



CATSINaM

**Congress and Aboriginal and Torres Strait  
Islander Nurses and Midwives (CATSINaM)  
Submission to Productivity Commission Inquiry  
into Mental Health**

**2019**

CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES AND MIDWIVES

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*Unity and Strength through Caring*

CATSINaM welcomes the opportunity to make a submission to the Productivity Commission Inquiry into Mental Health.

CATSINaM is the sole representative body for Aboriginal and Torres Strait Islander nurses and midwives in Australia. CATSINaM's primary function is to implement strategies to increase the recruitment and retention of Aboriginal and Torres Strait Islander peoples into the nursing and midwifery professions. Aboriginal and Torres Strait Islander health professionals play a critical role in the delivery of improved physical, social and emotional wellbeing outcomes for all Australians. CATSINaM also provides comments and advice on national Aboriginal and Torres Strait Islander health programs and health workforce initiatives.

The National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) 2013-2023 provides an evidence-based framework to guide future investment and effort in relation to Aboriginal and Torres Strait Islander health and wellbeing. Its vision is for an Australian health system free of racism and inequality and for all Aboriginal and Torres Strait Islander people to have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.

Importantly, the NATSIHP has a focus on the health system's effectiveness and clinically appropriate care. This involves having a health system that is not only clinically appropriate and safe but is also culturally safe; of high quality; responsive; and, accessible for all Aboriginal and Torres Strait Islander people.

In this submission, CATSINaM responds to select questions raised in the Productivity Commission Issues Paper<sup>1</sup> namely questions on:

- ⌚ the assessment approach;
- ⌚ structural weaknesses in healthcare; and the
- ⌚ health workforce and informal carers.

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<sup>1</sup> *The Social and Economic Benefits of Improving Mental Health*, Productivity Commission Issues Paper, January 2019.

## CATSINaM's response to the questions identified in the Issues Paper

1. What suggestions, if any, do you have on the Commission's proposed assessment approach for the inquiry. Please provide any data or other evidence that could be used to inform the assessment.

CATSINaM submits that the assessment process needs to focus on:

- ⌚ building the social capital of groups most effected by barriers to social participation;
- ⌚ preventing violence within communities;<sup>2</sup>
- ⌚ a national cultural safety training strategy which has regulatory impact such that mainstream organisations are required to apply the Aboriginal and Torres Strait Islander Cultural Respect Framework in all aspects of operational planning.

CATSINaM also submits that the definition of 'productivity' included in the assessment is childish: there is a need for the Inquiry to accept evidence in population health which confirms that racial; gender; age and low expectations of disabled people bias the social context for productivity.<sup>3 4</sup>

There is also a need to distinguish 'trauma' from 'mental health' so that at the public systems level, there are pathways to therapies in stepped care.

CATSINaM submits that these changes to the assessment framework will result in a fairer and more informed scrutiny of structural system flaws.

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<sup>2</sup>Australian Institute of Family Studies, *Family Violence Prevention Programs in Indigenous communities*, Resource Sheet No 37 produced by the *Close the Gap* clearinghouse, Dec 2016.

<sup>3</sup> *Discrimination against Indigenous Australians: A snapshot of the view of non-Indigenous Australian aged 25-44*, Beyond Blue, 2014, p 2.

<sup>4</sup> *Racism as a determinant of social and emotional wellbeing for Aboriginal Australian Youth*, Priest et al, *Med J Aus.* 2011; 194 (10), 546-550.

## QUESTIONS ON STRUCTURAL WEAKNESSES IN HEALTHCARE

- **Why have the past reform efforts by governments over many years had limited effectiveness on removing the structural weaknesses in healthcare for people with a mental illness?**

CATSINaM submits that the reform efforts have had limited effectiveness because they have focused on entrepreneurial expansion by general practice. This is a structural weakness because it has allowed limited access to therapies other than drug treatments. The policy for treatment is framed around stepped care, however there are no stepped care referral pathways. The care framework has privileged doctors and not taken account of the need for trauma-informed community nursing and allied health functions. The structural weakness of privileging doctors has resulted in mental health care which is not commensurate with need.

In Aboriginal and Torres Strait Islander health, this results in poor outcomes from Medicare items for Aboriginal health because it generates passive, paternalist relationships in health care and diminishes the benefit of new nursing workforce functions for care co-ordination, planned care, outreach and in-home care.

- **What, if any, structural weaknesses in healthcare are not being targeted by the most recent and foreshadowed reforms by governments? How should they be addressed and what would be the improvement in population mental health, participation and productivity?**

The absence of culturally safe therapies in the stepped care process delimits Medicare items for Aboriginal health. The Close the Gap framework for care is not being targeted in that:

- ⌚ There is no trauma model linked with the Health Assessment for infants;
- ⌚ There is no trauma model linked with the Health Assessment for children and adolescents;
- ⌚ There is no trauma model linked with the Health Assessment for adults.

There is a high need for nursing and occupational health functions which operate from infant, primary and secondary schools. Programs which merge teaching and health functions are required because the trauma response in infancy, childhood and adolescence is being downplayed through racism. At present infants, children, adolescents and adults may be screened, but rarely access culturally safe therapeutic programs. The intergenerational impact of this is violence. In stepped care, no attention has been given to the need for health-based programs in infant, primary and secondary schools. There is a high need for a nurse and allied health driven strategy in infant, primary and secondary schools to support trauma-informed teaching. There has been major progress developing

resources for Aboriginal health which enable understanding of mental health and these resources need to be brought into the infant, primary and secondary school learning environment in appreciation of the impact of trauma on learning. The functions of trauma nurses and allied health workers need to be included in a jurisdictional implementation plan for the National Aboriginal and Torres Strait Islander Mental Health Workforce Strategy.<sup>5</sup> There is an attendant high need for a national food security strategy so that nurses and allied health workers may administer nutrition programs which are at the heart of improving the social determinants of health. The Close the Gap strategy must address the basic building blocks of human functioning – the need for safety, the need for food, health and education – to improve population level mental health and by association, economic participation.

