SUBMISSION – Productivity Commission Inquiry into Mental Health

April 2019

from the Aboriginal Community Controlled Health sector, comprising:

National Aboriginal Community Controlled Health Organisation (NACCHO);

Aboriginal Health and Medical Research Council (AH&MRC);

Victorian Aboriginal Community Controlled Health Organisation (VACCHO);

Queensland Aboriginal and Islander Health Council (QAIHC);

Aboriginal Health Council of South Australia (AHCSA);

Aboriginal Health Council of Western Australia (AHCWA);

Tasmanian Aboriginal Centre (TAC);

**Aboriginal Medical Services Alliance Northern Territory (AMSANT); and**

Winnunga Nimmityjah Health and Community Services

NACCHO is the national peak body representing over 145 Aboriginal Community Controlled Health Organisations (ACCHOs) across the country on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO's work is focussed on liaising with governments, its membership, and other organisations on health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

Sector Support Organisations are State based and also represent ACCHOs offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their members including advocacy, governance and the delivery of State, Territory and national primary health care policies.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive holistic primary health care, by integrating and coordinating care and services, and by advising and supporting other providers to deliver better quality healthcare for Aboriginal people. In addition, ACCHOs play a significant role in improving Aboriginal and Torres Strait Islander health by addressing the social determinants of health and through the practical expression of self-determination.

Aboriginal is used in acronyms to refer to both Aboriginal and Torres Strait Islander people.
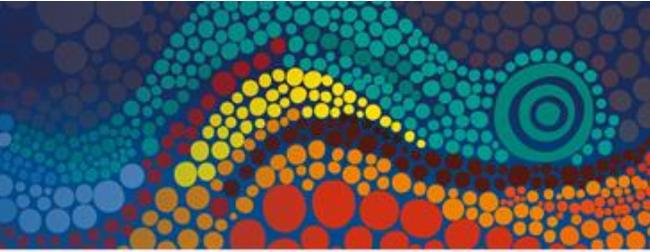
Executive Summary

This submission is written on behalf of the Aboriginal Community Controlled Health Sector (the Sector). It outlines the prevalence of mental health issues, how they arise, how mental ill-health impacts an individual's participation in community, and how ACCHOs are best placed to achieve outcomes relating to mental health.
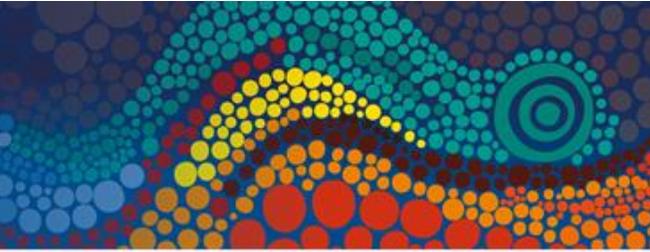
Mental health outcomes for Aboriginal and Torres Strait Islander peoples are underpinned by the Social and Emotional Wellbeing (SEWB) of an individual. SEWB recognises the place of culturally meaningful determinants such as kin relationships, connection to country, housing and education in informing the mental health of the individual. Access to SEWB services for Aboriginal and Torres Strait Islander peoples is inadequate due to the under-resourcing of ACCHOs and cultural barriers inherent in mainstream health services which limits Aboriginal and Torres Strait Islander peoples to access to even basic mental health services.

Aboriginal and Torres Strait Islander peoples suffer disproportionately from mental health conditions compared to non-Indigenous Australians. This impedes the ability of individuals and communities to prosper. Disconnection from culture, intergenerational trauma, and enduring systemic racism are contributory factors to the deterioration of the mental health of our people.

Supporting ACCHOs in delivering holistic, comprehensive primary healthcare for Aboriginal and Torres Strait Islander peoples is the solution to improving the mental health and positive economic engagement of Aboriginal and Torres Strait Islander peoples.

RECOMMENDATION: That Federal, State and Territory governments work with NACCHO and the Aboriginal Community Controlled Health sector to fully support and further develop the work ACCHOs currently do in improving the mental health of Aboriginal and Torres Strait Islander peoples by:

- Making ACCHOs preferred providers of all Aboriginal and Torres Strait Islander specific mental health and social and emotional wellbeing programs and channelling all corresponding funding directly to ACCHOs;

- Enacting and supporting the implementation of the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing* and the National Aboriginal and Torres Strait Islander Leadership in Mental Health Gayaa Dhuwi (Proud Spirit) Declaration Implementation Guide;

- Funding all ACCHOs to build and establish comprehensive Social and Emotional Wellbeing (SEWB) teams, including Residential Rehabilitation and Healing Services and provide funds to build the capacity of the Aboriginal mental health workforce employed in the ACCHO sector.

