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Letter to the Editor

The mental health of those whose rights have been taken away: An essay on the mental health of indigenous peoples in the face of the 2019 Coronavirus (2019-nCoV) outbreak



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ABSTRACT

Background: In Latin America there are about 45 million indigenous people in 826 communities that represent 8.3% of the population. An estimated 798,365 Aboriginal and Torres Strait Islander were in Australia, 5,2 million indigenous people living in America and 2,13 million in Canada. Racial/ethnic disparities in mental health service use have increased especially in the context of the new coronavirus pandemic. Thus, we aimed to describe the mental health situation of the indigenous population in the context of the COVID-19 pandemic

Method: The studies were identified in well-known international journals found in three electronic databases: PubMed, Scopus, and MEDLINE. The data were cross-checked with information from the main international newspapers.

Results: According to the literature, due to the COVID-19 pandemic there is a lack of specialized mental health services and professionals, a restricted access to quality information and a lack of access to inputs, causing negative feelings and it can exacerbate pre-existing mental problems (eg: depression, suicidal ideation, smoking and binge drink). The cultural differences are a risk factor to worsen the mental health of this already vulnerable population.

Conclusion: providing psychological first aid is an essential care component for indigenous populations that have been victims COVID-19 pandemic.

Dear Editor,

According World Health Organization, in Latin America there are about 45 million indigenous people in 826 communities that represent 8.3% of the population. This is an increase of 49.3% in relation to 2010. Of this amount, 17 million live in Mexico and 7 million in Peru (WHO, 2020). An estimated 798,365 Aboriginal and Torres Strait Islander people were in Australia, representing 3.3% of the total Australian population (Australian government, 2019), in America there are 5,2 million and Canada 2,13 million of indigenous. However, the countries with the highest proportion of indigenous population are Bolivia (62.2%), Guatemala (41%), Peru (24.0%) and Mexico (15.1%). Brazil, with 900,000 indigenous people, has the largest number of communities (305), followed by Colombia (102), Peru (85), Mexico (78) and Bolivia (39) (WHO, 2020).

The new coronavirus pandemic, SARS-CoV-2 (COVID-19), which started in December 2019 as a cluster of pneumonia cases in Wuhan, China (Yang-Ron, 2020), has spread to other countries, damaging the routine and the mental health of the general population. However, this impact is being much more aggressive on the mental health of minority groups, especially on the indigenous population (PI). In this context, racial/ethnic disparities in mental health service use have increasingly captured international attention (Moon et al., 2018). Thus, the aim was to describe the mental health situation of the indigenous population in the context of the COVID-19 pandemic.

One of the first problems is the lack of specialized mental health services for the PI during the pandemic. This is worrying, because despite the profoundly debilitating effects of mental disorders in all populations, racial/ethnic minorities are less likely than Whites to access mental health services and to receive needed care (Moon et al., 2018). North American research revealed, when evaluating PI and Alaska

students that 14% of student have used university mental health services. The predictors of mental health service utilization in this population included financial stress, lack of deployment during service, suicidal ideation, and a diagnosis of depression. Moreover, the authors affirm that there are gaps in service provision (Albright et al., 2020). Review study emphasizes suicide and substance use as common mental health problems in PI (Nelson and Wilson, 2017).

Furthermore, with the status of a COVID-19 pandemic, the contingent of health professionals is reduced both by the absence of workers because they are reduced, and by the resizing to meet the demands of the already overburdened health systems in the world. In China, there are reports that around 3,000 health workers were infected and at least 22 died during the first months of the outbreak (Li et al., 2020), in Italy 2,629 health workers have been infected since the outbreak began in February, representing 8.3% of the total cases (GIMBE, 2020), in Spain of the 40,000 confirmed cases, 5,400 - almost 14% - are medical professionals, in France 490 doctors have already been infected (Minder and Peltier, 2020). Additionally, indigenous villages are often geographically isolated, which makes access to health services difficult.

Another important factor is the fear and uncertainty about life itself caused by the indigenous population, the restricted access to quality information and the lack of access to inputs. As of April 14, 2020, a total of 1,848,439 cases of COVID-19 have been confirmed in the 213 countries including 117,217 deaths (WHO, 2020). Moreover, to a concrete fear of death, the COVID-19 pandemic has implications for other spheres: family organization, companies and public places, changes in routines, isolation, leading to feelings of helplessness and abandonment (Ornell et al., 2020). These negative feelings can exacerbate pre-existing mental problems. Compared with the general

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population in Canada, e.g., Aboriginal youth start smoking earlier, have a higher prevalence of smoking, have high rates of binge drinking and are more likely than non-Aboriginal youth to use marijuana (Elton-Marshall, Leatherdale and Burkhalter, 2011).

Another important factor to take into consideration is the cultural issue. Indigenous peoples are constantly harassed throughout the world to resign their culture, legacy and traditions to the detriment of the white man's culture. The measures for the prevention and control of the COVID 19 pandemic were designed for a Western capitalist society, disregarding the peculiarities of indigenous people - sleeping in communities on occasion, moments of leisure and social fraternization or even rituals that require clustering, lack of access to the use of masks are examples of this.

Canadian study shows that there is also increased recognition of the ongoing impact of colonialism on the intergenerational transmission of Indigenous histories and cultures, and the resulting effects on the health and wellbeing of Indigenous communities. Colonial instruments continue to have gender-specific impacts on access to Indigenous networks and communities that are critical for many Indigenous people's wellbeing (Levesque and Quesnel-Vallée, 2019).

Therefore, providing psychological first aid is an essential care component for indigenous populations that have been victims of emergencies and disasters, however, there is a lack of universal protocols or guidelines for the most effective psychosocial support practices. The study provides a starting point for discussions, dialogue, and further study regarding mental health research for Indigenous peoples around the world in COVID-19 pandemic.

Authors' contributions

MLRN, JGJ, CGLS, LMM, CKTL, MMM designed the review, developed the inclusion criteria, screened titles and abstracts, appraised the quality of included papers, and drafted the manuscript.

MLRN, JGJ, WRP, LMM, CKTL, CGLS reviewed the study protocol and inclusion criteria and provided substantial input to the manuscript.

MLRN, JGJ, CGLS, MMM, WRP reviewed the study protocol. MMM read and screened articles for inclusion. All authors critically reviewed drafts and approved the final manuscript.

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Declaration of Competing Interests

The authors declare that they have no competing interests.

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