There is also a high need to include a national food security strategy in nursing functions which are part of chronic disease management and prevention; and mental health care planning. Depression is recognised as a factor in all chronic diseases, however there are no links from the Medicare Health Assessment to community nursing and allied health outreach functions which prevent hunger. The negative impact of this is felt most by children in the 9-14 year age group. Hunger and poverty drive depression, anxiety and violence and community level nursing and allied health strategies are required to improve mental health functioning.

At present the structural focus for health gain is the ‘business model for general practice’. This focus disproportionately streams funds from community nursing and allied health pillars for effective primary care at the foundational level of primary care.<sup>6</sup>

Further, PHN commissioned service processes have led to less accountability but more bureaucracy. PHN commissioning processes are brand driven as opposed to care driven. In ‘brand driven healthcare’ the stepped care model of care is a major driver of substandard treatment. In practice, it results in Aboriginal and Torres Strait Islander children and young people never getting beyond being screened. The process focus is not on care outcomes, it is on number of people screened. This practice is also a key risk for Medicare fraud. The bias toward the business model of primary care fundamentally leads to fewer targeted nursing programs; fewer targeted allied health programs; more rudimentary and inadequate care within general practice which coupled with cross cultural misunderstandings or bigotry leads to very poor outcomes for Aboriginal and Torres Strait Islander people.

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<sup>5</sup> Australian Health Ministers’ Advisory Council *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023*, Aboriginal and Torres Strait Islander Health Workforce Working Group, 2016.

<sup>6</sup> Kowanko I., *Co-ordinated Aboriginal Mental Health Care A best practice model*, Lowitja Institute, 2017.

An evidence-based alternative to the primary care business model for primary care would:

- ⌚ extend Drop-in Centre nursing responsibilities to regional and remote areas to encourage a community functioning as opposed to a medical model for mental health;
- ⌚ support centres to administer trauma-informed infant and school programs and food security activities as part of Close the Gap activity functions for nurses and allied health workers;
- ⌚ link Close the Gap preventive health and social determinants of health functions to nursing not general practitioner functions so that the emotional health and self-efficacy – as opposed to the mental health – of a person is recognised in health literacy, health promotion, self-management and symptom monitoring regimes.

This approach would respond to intergenerational trauma; the passive doctor patient model which currently delimits the health impact of Medicare items for Aboriginal health; the health literacy issues that impact across sectors; and the food security issues which need to be formalised through community nursing and allied health functions in social determinants of health platforms for Aboriginal and Torres Strait Islander health.

## QUESTIONS ON HEALTH WORKFORCE AND INFORMAL CARERS

- **Does the configuration and capabilities of the professional health workforce need to change to improve where and how care is delivered? If so, how should the workforce differ from current arrangements? How would this improve population mental health participation and productivity?**

CATSINaM advocates for change on behalf of Aboriginal and Torres Strait Islander people and has been providing workforce cultural safety training to reform the health care systems and processes which discriminate against Aboriginal and Torres Strait Islander people.

Independent evaluation has shown that cultural safety training is a benefit in health systems. It is supporting institutions to understand the values and behaviours which drive discrimination and by extension improving the training and employment opportunities for Aboriginal and Torres Strait Islander people. There is a need to expand the function of this training. In particular there needs to be:

- ⌚ Targeted training for people working in a stepped care model so that all practitioners understand how to address the bigotry which results in a lower standard of care for Aboriginal and Torres Strait Islander people.
- **How could training and continuing professional development be improved for health professionals and peer workers caring for people with a mental illness? What can be done to increase its uptake?**

Cultural safety training needs to also be aimed at supporting organisations apply the Cultural Respect Framework. In particular, health program administrators require cultural safety training so that they are able to understand the Aboriginal health actions in Australian Commission on Safety and Quality in Health Care Standards. CATSINaM is able to support a range of community training options to support a better standard of care planning among professional and a better standard of care among peer workers.

- **What can be done to address health workforce strategies in regional and remote areas? In which areas or circumstances would greater use of technology and tele-health services be suitable? What prevents greater remote provision of services to address the shortages?**

CATSINaM supports the extension of the Drop in Nursing Centre model in regional and remote areas. The operating framework of these centres need to include trauma-informed specialties which are applicable in preschool, primary and secondary school and aged care settings. Community nursing and allied health care led nutritional programs are crucial in a social determinants of health strategy.

- **What restrictions exist on the scope of practice for different professions, such as GPs, nurses, clinical versus other psychologists, and social workers? Are these restrictions unwarranted and, if so, how could they be addressed and what would be some of the costs and benefits?**

The problem is not the restrictions on the scope of practice, it is the lack of referral pathways in stepped care which balance the medical model of care. In addition, the financing arrangements for primary health care are a structural impediment to accessing interventions and preventative nursing and allied health care, due to the gate keeper arrangements that privileges general practice regardless of quality of efficacy.

- **What could be done to reduce stress and turnover among mental health workers?**

Cultural safety has and is having a major impact in supporting the recruitment and retention of Aboriginal and Torres Strait Islander people in nursing and midwifery. Cultural safety can be used in sectors beyond health to secure recruitment and retention of Aboriginal and Torres Strait Islander people. There is a need for all sectors of the workforce to adopt cultural safety as a professional development and support strategy. Cultural safety scenarios need to be included in occupational health and safety training. Mainstream organisations should be required to partner with Aboriginal and Torres Strait Islander people if they are pursuing a social function which can improve the health and wellbeing and social capacity of Aboriginal and Torres Strait Islander people.<sup>7 8</sup>

Finally, we would like to include the following attachment previous submissions relating to mental health:

1. CATSINaM submission: Senate Community Affairs Reference Committee inquiry on the accessibility and quality of mental health services in rural and remote Australia;
2. Joint submission: Mental Health Commission - draft Fifth National Mental Health Plan.

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<sup>7</sup> McGough et al. *Experience of providing cultural safety in mental health to Aboriginal patients: A grounded theory study*, International Journal of Mental Health Nursing (2018) 27 204-213.

