# COVID-19 Impact Insights Paper #8

# Wellbeing impacts of the COVID-19 pandemic

Summary

The COVID-19 pandemic has seen huge change and disruption to communities across Aotearoa. The pandemic has highlighted and exacerbated many inequities in wellbeing in Aotearoa, but it also highlighted the strength, resilience, and resolve of communities to support wellbeing.

Across a series of short reports, we have explored the wellbeing impacts for Māori, for older people, rural communities, for Pacific peoples, for people at risk of family violence across a range of communities, and have seen parallels in the face of other crises. This paper[[1]](#footnote-2) draws on these reports and wider research to highlight the wellbeing impacts of the pandemic, and to learn from them. This paper does not evaluate the Government’s COVID-19 response – it highlights the shared and unique wellbeing impacts of the pandemic, for people who experience greater challenges to wellbeing across Aotearoa.

Many of the challenges faced in the pandemic were not new – but were made more starkly visible for a lot of communities. We have seen and described this in our previous reports: the pandemic has exacerbated and amplified many inequities in mental health and wellbeing outcomes, and in access to services and supports. It has seen racism and discrimination increase, and it has affected the wellbeing of different communities in different ways. It has particularly affected the wellbeing of people who belong to several underserved communities, compounding the impact for those who experience intersecting disadvantage.

While there are many shared challenges, different communities across Aotearoa also face unique challenges. Different populations in Aotearoa have unique mental health and wellbeing needs, and, in times of crisis, require support tailored to meet these. Accessing and understanding information about the pandemic was challenging for some communities, contributing to increased fears and anxiety. While largely successful, the approach to vaccination did not work for all communities; and the latter stages of the pandemic have impacted communities differently.

Wellbeing inequities, as well as different social, economic and cultural needs, mean that a one-size-fits-all approach is inadequate for many populations in Aotearoa.

Such an approach can be seen as inadequate to support Māori wellbeing, and does not reflect Te Tiriti partnership. In the face of this, and building on existing history and knowledge, iwi, hapū, and whānau Māori exercised rangatiratanga, providing practical support for themselves and others through the pandemic. Māori responses to the pandemic were grounded in tikanga Māori and mātauranga Māori, and built on established networks and relationships. In this way, Māori-led responses were agile and adaptive in protecting the health and wellbeing of communities.

In the face of similar inequities and needs, the strengths, resourcefulness, and contributions of many communities were evident as they engaged in opportunities to improve wellbeing for themselves and others. Our COVID-19 reports have repeatedly highlighted that while communities sought to meet unique needs, common strengths were evident across their responses. These include a strong sense of connectedness and belonging, clear leadership, innovative practices and collaboration with and between services and government agencies.

Where government decision-makers and agencies have been able to draw on these community strengths, support communities’ self-determination, and strengthen these common enablers, they have been able to better support wellbeing together.

Te Hiringa Mahara has drawn on the findings, across our reports and wider community engagement and research reported here, to call for **new or better ways of working with communities**:

* Recognising the value and exercising of rangatiratanga, and giving Māori, iwi, hapū and whānau the freedom and resources to act in the way that best meets their wellbeing needs.
* Where government continues to provide services, planning them in partnership with Māori, meaning government responses are informed by tikanga and matauranga Māori.
* Employing high-trust models for working with communities, enabling community-based providers and communities to spend more time and energy supporting local wellbeing, in ways that work for them.
* Recognising and consulting those groups who often have poorer wellbeing outcomes, and including their community leaders and members in planning and decision-making.

Communities have drawn on their own knowledge, resources and networks for wellbeing, supported by a range of common enablers, including trusting support from government, having resilient social infrastructure, and being able to use digital infrastructure to be innovative. This means there are some **practical actions or enablers that can support wellbeing**:

* Funding and assistance for marae to maintain the capacity to provide practical support to their communities will support wellbeing now, and in the face of future crises.
* Government resources to support the sustainability and resilience of other community organisations and social hubs who provide wellbeing support, will protect wellbeing now and enable preparedness for the next crisis.
* Ongoing investment in bridging the ‘digital divide’ will support connection and wellbeing, especially when other social connections are unavailable, such as during ‘lockdowns’.
* Continuing investment in accessible, responsive, and ongoing comprehensive trauma and distress support, which will support communities in the future, in general and during times of crisis.

Improving wellbeing requires understanding the wellbeing of individuals, whānau, and communities, and the unique challenges experienced by different communities and people who intersect them. To understand the needs and wellbeing experience of many populations, **investment in** **high quality research and data is needed**:

* High quality research and data will support iwi and Māori responses and will help build the trust needed for partnership. Greater emphasis needs to go into sharing relevant information and supporting Māori research and researchers to address these concerns, including upholding Māori data sovereignty.
* We experience wellbeing differently, based on a variety of factors. If we are to improve wellbeing for all, we need better disaggregated data and research to understand wellbeing for different communities, including people with lived experience of distress or addiction, Pacific and Asian peoples and the ethnic communities that make up these groups.

1. This paper is the last in a series of eight short, focused insights reports that highlight key elements of the wellbeing impacts of the pandemic in Aotearoa. For greater detail on the methodology, references, and findings of this paper, and the rest of the series, please see our website: https://www. mhwc.govt.nz/our-work/covid-19-insights/ [↑](#footnote-ref-2)