IIMHL & IIDL Leadership Briefing XLVII

The COVID-19 Pandemic:
Governmental, Indigenous and Employer Leadership

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Introduction

Leadership has come into its own in many countries as a result of the pandemic.

Whatever level (Government, employers, local leaders, and/or indigenous communities) actions have been taken for the good of the community in order to put public health actions in place.

In this Briefing, key documents from four countries are briefly described.

Aotearoa/New Zealand

Princeton University: Global Challenges - Captaining a Team of 5 Million: New Zealand Beats Back Covid-19, March-June 2020

September 2020

When the first cases of COVID-19 hit New Zealand at the end of February and beginning of March, Prime Minister Jacinda Ardern moved decisively by adopting a "go hard, go early" lockdown strategy to stop the virus from spreading across the island nation.

Behind Ardern stood a small cadre of civil servants and infectious disease experts who studied the rapidly evolving science of pandemic response—and the virus itself—and made policy recommendations to Ardern and her cabinet.

Behind that response team stood a battalion of police, defence staff, healthcare professionals, and other essential workers ready to implement the policies. And behind them stood everyday New Zealanders—whom Ardern referred to as "the team of 5 million"—who gave up personal freedoms for the greater good during a mandatory national lockdown.

A far-reaching and comprehensive communication effort drove strong public acceptance as the government shifted health directives and policies in response to the fast-changing situation. Importantly Māori were not affected as they took care of their own communities.

Canada

The Centre for Wise Practices in Indigenous Health, Women's College Hospital: COVID-19 and the decolonization of Indigenous public health

September 2020

Key points described in this report:

- Nations, Inuit and Métis communities in Canada have had lower rates of COVID-19 overall and a lower case fatality rate than non-Indigenous Peoples despite structural inequities and social determinants that are generally related to poorer health outcomes.
- Social equity, including adequate housing, water, food and income, is necessary to enable people and communities to employ public health measures during the current pandemic.
- Public health approaches must be implemented with awareness of how colonization has affected health care experiences and public health practices for Indigenous Peoples.
- Indigenous self-determination, leadership and knowledge have been successful in protecting Indigenous communities in Canada during the COVID-19 pandemic, and these principles should be at the forefront when planning public health approaches with Indigenous Peoples.

> To note: the diagram in the link directly below is a great example of indigenous ingenuity in expressing an indigenous world view of body, mind, spirit and heart actions that can be taken in a north, eat, south and west environment.
>
> https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7532009/figure/f1-192e1098/?report=objectonly

Anticipating further waves of COVID-19, it is important that the design, implementation and leadership of public health by First Nations, Inuit and Métis communities continue in Canada. At its foundation, Indigenous public health must be self-determined: adapted for the needs of specific nations and grounded in local Indigenous language, culture and ways of knowing; developed, implemented and led by Indigenous Peoples; and informed by ongoing monitoring of data as governed by appropriate data sovereignty agreements.

Moreover, all levels of government in Canada must address the social determinants of health both in the short term — to facilitate prevention, control and containment of COVID-19 — and in the long term through investments in infrastructure, food

security and chronic disease prevention and management. This will require the decolonizing of health care at individual, organizational and policy levels. Governments, policymakers and public health providers must embrace the knowledge, expertise and strong leadership of Indigenous communities to face COVID-19.

https://www.cmaj.ca/content/cmaj/192/38/E1098.full.pdf

Mental Health Commission of Canada: Building Mental Health into Operations During a Pandemic Guidelines to Support Employers Through COVID-19

2020

These guidelines were created to help organizations build a supportive and proactive approach to mental health into their emergency management and business continuity programs. They specifically deal with the potential impact of a pandemic using guidance from the National Standard of Canada on Psychological Health and Safety in the Workplace (the Standard).

Emergency management and business continuity programs typically focus on minimizing the risk of physical injury, property damage, security breaches, and economic loss. But emergencies and disasters can significantly impact mental health and operational procedures in any employment situation. Organizations should invoke emergency management and infection prevention and control protocols whenever a serious infectious disease outbreak or epidemic occurs.

During a pandemic, however, the challenges are extraordinary. Situations can change suddenly and drastically, particularly if governments invoke emergency public health measures. Also, as the impact on businesses and lives continues, the mental health of workers and their families may decline. How employers manage psychological health and safety (PHS) through events like a pandemic can make significant and lasting differences in the lives of workers and their families. By making PHS part of their emergency response and business continuity plan, organizations can clear up any confusion and prevent important operational processes from being missed.

https://www.espritautravail.ca/sites/default/files/guidelines_to_support_employers_through_covid-19_08-oct-20.pdf

US

De Beaumont and The Wellbeing Trust: Solutions for Local Leaders to Improve Mental Health and Well-Being During and Post-COVID-19

August 2020

This action guide is intended for local policymakers and civic institutions (e.g., anchor institutions such as universities, hospitals, and other enduring organizations

that play a vital role in their local communities and economies; chambers of commerce; philanthropies; and multi-sector collaboratives).

It provides recommendations that can be implemented to address mental health in both the immediate response and recovery phases of the pandemic. This guide also highlights a handful of focus populations uniquely affected by the mental health challenges of COVID-19 and suggests community-specific tactics to address these needs. While this does not represent an exhaustive list, the well-being of these groups has been fundamentally altered by the pandemic.

This action guide uses Healing the Nation and Pain in the Nation in how it approaches issues of mental health and addiction. Both were develop[ed by the Wellbeing Trust.

The communities focused on in this report are:
- Health professionals and first responders
- Youth and families
- Formerly incarcerated individuals re-entering society
- Individuals with substance use disorders
- Older adults
- Victims of intimate partner violence, child abuse, and elder abuse
- People of color
- Undocumented immigrants.

The recommendations are outlined under two areas: Immediate response and long-term recovery.

https://www.debeaumont.org/wp-content/uploads/2020/08/mental-health-action-guide.pdf