The Aboriginal Health and Medical Research Council (AH&MRC) submission for the Productivity Commission Inquiry into Mental Health

5th April 2019, Sydney

1. Introduction

The AH&MRC appreciates the opportunity to respond to the Productivity Commission's Inquiry into The Social and Economic Benefits of Improving Mental Health. We urge the Commission to address the large gap between the mental health outcomes of Indigenous Australians and their non-Indigenous peers, and the vast over-representation of Aboriginal[1] people in mental health services in Australia[i][ii].

The Aboriginal Community Controlled Health Service (ACCHS) sector provide health and wellbeing services to a large proportion of Aboriginal people in NSW. It is these services that must be scaled up and supported if we, as a society, want to address the devastating problem of suicide and poor mental health in Aboriginal populations.

In this submission we will demonstrate how mental health services in Australia have been insufficient to address the huge impact that mental illness has on Aboriginal communities. Firstly, the burden and impact will be discussed, highlighting how the often 'one size fits all' approach to mental health service delivery has and will not improve the mental health and wellbeing of Aboriginal people and how the Aboriginal concept of health must be acknowledged and incorporated. Secondly, a discussion of why the poorer mental health outcomes have continued in Aboriginal communities and how we can invest in solutions. Thirdly, the major issue of lack of data on mental illness in Aboriginal peoples and lack of quality program evaluations will be discussed. The submission will be concluded with a list of suggested solutions for how the Australian Government can address the mental health burden on its First Nation People and acknowledge and celebrate the work of the Aboriginal community controlled sector.

2. The burden and impact of mental health on Aboriginal populations

Aboriginal definition of wellness

Aboriginal people have a marked higher burden of disease and injury than the general Australian population, much of which has been attributed to higher rates of non-communicable diseases including mental disorders. The multifaceted construction of 'mental health' and 'mental illness' are cultural concepts developed predominantly within a western context, however, through a holistic view of health, pertains a broader scope for Indigenous people. This understanding of health recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these connections have been shaped across generations. This whole-of-life view and the understandings of maintaining and restoring health and social and emotional wellbeing differ

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[1] Here after, the term Aboriginal has been used throughout this document in recognition that Aboriginal peoples are the first inhabitants of NSW and may refer to both Aboriginal and Torres Strait Islander peoples.

markedly to those in many non-Indigenous or mainstream programs and services,[iii] and undeniably complicate the ability to provide effective mental health programs and services to Aboriginal people. The traditions, values and health belief systems of Indigenous people remain poorly understood by many policy makers and service providers and are infrequently taken into account in program design and implementation. This tendency to address mental health in individualistic rather than holistic terms has been described as an example of the *'disjunction and ethnocentrism within the mental health and health sectors'*.[iv]

Social determinants of health

There is a need for prevention and upstream measures that address the historical and present day impacts of colonisation and intergenerational trauma on Indigenous communities, requiring dedicated and Indigenous community-specific led responses. The reasons for poor mental health are vast; poor access to good nutrition, poor quality water, alcohol intake during pregnancy, overcrowding and persistent ill-health contribute to developmental delay and poor physical and neurological outcomes. Parental mental health status in the perinatal period is another critical factor in the early development and wellbeing of children; findings from the *Footprints in Time – The Longitudinal Study of Indigenous Children (LSIC)* suggest that good parental health can prevent children being exposed to the adverse effects of stress and builds resilience[v].

Whilst biological, genetic and environmental factors are considered influential to healthy development, the role of culture is less likely to receive acknowledgement. Culture is arguably a central determinant of wellbeing among ethnic and minority populations, where issues of racism, place and the circumstances of history are crucial to understanding how physical and mental health are influenced[vi]. The wellbeing of Indigenous populations cannot be fully understood without an appreciation of the events and processes that followed Australia's colonisation. Indigenous health is a product of a history of dispossession, exclusion, discrimination, marginalisation and inequality, and consequently the process of reconciliation is hindered by an established lack of trust[vii]. It is not possible to consider best practice mental health models of service for Aboriginal people without considering culture, including an understanding of the multi-faceted impact that intergenerational trauma has on Indigenous people and its inextricable link to mental health, social and emotional wellbeing[viii]. These entrenched determinants which foster the unhealthy environment propagating poor mental health must be systematically addressed if sustained progress is to be made.