<sup>8</sup> Molley, L., *Nursing care and Indigenous Australians, An Autoethnography*, The Australian Journal of Nursing Practice, Oct 2017 Vol 24, Issue 5, pp 4587-490.



## Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

Submission to the Senate Community Affairs  
References Committee inquiry on the  
accessibility and quality of mental health  
services in rural and remote Australia

MAY 2018

CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES AND MIDWIVES

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*Unity and Strength through Caring*

CATSINaM was established in 1998 with a primary role to represent, advocate and support Aboriginal and Torres Strait Islander nurses and midwives at a national level. Aboriginal and Torres Strait Islander health professionals play a critical role in the delivery of improved social and emotional wellbeing outcomes for all Australians. CATSINaM is committed to providing national leadership around Aboriginal and Torres Strait Islander health and health workforce policy development and implementation.

CATSINaM welcomes the opportunity to make a submission to the Senate Community Affairs References Committee Inquiry into the accessibility and quality of mental health services in rural and remote Australia.

Our first comment is that we assert that strong leadership for mental health services at the primary health care level exists through the Australian College of Mental Health Nurses (ACMHN), and write to lend our support and endorsement to the comments and recommendations contained in the submission by the ACMHN to the public consultation. We also strongly support and acknowledge the guidance and leadership provided by the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSIMHL).

Secondly, we put forward that available, appropriate and accessible mental health services requires government investment in a culturally safe and responsive interdisciplinary mental health workforce. We further endorse a holistic definition of health from an Aboriginal and Torres Strait Islander perspective<sup>1</sup> and recognise that good mental health and wellbeing is not just the absence of disease. The interdisciplinary mental health workforce includes and values Aboriginal and Torres Strait Islander health professionals, and adopts a holistic, person centred approach to mental health service delivery to positively impact the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples and for all peoples living in rural and remote Australia.

Thirdly, future planning and development of mental health service delivery should be shaped with the National Aboriginal and Torres Strait Islander Health Plan (NATSHP) 2013-2023 and the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 in mind. Both policy documents were for and about Aboriginal and Torres Strait Islander peoples and demonstrated best practice in policy development. These policies were developed in conjunction with Aboriginal and Torres Strait Islander peoples and communities, and illustrate 'strengths based' approaches that emphasises human rights, partnership, holism and wellbeing as foundational to Aboriginal and Torres Strait Islander health care delivery.<sup>2</sup>

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<sup>1</sup> National Aboriginal and Torres Strait Islander Health Plan, 2013-2023, P17.

<sup>2</sup> Fogarty, W., Bulloch, H., McDonnell, S. & Davis, M. 2018, Deficit Discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy, The Lowitja Institute, Melbourne; and Fogarty, W., Lovell, M., Langenberg, J. & Heron, M-J. 2018, Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander health and Wellbeing, The Lowitja Institute Melbourne.

## THE CRITICAL ROLE OF ABORIGINAL AND TORRES STRAIT ISLANDER MENTAL HEALTH PROFESSIONALS

The unique cultural foundation through which Aboriginal and Torres Strait Islander mental health practitioners know and deliver their profession and practice cannot be underestimated. Aboriginal and Torres Strait Islander people who choose to be mental health professionals across a broad range of disciplines, can form a pathway or conduit between Aboriginal and Torres Strait Islander knowledge systems, the knowledge system of their professions and the mainstream health system. One system is not favoured above the other because each system is equal and important, and supports strategies to provide effective and sustainable practice and the best outcomes for clients.

The National Aboriginal and Torres Strait Islander Health Plan 2013–2023 states that “national policy should... focus on building the mental health and social and emotional wellbeing workforce, including increasing the proportion of Aboriginal and Torres Strait Islander people working in this field.<sup>3</sup>”. We advocate that this occur as a priority providing a solid foundation upon which to build cultural capability and safety within Australia’s mental health workforce.

The under-representation of Aboriginal and Torres Strait Islander people in the health workforce appears to be one of the factors contributing to the lower rates of Aboriginal and Torres Strait Islander people accessing health services compared with non-Indigenous Australians. Increasing the rates of participation and completion of training by Aboriginal and Torres Strait Islander people in the Australian health workforce is fundamental to achieving better health outcomes<sup>4</sup> and delivering culturally safe care. Aboriginal and Torres Strait Islander health professionals combine clinical knowledge with a lived understanding of community and family relationships, connection to country, cultural practices and languages. Evidence supports that the Aboriginal and Torres Strait Islander workforce makes a positive difference to service access, experiences and outcomes for Aboriginal and Torres Strait Islander Australians.<sup>5</sup>

The presence of Aboriginal and Torres Strait Islander health workforce demonstrates strength of culture and cultural responses which are central to ensuring engagement by Aboriginal and Torres Strait Islander peoples within the health system. Increasing the Aboriginal and Torres Strait Islander health workforce is important in creating culturally safe working and service delivery environments in conjunction with providing cultural safety training to support the capability of the non-Indigenous workforce. The Aboriginal and Torres Strait Islander and the non-Indigenous health workforces are central to meeting the Closing the Gap targets for health outcomes and employment.

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<sup>3</sup> National Aboriginal and Torres Strait Islander Health Plan 2013–2023, page 20

<sup>4</sup> Australian Health Ministers’ Advisory Council, Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report, AHMAC, Canberra, 2012.