Mental Health Issues in Aboriginal and Torres Strait Islander Communities

Aboriginal and Torres Strait Islander peoples suffer a disproportionate burden of mental health conditions compared with non-Indigenous Australians. Suicide is now the leading cause of death for Aboriginal and Torres Strait Islander peoples aged 14-34[x]. A history of colonisation, dispossession, racism and child-removal has deeply impacted communities. Many of these stressors continue to this day. Due to these issues and a number of other contributory factors, we currently see high rates of suicide and substance abuse across remote and urban settings, disparity between Aboriginal and Torres Strait Islander and non-Indigenous Australians outcomes in education, and low productivity and economic engagement.

Employment

In 2014-2015, Aboriginal and Torres Strait Islander people aged 15-24 reported that the single most common stressor in their life was that they were unable to get a job.

Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing, AIHW, 2018[x]

Mental health affects an individual's capacity to lead a meaningful, productive life. The reverse is also true, where limitations to Aboriginal and Torres Strait Islander people's ability to participate in meaningful work can drastically impact our mental health. Alleviating barriers to gaining meaningful work is the first priority in increasing economic participation for Aboriginal and Torres Strait Islander peoples. Jobs for our mob will have a positive flow-on effect on mental health. Barriers include racism and prejudice in the job seeking process, overly demanding welfare requirements for jobseekers, culturally insensitive workplaces and lack of opportunity in remote and regional locations.

Language and Culture

It is important to recognise the value of identity, and a sense of belonging and heritage in forming a healthy psyche. It is estimated that only about 60 of the approximately 150 pre-colonial Aboriginal and Torres Strait Islander languages are still spoken today. Separation from culture is a risk factor for developing a mental illness. Our people have also been moved off their land, and for a great period of our history, were invalidated for who we are. This has had an enduring impact on the mental wellbeing of our people. Culture is not only important for identity, but it also determines how and when a person will present for treatment, the support at home and the stigma attached to having a mental illness.

Intergenerational Trauma

Many of our Elders are within living memory of immensely traumatic events. Patterns of trauma often iterate across generations and create cycles which must be identified and broken. The impact of trauma needs to be considered when assessing, treating and referring Aboriginal and Torres Strait Islander peoples. Trauma Informed Care is essential to the betterment of Aboriginal and Torres Strait Islander mental health.
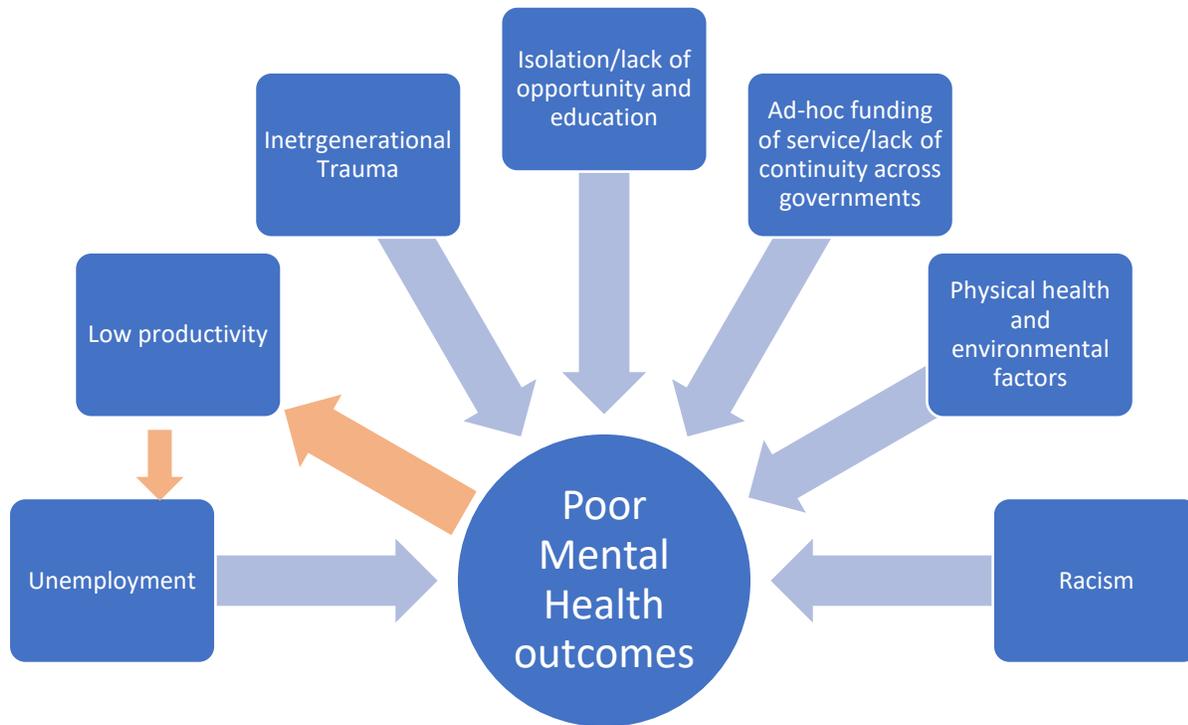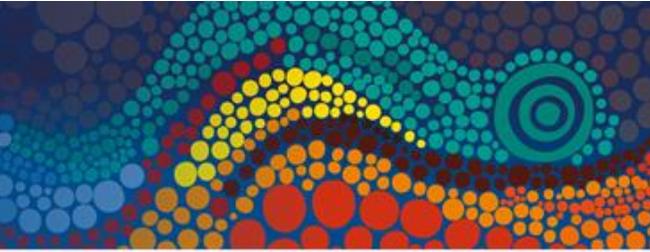
Failures in Service Delivery