High unemployment leads to poorer mental health outcomes

To better understand the impact of mental health on workforce productivity, there needs to be an acknowledgment of the current landscape of Aboriginal and Torres Strait Islander employment. There is a considerable gap between the labour force and employment outcomes of Aboriginal and Torres Strait Islander peoples and those of non-Indigenous Australians. In 2016, 46% of Aboriginal adults in NSW (15 years and over) were employed, compared with 59% of non-Aboriginal people.[ix] In this same period, the unemployment rate in NSW for Aboriginal and non-Aboriginal people was 15% and 6% of the total labour force, respectively. Unemployment amongst Aboriginal people was the highest for 18-24 year olds, at 24%.[x] This low employment rate can result from and contribute to further economic deprivation and a range of other social and emotional health problems.

Suicide

Suicide is believed to have been a rare occurrence among Aboriginal people in Australian pre-colonial times, sadly, it has become increasingly prevalent over recent decades. The 2016 *Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Report (ATSISPEP)* noted that suicide has emerged in the

past half century as a major cause of Indigenous premature mortality and is a contributor to the overall Indigenous health and life expectancy gap. In recent years rates of suicide have seen a dramatic increase among Indigenous children and young people in particular, comprising 30% of the suicide deaths among those under 18 years of age. Suicide is the leading cause of death for Indigenous people aged 14-34, and those aged 15-24 are more than five times likely to commit suicide as their non-Indigenous peers.[xi] Deaths of Aboriginal and Torres Strait Islander males typically represent the vast majority of Indigenous suicide deaths, with 75.8% of all Indigenous suicide deaths in 2017 attributed to males; alarmingly, a 2016 report outlined that Indigenous males between the ages of 25 and 29 were found to have the highest rates of suicide in the world.[xii] While the rate of male Indigenous suicides is notably higher than female deaths, the median age at death is comparable, with females recording a median age of 28.3 year, compared with 29.8 years for males.

More than twice as likely to commit suicide as their non-Indigenous peers, Aboriginal people remain at the greatest risk of suicide in remote areas.[xiii] Between 2001 and 2010, the majority of suicides among Aboriginal people occurred outside of capital cities; a stark contrast to non-Indigenous suicides where majority occurred within a capital city.[xiv] The prevalence of self-harm also presents a startling picture, with rates of hospitalisation for intentional self-harm much higher than the rate of suicide for Aboriginal people, with females hospitalised at higher rates than males.[xv]

In recent years, several efforts have been made to implement suicide awareness tailored for Aboriginal health workers and communities. However, as highlighted in the ATSISPEP report, efforts to reduce suicide in Indigenous communities has failed to do more than address some of the social and economic disadvantage factors; further investment is required by all levels of government to increase the capacity of health workers to respond to suicide risk in Aboriginal communities, and further consultation with communities to design a national capacity-building strategy.[xvi]

There is a vital need for a coordinated crisis response to urgently scale up Aboriginal-led mental health services. These need to be implemented in conjunction with addressing the many complex and interrelated factors that impact Aboriginal mental health and wellbeing for there to be a sustainable and effective change.

3. Consistent failure to improve mental health outcomes

The need to provide specific culturally appropriate services to Aboriginal communities

The ACCHS sector is best placed to provide culturally appropriate and consistent mental health services to Aboriginal people in their communities. The history of limited program success in Indigenous mental health can be linked to a number of factors, including insufficient and ad hoc funding arrangements; a 'one size fits all' approach; lack of appropriately trained staff; accountability requirements; and poorly coordinated and monitored programs and services.[xvii] A resounding concern is for the lack of culturally appropriate mental health resources and training available in the ACCHS sector; additionally, limited access to culturally appropriate, hospital and mainstream services for Aboriginal people who are self-referred or referred by their local ACCHSs remains a significant issue.

Within the western context of mental health, many of the assessment tools used by clinicians have little or no cross-cultural validity; consequently, the expression of warning signs and symptoms of mental illness for Aboriginal people fails to be understood and identified. There is a vital need for investment in a comprehensive and holistic approach, which is locally designed and operated by Indigenous people. One of the unique attributes of Aboriginal community controlled services is that

they are a practical expression of Aboriginal peoples' self-determination, reflected in their governance and treatment models, offering a multi-component approach.

