VACCHO

Submission to the Productivity Commission Draft Report On Mental Health

23 January 2020

INTRODUCTION

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) welcomes the opportunity to respond to the Productivity Commission's draft report on Mental Health.

As the peak body for Aboriginal health and wellbeing in Victoria, VACCHO champions self-determination, Community control and health equality for Aboriginal communities. VACCHO represents more than 27 Aboriginal Community Controlled Organisations (ACCOs), who are vital in the provision of holistic, affordable and culturally appropriate primary health care for Aboriginal people. ACCOs have a proven track record in delivering effective and cost-efficient primary health care in a culturally safe environment for Victoria's Aboriginal[1] people.

VACCHO has consulted with our Members, who have expressed concern with the failure of previous government inquiries, policies and programs to support positive outcomes for the mental health of Aboriginal people. There is also a general sense of frustration with government processes that are conducted often with little or no consultation with Communities.

VACCHO's response focuses on the following key aspects:

1. The need for a greater focus on an Aboriginal social and emotional wellbeing (SEWB) model, designed by Aboriginal people, for mental health and suicide prevention.
2. The necessity for further Aboriginal community engagement - the Productivity Commission's scope and process must include further consultation with Aboriginal Community Controlled Organisations, Community groups and Elders.
3. The Productivity Commission must review and incorporate recommendations made in previous inquiries in relation to Aboriginal mental health, social and emotional wellbeing and suicide prevention. A wealth of information has been generated by a range of previous investigations and commissions including the *1991 Royal Commission into Aboriginal Deaths in Custody*, the *Bringing them Home* Report, and recommendations from Victoria's current Royal Commission into mental health.

The Effect of Historical Injustices on Aboriginal People

It is critical that the Productivity Commission examine Aboriginal people's economic participation and productivity from the perspective of historical and intergenerational trauma which has been experienced by Aboriginal people since colonisation.

Significant risk factors that can negatively impact on the mental health and economic participation for Aboriginal and Torres Strait Islander peoples include:

- widespread grief and loss
- impacts of the Stolen Generations and removal of children
- unresolved trauma
- separation from culture and associated identity issues
- discrimination based on race or culture
- economic and social disadvantage
- physical health problems
- incarceration
- violence
- substance misuse.

The loss of land, cultural connections, language, assimilation and forced child removal are all issues which have contributed to historical and intergenerational trauma. Distrust in government and non-government services is also a factor that

1 The term 'Aboriginal' in VACCHO documents is inclusive of both Aboriginal and Torres Strait Islander peoples. The terms 'Communities' and 'Community' in this document refer to all Aboriginal and/or Torres Strait Islander Communities across Australia, representing a wide diversity of cultures, traditions and experiences.

has arisen from the historical association of the removal of Aboriginal children from their homes and communities as well as experiences of racism. The Australian Bureau of Statistics Health Survey supports the notion that trauma leads to poorer mental and physical health outcomes[2].

These experiences have resulted in decreased social and economic participation, engagement and connectedness for whole Aboriginal communities. A further result has been the loss of kinship placing a higher burden on informal carers, a greater burden to society through missed years of productivity, decreased output for the community from a diminished workforce and an associated reduction in individual and community income and living standards.

Aboriginal Social and Emotional Wellbeing (SEWB) Model.

Statistics show that the current western biomedical models of mental health service provision are failing Aboriginal people and there is a widening gap between mental health, social wellbeing and economic participation between Aboriginal people and their non-Aboriginal counterparts. This is illustrated by the mental health-related hospitalisation rate of Aboriginal people from 2004 to 2015 which increased by 22 per cent, whereas the rate for non-Aboriginal individuals decreased by 24 per cent over the same period.[3] Mental and health related conditions are estimated to account for as much as 22 per cent of the health gap (12 per cent mental health conditions, 6 per cent alcohol and substance abuse and 4 per cent suicide) between Aboriginal and non-Aboriginal people.[4]

VACCHO Members urgently call for a different approach to Aboriginal mental health with a focus on social and emotional wellbeing (SEWB), given the continuing growing gap between the mental health of Aboriginal people and non-Aboriginal people. As an holistic concept, SEWB is not limited to an individual's mental health but encompasses Aboriginal people's connection to their identities, participation in their cultures, families and communities, and to their relationship with the natural world, ancestors, and the spiritual dimension of existence.[5]

> *Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.*[6]

Understanding this concept has implications for policy makers and practitioners. It is not effective to separate mental health and SEWB. SEWB must be addressed along with mental health across the broad spectrum of mental health interventions that include health promotion, early intervention and recovery.