<sup>5</sup> AIHW: Aboriginal and Torres Strait Islander health organisations – Online Services Report key results 2015-2016

Primary Health Care is not only a sectoral employment opportunity, it is also clear that the average need for primary health care by the Australian and Torres Strait Islander population is much greater than that of the non-Indigenous population in all geographical areas. This difference appears to be especially pronounced in remote and very remote areas.<sup>6</sup>

In 2008, the Close the Gap Statement of Intent drew a bipartisan commitment between governments and Aboriginal and Torres Strait Islander health organisations to work towards equality in health status and life expectancy by 2031. To achieve the Close the Gap targets it is critical to increase the Aboriginal and Torres Strait Islander workforce. The current Australian Government benchmark is to achieve representation in the health workforce equivalent to population parity, which is 2.8%. Significantly, Aboriginal and/or Torres Strait Islander Australians experience a burden of disease 2.3 times greater than non-Indigenous Australians.<sup>7</sup> In 2016 only 1.03% of all registered nurses and midwives identified as Aboriginal or Torres Strait Islander people. Considering the burden of disease amongst Aboriginal and Torres Strait Islander people our workforce needs to more than double.<sup>8</sup>

## CULTURALLY SAFE AND RESPONSIVE MENTAL HEALTH CARE

Aboriginal and Torres Strait Islander people have the right to live a healthy, safe and empowered life with strong connections to culture and country. The National Aboriginal Health Strategy provides a definition of health as a holistic concept:

Health is not just the physical wellbeing of the individual, but the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.<sup>9</sup>

The mental health care system needs to recognise the centrality of culture (including family and country) to health and wellbeing for Aboriginal and Torres Strait Islander people. Such a system should also have the capacity to support people to avoid entering acute care or the justice system due to episodes of mental ill health. The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 is an excellent document that could guide the government on how to improve the mental health care system. However, this Framework requires an implementation plan and associated funding investment. This Framework identifies what needs to be done to address the issues raised in this inquiry.

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6 Australian Institute of Health and Welfare 2014. Access to primary health care relative to need for Indigenous Australians. Cat. no. IHW 128. Canberra: AIHW).

7 Australian Health Ministers' Advisory Council, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra, 2017, p. 1.

8 According to the 2017 report on the Aboriginal and Torres Strait Islander Health Performance Framework, burden of disease for Aboriginal and/or Torres Strait Islander Australians is 2.3 times that of non-Indigenous Australians, p. 1.

9 National Aboriginal Health Strategy Working Party, A National Aboriginal Health Strategy, Australian Government Publishing Service. Canberra, 1989.

An improved response to health care for Aboriginal and Torres Strait Islander peoples is crucial to Indigenous Australians enjoying the same health and wellbeing outcomes as other Australians. Strengths-based approaches are often linked to wellbeing in Aboriginal and Torres Strait Islander health. These approaches in the development and intervention of health policies and/or programs assist with the changing of perspectives or narratives of Aboriginal and Torres Strait Islander health, and provide alternative ways to the dealing with social and emotional wellbeing (mental health) compared to the current deficit model of health. Strengths-based approaches can improve the response to health care and service delivery and should be supported and encouraged through continuing development, implementation and evaluation.<sup>10</sup>

Impact assessments predict and assess the consequences of a proposed action or policy before it is implemented, to create better outcomes from decisions. Impact assessments for economic and environmental policy making have been in use for some time.<sup>11</sup> Future policy and/or program directions in mental health care should include a social impact assessment to study the social and emotional consequences on Aboriginal and Torres Strait Islander peoples and all peoples in rural and remote Australia. This is particularly important with the emphasis by governments for market driven solutions for human services, which for rural and remote Australia there is clearly market failure.

A culturally safe health system is as important as a clinically safe health system. As evidence shows, when people experience culturally unsafe health care encounters they will not use health services or they will discontinue treatment, even when this maybe life threatening. The NATSIHP and the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 highlight the need to address institutional racism and adopt practices that create positive and culturally safe practices.

The first section of the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023* is on health system effectiveness. Specifically, Strategy 1B states that: "Mainstream health services are supported to provide clinically competent, culturally safe, accessible, accountable and responsive services to Aboriginal and Torres Strait Islander peoples in a health system that is free of racism and inequality".

Cultural safety is a two-way street, with understanding, empathy and equality underpinning the relationship between health care professionals and the Aboriginal and Torres Strait Islander patient. It encourages health professionals to understand how their own culture, values, attitudes, assumptions and beliefs influence their interactions with clients and families, the community and colleagues. A culturally safe health system considers each person's unique needs and provides care that is socially, emotionally and spiritually safe in addition to being physically safe.

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<sup>10</sup> Fogarty, W., Lovell, M., Langenberg, J. & Heron, M-J. 2018, Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander health and Wellbeing, The Lowitja Institute Melbourne.

<sup>11</sup> Planning Institute Australia. 2010. Social Impact Assessment Position Statement

Accreditation of health education and training and registration of health professionals is a key mechanism to ensure accountability. The blueprint for our accreditation and registration scheme is the 'Health Practitioner Regulation National Law Act 2009'. It is silent on cultural safety, even though concern about racism and the lack of cultural safety in health care has been formally expressed at a national level ever since the 1989 National Aboriginal Health Strategy, and legislative models from like countries were available for consideration prior to the development of the 2009 Act.

Amending the 'Health Practitioner Regulation National Law Act 2009' to clearly identify cultural safety as a priority would be a critical and practical contribution that Health Ministers could make to progress the Implementation Plan for the NATSIHP. Further all health practitioners working in rural and remote Australia have ready access to cultural safety training and are supported to undertake continuing professional development in this field. Embedding cultural safety into health professionals practice will:

- increase the cultural capability of all health professionals
- help create a culturally safe health system for all Australians
- increase the numbers and wellbeing of Aboriginal and Torres Strait Islander health professionals
- improve access to health care and contribute to better health outcomes for Aboriginal and Torres Strait Islander people.

## RECOMMENDATIONS

1. CATSINaM supports the recommendation by ACMHN to implement evidence based initiatives to actively grow the Social and Emotional Wellbeing Workforce, with the aim of reaching a target of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing workers proportionate to at least 3% of the Australian health workforce. With a growing Aboriginal and Torres Strait Islander population, there is potential to position secondary, vocational and tertiary training interventions for Aboriginal and Torres Strait Islander people to meet workforce needs and ensure a quality service system for all Australians who require access to the mental health system.
2. Amending the 'Health Practitioner Regulation National Law Act 2009' to clearly identify cultural safety as a priority in the regulation of health professionals and the accreditation of health education and training courses.
3. Aboriginal and Torres Strait Islander nurses have the skills and knowledge and the cultural and social understanding to play a greater role in coordinating care plans for people with experiencing mental ill health. These roles must be supported and formalised to improve resourcing especially to regional and remote areas where services are limited.