The challenges of the geographical gap in the availability of ACCHSs further compounds the complexity of mental health. Representing 16% and 45% of all people living in remote and very remote areas respectively, Indigenous people continue to experience inconsistent access to a range of health and other services, including culturally secure mental health, hospital and community services. Despite this and the fact that 30% of Australia's population are living in regional, rural and remote areas, Commonwealth mental health funding across jurisdictions and in these areas is inequitably distributed; of consequence, the delivery of mental health services to these locations is severely lacking, resulting in greater costs to the individual, the community and Government. This disadvantage irrefutably affects the ability of choice for Aboriginal people, and until issues around basic levels of service provision are addressed, it will remain difficult to implement appropriate early intervention, prevention and treatment programs.

Aboriginal Mental Health Workers

The importance of the Aboriginal mental health worker, through their advocacy and cultural guidance, is acknowledged in mental health legislation in a number of Australian jurisdictions. Broadly, the legislative provisions provide for Indigenous consumers to, wherever practical, have access to culturally secure responses, including an Aboriginal mental health worker during assessment and treatment in mental health services. The ambiguous and cyclic funding paradigm has a contributory factor undermining the retention of a skilled Aboriginal mental health workforce, and the training and working conditions of local Indigenous health workers. Consequently, there is a detrimental effect on achieving sustained improvements in access, treatment and care of Aboriginal people with mental health problems, particularly those with complex, severe and persistent mental illnesses.

Short term funding

The capacity of ACCHSs to deliver services has been severely constrained by short term (and often ad-hoc) funding cycles. This often leads to high staff turnover and staff shortages. Further, these staff often do not have access to workforce development programs and qualification modules that their mainstream counterparts benefit from. Consistent underfunding to deliver mental health and social and emotional wellbeing services further impedes the capacity to improve the mental health outcomes of Indigenous people, particularly in rural, remote and very remote areas. Investment by government is primarily directed towards mainstream service delivery; these services, however, are observed to lack the requisite cultural knowledge, competence, capacity and understanding to effectively engage with and respond to Aboriginal people and their communities.

The transition from the State-led Ministry of Health – Office of Aboriginal and Torres Strait Islander (OATSIH) funding in 2013 to the Federally-led Department of Prime Minister in Cabinet and rebranded as the Indigenous Advancement Strategy (IAS), led to a reduction in Aboriginal health positions and mental health programs being delivered by ACCHSs. As a result, efforts to deliver culturally safe and community-based programs and services has been hindered and ultimately the ACCHS sector and Aboriginal communities left further disadvantaged.

Despite consistent ACCHS sector advice to Governments at all levels, Government funding for Indigenous services continues to be redirected from ACCHSs and administered to Primary Health Networks (PHNs). This is evident through the announcement that the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (NATSISPS) will be implemented predominantly through the dispersal of funds through PHNs. This lack of transparency is having a harmful and inequitable impact

on Indigenous Australians accessing appropriate and effective services, and continues to contribute to increases in more expensive hospital admission rates for acute and complex conditions. As individuals become increasingly unwell, emergency or voluntary admissions to hospital-based services are escalated, with admission, treatment and follow up costing around $19, 782 per person.[xviii] This is a significantly higher cost than investing in ACCHSs to deliver community based mental health services, central to keeping people well in the community and preventing hospital admissions.

The significant economic burden of mental illness substantiates the benefits of investment in the ACCHS sector. Redressing the critical gaps in services requires government at all levels to deliver secure, recurrent investment to the ACCHS sector, who have consistently demonstrated their capacity to achieve better health outcomes for Aboriginal people through the delivery of cost-effective, comprehensive, culturally secure health, early intervention and prevention services. Such funding has potential to expand services in regions where services are inaccessible or in areas where populations are most at risk and the demand for services is greater. In recognising the ACCHS sector as best placed to deliver health services to Aboriginal communities, there is a considerable need for improved services to ensure that Aboriginal people do not continue to be 'lost' in a mental health system that does not understand or respond to their cultural and mental needs.