For Aboriginal and Torres Strait Islander peoples, cultural concepts such as connection to land, culture, spirituality, ancestry, family and community are protective factors. These concepts serve as sources of resilience. They moderate the impact of stressful circumstances on SEWB at an individual, family and community level.

The SEWB model developed in recent years draws on seven overlapping domains. These domains are body, mind and emotions, family and kin, community, culture, country, spirituality and ancestors. The domains can be thought of as containing both protective and risk factors. Promoting SEWB is about maximising the benefits of the protective factors, whilst minimising the risk factors.

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2 Australian Bureau of Statistics (2015). 4364.0.55.001 - National Health Survey: First Results, 2014-15. Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2014-15~Main%20Features~Mental%20and%20behavioural%20conditions~32

3 Australian Institute of Health and Welfare (2017). Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: Victoria. Cat. no. IHW 183. Canberra: AIHW

4 Department of Health and Human Services (2017). Balit Murrup: Aboriginal social and emotional wellbeing framework. State Government of Victoria, Melbourne.

5 file:///C:/Users/Isaace/AppData/Local/Microsoft/Windows/INetCache/IE/IDCFGFB6/Korin%20Korin%20Balit-Djak.pdf – accessed 29/04/2019

6 NACCHO: Constitution for the National Aboriginal Community Controlled Health Organisation. National Aboriginal Community Controlled Health Organisation; 2011.

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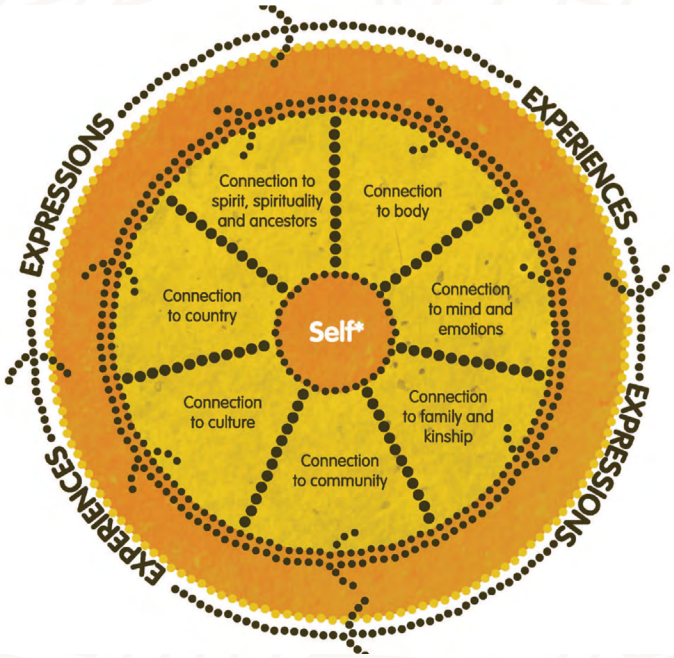

SEWB wheel: Sourced from Recovery Stories website.

Evidence supports the effectiveness of this model for Aboriginal people and it is a model which could have benefit for the non-Aboriginal population as well. Research[7] has shown that Aboriginal people's access to mental health care increased by 34 per cent (2012-13) at Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care when a SEWB model was implemented through the employment of psychologists and social workers who could provide culturally safe services. This and other studies, demonstrate the positive impact SEWB services can have for Aboriginal people. The Productivity Commission needs to commit the Australian government to further develop our resources and evidence-base to determine how we can best support services to implement SEWB services and service models as part of the Australian service system.

VACCHO Members urge the adoption of Aboriginal SEWB model as the best fit for mental health and suicide prevention among the Aboriginal people, to be delivered through the recruitment of practitioners to provide SEWB services across ACCOs in Australia. Evidence indicates ACCOs are the trusted entities for Aboriginal people for initiatives to support and maintain their positive mental health outcomes.[8] Although recruitment of Aboriginal mental health workers has increased accessibility of mental health services, Aboriginal people still remain underrepresented in the healthcare workforce.[9] [10]

Funding for an Aboriginal SEWB model

Funding for an Aboriginal SEWB model should be placed under the direction of Aboriginal organisations, rather than an external commissioning bodies. The difficulties encountered by Aboriginal organisations and their relationship with Primary Health Networks (PHNs) illustrates the need for self-determination in funding design and delivery of services to their Communities. PHNs have been an intermediary between government and front line primary health service providers and the pathway for Commonwealth funding to ACCOs since July 2015.

However, feedback from Member ACCOs about their experiences working with PHNs indicate that:

1. there is an inadequate allocation of primary health care funding to ACCOSs and Aboriginal health programs and policies;
2. there is a high burden of reporting requirements and irrelevant reporting indicators;
3. there are inadequate administration fees to cover the cost to an ACCO of administering the relevant program;
4. funding contracts between PHNs and ACCOs are short-term and proscriptive; and
5. there is a lack of genuine engagement between PHNs and ACCOs.

