

# COVID-19 Mental Health Working Group concept paper series

## Topic – Care

An RMIT Enabling Capability Platform Research Initiative – A Healthier Start, September 2020

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The COVID19 pandemic has affected us all. However, the effects on mental health have not been universal. Therefore, the road to recovery after COVID-19 is complex. This series of papers engages experts across multiple disciplines, addressing digital engagement and the need for information, and the unique mental health recovery challenges experienced by students, carers, older adults as well as stigmatised or marginalized communities. Each of the papers in this series is structured as follows: What we know, what we don't know and what we can do to map a nuanced path to effective creative recovery.

### What We Know

We have literally reeled through a series of crises as a result of the 2019/20 bushfires and the COVID-19 pandemic. The COVID-19 and bushfire crises have led to diminished human and material resources, through the loss of employment, housing and lives which has impacted individuals, communities and throughout our society. This year of crises has revealed the need for ongoing self-care and collective care for the health and wellbeing of individuals and communities impacted by public health emergencies.

Our care for the health and wellbeing of ourselves and our communities is instrumental when facing public health and existential crises. There has been an increasing need for self-care and new ways to reach out to families and friends during the COVID-19 pandemic and the recent Australian bushfires. We have seen how care is intrinsic to our individual and collective recovery from our responses to communities devastated by the bushfires and the impact of COVID-19. Here, care is a broad spectrum of practices which are responsive to individual and community experiences, and essential to the delivery of health and social care services and resources.

COVID-19 and the bushfires have also illuminated vast inequities in people's access to social connectedness and health care. For instance, international students, seasonal workers in the agricultural sector, people living with mental illness and disability have been disadvantaged when trying to access support and services (Noble, Hurley & Macklin, 2020; UNESCO, 2020). This has revealed much about our capacity to care and need for care, and requires a concerted and synergetic cultural, political, community and financial response. It is also concerning that workers across essential sectors have responded to our collective care through their work in healthcare, crisis and retail settings at increased risk to their own health, wellbeing and safety (ABC News, 2020).

Our capacity for self-care and collective care across communities will determine how we recover as individuals and as a nation from the health, economic, social and cultural impacts of the shutdown to society as a result of the COVID-19 pandemic and due to the ongoing existential threat of the climate crisis.

### **What We Don't Know**

We do not know the eventual impact of the long-term effects to individual and community wellbeing as a result of the COVID-19 induced social isolation and restrictions. For instance, government mandated social restrictions and social distancing has led to an increase in unemployment and in under employment. This has resulted in an extensive loss of income, homes, businesses and sociability for many people. In addition, the overall impact on ability of health services to deliver care, as well as care for their own staff, during a pandemic is not well understood.

We cannot anticipate how the significant reduction in artistic, cultural, educational and recreational programs as a result of COVID-19 social restrictions will affect the morale, mental health and the capacity of communities who participate, to contribute to, and to benefit from these vital services.

We also cannot anticipate the long-term impacts on the wellbeing of individuals and communities as a result of the combined crises of COVID-19 and the recent Australian bushfires and the existential threat of the pandemic and the continuing climate crisis.

### **What We Can Do**

We can ill afford to care momentarily, and effectively move from one crisis to the next without establishing a pathway to recovery and regeneration for affected communities. Our concern is with the impact on the mental health and morale of individuals and our society and how people will adjust to this impact on their life over the longer term. We consider care initiatives will require significant and ongoing monitoring, support resources and services. Otherwise, we run the risk of living through unresolved crises, and circulating around current societal challenges if we do not develop capacity and pathways for care and recovery. As such, we posit that the health and social care sectors need substantially increased financial support and resources, to be able to truly assist in the recovery of our nation.

It is crucial that government agencies continue to prioritise the care of towns affected by the bushfires and those who have lost employment as a result of the COVID-19 pandemic and environmental emergencies to maintain cohesive, inclusive and thriving communities. Social support works. Support groups for people affected by HIV/AIDS or with cancer, have been associated with reduced mortality and morbidity, increased retention in care and improved quality of life (Bateganya, Amanyaiwe, Roxi, & Dong, 2015). As such, it is important that support groups are established for people directly affected by COVID-19 and health workers who have cared for people with COVID-19.

Care and support for the economy must focus on the care of our people. New Zealand's Wellbeing Budget is founded on the idea that health and wellbeing are central to a country's prosperity and

that financial growth is not a sufficient measure of the quality of life (Mintrom, 2019). Finland has also incorporated principles of “health for all” within policies for around a decade (Melkas, 2013).

Just as New Zealand and Finland have focused their national budgets on population wellness, Australia would also greatly benefit from seeking to transform measures of economic success from unfettered fiscal growth by themselves, to further serious attention on health and wellbeing indices. The COVID-19 pandemic and the Australian bushfires has illuminated how our health and wellbeing is crucial for cultural, social and economic resilience.

A UK explorative scoping study has identified a need for research to address how mental health consequences for vulnerable groups can be mitigated under pandemic conditions (Holmes, et al., 2020). The study also raised concerns about the impact of repeated media consumption and health messaging around COVID-19 and called for interventions to address the psychological, social, and neuroscientific aspects of the pandemic (Holmes, et al., 2020).

This research illuminates the importance for Australia to act on numerous fronts, to counter the psychological and social impacts of COVID-19 disease. For instance, our public and community health systems should never be underfunded or resourced, as they are the cornerstone of societal wellbeing. We must ensure that public and community health is leveraged, not just through appropriately funded and equipped health and social care settings and practices, but also through cultural, artistic, recreational and social organisations and venues, which can contribute to our safe socialisation with others and individual wellbeing.

We know that infectious diseases spread through vectors including people moving on public transport and within workplaces, and we can ill afford the result of sick people attending work for fearing of losing their jobs.

A national budget premised critically on health and wellbeing can ensure that our public health system is aptly resourced to meet the wider health challenges which will develop as a result of current COVID-19 pandemic, as well as the climate crisis. A health and wellbeing budget can also ensure that every worker receives paid sick leave and that no-one attends work if they are ill.

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