Although ACCHOs achieve locally visible outcomes, we continue to see challenges to the growth of the Sector. ACCHOs face ad-hoc, restrictive funding arrangements which place limitations on organisations' capacities to respond flexibly to community-identified needs. For example, recognition and support of tailored local Social and Emotional Wellbeing (SEWB) work is lacking. This results in unmet need in prevention and early intervention work for those at risk of mental illness.

ACCHOs are forced to contest for service delivery contracts despite continual calls for ACCHOs to be made preferred providers of all mental health and SEWB services for Aboriginal and Torres Strait Islander people. Some Primary Health Networks do not collaborate well with ACCHOs resulting in duplication of effort and inefficient expenditure of public money by culturally inappropriate mainstream services.

In 2016-2017, 57 percent of organisations in the *Aboriginal and Torres Strait Islander Health Organisations Online Services Report* reported mental health and SEWB services in their top five service gaps (2018).[xi] There is an obvious need for greater coverage. Supporting ACCHOs to address these unmet needs is critical.
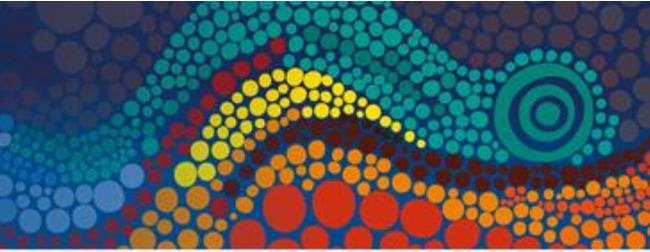
The Role of ACCHOs

ACCHOs are on the front line in communities around Australia. We reach the most vulnerable members of our communities and maintain a level of trust and accountability which allows us to be the most effective in caring for Aboriginal and Torres Strait Islander peoples' mental health and wellbeing. ACCHOs are also underpinned by values of self-determination and are an exercise of our rights as Indigenous peoples under the United Nations Declaration on the Rights of Indigenous Peoples (the Declaration).[v]

Article 23 of the Declaration clearly states that, "Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions".[v]

ACCHOs also exemplify best practice in mental health. ACCHOs operate on the Nine Principles of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing outlined in the Gaaya Dhuwi Declaration prepared by the The National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) (2015)[vi].

In addition to their clinical roles, ACCHOs even support community members encountering the justice system and the child protection system. Mental health and SEWB services are especially important in these circumstances where individuals and families are subjected to immense stress and often require guidance and services where they are most needed.