These issues place pressure on ACCO budgets and staff and puts the quality of primary health service delivery at risk. Aboriginal leadership and involvement in decision making in all aspects of the commissioning cycle should be paramount from needs assessment, co-design of services, procuring and contracting and monitoring and evaluation.

VACCHO supports the approach taken by the Victorian Government's Royal Commission into Victoria's Mental Health System, which has

7 Hepworth J., Askew D., Foley W., Duthie D., Shuter P., Combo M., & Clements L. A., (2015). *How an urban Aboriginal and Torres Strait Islander primary health care service improved access to mental health care.* International Journal for Equity in Health.14:51.

8 Victorian Aboriginal Community Controlled Health Organisation (2019). Unpublished.

9 Fielke K., Cord-Udy N., Buckskin J., Lattanzio A., (2009). The development of an 'Indigenous team' in a mainstream mental health service in South Australia. Australas Psychiatry.15(Suppl):S75–8.

10 Whiteside M, Tsey K, Cadet-James Y. A theoretical empowerment framework for transdisciplinary team building. Aust Soc Work. 2011;642:228–32.

acknowledged the need for Aboriginal leadership in the design and implementation of services for Aboriginal people. This has included, for example, a recommendation for dedicated recurrent funding to establish and expand multidisciplinary social and emotional wellbeing teams in Aboriginal Community Controlled Health Organisations.

CONSULTATION PROCESS

VACCHO Members strongly urge the Productivity Commission to include specific Aboriginal community consultations/public hearings into their process.

The lack of Aboriginal consultation in this process was very clear from the commencement of the Productivity Commission inquiry which read: "*The inquiry's terms of reference (provided at the front of this paper) were developed by the Australian Government in consultation with State and Territory Governments. The terms of reference ask the Commission to make recommendations to improve population mental health so as to realise higher social and economic participation and contribution benefits over the long term.*[11]

The Productivity Commission should further undertake roundtable consultations with Aboriginal and Torres Strait Islander peoples, including with their carer and consumer organisations, holding hearings in regional Australia and incorporating Community perspectives in their final report.

The Productivity Commission can partner and resource local, regional and remote Aboriginal community organisations to facilitate further consultations with the Aboriginal and Torres Strait Islander communities beyond the draft report.

It is important that the Community voices and expertise are heard through this process and are reflected in the Commission's final report/ recommendations. The Commission also needs to include outcomes of previous Aboriginal community consultations into mental health from previous Royal Commissions and investigations. Further, such community consultations would be arranged in culturally safe environments for participating individuals and organisations through counselling and other follow up supports.

The necessity for dedicated consultation with Aboriginal communities is essential given that Aboriginal people are disproportionately exposed to risk factors that negatively impact upon their social and economic participation compared to the general Australian population.

The extent of this exposure is associated with increased suicide risk and ultimately suicide rates that are twice the national average (ABS, 2017).[12]

Moreover 84 per cent of Aboriginal people diagnosed with a mental health condition reported experiencing one or more stressors including serious illness (17 per cent), Alcohol and other Drugs (AoD) problems (19 per cent), overcrowding at home (10 per cent), and discrimination (9 per cent).[13] [14]

The prevalence of childhood and family adversity experienced by Aboriginal people is significantly higher than in non-Aboriginal communities. In the youth cohort, 29 per cent of young Aboriginal people aged 15-24 have a long-term mental health condition compared to 16 per cent of non-Aboriginal youths in 2014-15.[15]

It is a distressing fact that the suicide rate for Aboriginal people for the years 2013-2017 doubled the national average at 24.9 persons per 100,000 as opposed to 12.08 persons per 100,000.[16] In addition, 26 per cent of suicide deaths of Aboriginal people were children and young persons aged 5-17 years (93 of 358 deaths).[17]

RECOMMENDATIONS

The scope of the Productivity Commission's Inquiry should be widened to include the role of Aboriginal SEWB in supporting economic participation, enhancing productivity and economic growth specific for Aboriginal people. In addition, VACCHO Members advocate that the Commission:

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10 Australian Bureau of Statistics (2016). 4714.0 - National Aboriginal and Torres Strait Islander Social Survey, 2014-15. (n.d.). Retrieved from: https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4714.0~2014-15~Feature%20Article~Aboriginal%20and%20Torres%20Strait%20Islander%20people%20with%20a%20mental%20health%20condition%20(Feature%20Article)~10

11 McNamara B. J., Banks E., Gubhaju L., Joshy G., Williamson A., Raphael B., & Eades S., (2018). Factors relating to high psychological distress in Indigenous Australians and their contribution to Indigenous-non-Indigenous disparities. Australian and New Zealand Journal Of Public Health. 2018;42(2):145-152. doi:10.1111/1753-6405.12766.