4. Lack of Aboriginal data on mental illness to quantify impact

Reliable studies that have assessed the mental health and social and emotional wellbeing of Indigenous Australians are lacking, partly due to the difficulties in measuring mental health in culturally distinct populations as well as the inadequacy of existing measures.[xix] The available evidence-base, however, highlights that the gaps are pronounced and increasing. Almost one-third of Indigenous adults report high or very high levels of psychological distress in their lives, a rate three times higher than other Australians.[xx] Addressing research gaps and evaluation priorities requires investment by both the NSW Government and the Federal Government. Research is required to better understand the economic impact of mental illness in Australia; the importance of employment programs and impact that mental disorders have on lost productivity; and, whether shifting resources from hospital to community, particularly for high-needs patients, results in improvements in continuity of care and subsequent health outcomes. Overall, a comprehensive national study exploring the far reaching economic impacts of mental disorders would be beneficial, particularly with a focus on Aboriginal people as data for this is lacking.

5. Suggested solutions

The AH&MRC welcomes this Inquiry and makes the following recommendations for consideration:

1. ACCHSs supported as the preferred and supported mental health service providers for Aboriginal communities

- ACCHSs to remain the preferred providers of mental health and suicide prevention services to their communities
- Mandate funding to build and establish comprehensive social and emotional wellbeing (SEWB) teams in all ACCHSs including Residential Rehabilitation and Healing Services
- Develop and implement a culturally appropriate, targeted communications strategy to raise mental health awareness across the lifespan of the Aboriginal community

- All Indigenous suicide prevention activity should be community-specific and community-driven programs focused on culture, healing, strengthening social and emotional wellbeing, and improving the social determinants of health that can otherwise contribute to suicidal behaviours

2. Aboriginal workforce capacity building

- Promote culturally appropriate and age appropriate mental health literacy in schools through the development and delivery of health promotion, prevention, education and information programs
- Integrate and coordinate existing programs with school communities to better target school aged children and families on a regional basis
- Governments to support training, employment and retention of Aboriginal people as mental health workers, peer workers and in other suicide prevention roles. In particular, Indigenous youth should be supported and trained to work in suicide prevention activities among their peer groups and across the ACCHS sector

3. Sustainability and Continuous Quality Improvement

- Mental health services to be sustainable, promote equality, build capacity, and promote supportive environments for Aboriginal people
- Plan for and implement quality training and workforce activities to attract and retain a qualified, skilled and experienced workforce in Aboriginal mental health
- Future Indigenous suicide prevention services should include a commitment to evaluation and the dissemination of findings to further strengthen the evidence-base for future program development
- Review population health surveys to explore opportunities for improved data collection on mental health and wellbeing and the prevalence of mental illness in Aboriginal people
- Improve the quality and use of population health and health services data about mental health at local, regional and state levels, including its use for monitoring and reporting on progress. Utilise this data to effectively build the evidence base to inform and strengthen future programs and initiatives delivered to Aboriginal people
- Participatory action research to be the preferred methodology for future suicide prevention research in Indigenous communities, where all findings are openly communicated to and shared with the communities

4. Promote Aboriginal leadership

- Ensure and foster Aboriginal community leadership on mental health, including through involving Aboriginal people, communities and community controlled organisations in the development, implementation and evaluation of all programs targeting Aboriginal people
- Ensure Aboriginal communities, and their representative organisations such as ACCHSs and the AH&MRC have opportunities to input meaningfully into the review and development of mental health policy and input into legislation that affects them

5. Support partnerships and collaboration between ACCHSs and mainstream services

- Develop strong educational and accountability mechanisms, to embed Aboriginal Health into the health system, and ensure that the definition of Aboriginal health is well understood
- PHNs, Local Health Districts (in NSW) and the NGOs (eg. Beyond Blue, Black Dog Institute) to work in collaboration with ACCHSs to develop locally designed and operated mental health

programs based on a needs assessment, service mapping, gap analysis and opportunities for better use of services to reduce duplication and remove inefficiencies

- Service agreements between the Government and PHNs should contain Key Performance Indicators that demonstrate cultural capabilities and standards, and representation of Indigenous communities on boards, committees and councils beyond the ACCHS sector
- Collaboration between the ACCHS sector and service providers regionally to improve referral pathways between GPs, community mental health, disability, alcohol and other drugs and other mainstream mental health services
- Refine and evaluate the effectiveness of strategies that have been tested with Aboriginal people to ensure cultural appropriateness

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