4. CATSINaM reiterates the recommendation from the Close the Gap Campaign Steering Committee 2018 Report:

for the National Aboriginal and Torres Strait Islander Health Plan Implementation Plan is costed and fully funded by the Federal government, and future iterations are more directly linked to the commitments of the Close the Gap Statement of Intent; and, an implementation plan for the complementary National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 is developed, costed and implemented by the end of 2018 in partnership with Aboriginal and Torres Strait Islander health leaders and communities<sup>12</sup>

5. Implement social impact assessments and adopt of strength-based approaches as part of the process for major policies and programs that impact on people with mental ill health.

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<sup>12</sup> Close the Gap Campaign Steering Committee for Indigenous Health Equality, 2018. *A ten-year review: The Closing the Gap Strategy and Recommendations to Reset*.



9 December 2016

The Australian Government Department of Health  
National.Mental.Health.Plan@health.gov.au

To whom it may concern,

**Re: Response to public consultation on draft Fifth National Mental Health Plan**

The Australian Indigenous Doctors Association (AIDA), the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Indigenous Allied Health Australia (IAHA) and the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) are pleased to provide this joint submission to the Department of Health in response to the draft-for-consultation *Fifth National Mental Health Plan*.

AIDA, CATSINaM, IAHA and NATSIHWA are not for profit member-based organisations representing Aboriginal and Torres Strait Islander health professionals across a range of sectors. Collectively, our members are Aboriginal and Torres Strait Islander doctors, nurses, midwives, allied health professionals and health workers/practitioners who play a critical role in the delivery of improved health and wellbeing outcomes for all Australians. Our members hold a unique combination of clinical and cultural knowledge and are committed to providing national leadership on Aboriginal and Torres Strait Islander health policy development and implementation.

We assert that strong Aboriginal and Torres Strait Islander leadership in mental health exists through the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) and write to first lend our support and endorsement to the comments contained in the submission by NATSILMH to the public consultation (provided at **Attachment A**).

Secondly, we put forward that a culturally safe and responsive interdisciplinary mental health workforce, that includes and values Aboriginal and Torres Strait Islander health professionals, and adopts a holistic and person centred approach to mental health service delivery is necessary in order to positively impact the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples. We further endorse a holistic definition of health from an Aboriginal and Torres Strait Islander perspective<sup>1</sup> and recognise that good mental health and wellbeing is not just the absence of disease.

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<sup>1</sup> Aboriginal and Torres Strait Islander health is “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. Health care services should strive to achieve the state where every individual is able to achieve their full



According to 2011 ABS data, Aboriginal and Torres Strait Islander peoples are under-represented in most health professions. Aboriginal and Torres Strait Islander people comprise 0.46% of the psychologist workforce, 0.25% of the occupational therapy workforce, 0.31% of the psychiatry workforce, 0.83% of the registered nursing workforce (mental health specialty not specified) and 2.73% of the social work workforce.

The Review of Australian Government Health Workforce Programs in 2013, known as the *Mason Review*, states that:

“... the under-representation of Aboriginal and Torres Strait Islander people in the health workforce appears to be one of the factors contributing to the lower rates of Aboriginal and Torres Strait Islander people accessing health services compared with non-Aboriginal and Torres Strait Islander people. Increasing the rates of participation and completion of training by Aboriginal and Torres Strait Islander people in the Australian health workforce is fundamental to achieving better health outcomes.”<sup>2</sup>

The unique cultural core through which Aboriginal and Torres Strait Islander mental health practitioners know and deliver their profession and practice cannot be underestimated. Aboriginal and Torres Strait Islander people who choose to be mental health professionals across a broad range of disciplines, can form a pathway or conduit between Aboriginal and Torres Strait Islander knowledge systems, the knowledge system of their professions and the mainstream health system. One system is not favoured above the other, but are equal in their own right and importance, supporting strategies and understanding in providing practice on the ground that is effective and sustainable.

The *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* states that:

“... national policy should ... focus on building the mental health and social and emotional wellbeing workforce, including increasing the proportion of Aboriginal and Torres Strait Islander people working in this field.”<sup>3</sup>

We advocate that this occur as a priority and within a culturally responsive, human rights approach, providing a solid foundation upon which to build cultural capability and safety within Australia’s mental health workforce. We also advocate that mental health must be considered as part of an active, comprehensive strategy to address the social determinants of health for Aboriginal and Torres Strait Islander peoples.

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potential as a human being and thus bring about the total well-being of their community.” *National Aboriginal Health Strategy* 1989

<sup>2</sup> Mason, Jennifer, *Review of Australian Government Health Workforce Programs* 2013, p.189

<sup>3</sup> *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*, p.20



We thank you for your consideration of this submission and the opportunity to contribute to the Department's considerations on this matter.

Yours sincerely,

Craig Dukes  
AIDA CEO

Janine Mohamed  
CATSINaM CEO

Donna Murray  
IAHA CEO

Karl Briscoe  
NATSIHWA CEO

#### ATTACHMENTS:

- A. NATSILMH Comments on the draft-for-consultation Fifth National Mental Health Plan



National Aboriginal and Torres Strait Islander Leadership in Mental Health  
5<sup>th</sup> December 2016

## Comments on the draft-for-consultation *Fifth National Mental Health Plan*

### • On the Aboriginal and Torres Strait Islander chapter and documents referred to in it

- With no current commitment to develop more detailed implementation planning, NATSILMH have particular concerns in relation to the Aboriginal and Torres Strait Islander chapter. These include the lack of stronger more directive language to address the inequities that face Aboriginal and Torres Strait Islander peoples and the history of a colonised approaches to the delivery of mental health care and broader health service delivery.
- NATSILMH advise that a clear and unambiguous statement as to the following should be made in the *Fifth National Mental Health Plan*: that while it includes a dedicated chapter on Aboriginal and Torres Strait Islander mental health, that the *National Strategic Framework on Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing* (NSF) provides detailed guidance on implementing such in both Indigenous-specific and mainstream mental health service contexts. As such, both the plan and the NSF should be read together - as complementary documents.
- While the text box discussion of NATSILMH's *Gayaa Dhuwi (Proud Spirit) Declaration* is welcome, the Declaration should not be used in a 'tokenistic' way, but should be implemented throughout the *Fifth National Mental Health Plan*. Guidance on implementation that NATSILMH provided to the Australian mental health commissions and that could be used to guide implementation provisions in the *Fifth National Mental Health Plan* is included as Appendix 1 to this advice. NATSILMH are also happy to meet with the *Fifth National Mental Health Plan* drafters to discuss implementation of the Declaration.