12 Australian Institute of Health and Welfare (2018a). Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018. Cat. no. IHW 202. Canberra: AIHW.

13 Australian Bureau of Statistics (2017). Causes of Death, Australia, 2017. Intentional self-harm in Aboriginal and Torres Strait Islander People. Retrieved from: https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Intentional%20self-harm%20in%20Aboriginal%20and%20Torres%20Strait%20Islander%20people~10

14 Ibid

1. Examine the effect of supporting Aboriginal SEWB for the economic and social participation, productivity and healing for Aboriginal and people
2. Examine application of Aboriginal SEWB models in sectors beyond health, including education, employment, social services, housing and justice, to contribute to improving mental health and economic participation and productivity for Aboriginal people
3. Examine the effectiveness or otherwise of current programs and initiatives across all jurisdictions including by governments, employers and professional groups to improve mental health, suicide prevention and economic participation for Aboriginal people
4. Develop a framework to measure and report the outcomes of mental health policies and investment on participation, productivity and economic growth specific to Aboriginal people over the long term
5. Include specific Aboriginal consultations and/or public hearings into the process
6. Address the issue of funding to be directed to ACCOs and not through a third party.

In addition, the Inquiry should review and incorporate the recommendations made by the Royal Commission into Victoria's Mental Health system, which has determined that the following matters that directly impact on ACCO SEWB service delivery needs urgent action:

1. Provision of dedicated funding to establish or expand multidisciplinary social and emotional wellbeing teams in ACCOs, with statewide coverage within five years.
2. Each ACCO will receive **recurrent and indexed funding** to either establish or expand the existing SEWB workforce over 5 years.
3. A staged expansion of social and emotional wellbeing teams over five years, with funding being allocated to up to five ACCOs a year. Phasing will be determined by each ACCO's readiness to deliver social and emotional wellbeing services, subject to current capacity and clinical governance accreditation.
4. The multidisciplinary ACCO SEWB teams will have the appropriate professional supervision and cultural mentoring team and contain the following expertise:
    - Mental health clinicians—e.g. psychiatrists, psychologists, mental health nurses.
    - Mental health occupational therapists and clinical social workers.
    - A lead clinician to provide clinical supervision, mentoring and support for other team members.
    - Other specialist expertise—e.g. alcohol and other drug workers.
    - One or more (depending on the size of the population served) cultural experts (such as an Elder or an Aboriginal health and community worker, or both) to provide connection to culture and community, as well as cultural safety training and supervision for team members.
5. A minimum of 30 scholarships awarded over the next five years to enable Aboriginal SEWB team members to obtain recognised clinical mental health qualifications from approved public tertiary providers.
6. VACCHO will be funded to operate the SEWB Centre of excellence. The purpose of the centre is to build the evidence base and capacity development for ACCOs to either establish or expand their SEWB services as well as provide best practice and clinical effectiveness models in working with Aboriginal children and younger people.
7. The Department of Health and Human Services (DHHS) will host a new Mental Health Implementation Office that will operate for two years to support implementation of the recommendations of the Royal Commission.

Part Five of the interim report of the Royal Commission into Victoria's Mental Health System also offers nine recommendations to lay the foundations for future reform and these should be taken into consideration:

1. Establishing the Victorian Collaborative Centre for Mental Health and Wellbeing
2. Expanding acute services in targeted areas
3. Increasing investment in suicide prevention
4. Expanding Aboriginal social and emotional wellbeing services
5. Designing and delivering Victoria's first lived experienced–led service
6. Supporting lived experience workforces
7. Ensuring workforce readiness for future reforms
8. Establishing a new approach to mental health investment
9. Setting up a Mental Health Implementation Office to drive the initial effort.

CONCLUSION

The Royal Commission into Victoria's Mental Health System has already accepted the value of SEWB and is supporting it as the preferred model in the future mental health system. Its interim report delivered in November 2019 commits the Victorian Government

to expanding SEWB teams within ACCOs throughout Victoria (Chapter 16:4). VACCHO believes the Productivity Commission needs to build on this base by scoping the level of unmet need for Aboriginal SEWB services throughout Australia.

VACCHO Members envision an Australia where all Aboriginal peoples have the opportunity to thrive, enjoying good mental health and wellbeing throughout their lifetime – an Australia where Aboriginal peoples and communities with poor social and emotional wellbeing or mental ill-health can heal and progress their individual and collective recovery and embark on full social and economic participation.