Case Study: Geraldton Regional Aboriginal Medical Service (GRAMS) 2018 Suicide Prevention Project[iii]

In 2018, GRAMS worked together with the West Australian Primary Health Alliance (WAPHA) to conduct extensive community consultations with nine communities of the Mid West region of Western Australia.

The project sought to formalise knowledge that was embedded within the communities about why people are suffering and what needs to be done. Among key risks that were identified were "having nothing - always" and the idea of "You Mumage" - how you believe other people see you. Listening to community is key in understanding how to achieve real outcomes.

"Why is it that we have to go into offices… why can't the service providers come to our homes?"

The communities also identified the lack of Aboriginal staff and a lack of access as a prominent issue. ACCHOs such as GRAMS exemplify the model of community control and its ability to interface directly with community to inform service delivery. ACCHOs do what they can to then meet identified needs with limited support. However, with better funding support, ACCHOs could do so much more.
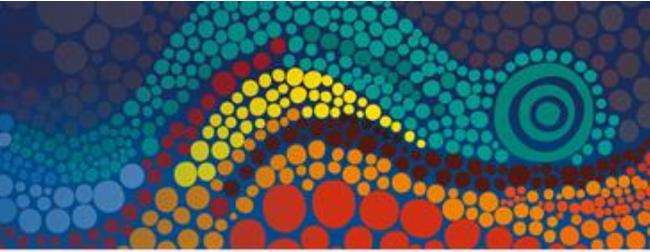
What Must be Done

Funding ACCHOs

ACCHOs must be instated as preferred providers for all mental health and SEWB programs for Aboriginal and Torres Strait Islander peoples in accordance with a strengths-based approach. Corresponding mental health and SEWB funding must be given to ACCHOs directly.

Funding of ACCHO mental health services through PHNs is unacceptable due to the imposition of inappropriate and unacceptable reporting requirements. PHNs also have discretion to allocate Aboriginal and Torres Strait Islander specific funds to non-community-controlled providers that are not necessarily culturally competent. This is a national issue forcing services to decline funding over requirements which compromise the trust and confidentiality of our communities.

Case Study: Winnunga Nimmityjah Primary Healthcare Minimum Dataset Reporting

Winnunga Nimmityjah Aboriginal Health and Community Services is an ACCHO that services the ACT region and beyond. In 2017, Winnunga expressed its concerns over the Primary Mental Healthcare Minimum Dataset (PMHC-MDS) which is a reporting requirement of the Department of Health PHN Primary Mental Health Care Funding Pool. The PMHC-MDS requires reporting of highly detailed individual client personal mental health information to Primary Health Networks. Client information is 'de-identified' but date of birth, Indigenous identification and detailed health care provider information is required. In small communities, this level of detail could be used to re-identify individuals. Requesting client fully informed consent to report mental health information is necessary but could jeopardise the relationship of trust between clients and the ACCHO. The use of screening tools that are not specified in clinical guidelines was also mandated, infringing on the ACCHO's clinical autonomy.

Winnunga decided the reporting requirements were unacceptable and eventually declined funding. This resulted in money intended for Indigenous mental health going to a mainstream organisation which does not have the same reach or capacity to address the issue in the ACT. Stories like this highlight the need for funding for Aboriginal and Torres Strait Islander mental health to have respectful and reasonable governance and reporting which is guided by Aboriginal and Torres Strait Islander peoples and organisations.

ACCHOs must be funded holistically to allow for holistic service provision. Currently much of the funding allocated is siloed and does not allow adequate flexibility to provide necessary wrap-around services. For example, funding for services such as Mums and Bubs programs often do not recognise the importance of SEWB, meaning ACCHOs must make-do and attempt to address service gaps. This approach makes long-term improvement difficult and can easily be solved by matching funding arrangements to service delivery models.

Supporting SEWB

Social and Emotional Wellbeing Teams (SEWB Teams) must be integrated into primary healthcare models at clinical and institutional levels as preventative and early intervention measures. It must be more accurately reflected in billing options and specific funding must be allocated to all ACCHOs for SEWB. Many ACCHOs receive little or no funding for SEWB services. SEWB funding must also be returned to the Indigenous Health Division of the Department of Health. At present it is separate to the rest of Commonwealth Aboriginal and Torres Strait Islander comprehensive primary healthcare funding and sits with the Department of Prime Minister and Cabinet.