### • On the need for a greater spread of Aboriginal and Torres Strait Islander content across the plan

- Outside of the dedicated chapter, the Draft Plan makes scant reference to Aboriginal and Torres Strait Islander peoples and this needs to be addressed.
- There is a risk of Aboriginal and Torres Strait Islander mental health concerns being marginalized by this approach within the document.
- While needing dedicated responses also, the needs of Aboriginal and Torres Strait Islander peoples in a mainstream service context must also be considered.

- Appendix B includes additional actions that could be included in the final plan.

### • **The implementation section needs strengthening**

- There needs to be an implementation strategy for each Priority Area including the Aboriginal and Torres Strait Islander chapter. The implementation plans could be developed once the Plan was approved.

### • **The role of PHNs needs strengthening**

- References in the Plan to PHNs and LHNs ‘engaging’ with Aboriginal and Torres Strait Islander peoples and their organisations will not change the current status quo. The word ‘engaging’ should be changed to ‘empowering’ Aboriginal and Torres Strait Islander peoples and their communities.
- The development of *minimum requirements* for PHN engagement with Aboriginal Medical Services/ Aboriginal Community Controlled Services and Aboriginal and Torres Strait Islander communities must be developed to ensure these communities’ access to Aboriginal and Torres Strait Islander designed and culturally appropriate primary mental health, suicide prevention, and other related services and programs.

### • **On the cultural competence and the training of an Aboriginal and Torres Strait Islander mental health workforce**

- The current draft refers to culturally competent care for Aboriginal and Torres Strait Islander people almost as if an ‘automatic’ outcome of integrating services (i.e. as expressed in the aim of the dedicated Aboriginal and Torres Strait Islander chapter. In relation to this, NATSILMH advises the current draft does not adequately address the need for cultural competence as a key performance indicator of an effective mainstream mental health workforce and as critical to ensuring Aboriginal and Torres Strait Islander people’s equitable access to mainstream mental health services.
- The training of an increasing number of Aboriginal and Torres Strait Islander people as mental health workers should be a priority focus of the plan. Such would ideally be linked to targets across all levels of mental health services (from governance and clinical leadership positions to mental health workers) as underscored by the *Gayaa Dhuwi (Proud Spirit) Declaration*. An example of such targets are those in the *NSW Aboriginal Mental Health and Wellbeing Policy 2006-2010*.

### • **Ensuring access to Aboriginal or Torres Strait Islander mental health workers, Elders, community members and traditional healers in the assessment, examination and treatment of Aboriginal and Torres Strait Islander people/ patients with mental health problems**

- NATSILMH urges that the plan supports the requirement of the involvement of Elders, traditional healers, and Indigenous mental health workers, to the extent it is practicable and appropriate to do so, with mental health services, as below. This could be in the context of the development of model mental health legislation for adoption by the States and Territories. NATSILMH supports the adoption of the kind of language used in the WA legislation in any such model legislation:
  - Principle 7 of the Western Australian Mental Health Act 2014 states that: *A mental health service must provide treatment and care to people of Aboriginal or Torres Strait Islander descent that is appropriate to, and consistent with, their cultural and spiritual beliefs and practices and having regard to the views of their families and, to the extent that it is practicable and appropriate to do*

*so, the views of significant members of their communities, including elders and traditional healers, and Aboriginal or Torres Strait Islander mental health workers.*

- Such is applied at s.50 of the act such that: *‘To the extent that it is practicable and appropriate to do so, the assessment of a person who is of Aboriginal or Torres Strait Islander descent must be provided in collaboration with — Aboriginal or Torres Strait Islander mental health workers; and significant members of the patient’s community, including elders and traditional healers.*
- It is also applied in relation to the examination (s.81) and treatment (s.189) of Aboriginal and Torres Strait Islander people/ patients with mental health problems.

#### • **General points**

- The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSIPeP) Report is a foundational document that should be referenced in both the dedicated Aboriginal and Torres Strait Islander and suicide chapters.
- There is reference to the establishment of a new Aboriginal and Torres Strait Islander Intergovernmental Advisory Group yet ATSIMHSPAG, perhaps supplemented with greater state and territory level representation, is an existing highly effective body that could readily undertake this important role.
- There is no reference to the National Mental Health Commission’s Aboriginal and Torres Strait Islander mental health recommendations. In particular, the recommendation to establish Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing teams would be a significant step to addressing the current gap between mainstream and Aboriginal and Torres Strait Islander service provision.
- The recent Australian Psychological Society’s Apology should also be referenced as an example to other health professionals on the impact of culturally inappropriate service provision for Aboriginal and Torres Strait Islander people and the importance of changing these practices.

