EDITORIAL

Australian Aboriginal and Torres Strait Islander people at risk of declining mental health due to failure to attend for referred follow-up mental health appointments during COVID-19

In 2020, we were warned of an impending mental health crisis because of the COVID-19 pandemic (Usher *et al*. 2020). Little did we know that the pandemic would still be a major part of our lives 2 years later, with an end not yet in sight. During the last 2 years, communities across the globe have been subjected to periods of quarantine, lockdowns, stay-at-home orders and other strategies implemented to reduce the spread of the COVID-19 virus. Unfortunately, these restrictions have had negative mental health and psycho-social consequences (WHO 2022), particularly for vulnerable populations (Rahman *et al*. 2021).

Social isolation during periods of quarantine and lockdowns has the potential to lead to mental health issues including the fear of being trapped, loss of control and escalation of anxiety (Rubin & Wessely 2020). This has led to a rise in feelings of uncertainty (Usher *et al*. 2020), partly due to the spread of misinformation (Rubin & Wessely 2020). However, the recognition of the rise of mental health issues because of control measures implemented to reduce other disease mortality and morbidity (Meyerowitz-Katz *et al*. 2021), is not a new occurrence. In fact, the link between these factors has been known for centuries. In the case of the current pandemic, there is adequate evidence that demonstrates the decline in mental health across the globe since its beginning (Pierce *et al*. 2020).

It has become clear that some groups in the community are more likely to be negatively impacted by the pandemic and related isolation determinants. For example, the social determinants of mental health for the Aboriginal and Torres Strait Islander peoples of Australia have been exacerbated by issues such as racism, lack of access to services, overcrowded housing, food, water insecurity, and movement restrictions affecting travel and family contact (Dudgeon *et al*. 2021). Racism has also been linked to high levels of psychosocial distress because of the link between the COVID-19 pandemic and discrimination related to health service provision for Aboriginal and Torres Strait Islander people (Bailey *et al*. 2021). Previous experiences of discrimination when accessing health care has had an impact on future health seeking behaviour, such as during the current pandemic where people of minoritized racial groups have been found more likely to delay or forgo care (Zhang *et al*. 2022).

During the pandemic many non-essential health services have been suspended (Ahn *et al*. 2020; Metzler *et al*. 2020), due to the immediate need for acute health services to treat people affected by the COVID virus, and because of reduced health care personnel. Furthermore, many patients were reluctant to attend health services for fear of exposure to the virus (Baggio *et al*. 2021). Attendance rates at primary health care services for screening and treatment have fallen in Australia and across the globe during the COVID-19 pandemic. This has given rise to many face-to-face services moving to telehealth, and people being less likely to see their doctor for any non-urgent or even urgent health-related activities (Czeisler *et al*. 2020). Preventive health services are vital services that help identify health issues and problems early and allow for the implementation of timely treatment strategies. Missed appointments and poor follow-up of identified problems can put people at risk of untoward outcomes as their health status may decline without effective treatment.

Primary and preventative health care may be considered as non-urgent, even though they are very important to overall health. Therefore, when there is a perception of rampant infection risk, or that the health system is under pressure, people may forego preventative health care. This has occurred in this current pandemic, with recent evidence suggesting that many

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people have reported foregoing health care during the pandemic (Baggio *et al*. 2021). We recently analysed publicly available Australian Medicare Benefits Schedule (MBS) data (Item 81 325) to identify whether there had been any change in attendance rates for preventive mental health services during the COVID-19 pandemic (Services Australia 2022). There was a decrease in claims between 2017 (*n* = 250) and 2019 (*n* = 146) in relation to Aboriginal and Torres Strait Islander peoples' mental health care. This was a significant drop of 42%, which indicates that people who have been referred to an eligible mental health service by their general practitioner are not attending those appointments; or that appointments were unavailable for them to attend. This pattern was consistent in both males (36% drop) and females (45% drop) and generally indicates that Aboriginal and Torres Strait Islander people of Australia requiring services have missed recommended mental health follow-up services such as psychology or other supportive services. This could place them at risk of experiencing a decline in their mental health and rendering them at greater risk of untoward longer term consequences. As we continue to work in a highly volatile pandemic situation, it is important to consider the possible ramifications of large numbers of people missing mental health care input due to continuing COVID-related pressures. This reduction in attendance for follow-up mental health services is an issue of concern that we argue, must be treated seriously. Quality data are required to ensure adequate assessments can be made of unmet need, and strategies be implemented swiftly to address those needs and help prevent longer term potential consequences for Aboriginal and Torres Strait Islander peoples of Australia. Health care providers have a role to play in ensuring adequate and culturally appropriate services are available to meet the needs of Aboriginal and Torres Strait Islander people in times of stress on the health system, such as is caused by the current pandemic. While it may be convenient to assume that Aboriginal and Torres Strait Islander consumers opted out of follow-up treatment, it is likely they may have been unable to prepare an appointment for the referred treatment. This is an important issue that has the potential to negatively impact Aboriginal and Torres Strait Islander people's mental health well into the future if action is not taken to address the missed services swiftly.

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