Investment must be made into the SEWB workforce. SEWB Teams comprise of specialists, GP's and primary health workers, social services, mental health services, Aboriginal Health Workers or Practitioners and important family and community figures.[ii] SEWB Teams serve as the basic unit of holistic, comprehensive primary healthcare.

Figure 1 The Department of Prime Minister and Cabinet released its National Strategic Framework in 2017[ii]

Opportunities for employment and upskilling must be brought to Aboriginal and Torres Strait Islander communities. Often, gaining qualifications beyond schooling requires individuals to travel away from their communities, with accompanying expenses. This is a huge barrier to employment and feeds back into the mental health of individuals.

Aboriginal Health in Aboriginal Hands

The efficacy of Aboriginal and Torres Strait Islander specific programs depends on the amount of community input there is in designing them. The most effective programs are those delivered by communities, for communities. Our health belongs in our hands.

Informed frameworks such as the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (the Framework) (2017)[ii] continue to highlight this fundamental principle yet little action results from them. We urge the Productivity Commission to recognise that the answers exist, but governments are long overdue in actioning them.

Echoing this, the Australian Government recently tabled its response to the recommendations of the Senate Inquiry into the Accessibility of Mental Health Services in Rural and Remote Areas 2018.[viii] Among its 18 recommendations were calls to prioritise the implementation of the Framework, and to ensure all mental health service provider workforces are culturally competent, being trained by the local
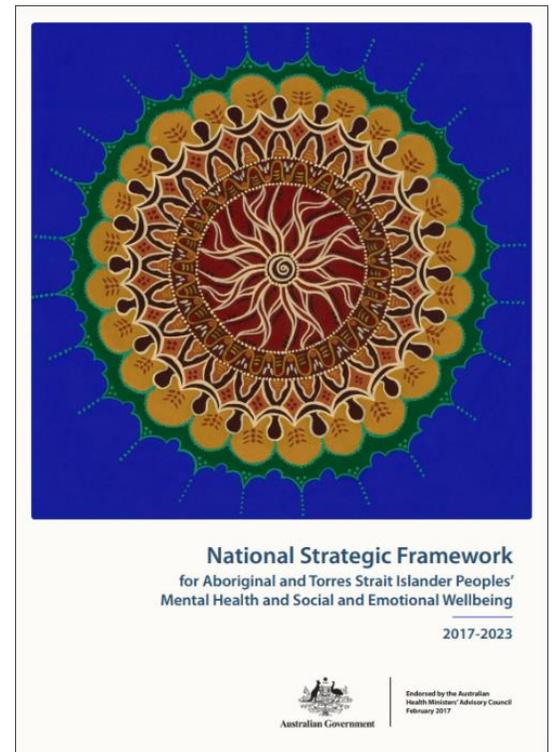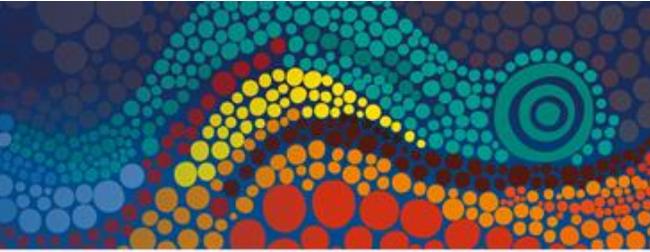
community. These recommendations were supported by the Australian Government. All governments must start closing the loop and begin delivering on the recommendations that they support.

Social Determinants

Aboriginal and Torres Strait Islander health outcomes do not exist in isolation from one another. It is important to recognise the place of mental health within a framework of other outcomes such as education and employment, and their mutual dependence.

Social determinants of health account for the majority of the gap in health outcomes between Aboriginal and Torres Strait Islander people and non-Indigenous Australians (AIHW, 2018).[ix] It is imperative that policies from outside the health sector are developed considering their impact on Aboriginal and Torres Strait Islander health outcomes.

The ACCHO model of holistic comprehensive primary healthcare, of which SEWB is a part, aims to address the social determinants as well as their manifest health outcomes.