## **Appendix A:**

### **Advice on implementing the *Gayaa Dhuwi (Proud Spirit) Declaration***

Advice provided by NATSILMH to the Australian mental health commissions, May 2016

- 1. Formally pledge to support the Declaration.**
- 2. Display and promote the display of the Declaration where appropriate.**
- 3. Actively promote the Declaration to stakeholders and particularly governments in the course of your organisation's business.**
- 4. Actively promote the following Declaration elements to stakeholders and particularly governments in the course of your organisation's business:**
  - Social and emotional wellbeing as the foundation of Aboriginal and Torres Strait Islander mental health.
  - A 'best of both worlds' approach to Aboriginal and Torres Strait Islander mental health service delivery. This means ensuring the access of Aboriginal and Torres Strait Islander people with wellbeing or mental health problems to:
    - cultural healers and healing methods.
    - affordable, appropriate and culturally safe and competent mental health and suicide prevention programs, services and professionals without direct or indirect discrimination.
  - The development of Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcome measures in combination with clinical measures when developing evaluation frameworks for Aboriginal and Torres Strait Islander mental health and suicide prevention services and programs.
  - Target setting for improved Aboriginal and Torres Strait Islander mental health and suicide prevention outcomes.
  - The employment of Aboriginal and Torres Strait Islander peoples at all levels and across all parts of the mental health system.
  - The upskilling of existing Aboriginal and Torres Strait Islander workers as above.
  - Dedicated Aboriginal and Torres Strait Islander positions to support Aboriginal and Torres Strait Islander leadership in mental health, particularly where the position is significantly or entirely about service delivery to Aboriginal and Torres Strait Islander peoples.
  - Dedicated planning to improve Aboriginal and Torres Strait Islander mental health and related areas under Aboriginal and Torres Strait Islander leadership.
- 5. In your work with mental health professionals and professional associations including educational institutions and standard-setting bodies that work in mental health (and also those in areas related to mental health, particularly suicide prevention), require and or/support them to make their practices and/or curriculum respectful and inclusive of the**

**mental health and suicide prevention needs of Aboriginal and Torres Strait Islander peoples.**

**6. Develop an organisational Declaration implementation plan either as a stand-alone plan or as a part of a Reconciliation Action Plan. Aim to:**

- Ensure Aboriginal and Torres Strait Islander peoples are involved in key organisational governance and decision-making elements (Boards, advisory bodies, and etc.).
- Employ Aboriginal and Torres Strait Islander peoples at all levels, including by use of target setting.
- Train and upskill Aboriginal and Torres Strait Islander staff to occupy leadership positions within the organisation.
- Identify dedicated Aboriginal and Torres Strait Islander positions to support Aboriginal and Torres Strait Islander leadership in mental health, particularly where the position is significantly or entirely about Aboriginal and Torres Strait Islander mental health.
- With Aboriginal and Torres Strait Islander people employed to lead in your organisation:
  - agree additional support needs they might have in order to effectively exercise leadership. These might include time allowed to visit communities or attend the meetings of leadership bodies such as NATSILMH. Develop self-care plans for these leaders.
  - support them to develop and articulate Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing including by working with other leaders.

**7. Continue to support independent Aboriginal and Torres Strait Islander leadership in mental health by:**

- supporting NATSILMH; and
- when otherwise working with Aboriginal and Torres Strait Islander leaders external to your organisation, work with those with demonstrated community support. Allow leaders to emerge from communities and stakeholder groups rather than selecting who should be considered a leader.

## Appendix B:

### Potential additional Aboriginal and Torres Strait Islander material for inclusion in the *Fifth National Mental Health Plan* outside of the dedicated Aboriginal and Torres Strait Islander chapter

#### **(a) Promote the social and emotional wellbeing and mental health of children and young people, and make them a focus of prevention activity**

- Promote culturally appropriate and age appropriate mental health literacy in schools including through prioritising the development of age and Aboriginal and Torres Strait Islander-specific pathways in the digital mental health gateway.
- Support the social and emotional wellbeing and mental health of vulnerable children including those with disabilities and those in carer roles.
- All ACCHSs to provide a specific adolescent-focused mental health services for young people between the ages of 12 and 25. Where possible this could be done in partnership with *headspace*.

#### **(b) Promoting the social and emotional wellbeing and mental health of vulnerable groups in the Aboriginal and Torres Strait Islander population**

- Continue to expand support programs for Stolen Generation Survivors including through the SEWB Program and the work of the National Aboriginal and Torres Strait Islander Healing Foundation among this group.
- Develop strategies to support the mental health and social and emotional wellbeing of those with chronic health conditions and/or disabilities, including through the National Disability Insurance Scheme. It is important to recognise that different strategies must be developed for each demographic and geographic region of Australia.
- Support partnerships between Aboriginal Community Controlled Health Services and prison health services to support the social and emotional wellbeing and meet the mental health needs of prisoners, with particular focus on those with cognitive disabilities, substance abuse disorders and mental health problems. Support prisoners post-release, when the risk of recidivism, drug and alcohol misuse and suicide is high.

#### **(c) Encourage natural Aboriginal and Torres Strait Islander helpers and help seeking behaviour by promoting mental health literacy, reducing stigma, and adapting digital pathways to the mental health system**

- Identify and support natural Aboriginal and Torres Strait Islander helpers by enabling them to undertake mental health literacy training and other forms of gatekeeper training.
- Working in partnership with ACCHSs, develop a culturally appropriate targeted communications strategy, including mental health promotion materials, for adaptation by communities to raise mental health literacy and de-stigmatise mental health conditions.
- Develop and promote culturally appropriate self-help options in the digital mental health gateway.

**(d) Support Aboriginal Community Controlled Health Services, GPs and frontline services to detect people at risk of mental health problems and make appropriate referrals**

- Promote mental health literacy and trauma sensitivity in front-line services, particularly those that work with Aboriginal and Torres Strait Islander children and young people. Where appropriate, this should include the use of validated developmental screening tools as part of child health checks.
- Develop a suite of culturally adapted, validated social and emotional wellbeing and mental health screening tools for use across the life course by ACCHSs and GPs and integrate them in MBS-subsidised Aboriginal and Torres Strait Islander health checks for all age groups. This should include those screening tools already widely used in Aboriginal and Torres Strait Islander health.
- Primary Health Networks working in partnership with ACCHSs, GPs and specialist services develop and promote clear, culturally and age appropriate referral pathways for those at risk of mental health problems and mental illness, substance abuse disorders, and suicide.

