery. The active participation of Indigenous peoples is necessary for effective responses to mental health (United Nations 2007; 2020). In Australia, a specific mental health working party must be convened and appropriately funded to coordinate mental health activities for Aboriginal and Torres Strait Islander peoples across Australia. The Indigenous-led mental health response should include representation from Indigenous leadership groups such as Gayaa Dhuwi, Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) or the UWA Transforming Indigenous Mental Health Research program, Australian Indigenous Psychologists Association (AIPA), the NACCHO and Black Dog Institute Aboriginal and Torres Strait Islander Lived Experience Centre.

***What are the indicators that intervention or escalation is needed? What credible sources might be used to determine that mental health risks or negative outcomes are increasing?***

The disproportionate vulnerability of Indigenous peoples due to the COVID-19 pandemic has been thoroughly documented (Go8 Universities, 2020; United Nations, 2020). The potential of COVID-19 to completely devastate Indigenous communities is now a reality in the Navajo Nation (Kovich, 2020). The role of social determinants of health in this vulnerability is also clear (Orellana, 2020).

The Close the Gap reports, over the last decade have highlighted the disparity in health outcomes, including psychological distress and suicide behaviours, between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. As a result of the COVID-19 pandemic, this health gap is likely to have been sustained, or not exacerbated. Without immediate attention, the pandemic will continue to highlight this inequity and could result in longer term damage within those communities.

***What principles or actions are needed to ensure that services are able to deliver on business as usual to those in need of treatment in addition to addressing COVID-19 specific concerns?***

Services for Aboriginal and Torres Strait Islander people should be Indigenous led. Mainstream responses to mental health (e.g., services provided by BeyondBlue or Lifeline due to the lack of appropriate alternatives) should be, at the very least, co-designed from the earliest planning phases and ensure cultural safety and integrity in all aspects of delivery.

Any organisation in contact with Aboriginal and Torres Strait Islander peoples during the COVID-19 pandemic crisis and recovery phases must report what data is collected and the specific demographic uptake of their services to the Aboriginal-led mental health working party. Specific information around access and efficacy of tele-health services, Medicare, and social security, in regard to Aboriginal and Torres Strait Islander people's mental health, also requires timely and comprehensive reporting.

***What clearly defined, implementable activities are needed to address the priorities and principles listed above?***

A specific, national working party must be convened and appropriately funded to coordinate mental health activities for Aboriginal and Torres Strait Islander peoples across Australia. This Indigenous-led mental health response should include representation from Gayaa Dhuwi, CBPATSISP or the UWA Transforming Indigenous Mental Health Research, AIPA, NACCHO and Black Dog Institute Aboriginal and Torres Strait Islander Lived Experience Centre.

It is critical that work needs to continue to implement the *Aboriginal and Torres Strait Islander Suicide Prevention Plan* and the *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Well Being 2004–2009*.

***How are you including people with lived experience in your local processes and planning? What has been most successful or challenging in communicating with your clients, consumers and families/carers during this response stage of the pandemic?***

This question should be posed to all organisations who have Aboriginal and Torres Strait Islander clients accessing their services, reading “how are you including Aboriginal and Torres Strait Islander peoples...”. The lived experiences of Aboriginal and Torres Strait Islander people with mental health concerns will differ from non-Indigenous peoples with the same diagnosis. This is due to the cumulative impact of risk factors linked to historical and social determinants of health and the importance of cultural, social and emotional wellbeing in the mental health of Aboriginal and Torres Strait Islander people.

## Authors

### Professor Patricia Dudgeon

School of Indigenous Studies, University of Western Australia  
Email: [pat.dudgeon@uwa.edu.au](mailto:pat.dudgeon@uwa.edu.au)

### Leilani Darwin

The Black Dog Institute  
Email: [l.darwin@blackdog.org.au](mailto:l.darwin@blackdog.org.au)

### Kate Derry

University of Western Australia

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