Case Study: Recommendations of The Coronial Inquest[vii]

In 2019, the Coronial Inquest into the 13 Deaths of Children and Young Persons in the Kimberly Region published its findings. The 42 recommendations of WA Coroner Fogliani detail a nuanced picture of where the shortcomings were and how they were to be met. The encapsulating final recommendation states clearly that Aboriginal people and their organisations should be involved in policy setting and service delivery, and that the importance of cultural security and continuity be recognised in the wellbeing of Aboriginal people. This identifies the underlying principle of self-determination which benefits all Aboriginal and Torres Strait islander peoples across Australia.

ACCHOs often assist communities with issues such as housing, employment, school attendance and transport as well as generally creating social cohesion through events and a beneficial community presence. ACCHOs also take a whole of community approach by working closely with Elders and families to address the wellbeing of community members. Supporting ACCHOs in their whole of family approach is fundamental to improving community capacity to target the social determinants of mental health and SEWB.

Case Study: Nunkuwarrin Yunti of South Australia Inc.

Nunkuwarrin Yunti of South Australia Inc services the greater metropolitan region of Adelaide. It has a dedicated Social Health Team that promotes holistic healing for issues borne from multiple historic and contemporary traumas. The Primary Care Teams and Child and Maternal Health programs also enable early identification and interventions for mental health problems.

In recognition of the specialised clinical and cultural skills needed to deliver appropriate and effective SEWB services, Nunkuwarrin Yunti has developed and delivers a range of culturally customised curricula and vocational qualifications informed by Narrative Therapy and cultural foundations of counselling and SEWB practice. Demand for these training programs is strong and this program is one of a small number of Aboriginal designed and delivered educational options across Australia which builds a capable and credentialed Aboriginal workforce. Key outcomes of this program include enhancing employment opportunities for Aboriginal people and improving mental health and SEWB outcomes for the broader community.
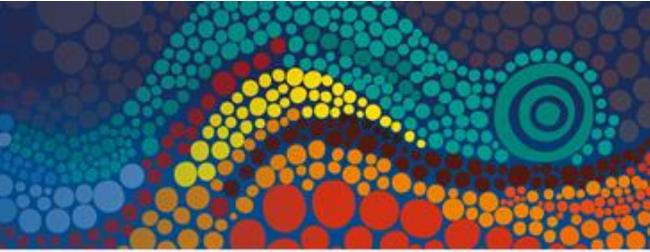
Concluding Statements

The concerns raised in this submission have been voiced by the Sector for years. NACCHO and its Sector Support Organisations urge the Productivity Commission to recognise and support the work that has been done and continues to be done by Aboriginal Community Controlled Health Organisations and their representatives in addressing the issues of our people.

The Sector welcomes the opportunity to make this submission and invites the Productivity Commission to collaborate further with the Sector as this inquiry progresses.

Please do not hesitate to contact the NACCHO Secretariat regarding any further correspondence.

NACCHO-Policy-Team@naccho.org.au

02 6246 9300

i

i.   *Commonwealth of Australia. 2018. Mid-Year Economic and Fiscal Outlook 2018-19. Canberra: The Commonwealth of Australia pp 180-187.*
ii.   *Commonwealth of Australia. 2017. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing. Canberra: Department of the Prime Minister and Cabinet.*
iii. *Conway, L. , Laraia, E. 2018. Suicide Prevention Project. Geraldton Regional Aboriginal Medical Service.*
iv.   NACCHO. 2014. *Investing in Aboriginal Community Controlled Health Makes economic sense.*
v.   *United Nations. 2011. United Nations Declaration on the Rights of Indigenous Peoples. Article 23.*
vi.   *National Aboriginal and Torres Strait Islander Leadership in Mental Health. 2015. Gaaya Dhuwi (Proud Spirit) Declaration.*
vii. *State Coroner R V C Fogliani. 2019. Inquest into the 13 Deaths of Children and Young Persons in the Kimberley Region. Perth: Coroner's Court of Western Australia*
viii. *Australian Government. 2019. Australian Government response to the Senate Community Affairs References Committee Inquiry report: Accessibility and quality of mental health services in rural and remote Australia. Canberra: The Commonwealth of Australia.*
ix.   *Australian Institute of Health and Welfare. 2018. Australia's health 2018. Australia's health series no. 16. Canberra: AIHW*
x.   *Australian Institute of Health and Welfare. 2018. Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018. Canberra: AIHW*
xi.   *Australian Institute of Health and Welfare. 2018. Aboriginal and Torres Strait Islander health organisations Online Services Report key results 2016-17. Canberra: AIHW. p65*