**(e) Integrated mental health and related areas services delivered through and by Aboriginal Community Controlled Health Services**

- Develop an ACCHSs core services framework that includes integrated social and emotional wellbeing, substance abuse, suicide prevention, and mental health services. Based on this, PHNs working in partnership with ACCHSs should identify and aim to meet local needs gaps, including through wider partnership arrangements with residential treatment and supported accommodation facilities to integrate health and mental health care and social and cultural support both for ambulatory clients as well as those in residential facilities.
- Promote culturally appropriate screening for emotional and behavioural difficulties and trauma, particularly in children and young people. Integrate clinical and non-clinical services who work with this cohort including child and adolescent mental health services and Headspace to better support their needs and reduce suicide.
- Develop, implement and review good practice models for service delivery with structured clinical decision-making tools to support consistent standards for diagnosis, treatment and rehabilitation.<sup>iii</sup> This should include the use of standardised outcome measures and auditing tools to assess the quality and outcomes from therapy as well as the provision for adequate supervision and support to all therapists and care management workers.
- Mental health needs assessments should all include key social issues such as housing, income and support networks, in additions to clinical needs, and referrals to appropriate social services when such services are not available as part of routine care within a single provider. Enable access to cultural Aboriginal and Torres Strait Islander healers as appropriate. Ensure access to GP-prescribed mental health medications as appropriate. All of this should be delivered within a continuous quality improvement framework.
- Explore culturally appropriate low intensity treatment pathways that can be delivered by ACCHSs. Complement these treatment options through culturally appropriate self-help options delivered through the digital mental health gateway.

**(f) Clinically and culturally appropriate primary mental health care provided by GPs and general population mental health services**

- Support GPs in undertaking population mental health assessments to ensure Aboriginal and Torres Strait Islander peoples are referred to the service which best meets their needs, including social and emotional wellbeing needs, and particularly those of people with severe mental illness. Such referrals should be done using Mental Health Treatment Plans.
- Develop, implement and review good practice models for service delivery with structured clinical decision-making tools to support consistent standards for diagnosis, treatment and rehabilitation. This should include non-clinical mental health needs assessments and referrals to appropriate social services. Ensure access to GP-prescribed mental health medications as appropriate.
- Require cultural competence of GPs for effectively managing mental health problems and mental illnesses among Aboriginal and Torres Strait Islander peoples. The ACCHSs could be supported to provide local cultural competence training. Improve curriculum standards for the education and training of all future accredited professionals and emerging workforces for working with Aboriginal and Torres Strait Islander peoples (e.g. Medical Deans of Australia and New Zealand Indigenous Health Curriculum Framework).

**(g) Effective patient transitions across the mental health system**

- Primary Health Networks work in partnership with ACCHSs on a regional or other geographical basis to identify and map relevant services and agencies; and develop, promote and regularly review culturally and clinically appropriate pathways between them – in particular, for the treatment of trauma and emotional and behavioural difficulties in children.
- Promote robust systems of communication between those involved in the above, including moving towards shared use of digital records, utilising the myHealth Record as appropriate.

**(h) Culturally and clinically appropriate specialist mental health care**

- Through partnerships between ACCHSs and PHNs, and at the appropriate geographical levels, identify the required mix and level of specialist mental health services and workers, paraprofessionals and professionals required to meet the mental health needs of Aboriginal and Torres Strait Islander populations, including specialist suicide prevention services for people at risk of suicide. Map existing services and workers, paraprofessionals and professionals against that need and meet gaps as required. This should include the development of appropriate needs based population workforce ratios for psychologists and psychiatrists, speech pathologists, Aboriginal mental health workers and other professionals and workers as required.
- Raise the standards of professional responsibilities among the mental health professions to include working in a culturally competent manner and within a social and emotional wellbeing framework with Aboriginal and Torres Strait Islander peoples.
- Expand Aboriginal and Torres Strait Islander people living with moderate to severe mental illness' access to Focused Psychological Strategies and mental health professionals through the pooled

mental health funding available to PHNs, and through supporting their access to MBS-subsidised services. Ensure PHNs are able to allocate resources in a planned manner to achieve equitable access to psychological services for Aboriginal and Torres Strait Islander people without the requirement to meet inflexible program funding boundaries.

- Effective post discharge follow-up for people after discharge from mental health treatment or who have self-harmed or attempted suicide.
- Evaluate dedicated Aboriginal and Torres Strait Islander mental health services where they exist (such as the Western Australian State-wide Specialist Aboriginal Mental Health Services) and study the feasibility of a national roll out.
- Support and coordinate the data collections, measurement and evaluations required to inform system monitoring, accountability and service quality improvement.

#### **(i) Respecting the human rights of people living with severe mental illness**

- Accessible culturally and clinically appropriate treatment as required including in psychiatric hospitals and in supported accommodation facilities. Examine ways that the social and emotional wellbeing of Aboriginal and Torres Strait Islander people with severe mental illness can be supported in these facilities. Access to cultural healers as appropriate.
- Provide culturally adapted information about assessment, treatment and recovery options to those with severe mental illness and their families and carers as appropriate.

#### **(j) Supporting recovery within a social and emotional wellbeing framework**

- Assist young people up with mental illness to meet their educational and/or vocational goals and maintain friendship networks. Support adults in recovery to maintain employment and family responsibilities.
- Ensure that recovery support programmes and services<sup>viii</sup> have Aboriginal and Torres Strait Islander peoples as a priority group and that providers are capable of working in a culturally competent manner and within a social and emotional wellbeing framework. Provide culturally adapted information about assessment and treatment options to those in recovery and their families and carers as appropriate. Examine how recovery can be better supported by and work within a social and emotional wellbeing framework.

#### **(k) Coordinating care for people living with a psychosocial disability and their carers within a social and emotional wellbeing framework**

- Ensure that the National Disability Insurance Scheme has Aboriginal and Torres Strait Islander peoples as a priority group and that providers are capable of working in a culturally competent manner and so that the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples with a psychosocial disability can be supported.
- Where appropriate NDIS service providers do not exist, support the establishment of Aboriginal and Torres Strait Islander businesses to provide the services.
- Ensure that carer respite and other support programs have Aboriginal and Torres Strait Islander carers as a priority group and that they have reach into communities.